

tunately likely to be permanent, for it has been clearly shown, and is now generally believed, that caustics, strong acidulated washes, and active chemical solvents, act mischievously by irritating the mucous membrane, and so exciting increased exudation of cacoplastic lymph.

Gargles, washes, and various other applications, if not of an irritating character, may be used with impunity, and sometimes with benefit. Some of them tend to promote separation of the false membrane without producing any rawness or hurtful irritation of the subjacent mucous membrane. The advantage derived from them is, we must remember, frequently temporary, and more apparent than real. So long as the disease is in the exudation stage, layer after layer of false membrane will continue to be deposited on the surface of the mucous membrane; and the rapidity with which this reproduction proceeds may more than counterbalance the benefit derived from the separation of the upper strata. It follows, therefore, that the only topical applications to be used are those which do not irritate.

Among the safe and more useful topical applications are glycerine and borax (of the *Br. Ph.*), lime-water, a very diluted solution of hydrochloric acid in distilled water, and a solution of one drachm of neutral sulphate of soda in eight ounces of water.

Moist warmth applied externally to the throat generally gives much comfort, and is in no way injurious. It greatly mitigates the pain arising from tumefaction of the cervical glands.—*Edinburgh Medical Journal*, June, 1876.

#### THE TREATMENT OF BOILS AND CARBUNCLES.

By DR. PETER EADE, Physician to the Norfolk and Norwich Hospital.

I think the usual treatment of boils and carbuncles, as set forth in works of medicine and surgery, may be briefly described as this. If seen within the first day or two of its appearance, we are told either to divide the pimple across, or to apply nitrate of silver to its apex; after this, we are told to poultice it, to apply cold compresses, or merely to use pressure; and, when the mass has grown large and tense, either to let it run its natural course, or to divide some portion, or the whole, of it by incisions or by caustic, and again to poultice, and so on.

In 1866, the late Mr. Startin wrote in the columns of the *Journal of this Association* that he regarded "boils and carbuncles as having frequently or constantly parasitic origin"—this opinion being grounded upon the success of his special practice, upon the fact of his having once or twice found cryptogamic vegetation in them like that of sycosis, and upon the observed fact that boils are occasionally propagated to other parts of an affected person, or even to other individuals by very close contact. But he said:

"My opinion of the parasitic nature of these complaints is chiefly influenced by the rapidly curative effect of the application of parasitocides to the apex of the boil or carbuncle." These parasitocides were various forms of caustic, such as iodine, nitrate of silver, caustic potash, chloride of zinc, blistering liquids and mineral acids, but the one which, for various reasons, he preferred to all others was the acid nitrate of mercury.

In my own practice, I have found these views of the parasitic nature of those diseases, as shown by the efficiency of destructive caustics, to be fully confirmed; but I believe that I have greatly improved upon Mr. Startin's practice, and that I have discovered that in carbolic acid we have an agent which is not only more safe, more manageable, and more universally applicable, but one which seems to be specifically destructive to the life and progress of both boils and carbuncles.

Boils are not uncommon, but carbuncles only occur in one's practice occasionally; but I may say that, in the several examples of carbuncle which have occurred to me recently, and in all the cases of boil, the carbolic acid has never failed—when properly and sufficiently applied—to arrest their growth and to abort them at once, if in an early stage; and to check their spread and prevent further extension in a later stage.

I believe it to be general experience that the pimple in which a boil begins its life and career may be destroyed by any common caustic, if thoroughly applied. I venture to assert also that a carbuncle, even when very considerably advanced and of very considerable size, may in like manner be destroyed by the free application of carbolic acid to its centre and other parts.

The essentials for its proper action, so far as my experience has gone, appear to be these:

1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and, perhaps, the acid nitrate of mercury effects this better and with less discomfort than any other.

3. The acid solution must be occasionally reapplied to, and into, the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore.

Take the following example, which has occurred to me within the last two or three weeks.

A lady, aged 40, showed me a boil on the left buttock, of six days' duration. It was circular with a diameter of four inches; was red and angry looking; tender, hard at its base, and