

Its application to a wound does not prevent free discharge.

We know little or nothing about its internal actions or uses, and what, if any, changes it suffers in the organism.

It will no doubt prove a remedy of great value in cases of putrefactive gastric and intestinal catarrh.

That it is absorbed into the blood is proven by its being not uncommon to find the urine dark coloured after its free application to a wound, not unlike the colour produced by the local use of carbolic and salicylic acids. In the case of both the latter agents the change in the urine is of some significance, as being the commencement, at least when well marked, of a train of untoward effects; but in the case of naphthalin, although the urine becomes dark, it is a sign of no significance. It does not indicate any danger.

USES.

It is my intention here only to speak of its uses in the treatment of wounds and ulcers.

From a very considerable experience of its use as an antiseptic, I have been led to consider that in a certain class of cases it possesses advantages over all other antiseptic agents at present in use. These cases are septic chronic ulcers and septic burns, which show no tendency to heal.

The first case where I had the opportunity of testing its antiseptic properties was in a burn of the forearm, in a middle-aged woman, received eighteen months previously. The left forearm was the seat of two extensive and deep-seated ulcers, both in a septic condition. Naphthalin was applied to one, and iodoform to the other. Of the two ulcers, the one in the worse condition was purposely treated with the naphthalin. In the course of a week both sores showed signs of improvement, which soon became rapid; and in the case of the one treated by naphthalin complete, while the iodoform-treated one failed to make any advance after a time. When the dressing was changed to naphthalin the cicaterization rapidly advanced.

It is unnecessary to describe very similar results obtained in a number of other cases

of slowly-healing ulcers as the result of burns, and in chronic indolent ulcers.

In all, nine cases have been treated, and in all the results were good.

For the treatment of the class of cases described, naphthalin is certainly superior to iodoform. Both agents appear to act equally well up to the time that the tissues become antiseptic, but afterwards their action is different. Iodoform, after this stage in the treatment is reached, appears frequently to do more harm than good; it makes the granulations flabby. Naphthalin, on the other hand, on account of its stimulating properties, promotes the healing of antiseptic wounds.

If, in the treatment of an ulcer, all that is required is an antiseptic action, then both agents act equally well; but if, in addition to an antiseptic action, a slightly stimulating one is required, which is frequently the case in ulcers in broken-down people, then naphthalin is to be preferred.

Naphthalin possesses another important advantage over iodoform, in its being a much cheaper agent.

Compared with carbolic acid, it is just as powerful, and probably less irritating. It is free from grave untoward effects. It, however, in common with iodoform, possesses the great disadvantage of being insoluble in water, and therefore useless for spray and irrigation purposes.

MODE OF APPLICATION.

Naphthalin can be applied either finely powdered or in the form of a gauze.

In treating cases of putrid ulcers, it is advisable to use it in the form of finely divided powder; and after the sore has become antiseptic, all that is necessary to do is to keep a few layers of the gauze applied until the healing process is completed.

Dr. Squibb has discontinued the manufacture of fluid extract of coca on account of the inferior quality of the coca in the market. He offers as a substitute, fluid extract of camellia (green tea), which produces the effects of coca in a greater degree. The dose is 20 to 30 minims.