

VARICOSE ULCERS SUCCESSFULLY TREATED BY A NEW AND PAINLESS METHOD.

Mrs. B——, aged fifty-six. History of struma during childhood. Is the mother of two children. General health fair. Veins much dilated from knees down, with very poor cutaneous circulation. Has suffered from chronic ulcers for many years.

Was first seen by the author December 8, 1893; at that time she presented one or two ulcers that had not been healed for five years, and others of more recent date. The manner in which these ulcers appear is as follows: First, a macule which soon becomes papular, and later capped by a vesicle which soon ruptures, liberating a bloody serum. The mass continues to enlarge, forming an ulcer the size of a quarter of a dollar or even larger. During the formation and growth of this ulcer it is highly sensitive and constantly painful. At the time of my first visit, after cleansing the ulcers with a solution of soda bicarbonate, I applied a solution of methyl violet—care being taken to bring it in contact with the entire area of the base and margins. After allowing it to dry, each stained ulcer was covered by a small bit of absorbent cotton. Mechanical support was furnished by Martin's elastic bandage. This entire procedure was repeated every morning. On the second or third day it was evident that the healing process had begun.

At my first visit a new and very painful ulcer was forming on the left leg. This I treated for a few days with subnitrate of bismuth, boracic acid being tried and found too painful. No benefit was derived from either. Pain was constant; on the third or fourth day I painted it with methyl violet, and to my great surprise and the patient's comfort, the pain at once ceased.

After two or three daily applications the sensitiveness had so far subsided as to render bandaging of that part of the leg possible. All of the ulcers were thenceforth dressed daily. At the appearance of any new vesicle I applied methyl violet, which prevented further development. Internal treatment consisted of potassium iodide, grs. x. to xv. t.i.d.

The patient continued her duties as house-keeper, and at the end of six weeks only cicatrices remained to mark the site of her former ulcers.

An ideal solution, as used by Dr. M. F. Coomes, of Louisville, Ky., in the treatment of lupus, is made by using Merck's methyl violet, grs. v., aqua destillata, ℥ ij. This forms a harmless and entirely painless application. I would not hesitate to use it on any chronic ulcer.

The bandage has been worn most of the time, and to this date there has been no return of the ulcers.

To put at ease the mind of anyone who may think the internal treatment and bandage are deserving all the credit, I will state that both had been used, with the accepted local treatment, with but little success by other physicians, at intervals, for several years. Also ulcers that began forming under the bandage were invariably arrested in their course by methyl violet. Its action we believe to be germicidal and highly astringent.—Dr. Summers, in *Med. Rec.*

CHLORALOSE IN THE TREATMENT OF NIGHT SWEATS.

Night sweats and sleeplessness, as is well known, are among the more tormenting of the manifestations of chronic pulmonary disease. They are often associated, consequently it is an object to use a remedy capable of overcoming or modifying both of them at the same time. Such a remedy M. J. Sacaze thinks is to be found in chloralose. In an article on the subject published by him in the *Nouveau Montpellier médical* for October 6th, he refers to a previous communication of his relating to clinical facts observed in Professor Grasset's service. According to M. Sacaze's observations, in persons affected with an advanced stage of pulmonary consumption the insomnia and the night sweats have disappeared almost completely under the influence of chloralose, and in a few cases the improvement has continued after only a few doses of the remedy had been taken, although as a rule the symptoms have returned when the use of the drug was suspended. In a very small number of cases this action of the drug is very slight, and, indeed, in exceptional cases, far from inducing sleep, it produces excitement and worrying dreams. Exactly why there should be this difference in its action in these cases, the author says is unknown. At all events, it would be rash to conclude from the beneficial action of chloralose in the night sweats of chronic pulmonary disease that it would act also in cases of profuse perspiration due to nervous derangements or to the action of such sudorific drugs as pilocarpine, and perhaps it is because this has been expected of it that some writers, founding their opinions on its failure under such circumstances, have doubted its efficacy as an antihydrotic. We do not yet know, says M. Sacaze, whether chloralose controls profuse sweating by a direct action on the sweat glands, or whether it acts through the medium of the nervous centres, but he suggests the possibility that in pulmonary cases it may act by some modification of the phenomena of infection taking place within the lungs. As to this point, however, there are no experimental data on which to base a conclusion.