

rapidly increasing. To the prominent point in its centre I freely applied acid nitrate of mercury over a space about one-third of an inch in diameter. Next morning, I removed the scab which had formed, and freely passed the strong carbolic solution into the little opening formed in the mass as well as I could with a quill pen charged with the liquid (and I may say that I find this a very convenient instrument for the purpose). At this time the swelling had increased considerably in size, was more tender and inflamed and painful, and was threatening to be a very formidable case of the disease. Now, mark the effect of the treatment. The acid was freely applied twice more, during the day, and the very next morning on my visit, it presented the appearance of having suddenly collapsed. It had shrunk greatly in size, was flabby, and far less painful, and its vitality was destroyed. In four or five days, nothing remained but a little hardness about its base, and it rapidly got quite well. No core was ever discharged, and no pus appeared after the first application of the carbolic acid.

Now, to what does such a history as this point (and I could give several such histories did time permit)? I think it says, as plainly as possible, that whatever the predisposing causes of boil or carbuncle may be, the disease itself is essentially a local one: that it is a disease parasitic in the skin or its sebaceous glands, and that it begins with a central portion or stem, from and round which, as a root, the rest of the mass grows and extends. The spreading fungus-circles common in our meadows, and known as fairy rings, give us an excellent illustration of the type of growth; I think that the singular and constant effect of the destruction of the central portion in the way I describe, proves (as Mr. Startin thought) that which it is so difficult to demonstrate with the microscope.

I do not say that, when a huge carbuncle with its enormous growth into, and infiltration of surrounding cellular tissue has taken place, carbolic acid or anything else can be relied on absolutely and at once to stop its progress. It will probably then to some extent run through the stages of its life history, but I believe that this is entirely because destruction of its centre is no longer the destruction of the life of the circumference, and because of the difficulty or impossibility of bringing the acid into contact with enough of the diseased mass. But even in a case or two of very large carbuncles, which I have seen for the first time in their later stages, and where the acid has been freely and assiduously passed into every hole which existed, I have been greatly satisfied with the apparent effect of the acid; and certain it is that, *wherever it touches* diseased tissue, all sloughing and suppuration at once there cease, no further extension of disease takes place, and a more striking change from dirty slough to

florid granulation occurs in the course of a very few hours. So much have I been struck with this, that I propose when the opportunity of a large developed carbuncle offers, to inject a watery solution of the acid into various parts of the diseased mass, in the hope of thus completely destroying it even at this stage.

To sum up, the doctrines implied and acted upon in this paper are:

1. That boils and carbuncles are not mere inflammations and sloughings of cellular tissue, but specific diseases.
2. That they are parasitic, and, as such, endowed with a definite life and history.
3. That, in their early stages, they may be infallibly destroyed and aborted by destruction of their central stem or root; and that, even after this stage has passed, they may generally be destroyed, and in all cases, at the very least, greatly modified, by the free application of carbolic acid.

4. That, to produce this result, the acid must be freely introduced into the central portion of the disease, and also into any other part where an opening exists or is formed artificially.

Until lately I had been in the habit of using a much weaker solution of the carbolic acid in oil or glycerine than I have spoken of above; but I now find that, when used in small quantities, the stronger solution is quite safe and very slightly irritating, whilst its destructive power is, of course, much greater. Where, therefore, it is only intended to insert a small quantity into the mass, I advise that it should be of full strength; but where it is to be used more freely, or over a large surface, I only employ it much more dilute. The only constitutional effect I have ever witnessed from its free external application is the well-known blackening of the urine, and this has never appeared to produce the slightest evil result.—*British Medical Journal*, July 1, 1876, p. 5.

#### SUBNITRATE OF BISMUTH IN THE INTESTINAL HEMORRHAGES OF TYPHOID FEVER.

In the intestinal hemorrhages which supervene in the course of typhoid fever, Dr. Martineau (*Lyon Médical*, August 6, 1876, from *Gazette des Hôpitaux*) recommends, on account of its perfect harmlessness, subnitrate of bismuth. He administers this remedy every half-hour, until the cessation of the hemorrhage, in powders containing one gramme (fifteen grains). This method is derived from the practice of Monneret, who, considering that bismuth acted specially as a mechanical agent, so to speak, covering the inflamed and ulcerated mucous surfaces, always employed it in preference to giving half doses. In five patients whom Dr. Martineau had thus treated the result has been well and rapidly attained.—*London Med. Record*.