





to more severe experiments, unless his existence should be threatened by the swelling.

The plan of passing a *seton* through the tumor in order to excite suppuration and consequent diminution of bulk, is easily executed, and seldom leads to any serious consequences. Nevertheless, some fatal results have been reported, and the good effects of the practice have been but of partial extent.

In simple hypertrophy of the thyroid, injections of *ergotin* are generally successful. The procedure is by hypodermic injections of from six to ten minims of a solution containing ninety-six grains of ergotina to the ounce of distilled water. The injection is repeated two or three times a week for the space of from four to six months, when the gland becomes thoroughly hardened. The gland begins to shrink with the stoppage of the injections, and very soon returns to its normal size. Ergotina is of no value in bronchocele, but only in cases of simple enlargement of the thyroid gland. The injection is attended with very little pain.

*Iodoform* has been tried by various Swiss physicians, but, on the whole, without satisfactory results. (See *Correspondenzblatt*, Jan., 1880.)

The dyspnoea with which goitrous patients are often affected can be greatly reduced by the following:

665. R.	Pulv. stramonii fol.,	ʒij.	
	Potassii nitratis,	ʒj.	
	Opii pulveris,	ʒj.	M.

A teaspoonful to be burned in the room when required. (A. SHANNON.)

### FATTY TUMORS.

As a local injection into the substance of adipose tumors, *alcohol* has been used by some surgeons. A certain amount of the latter should be made to enter the fatty growth through several apertures, allowing some days to intervene between each injection. The tumor then softens and fluctuates; and the operator should at that period incise the growth and empty it, by means of gentle pressure, of the oily liquid which has been formed. Febrile reaction is generally very slight. It is hardly worth while, in some fatty tumors, to subject the

patient to numerous punctures and injections, which may be more or less painful, and crown all by an incision and kneading of the tumor.

The French surgeons, MM. DEBREUIL, CHASSAGNAC and others, prefer caustics to the knife in fatty tumors. The reasons they give are that the suppuration insures complete obliteration of the cyst; that it does not confine the patients to bed; and that they are less exposed to erysipelas, purulent infection and the like, than when operated on with the knife. They usually employ the Vienna paste.

As it is known that the fat of these tumors is characterized by the crystallization and separation of its elements, especially its margarine, it has been suggested by Mr. JOHN GAY, F. R. C. S., (*Lancet*, June, 1873,) that subjecting the tumor to a high temperature would liquefy the fat and promote its absorption. He accordingly ordered immersion in hot water, 120° to 138° Fah., repeated as often as is safe or convenient, and by this plan has succeeded in removing a number of such tumors.

### FIBROID AND FIBROCYSTIC GROWTHS.

*Parenchymatous Injection*.—In fibrous tumors, resolution may be brought about by the parenchymatous injection of various substances. Chief among these is *ergot*. The following formula is recommended:

666. R.	Extracti ergotæ aquosæ (SQUIBB),	gr. 200.
	Aquæ,	ʒ 250.
	Stir, filter and add	
	Aquam,	ad ʒ 300.

Each minim represents six grains of powdered ergot. For an injection, ʒ xx, daily or every two days.

*Iodine* injections have been used largely in Germany, with varying success. In this country they have, on the whole, been disappointing.

*Internal Medication*.—Here again *ergot* is much praised. It should be given in large doses, and not so very frequently. The addition of *belladonna* is believed by some to increase its good effect:

667. R.	Extracti fluidi ergotæ,	f.ʒj.	
	Tincturæ belladonnæ,	ʒit. xx.	M.

This amount once or twice in the twenty-four hours.

Or,

668. R. Extracti ergotæ solidi (SQUIBB), gr. v.  
This amount in a gelatine capsule twice a day. It equals gr. xx of crude ergot.

The successful exhibition of *ammonæ murias* in large doses, ℥j-ij, in a case of large fibrous tumor in the abdomen, is reported by Dr. F. W. HATCH, in the *Pacific Medical and Surgical Journal*, 1875.

It should be remembered that simply passing a well-waxed thread through many tumors, (hygromas, ganglia, cysts, lipomata, &c.,) and fastening the ends together and leaving it there, will cause their disappearance.

## GLANDULAR HYPERTOPHIES.

DR. MORRELL MACKENZIE, LONDON.

In glandular swellings of indolent character, this surgeon has found the hypodermic treatment with *acetic acid* the most useful to bring about resolution. The dilute acid is used, gtt. v-xx for one injection, gtt. vij-vij being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. If suppuration take place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months.

