

If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

#### THE HYPODERMIC USE OF CARBOLIC ACID.

The Berlin *Centralzeitung* contains an article by Dr. Hunter on the practical value of the subcutaneous injection of carbolic acid as an antiphlogistic remedy in local inflammatory conditions.

He uses a solution of 2 parts of carbolic acid in 100 parts of water. This is injected by means of a Pravaz's syringe, which holds about 0.9 gramme of the solution, or rather less than 0.02 gramme (three-tenths of a grain) of carbolic acid. The injection of two syringefuls of the solution at the same time has not been found to produce any symptoms of poisoning, nor has any darkening of the color of the urine been observed. Dr. Hunter has not exceeded the quantity of two syringefuls at one injection; and he repeats the operation when necessary, only after an interval of one or two days. No pain or swelling follows; the point where the needle is inserted only becomes a little tender. The injection is attended with so little pain, that it does not produce any even in small, sensitive children.

The antiphlogistic action of the parenchymatous injection of carbolic acid was well marked in nearly all cases; and Dr. Hunter specially mentions some of the diseased conditions in which its effects have been distinctly observed.

In hyperplastic granular synovitis (white swelling) of the knee, the injections are made at the most central part of the joint, so that the needle touches its surfaces. The result is abatement of the pain, falling of the evening temperature, which had been persistently high, and distinct reduction of the swelling. The injections must be repeated at intervals of two or three days, according to the chronicity of the disease.

In subacute glandular swellings having a tendency to suppuration, and in inguinal and femoral buboes, the injection leads to abatement of the pain, redness, and oedema; while the glands become reduced in bulk. It is sometimes necessary to repeat the injections several times before the cure is complete.

In acute phlegmon of the subcutaneous and sub-fascial connective tissue, the injection is made at the periphery, as it may be calculated that the lymphatics will carry the remedy towards the centre; when the phlegmon is extensive, two injections are made at different points. The result is to produce contraction of the tissue in a few hours, with cessation of the pain. Recovery takes place without suppuration, even if this, though imminent, have not already appeared.

In traumatic erysipelas, Dr. Hunter makes an injection at different points along the edge, so as, for instance, to prevent the erysipelas from spreading

from the forehead to the hairy scalp. He has, however, not yet ventured to treat the entire circumference of the erysipelas with numerous injections, so as to cut it short. Dr. Wilde, of Plau, has also recorded some successful cases of treatment of subcutaneous erysipelas by the injection of sulphocarbonate of soda.

Dr. Hunter attaches great importance to making the injections into the parenchyma, so that the carbolic acid may be carried into the cavities of the largest joints, into the connective tissue surrounding the vessels, and into the interior of the lymphatic glands, and there exert its antiphlogistic influence. He regards the parenchymatous injection of carbolic acid as the most powerful antiphlogistic means which we possess; neither the application of ice, nor withdrawal of blood, nor any other means short of operation, can be compared with it in this respect.

#### LOTION FOR FETID FEET.

The *Union Medicale* recommends permanganate of potash, fifteen parts, distilled water, 1000 parts. The feet to be washed twice a day with the lotion. They are then to be carefully dried, and powdered either with potato-starch or lycopodium.

#### NOCTURNAL MUSCULAR CRAMPS.

A writer to the *British Medical Journal* says, that if a person subject to this distressing affection will place blocks of wood, six inches high, under each post at the head of his bed, and have his bed made slanting from the head to the foot, he will not suffer from cramps.

#### CAUTERIZATION OF THE UTERUS.

Dr. Wm. A. Gillespie, of Louisa Court House, Va., writes to the October (28th) number of the *Boston Medical and Surgical Journal*, as follows: Much has been said about the difficulties and different plans of cauterizing the internal surface of the cervix uteri and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am, therefore, prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly, in a large number of cases, with the happiest results.

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through a cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hand has done more good in a short a time, in chronic inflammation, engorgement, enlargement, or ulceration of the os and cervix uteri, and I have never known any unpleasant results from it.