

## Original Communications.

*The Muriate Tincture of Iron in Epistaxis and Hæmoptysis.* By JAMES PERRIGO, A.M., M.D., M.R.C.S., Eng., Demonstrator of Anatomy University of Bishop's College, Montreal.

was called, Nov. 10th, 1872, to see a case of epistaxis in a widowed lady aged 38, who was a subject of aortic valvular disease and also of tuberculosis of apex of the left lung. This lady had previously been under my care for the latter two affections, but I had not seen her for some time owing to her comparatively fair health. Before I could reach her, she had fainted twice, and on arrival her condition presented the most alarming symptoms. Her nose had been bleeding for three hours before she would consent to allow the messenger to come for me. The bleeding was most profuse from the right nostril and very little from the left.

An injection of *ti-ferri-mur*, of the strength of one to two, was used, and in a short time the bleeding stopped. Gallic acid and opium were ordered, 10 grs. of the former and  $\frac{1}{2}$  gr. of the latter, to be taken every four hours.

Three hours afterwards I was again sent for, as the hemorrhage had returned to an alarming extent, and now from both nostrils.

Considering the amount of blood lost and the delicate constitution of the patient, the anterior and posterior nares were plugged without delay. The plugs used were pieces of sponge well soaked with *ti-ferri-mur*. In plugging, emesis occurred, and she vomited a large quantity of blood that had been swallowed. She now told me that there had been some hemorrhage during the night. Three years ago, she had an attack of epistaxis, but which was not so serious as this. After vomiting this blood, there was a good deal of straining, which must have ruptured some small capillary vessel in the diseased lung, as slight hæmoptysis occurred.

The stomach was so irritable that milk and essence of beef in the smallest quantities were rejected.

Her condition at this present period could not have presented a worse aspect. The pulse was 148, temperature 106 1-5, lips blanched, great restlessness, continual sliding from the pillows to the foot of the bed, and hiccup.

Prussic acid was ordered in order to allay the irritability of the stomach, and the *ti-ferri-mur* was given every hour in ten minim doses. For the next two hours, milk and beef juice in teaspoonful doses were taken and rejected, but the *iron was retained*.

During the night, a senior student sat up with her and superintended the nursing. Next morning there was a perceptible improvement, pulse 130, temperature 104, but the patient still very restless. Food retained. This condition existed during the day, but in the evening she seemed to lose ground, caused probably by the excitement of making her will during the afternoon. A little blood oozed through the sponges plugging the anterior nares, but not enough to warrant disturbing them. I superintended the nursing myself during the following evening. The iron all this time was being given every hour. A teaspoonful of brandy and water was allowed occasionally, but was never repeated oftener than once in five or six hours. During the night in question the patient had a little sleep, and in the morning said she felt much better. Improvement from this out was gradual and lasting.

Considering the nature of her constitutional disease, this lady was possessed of wonderful recuperative powers. The iron in her case seemed to act as a specific. Since having her case, I have had two of hæmoptysis of considerable severity, with great irritability of the stomach in each case. The patients were both delicate young French lads, and both of dissipated habits. In one I followed the usual treatment, and in the other gave the iron every hour as I did with my case of epistaxis. The one to whom I gave the iron made a more rapid and a better recovery, better in as much as during convalescence he regained his strength more quickly. The iron here also acted admirably.

My friend, Dr. Slack, has related cases where the same drug did all that was desired; one, that of a coachman where all other remedies failed and the iron was given in 15 minim doses every fifteen minutes with perfect success. He made a good recovery, and was able to go out in a few days.

It is strange that iron when given so frequently in such cases should be so well retained, even by the most irritable stomach, while in some forms of anæmia, it is not so well borne. In my three cases, it seemed to manufacture blood as soon as lost.

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Of late years we have heard so much about carbolic acid, its use has been so strongly recommended in such a multitude of ailments either as an external application in varying strength, in the form of an aqueous solution, or in combination with other drugs