

ductions, the mucous membrane of the rectum becomes irritated, and a painful tenesmus is produced. But, after even long administration by the mouth, no gastro-enteritis is produced in children, no loss of appetite, foul tongue, or pain, etc.—a tolerance taking place in them which is not observed in the adult.—*Med Times and Gaz.*, Sep. 7, 1878.

THE TREATMENT OF ERYSIPELAS BY CARBOLIC ACID INJECTIONS.

This method, first suggested in 1874, by Professor Hueter, of Greifswald, has been tested and elaborated in his clinic with most excellent results. A summary of a paper by his son, Dr. Hermann Hueter, in the *Berliner Klin. Wochenschrift*, Nos. 24, 25, 1878, will put our readers in possession of the latest particulars on the subject. We may premise that the strength of the carbolic acid solution injected is 3 per cent., prepared as follows:—Carbolic acid, spirits of wine, of each 1.5 grammes; distilled water, 50 grammes. A Pravaz's syringe is used, and the largest number of simultaneous injections in any one case has been twelve. It is found that one injection into an erysipelatous patch arrests the disease over an area the size of "half a card," by which we presume a visiting-card is meant. Beyond this area, there is scarcely any visible effect; hence, if the patch is very large, the danger of carbolic acid poisoning may be too great for the whole diseased surface to be injected. Dr. Hueter, therefore, lays the greatest stress on nipping erysipelas in the bud, by watching for its earliest symptoms, and the nurses and attendants in Professor Hueter's clinic are carefully instructed in its diagnosis, so as to call the surgeon's attention at once to rigors, nausea, vomiting, or any other change in the patient's state which may be the prelude to the rash itself. In this way a small area only, instead of a large one, has to be treated, and the surgeon is practically certain of being able to control the disease. Dr. Hueter's own observations lead him to conclude that the more severe the initial symptoms, the earlier the rash appears, and *vice versa*.

The cases in which erysipelas has been detected are treated as follows: Attention is first directed to the wound itself. If the surface is healthy and unaltered (which is unusual), it is merely thoroughly washed with 3 per cent. carbolic solution. If, however, it is in any part coated with a gray, perhaps still somewhat transparent, film, or appears diphtheritic, or pulpy, the affected parts are removed by swabbing with 5 to 8 per cent. solution of chloride of zinc; and this is done in every case where the erysipelas starts from a hollow wound.

After this the erysipelatous skin itself is injected at various spots; and, if detected early, two or three syringefuls of carbolic solution suffice. If the injection has to be repeated very often on the same patch the canula is sometimes left in while the syringe is being refilled, and a second injection is made at the same place, trusting to the known great diffusive

power of the carbolic acid. If the erysipelas is complicated with lymphangitis, and lymphadenitis, the red lines on the skin and in the neighborhood of the swollen glands are rubbed with unguentum hydragryri, and sometimes the edges of the rash itself are thickly smeared with the same ointment.

Lastly, the wound and the reddened skin are wrapped up in a dressing of wet carbolic wool, which is changed two or three times daily until all redness has disappeared. The wound is then antiseptically treated.

The results of this system are most satisfactory.

The erysipelas loses its spreading character after the first injections, and in mild cases is, so to speak, destroyed. Severer cases require a second or third series of injections to prevent the skin re-reddening after it has become pale.

Dr. Hueter gives the short details of the seventeen cases of erysipelas treated in the Greifswald surgical clinic, from May, 1877, to April, 1878. The average duration of each case was two days and a quarter (the longest lasted ten days), and there were no deaths; only one case—the longest—was a complicated one, of a phlegmonous character, with subcutaneous sloughing, not, however, due to the injection. Carbolic acid poisoning only once occurred, and was limited to discoloration of the urine, the patient's general state being unaffected. The advantages of the method of using carbolic acid injections as at present carried out are clearly seen by contrasting the results of the year 1876, when the method was in its infancy, with those of 1877–78. In the former year there were thirty cases treated (and even this number was a great reduction on former years), fourteen recovered without complication, and sixteen were severe cases, of which four died. The average duration of each was six days and nine-tenths.

In conclusion Dr. Hueter points out that any reduction in the number and duration of cases of erysipelas in a hospital is a distinct gain for the other patients, who thus run less chance of infection than they would otherwise. A short case of erysipelas is less likely to lead to the dissemination of "germs" and to their lurking in corners and crevices to spread the disease at some future time, than a long one.—*Med. Times and Gazette*, Sep. 7, 1878.

THE USE OF ERGOTIN IN TYPHOID FEVER.

M. Duboué, of Pau, recommends ergot in typhoid fever for reasons deduced from its physiological action, and in one of his works cites seven cases in which it was employed. Two were in the early stages, and presented all the characteristic symptoms of the malady, but they got well so soon that it was thought that an error in diagnosis was possible. In three others ergot was not used until after all other medicinal resources had been exhausted, and the patients had reached an almost hopeless state. But they all recovered after taking from a