For treatment by destruction and suppuration, a solution of *nitrate of silver* answers the best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops to be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection. When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion the gland sometimes follows the treatment, and interferes with its success. The treatment by pepsine and dilute hydrochloric acid he found to be rapid, but was twice followed by superficial sloughs of the skin, and for that reason he abandoned it. (*Medical Times and Gazette*, May, 1875.)

MR. CAMERON, DEPUTY INSPECTOR-GENERAL, INDIA.

This surgeon urges the treatment of chronic glandular swellings by repeated and deep *punctures* with a common lancet or small steel stiletto. The instrument should be held at right angles to the swelling and pushed down to the bottom. He has never seen any inflammatory or other bad symptoms produced by this operation, and he has often practiced it with brilliant success. He believes it would do well in fibrous tumors also. (*Lancet*, August, 1874.)

MR. FURNEAUX JORDAN, ENGLAND.

This surgeon employs *counter-irritation* to remove enlarged glands. The best locality for the counter-irritant is around or adjacent to the enlargement. Blisters or iodine may be employed. In enlarged cervical glands, a large patch of iodine irritation at the back of the neck, which may be prolonged below the glands, will, he states, certainly prove successful in a short time.

MR. S. MESSENGER BRADLEY, F. R. C. S., ENGLAND.

Injection with the *tincture of iodine* is largely employed by this surgeon. He has even succeeded in producing absorption of some encapsulated tumors situated on the salivary glands by this means. As a rule, two or three injections, gtt. v-xv of the simple tincture, are sufficient to effect a cure. He lays down the following rules as to its application:

1. *Cases to be treated by Iodine Injections.*—True hypertrophies of the cervical glands without scrofula; strumous hypertrophies of the cervical glands before they have broken down; hard, non-infectious lymphomata; all-encapsulated tumors, as a tentative operation.

2. *Cases to be treated by Incision.*—Lymphatic tumors that have broken down into pus.

3. *Cases for Extirpation with the Knife.*—Strumous glands which form tumors riddled with soft patches, and resting on a base of suppurative tissue, with a large area of blue skin; encapsulated tumors which have resisted the treatment by injection.

SIR. J. Y. SIMPSON, EDINBURGH.

669. R. Cupri sulphatis exsiccatae pulveris, ʒj.  
Glycerinae, f.ʒj. M.

The caustic mixture thus obtained acts only on the skin deprived of its epidermis. The eschar is white, and ordinarily separates the fifth or sixth day. The advantages attributed to this caustic in the treatment of tumors are the following: 1. Energetic escharotic effect. 2. Rapidity of action. 3. Easy management. 4. No tendency to run. 5. Freedom from danger.

SIR HENRY THOMPSON.

670. R. Zinci sulphatis exsiccatae, ℥iv.  
Acidi sulphurici, q. s. M.

The sulphate of zinc, previously dried, in order to deprive it of its water of crystallization, is mixed with a strong sulphuric acid to the consistence of a jelly, which is then applied by means of a glass rod or spatula. The parts surrounding the tumor to be destroyed are to be covered with a firm pomade, to limit the action of the caustic.

PROF. DEMARQUAY, PARIS.

671. R. Unguent. hydrargyri, ℥iij.  
Camphoræ, ℥ij.  
Cereæ flavæ, ℥iss.  
Olei olivæ, f. ℥iss.

Dissolve the wax and oil by heat, and when nearly cold add the camphor in powder and the mercurial ointment, and make a homogeneous mixture. A useful absorbent ointment for indolent tumors.

M. T. ANGER, PARIS.

In *mucous cysts*, as of the vulva, etc., this writer has obtained no satisfactory results from iodine, but reports favorably of *chloride of zinc*.

672. R. Aquæ destillatæ, gr. x.  
Zinci chloridi, ℥j. M.  
Twenty drops injected into the tumor.

A single injection is ordinarily sufficient to bring about a decrease of size, which, however, does not begin for four or five days.

PROF. MUSSEY, M. D., CINCINNATI.

673. R. Plumbi nitratis, ℥ij.  
Aquæ rosarum, ℥iv. M.  
Apply three times a day to *warts* and *scabby* or *scaly tumors*.

The dry powder of *nitrate of lead* can be used with great advantage in *onychchia maligna*, etc.

