Collodion. A nævus, of small size, situated over a bone, will often disappear, if painted with collodion every second or third day. Mr. Cosfeld dissolves corrosive sublimate in the collodion.

305. R. Hydrarg. chlor. corrosiv., Collodii,

gr. v. f. 3 j. M.

For painting the surface.

Electrolysis. Dr. I. J. Knott, medical superintendent of galvanism in St. Mary's Hospital, London, reports, in the Lancet, March, 1875, forty cases of nævus, all successfully treated by this means. He gives the following directions as to his manner of proceeding: "I use Stohrer's and Meyer and Meltzer's continuous batteries, and judge, according to the size of the nævus, how many cells to use: six or eight are about the average if the battery is in good working order. If the nævus is small, I use one or two needles attached to the negative pole, and one to the positive, and pass them into the tumor; but, if large, I put on several needles in the negative cord, and use charcoal point with the positive. After the needles have been in the tumor a short time, decomposition begins to take place; this is shown by bubbles of gas passing by the side of the needles. A clot is then formed, the tumor turns of a bluish white, and in this clot fibrous degeneration takes place, and ultimate cure is the result. The advantages of the galvanism are its certainty of action, its safety, the faintness of the cicatrix, and the cessation of pain directly the operation is over. I have used every other method, and I certainly think this, by far, the best."

Hydrargyri Nitras. For removing moles, Mr. B. Godfrey recommends acid nitrate of mercury. His plan is to take a fine-pointed glass tube, and, having dipped it in the caustic solution, to dot all round the hirsute mass, upon the healthy skin, where they both join; then to dot points through the mass, like the white squares upon a chess-board, leaving the blank ones to be treated in a similar manner in a fortnight hence. By such a method, he prevents too great an inflammatory action setting in, and makes a less scar in the future.

Oleum Tiglii. Dr. E. De Smet, of Brussels, rapidly cures small nævi by pricking them with the points of needles, dipped in Croton oil. He fixes a dozen needles in a cork, with their points slightly projecting, and, by a sudden movement, plunges them into the tumor. After the slight swelling and vesiculation thus caused, disappear, he repeats the procedure. (Presse Medicale Belge, Dec., 1873.) No cicatrix is left, and the pain is slight.

Setons. A common mode of destroying nævi, of limited extent, is by producing obliterative inflammation in the tumor, by the introduction of a seton. The needle is threaded with cotton thread. The thread may be dipped in some acid substance, and the tumor may be transfixed in several places, and the string left in the interior. The circulation is not very active, and the hemorrhage, in such an operation, is rarely worthy of notice. The thread left in the tumor produces a certain amount of inflammation, and that inflammation, coagulation round the thread; and, if two or three threads are passed through, there will be two or three lines of coagulation, and so it spreads

till the whole tumor is consolidated. If the first instance does not succeed, another series of threads may be passed through, and, in the end, the tumor will be consolidated.

Sodii Ethylas. This caustic application has been successfully tried, in nævus, by Dr. B. W. RICHARDSON, of London. He brushes the surface lightly, and repeats as needed. The pain is slight, and, in superficial nævi, the result is good.

Solar Cautery. The rays of the sun, concentrated by a lens, have been employed at times. (See Medical and Surgical Reporter, vol. XV.) Dr. Henry G. Piffard, of New York, recently stated that he had found the solar cautery applicable to the treatment of lupus and chancroids, and believed that it might prove serviceable in nævus. While applying this cautery, the eyes should be protected from the brilliancy of the light by wearing colored glasses, else the operator will not be able to determine the exact outline of the cauterization. With a little practice, a line no more than a sixteenth of an inch in breadth, can be obtained with considerable ease.

Vaccination may be employed where the child has not yet undergone it. Pure bovine lymph should be preferred, the matter being introduced in a great many places very close together. The plan is, however, "very uncertain." (Holmes.)

Zincum. The chloride, the iodide and the nitrate of zinc have been employed to destroy nævi. The nitrate, according to Mr. Marshall, of London, penetrates deeper than the chloride, and possesses the further advantage of producing less pain.

PHLEBITIS, THROMBOSIS AND EMBOLISM.

Sir Thomas Watson recommends local depletion when the inflamed vein is accessible; regulation of the bowels; strong animal broths and wine to support the strength; opiates to tranquillize nervous irritability and restlessness. Our object is, in the first place, to subdue and resolve the inflammation; or, at any rate, to prevent its passing beyond the adhesive stage. To this end, the vein being obvious and superficial, we apply leeches, cold lotions or fomentations. During the progress of the malady, especially when suppurative phlebitis is prevalent, it would be unsafe to cut into a large vein, lest, by that slight violence, we establish a fresh local phlebitis. Indeed, after the suppurative form has once been set up, general blood-letting does no good; but, on the contrary, impairs the power of the system at large to struggle against the disease.

