

## THERAPEUTICS.

## STRYCHNIA IN NERVOUS AFFECTIONS.

Dr. Chisholm relates the results of his experiments on the effects of the hypodermic injection of strychnia in cases of optic nerve atrophy. He commenced with very small doses, not more than one-fortieth of a grain being injected each time, gradually increasing the quantity as he found the system tolerated it. The toleration he found as a rule was rapidly established, so that a dose which would cause decidedly uncomfortable contraction in the spinal and leg muscles, would, after a few repetitions, cease to annoy. To obtain all the good which strychnia can produce, he thinks it necessary to keep the system under the full physiological effects of the remedy, by administering a dose as large as the patient can bear comfortably—as a rule, half a grain, in divided doses, can be comfortably borne by most persons. Comparative experiments were made to ascertain whether equal doses could be taken by the stomach, and in the course of these it was discovered that while the same dose injected hypodermically, and ingested into the stomach, acted rather more promptly in the former case, the same dose was not equally well borne at all times of the day. A larger dose could be taken after eating than after fasting. The dose in the morning, again, may be larger than that at mid-day, and this again than in the evening. Its action is to some extent cumulative. It enters the system with much greater rapidity than it can be eliminated. Finding that large doses of strychnia when taken by the mouth will produce the identical immediate and final results as when injected under the skin, Dr. Chisholm has abandoned the hypodermic use of the remedy. Its intense bitterness he avoids by giving it in the form of sugar-coated granules. These, he thinks, act quite as well as the liquid preparations, and being more definite, are safer. He uses granules of one-thirtieth, one-twentieth, one-fifteenth, and one-tenth of a grain of strychnia in each, commencing with the feeble doses, and in the course of a fortnight or three weeks running up to the higher doses. The evening doses should be light. Ultimately about half a grain of strychnia may be given per diem, which is the dose that produces the best remedial effects, and this dose may be continued for months.—*Hay's Amer. Journ. of Med. Science.*

## EUCALYPTUS GLOBULUS IN MALARIAL FEVERS.

Dr. F. B. Schulz, of Grand Tower, Ill., gives his experience in the use of the eucalyptus in the *American Practitioner*:

I have now used the tincture of the eucalyptus globulus with well-marked success in thirteen cases of intermittent fever of the several types usually presented by that affection. In one accompanied by enlargement of the spleen, besides giving the medicine internally, I applied it by means of cloths saturated with it directly over the enlarged organ. Whether this had anything to do with the cure I am not prepared to say, but ague-cake had disappeared at the end of a couple

of months. Ferruginous tonics, purgatives, etc., were given conjointly with the eucalyptus, as I am in the habit of administering them when using quinia. The dose of the tincture, as given by Lorinser, in Vienna, is a dessert-spoonful, in water, taken four hours and again in two hours before the time of the expected paroxysm. In severe cases, or where the chill has returned, Dr. L. directs that the dose be increased a teaspoonful. I use the following:

R Tinct. of eucalypt. glob. . . . 3j;  
Syrup of raspberries, . . . 3ss;  
Water, . . . 3iv.

M. Dose, a table-spoonful every two hours during apyrexia.

Patients made no complaint of the taste of the mixture, and it gave rise to no disagreeable symptoms. I think finally that the disease yielded about as readily as it does to the sulphate of quinine and manifested no more tendency to return,

## SURGERY.

## ON THE TREATMENT OF BURNS BY ALKALINE LOTIONS.

In a communication in the Medical Times and Gazette, Dr. D. B. Dalzell says, in looking over some papers of a deceased friend (who was an excellent chemist), that he has come across some remarks on the treatment of burns, scalds, and bruises by the local application of alkalies. So long ago as 1841 he was in the habit of applying the water of potassa in such cases, and when used early he never once saw it fail in removing the pain "in a few minutes," and effecting a cure "almost like magic." He left the injured surface exposed to the air as long as any pain was felt, having always found that covering it from the air prolonged the pain and retarded the cure. He instances a case of scald with boiling water, in which the potassa was not applied until some hours after the accident. Small blisters had risen, and the skin was highly reddened and the pain severe. Having only a small supply of alkali, in order to make it go further the surface was covered with linen, which was moistened from time to time with the lotion; hence the pain was not removed for at least six hours. This, he says, was the only case he ever had in which the pain was not got over in less than one hour. The lotion should be applied with a feather, leaving the injured part uncovered. The aqua potassæ which he employed was that of the Pharmacopœia, and he prepared it himself, as he found it difficult to get it good in shops. In regard to the rationale of the cure: scalds, burns, and bruises occasion decomposition of the blood of the injured part. In all animal decomposition (especially in that of blood and coagulable lymph) nitrogen is given off, and combines with oxygen, forming perhaps hyponitrous acid, which occasions much of the pain felt. Now, if an alkali such as liquid potassa be applied, it quickly aids the formation of nitric acid, and combines with it. Thus nitrate of potash, a cooling salt, is formed, which aids in abstracting the heat; and by this and the antiseptic constringing action of the alkali on the animal texture the progress of

decomposition is speedily arrested, and nature is left at liberty to heal the injury. This may explain, Dr. Dalzell thinks, the benefit which has undoubtedly in some instances been obtained from the application of alcohol, turpentine, and such like in burns. Alcohol prevents decomposition, and animal substances are preserved in it for years. May not, he asks, the beneficial action of carbolic acid and oils be explained on this principle? When a large surface is denuded of cuticle, or a very muscular part is injured, it may be necessary to dilute the alkali or to apply it in the form of a soap, by mixing about two parts of aqua potassæ with one of olive oil, or a still larger proportion of oil.

## FUMING NITRIC ACID FOR INTERNAL PILES.

Prof. Billroth records twenty-six cases of prolapsing piles treated by him in various ways. In four instances he applied the actual cautery, in ten the galvano-cautery, and in the remainder fuming nitric acid. The latter plan was pursued as recommended by Dr. Houston, of Dublin. The results proved eminently satisfactory. His mode of proceeding was as follows: A free evacuation of the bowels was obtained by means of castor-oil given the day previously. Before the operation the mass was brought down by an injection. The patient was then placed on the side, with the knees flexed. The parts adjacent to the anus were first well protected by oil, so that no injury should be done them. A small piece of wood was then dipped in the acid and applied to the outside of the swollen mass, until it had become tolerably stiff, and had assumed a yellowish-green colour. It was then smeared with some simple form of ointment, and returned within the sphincter. The operation was usually performed without an anæsthetic, and an opiate suppository was rarely given afterward. It is proper to keep the patient in bed. Fever rarely follows, though retention of urine is not uncommon for the first few days. The eschar usually separates without loss of blood. It is proper to give castor-oil on the third or fourth day, provided no feces have passed. Hemorrhage will be likely to occur if the feces become hardened; such accidents, however, are readily controlled by ice. Of the patients treated in this way some were discharged on the fifth and ninth days, though severe cases were under treatment from six to eight weeks. Several of the patients were examined a year after the operation, and there is no stricture in any one of them. Billroth believes that in very severe cases this treatment may fail, and then suggests the use of the acid nitrate of mercury, as recommended by Curling.—*Wiener Med. Wochenschrift.*

## SHORT NOTES.

## LIQUID CARBOLIC ACID.

Otto Facillides resorts to glycerine for the liquefaction of carbolic acid. Ten per cent of glycerine is added to the pure crystallized acid, which is then melted by gentle heat and mixed by agitation. Carbolic acid so liquefied will not again congeal at ordinary temperatures, and is regarded as preferable to acid liquefied by the addition of a small percentage of water, alcohol, or ether.