



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 oedema 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. ʒj-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,	ʒiij.	
	Extracti opii liquidi,	ʒxxx.	
	Spiritus ætheris,	f.ʒiij.	
	Decoctum chinchonæ flavæ,	ad f.ʒviij.	M.

One-sixth part every three or four hours.

The *sulphite of magnesia*, in doses varying from ʒj-ij, dissolved in f. ʒj-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. 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,	ʒss.	
	Aquæ destillatæ,	f.ʒxvj.	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-

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,                    ʒij.  
                   Alcoholis,    āā    ʒj.            M.  
                   Glycerinæ,    āā    ʒj.            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,            ʒj.  
                   Water,    ʒj.            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 odor—a 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,	gtt. x.	
	Syrupi,	f. ʒ ss.	
	Aquæ,	f. ʒ j.	M.

For one dose, one to three times a day.