In phlebitis of the superficial veins, a blister, applied over the

course of the inflamed vein, reduces the inflammation, hastens the absorption or liquefaction of the coagulated blood, and assists the restoration of the circulation through the obstructed vessels. (RINGER.)

The hardness which is often left after the removal of the inflammation, may usually be removed by assiduously poulticing the part with cataplasms of common salt and nitrate of potash. (BASHAM.) The cedema which is apt to remain, must be met with the application of blisters and the pressure of an elastic roller.

When coagula have floated into the vessels, producing venous or arterial embolism or thrombosis, the treatment is mainly expectant. Perfect rest is essential. Stimulants, tonics and nutritious food are called for to sustain strength; opiates to subdue restlessness. The limb must be kept warm and slightly raised. Surgical interference, of any kind, is dangerous.

As to whether any substance can be administered by the mouth or injected into the vessels to dissolve the clot, observations are not conclusive. The liquor potassæ and liquor ammoniæ, in dilute solution, have been suggested for injection. Dr. Benjamin W. Richardson, in a communication to the Medical Society of London, in 1876, related four cases in which he had administered ammonia in large doses, for the purpose of causing resolution of fibrine in the right side of the heart, or in the great vessels. In three of the cases the treatment was successful, but the fourth had a fatal termination, the patient dying from cerebral effusion.

Dr. HILTON FAGGE, of London, for the results of simple embolism, recommends, though hypothetically, the administration of ten-minim doses of liquor ammoniæ, in iced water, every hour, with three- to five-grain doses of iodide of potassium every alternate hour.

Dr. Bartholow considers that not only when thrombosis is actually existent, but even when it is threatened, as in the puerperal state, after free hemorrhage, when the circulation is languid from weak heart, a state of hyperinosis being present, it is perfectly safe and legitimate to practice the intravenous injection of aqua ammoniæ, f. 3 j—ij, diluted with an equal measure of water.

THOMAS HAWKES TANNER, M. D.

As thrombi are mostly met with in conditions of great exhaustion, as after extensive hemorrhage, in endocarditis, purpura and the puer-

peral state, the indications, generally, are to support the vital powers and allay irritability. For this purpose, the usual forms of concentrated nourishment and stimulants must be liberally, but judiciously, given. Pure air, perfect rest, and opiates as needed, are essential features of the treatment. The following combination is valuable where it is feared the deposit of fibrine has taken place in one of the large vessels of the heart:

306. R. Ammoniæ carbonatis,

Extracti opii liquidi,

Spiritus ætheris,

Decoctum chinchonæ flavæ,

One-sixth part every three or four hours,

The sulphite of magnesia, in doses varying from Dj-ij, dissolved in f. \(\frac{7}{3} \) j-ij of water, has been recommended in such cases. Its efficacy is not yet determined. The iodide of potassium is believed by some to produce absorption of the thrombus, and may be administered gr. x-xv three or four times a day, for a long period, in chronic cases. Mercurials, which also have a reputation for the same power, are generally contra-indicated by the exhaustion present.

VARICOSE VEINS.

PROF. A. D. VALLETTE, OF LYONS.

This author has the following:

307. R. Iodinii, gr. xv.
Acidi tannici, 3 ss.
Aque destillate, f. 3 xvj. M
For local injection.

During the operation, a bandage is applied tightly round the limb above the vein to be operated on, and this is not to be removed for three hours after, for fear of embolism. The "iodo-tannic" solution is injected to an amount varying from ten to twenty-five drops. The effect is to cause immediate coagulation of the blood at the part acted on. At first there is no pain, but after a few hours a severe burn-

VARICOSE VEINS.

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ing sensation sets in, and the vein begins to inflame slightly in each direction. This never reaches any serious degree, but it is sufficient to cause obliteration for some distance above and below the spot injected. The author states that there is no fear of embolism. He has operated in more than two hundred cases without any accident, and has found the results much more permanent and complete than after any other operation.

DR. VOGT, OF BERLIN.

308. R. Ergotæ extracti aquosæ, 3 ij.
Alcoholis,
Glycerinæ, āā 3 j. M.
A syringeful injected in the vicinity of the varix.

DR. LINON, VERVIERS, FRANCE.

This writer claims much success in the treatment of varicose veins by swathing the leg in a flannel compress wet with a solution of chloride of iron in water, forty-five grains to the ounce, and then applying a roller flannel bandage over it firmly for twenty-four hours. This is to be repeated daily for a week or two weeks.

DR. EDWARD R. MAYER, OF PENNA.

