

Heinrich Stern has very recently called attention to the revival of the use of formic acid for increasing the sexual desire, much as cantharides is used. Formic acid has long been known and used in domestic practice as a rubefacient. In Germany it has found considerable favor in regular medicine and is official in the German Pharmacopeia as a 24 per cent. solution and also as a spirit of formic acid, the latter containing 4 per cent. of the official solution of formic acid in a mixture of alcohol and water.

#### IODIN.

The official preparations of iodine that are used as rubefacients are:

**LIQUOR IODI COMPOSITUS.**—U. S.—This is better known as Lugol's solution; it contains 5 per cent. of iodine and 10 per cent. of potassium iodide in water.

**TINCTURA IODI.**—U. S.—This is an alcoholic solution and contains 7 per cent. of iodine and 5 per cent. of potassium iodide.

**UNGUENTUM IODI.**—U. S.—This contains 4 per cent. of iodine and 4 per cent. of potassium iodide in a mixture of glycerin and benzoated lard.

Iodine in the form of the tincture or of the solution is very commonly applied to the skin as a counter-irritant. Repeated applications produce a caustic effect, but the action is very easily controlled. One great disadvantage possessed by the official preparations of iodine is the dark staining of the skin. Numerous efforts have been made to obviate this by using so-called colorless tinctures of iodine, which are merely solutions of iodides. It is much better to apply the iodine until sufficient irritation is caused and then remove the stain by washing with dilute solution of ammonia water or with a solution of sodium thiosulphate.

A more modern preparation of iodine that promises to replace the official preparations as an external application is a solution of iodine in saponated petrolatum, a formula for which will be found in the edition of the National Formulary now in press.

Saponated petrolatum may be made by simply mixing:

Liquid petrolatum.....	3ii	60
Oleic acid.....	3i	30
Spirit of ammonia.....	3ss	15

In the order enumerated, the only necessary precaution being to use preparations that correspond to the requirements of the United States Pharmacopeia.

This simple saponated petrolatum will readily dissolve iodine up to 10 per cent. of its weight. A 5 or 6 per cent. solution of iodine, however, will be found to be most useful and not too irritating.

Probably the greatest advantage possessed by a preparation of this kind is due to the fact that it causes little or no stain and may be readily washed off with soap and warm water.

Saponated petrolatum may also be used for applying a number of other rubefacients, such as camphor, menthol, chloroform, methyl salicylate and turpentine.

## Clinical Notes

### UNUSUAL EFFECT OF HOMATROPIN.

REPORT OF TWO CASES.

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The following report of an extraordinary effect of a much used drug is instructive and of interest as illustrating the idiosyncrasy of individuals in their relation to medicines. In these cases the apparent physiologic action of homatropin hydrobromide was irregular to an extraordinary degree. The two observations here chronicled are the only instances which have come under my notice of excessive persistence of the effect.

I am unable to estimate a percentage of frequency for the occurrence of this accident, but suppose it to be rare. For these two cases are the only instances which have occurred in using homatropin several thousand times.

The experience of others in this particular should be of interest to all. It is of moment to every practitioner, for the reason that it is especially in the more urgent cases of persons whose time is of great value that homatropin is employed.

I have just had it forcibly impressed on me how painfully embarrassing it may be to promise an active business man removal from his important affairs for one or two days only, and then find two weeks necessary for the eyes to regain accommodation and light tolerance. For this reason the experience of others is desirable.

**CASE 1.**—May, 1897. Female, aged 25, housewife, mother of a family, asthenopic symptoms pronounced. A 3 per cent. solution of homatropin was used. An application was made at bedtime, on rising and at intervals of ten minutes for an hour and a half before measuring the refraction. The patient came to the office immediately after breakfast. The eyes were in no way unusual. The refraction was plus and compound and the error was of an ordinary amount only. The mydriasis and cycloplegia persisted for eight days and the patient manifested great anxiety and impatience. I could not rid myself of the impression that the perturbation and alarm were partly assumed, but as the cause was real there was absolutely no way but to counsel patience and to emphasize the certainty of recovery with the lapse of time.

**CASE 2.**—January, 1906. Male, aged 41, business man, very busy, neurasthenic, the lifelong subject of periodic violent attacks of migraine. Homatropin solution was used half as strong and less frequently than in the foregoing case on account of age. The same vial was used on the preceding day on a newspaper man, aged 43, with recovery in eighteen hours. And subsequently on two other patients, one of whom reported complete recovery in twenty-four hours and the other in thirty hours. The pharmacist was positive as to the accuracy of the compounding of the prescription. The effect persisted with complete cycloplegia for fifteen days. This was a source of great annoyance to the patient, who bore it, however, with much resignation and fortitude, the more patiently as he keenly felt the need of relief from his malady. The recovery was complete eventually.

In neither of these cases was there any complication such as, for example, the onset of glaucoma. In the latter case there was more danger on account of the age. Had so unfortunate a thing occurred, eserine would probably have controlled it.

### VICARIOUS MENSTRUATION DURING PREGNANCY.

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*Patient.*—M. D., aged 25, married about five years.

*History.*—The patient had a miscarriage about three years ago, probably self induced. The uterus had to be "scraped out" about three weeks later. She has always been healthy and has had no disorders of menstruation up to this time. The flow occurred every thirty days, until May 30, 1905, since which time it has been decidedly irregular. On June 20 and 30, she had severe attacks of nose bleed, but no signs of menstrual flow. July 30 and 31, the same thing occurred. On August 19 she became alarmed at the non-appearance of menstruation and consulted me. I made a diagnosis of probable pregnancy from the symptoms then discernible. On August 30 and 31, she had a return of the menstrual flow but no nose bleed. In September and October, however, she again had severe attacks of epistaxis. On November 23, I made a thorough examination and confirmed my previous diagnosis. Epistaxis again occurred on December 1. On December 10, she took a trip of about ten miles in the country over rough roads, and an hour or two after her return labor pains set in. On the morning of December 12, she gave birth to a four-pound girl which lived twenty-three hours. The patient was up in the usual ten days, but she has had neither menstrual flow nor nose bleed since.