## INTRA-LARYNGEAL GROWTHS.

MR. LENNOX BROWNE, F. R. C. S. E.

From his position as surgeon to the Central London Throat Hospital, this writer speaks from a wide experience in this class of new formations. Many of them, he believes, never require treatment, and if left to themselves, do not acquire a serious aspect. A large proportion will, if untreated, "frequently disappear spontaneously, being subject, as they are, to slow atrophy and resorption." (VIRCHOW.)

Many of them will disappear or be reduced by appropriate local and constitutional medical treatment, especially when of recent occurrence. Except in the very rare and doubtful instances of a congenital growth, all these new formations originate as a direct consequence of hyperæmia, or, as VIRCHOW puts it, "as the expression of an inflammatory irritation, which affects the whole surface, though it does not give rise to the same results in all parts." When growths are present, there is not unfrequently considerable general congestion of laryngeal mucous membrane. It is, therefore, most important that every practitioner should, in every case of hoarseness, examine the larynx of his patient at the very earliest date. Let him treat the hyperæmia when it first occurs, and he will also see a new formation, should one arise, at its very commencement, or at least on the first approach of symptoms of its presence. It cannot be too strongly urged that the cause of a hoarseness is not to be discovered by pressing down the tongue with a paper-knife and looking into the back of the mouth, and that a localized inflammation, ulceration or irregular formation within the larynx is not to be healed by swabbing the pharynx with a brush charged with a solution of nitrate of silver, or by pushing a probang similarly loaded down behind the tongue unguided by the mirror, in the vain belief that it is going into the larynx, when, in the one case out of ten in which it certainly reaches no further than the superior surface of the epiglottis, it as certainly finds its way down the gullet.

In addition to the use of general and topical remedial measures to reduce the hyperæmia, the practitioner should remove any cause likely to keep up irritation of the larynx, such as relaxed uvula, unsuitable occupation or exposure to sudden changes of temperature; and rest of the voice should in all cases of hoarseness be strictly enjoined. The

moment the least irregularity of the cord is visible, the practitioner should at once make mineral astringent applications to the spot daily, until there is diminution of the growth or ulcer, and then on alternate days, or less frequently, as may be required.

## POLYPI.

*Gelatinoid nasal polypi* can frequently be removed by astringents, and thus spare the patient the shock of evulsion; or they may often be dispelled by injecting a few drops of solution of zinc chloride, renewed as often as the slough detaches. Mr. REGINALD HARRISON (*British Medical Journal*, Nov., 1879,) finds that if the ordinary mucous polypus be punctured, the fluid drains away and causes the growth to shrivel, a process much expedited by subsequently injecting carbolic acid and glycerine into the nostrils. Mr. A. G. MILLER (*Id.*, Dec.,) had previously applied rectified spirit in the form of spray to polypi with success, and thinks a preliminary puncture would greatly assist the action of the remedy.

Dr. REEDER proposed, in the *Chicago Medical Journal*, 1859, the local use of the *tincture of the chloride of iron*, and it has been successfully employed by many physicians. The formula is:

674. R. Tinct. ferri chloridi, partes equales. M.  
Aquaë,

About two drachms of this mixture is injected into the nostril, the head being held back so as to retain the fluid in contact with the polyp for a few seconds. The irritation of the nares caused by the dilute tincture is trifling in severity and of short duration. The application should be repeated daily for three or four days, which is usually sufficient to effect a cure.

Mr. THOMAS BRYANT, of London, has spoken highly (in the *Lancet*, Feb., 1867,) of the success he has attained by insufflating *tannin* in powder, by means of a quill inserted into the nostril. He employed about ten grains at a time, and repeated it daily for several months.

It has been recommended by Dr. SCHÖNFELD to supplement the

local treatment by the internal administration of *iodide of lead*, gr. ij-ij twice or thrice daily.

DR. MORRELL MACKENZIE.

675. R. Ferri perchloridi, ʒj.  
Aquaë, q. s. to make a thick paste.

This author has found the best results from the use of this paste in getting rid of polypi. When they are small and easily reached it is generally successful.

The use of the *saffronized tincture of opium* was introduced by Dr. PRIMUS, of Babenhausen, as a local application. It is official in the German Pharmacopœia.

TINCTURA OPII CROCATÆ.

676. R. Opium, 16 parts.  
Saffron, 6 "  
Cloves, 1 "  
Cassia bark, 1 "  
Sherry wine, 152 "

Prepare by digestion.