This writer states that he has employed, "with brilliant results," lotions of witch-hazel to varicocele and other varicose enlargements. His formula is:

309. R. Concentrated tincture of hamamelis, 3j. Water, Oj. M.

He believes that it exerts a specific effect on the venous system. (Hints on Specific Medication, 1876.)

The hypodermic injection of chloral into the vein has been recommended by Prof. Porta, of Italy. He throws in gr. xv at an injection, and repeats it several times at five or six days' interval if required. The operation is rather painful, but is rarely followed by phlebitis. Coagula are formed and the veins thus become blocked up and atrophied.

Mr. Colles, of Dublin, recommended central compression of the dilated veins, by means of a soft truss (as a ball of feathers.) At first sight this would seem more likely to increase the varicose condition;

but in fact it has the reverse effect, probably through causing gradual dilation of the collateral venous circulation.

In all cases of varicose veins, the causes, which are often mechanical, as prolonged standing or sitting in one position, the presence of a tumor, tight garters, obstinate constipation, etc., must be inquired into.

DR. J. F. MINER, OF BUFFALO, NEW YORK.

This surgeon has reported very favorably in regard to the treatment of varicose veins by injection of the persulphate of iron. He uses the officinal solution in the proportion of one drop to about ten drops of water. Injections may be made at different points. Immediate coagulation of the blood is produced, the vessel contracts, soon becomes a mere cord, while the blood circulates through the smaller and deeper vessels.

As to the objections raised against the operation—as, 1st, that it is liable to produce extensive ulcers; 2d, that there is danger of phlebitis; 3d, that there is danger of air in the vein—Dr. Miner states that if the vessel is dissected down upon, with careful touches of the scalpel, until its blue walls are plainly exposed, the point of the syringe carefully introduced into the vessel and nowhere else, and if the solution is reduced and not used stronger than above stated, with every precaution as to the perfect cleanliness and proper filling of the instrument, not one of these objections can be sustained.

Practiced properly, it is invariably successful and satisfactory.

DR. ENGLISH, OF VIENNA.

This writer, reported in the Mittheilungen of the Vienna Medical College (November 8th, 1878,) the following method: The vein and a fold of the skin are caught up between the thumb and finger, and a needle of a Pravaz syringe is inserted in such a way that its point shall be immediately behind the vein. The contents of the syringe, from one to one and a half cubic centimetres of a fifty per cent. sample of alcohol, are then discharged in the immediate neighborhood of the vein. A small knot forms at the point of injection, and very often there is a momentary appearance of contraction in the veins. On the third day, there will be a considerable infiltration at the point of injection, which differs according to the irritability of different persons. In individuals who were very irritable, there was considerable redness

produced, and in four or five cases suppuration ensued. The suppuration was only in the neighborhood of the vein, however; the vessel itself remained sound and healthy. The abscesses were as large as a bean, but gave rise to no trouble whatever. In none of Dr. E.'s cases was there any rise of temperature, though he examined carefully with reference to this point.

X. LESIONS OF THE ORGANS OF DIGESTION.

THE MOUTH AND THROAT.—Caries of the Teeth—Odontalgia—Aphthæ and Stomatitis—Pharyngitis (Sore Throat)—Tonsillitis (Quinsy, Cynanche)—Tonsillar Hypertrophy.

THE STOMACH AND BOWELS.—Hernia—Intestinal Obstruction (Occlusion, Intussusception)—Hemorrhoids—Fissures of the Anus—Fistula of the Anus-Prolapse of the Anus-Pruritus of the Anus.

CARIES OF THE TEETH.

PROF. JAMES E. GARRETSON, M. D., D. D. S., PHILADELPHIA.

Caries is a disease most markedly of congenital association and predisposition. It may be confidently prognosed that the offspring of parents afflicted in this way will be in like manner afflicted; and that, on the other hand, the children of parents possessing good teeth will be in like manner favored. The general dyscrasiæ exert an injurious influence on the teeth, imparting to them a low grade of vitality, and rendering them incapable of resisting the chemical action of the agents with which they are necessarily brought in contact.

Of these agents the following are the most common and injurious:

1. Mucous Deposits.—The mucoid fluid is often found to be glairy and tenacious, alkaline to the test, and more or less offensive in odora condition universally associated, when a habit, with dental caries and general dyscrasia. The teeth in such a mouth are covered with a film, so persistent that the ordinary use of the brush fails to disperse it, while the common dentifrices exert but a temporary good.

Teeth so diseased find relief alone in acids, not only locally employed but also internally administered. As a systematic medicine let the following be prescribed:

310. R. Acidi hydrochlorici diluti,

For one dose, one to three times a day.

M.

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