If the growth be painted several times a day with this liquid, in about a week or ten days the polypus, under favorable circumstances, becomes shriveled up, and falls from its attachments.

Bichromate of potash and nitrate of silver have also been tried frequently with more or less success.

*Galvanic Cautey.*—Dr. THUDICHUM has removed polypi by this means, and although the proceeding is only practicable in a limited number of cases, and can never come into general use, the invention possesses advantages, and must occasionally prove extremely valuable. The polypus is encircled by a wire loop, which is made red-hot by being connected with a galvanic battery, and the substance of the growth can then be burnt straight through. The operation is attended with little pain, and there is no risk of hemorrhage, but as the wire can rarely be adjusted to the pedicle of the tumor, and as no traction is made which would be likely to draw away the polypus by its roots, the growth has generally to be removed in slices.

In the use of *bichromate of potash*, saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus

within reach, care being taken to avoid the neighboring tissues, and this is repeated several times. It does not generally produce pain. At the end of three or four days, inflammation is excited, and a watery, acrid fluid flows from the part. This lasts about two days, when it will be found that the polypus has partly or wholly disappeared. The application should be suspended as soon as inflammation is excited, and renewed after it has disappeared, should all the polypus not have been removed.

*Polypus of the Ear.*—Both nasal and aural polypi are said to be benefited by the administration of *teucrium marum*, or cat thyme. Dr. JOHN BARTLETT (*Chicago Medical Examiner*, August, 1872,) employs it as follows:

677. R. Teucrii mar. folior.,  $\frac{3}{i}$ . M.  
Alcohol,  $\frac{1}{\frac{2}{3}}$  x.  
Macerate fourteen days.

Apply locally to the polypus, and also take a few minims internally daily.

This writer reports several cases of aural polypi, one being himself, who have been cured by this remedy.

Dr. W. W. SEELY, of Cincinnati, Ohio, (*Transactions Ohio State Medical Society*, 1872,) states that in aural polypus, where evulsion is not employed, he adopts this plan: After thoroughly drying the ear, cleansed of all discharge, he applies, on the point of a small probe, a minute crystal of *chromic acid*, seldom larger than an ordinary pin's head. If the polypus is large, and he finds he only has made a small impression, he applies it again the next day, and then waits three or four days, when usually a white mass of charred tissue will drop off. Another application then takes place. Great care is necessary in using the chromic acid, but with such care it is free from danger.

## WARTS AND CORNS.

In treating a wart, *chromic acid* is a useful agent. In many instances it will blacken and kill the growth, the tumor sloughing away in the course of five or six days, leaving the resulting ulcer a perfectly simple one.

But this cauterant is not to be applied to the vascular kind of wart; on the contrary, if irritable, as it often is when brought to the notice of the practitioner, it should be soothed by gentle applications, after which it should be thoroughly removed by the knife or ligature. Especially when situated on the face, a wart cannot be too judiciously or carefully treated.

Professor SYME preferred to soften a corn by touching it again and again with acetic acid until the whole is scraped out, and then to apply nitrate of silver to the exposed surface of the cutis, so as to destroy its morbid secretory tendency.

For *soft corns*, he recommended astringent applications, such as that formed by mixing together equal parts of alum and the whites of eggs, which will often afford great relief.

### RÉSUMÉ OF REMEDIES.

#### FOR BENIGN NEW GROWTHS.

- Aceticum Acidum.* Glacial acetic acid is very effectual in removing warty growths. *Alcohol*, by hypodermic injection, has been employed in fatty tumors.
- Ammoniacum.* The *emplastrum ammoniaci* and the *emplastrum ammoniaci cum hydrargyro* are used as local stimulants and discutients to promote the resolution of *enlarged glands* and other indolent tumors.
- Ammonii Murias*, moistened and rubbed over warts, will usually cause them to disappear. It has been given internally to hasten absorption in other benign growths.
- Arsenicum.* Warts painted with Fowler's solution will generally vanish in a short time.
- Argenti Nitras.* In the *Boston Medical and Surgical Journal*, Jan. 6th, 1876, Dr. BIGELOW records two cases of formidable *erectile tumors* obliterated by the injection of a few drops of solution of nitrate of silver dissolved in water, the proportion being equal parts by weight. Parenchymatous injections of solution of nitrate of silver WILDE found to be especially serviceable in tumors of soft consistence, the strength of the solution being one grain to one ounce, and a considerable quantity being injected.

