

the anterior chamber. Dilatation commences sensibly after the same time, on the dead as well as on the living eye; the action is less durable than in the dead eye. The instillation or injection of eserine, after death, produces contraction of the pupil, but for a shorter time than the dilatation which is produced by atropine. Instillations of ergotine, after death, produce no change whatever of the pupil; an injection of this substance into the tissue of the iris, or into the anterior chamber, produce a myosis of two hours' duration. Pilocarpine has a weak myotic action on the eye after death.

In a very interesting paper on the treatment of *Hydatid Cysts of the Liver*, Dr. L. G. Richelot, son of the present editor of the *Union Médicale*, lately published a paper in that journal on the subject. He recommends the use of the aspiratory puncture, if only as a means of diagnosis. The cyst should be entirely emptied to prevent effusion into the peritoneum. In spite of all precautions, the liquid is reproduced, and it is only in exceptional cases that a complete cure is effected by the operation. In the majority of cases, however, a relapse is the rule, after one or two punctures, the cyst suppurates, and then, in the event of a return of the disease, a free incision should be resorted to, instead of employing the aspirator, as the repeated use of the latter is not always inoffensive.

The ostensible object of the aspirator or the employment of a free incision is to avoid the necessity of making an opening into the peritoneal cavity, but Dr. Richelot is of opinion that this would be only tampering with the malady and losing valuable time. He therefore recommends that at the very commencement, and when the diagnosis of a hydatid cyst of the liver has been established, a free incision into the peritoneum should be practised, employing at the same time the usual necessary precautions. By this means the surgeon is enabled to examine the tumor more completely, and to decide as to the proper subsequent treatment that should be adopted. When it is decided to cut through the peritoneum, Dr. Richelot adopts the method of Volkmann; that is to say, a modified laparotomy, which is an operation not dangerous in itself, and it has the advantage of enabling the surgeon to see what he is doing.

The author concludes his paper by laying down certain rules for the treatment of hydatid cysts of the liver which have returned after the capillary puncture: 1. Free incision of the peritoneum with antiseptic precautions. 2. Exploration of the tumor. 3. Treatment of the cyst appropriate to its size and its connections.

In a memoir by Dr. Durand, of Lille, on *Cardiac Stimulants*, and to which a prize has been awarded by the Catholic Faculty of that city, the author gives some valuable information on adonidine, and compares its action with that of other drugs, such as digitalis, convallaria, and caffeine. According to the author, adonidine acts on the heart somewhat like digitalis, but it possesses no cumulative properties; its diuretic effects are very marked, and it can be used for a long time without causing any symptoms of intolerance. It should be given at a dose of 2

centigrammes; when the beats of the heart are irregular or unequal, digitalis is the best remedy, and adonidine is much less useful. On the other hand, the latter gives good results in all cases where the arterial tension is too low. As a diuretic, caffeine is to be preferred.

M. Lafon describes, in a paper read by him at the Academy of Sciences, a *New Test for Codeine*, as follows: If a trace of codeine be mixed with a solution of one gramme of ammonium selenite in twenty cubic centimetres of sulphuric acid, a beautiful green color is obtained, which gradually changes by oxidation to a reddish brown; one milligramme of codeine can be detected in this way. The reaction is not yielded by any other active principle, alkaloid or glucoside, except morphine.

A. B.

DOMESTIC CORRESPONDENCE

CARBOLIC ACID INJECTIONS IN CARBUNCLE.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In the number of THE JOURNAL for February 13, 1886, page 185, I noticed quotations from an article in the *Texas Medical Journal*, of November, 1885, in which Dr. Wilkinson, of Galveston, states that for the last six or eight years he has used carbolic acid by injection in the treatment of carbuncle. In connection with his suggestion I deem it proper to note the fact that in the *Toledo Medical and Surgical Journal*, for 1880, I published an article on this subject, of which the following extract is the conclusion:

"It is now about two years and a half since a patient presented with two carbuncles, one on the back of the head, the other below it on the neck. They were of moderate size only, the upper being open in three places, while in the lower the skin was unbroken.

"Having considered the various known properties of carbolic acid, I determined to use it in the sinuses of the upper carbuncle, and to use it vigorously. Loading my hypodermic syringe and passing the point through the opening and into the sloughing mass in every direction, I completely saturated it with the pure acid, and awaited results. In a minute the smarting disappeared, and with it all pain and sense of soreness.

"By this result emboldened, I again charged the instrument and thrusting it through the skin over the other carbuncle in a variety of places, I soaked the whole mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation and destroy any septic elements there developed. I waited not without concern, and was delighted to learn in a few moments that all pain and soreness was gone in this also. The skin over the mass became quickly white, hard and dead, in a few days detaching in the form of slough; the interior mass also becoming loosened and only requiring the cutting of a few shreds to remove it, when the cavity was found to present a satisfactory appearance, and rapidly filling up left an exceedingly small cicatrix.

"The remarkable feature in this case was that after

the complete saturation of the carbunculous mass, no pain occurred, my patient going about his ordinary labor without discomfort. It is now but a year since I treated another case in a similar manner, with similar results, the party suffering no pain or even soreness after the lapse of one minute following the injection.

"In making this suggestion, which so far as I know is new, I am conscious of the insufficiency of my cases, but I am so sure of its efficiency that I shall at once resort to it when case and occasion offer, and advise others to do so, at least until the value of the measure is determined. In conclusion, I would advise the use of pure acid only, and to complete saturation; dilution would increase, if not create, danger of absorption, converting a very simple procedure into one of great danger, and being insufficient, defeat the purpose for which it is used."

Since writing the above, experience has fully confirmed me in the correctness of all set forth, and I had come to regard it as an important fact and congratulated myself that I had at least, as a prior observer, given this much to my profession. I care little about that point, however, but still think that I may claim that much. But whoever was the first, it was independently used by me in the office in which I write this note, with some misgivings as to consequences. Double discoveries are always possible, but in my case they have been quite striking. I supposed myself to be the first to use the continuous pressure of rubber in chronic orchitis, applying the common rubber capote. I also made from a pair of pruning shears the first costatome of which I ever heard, and that, too, long before any note of them appeared in the illustrated circulars of instrument manufacturers; and invented and had made a device by which the piston-head in a syringe cylinder can be made larger and smaller at will without removal from the barrel. These devices I showed freely to many traveling men and others, and soon the back counties were heard from. Some fellow patented the syringe device, and it is now manufactured by Lutz, of Indianapolis, and offered to the profession with a flourish of trumpets as to its merits. I have in my possession the original instrument, made years before the issuance of the patent, the merit of invention having been coolly filched from me.

Truly yours, J. T. WOODS, M.D.
Toledo, Ohio, February 28, 1886.

TREATMENT OF CARBUNCLE.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—Your editorial remarks in THE JOURNAL of February 13, 1886, in regard to the treatment of carbuncle by the injection of carbolic acid, full strength, as suggested by C. H. Wilkinson, M.D., in *Daniel's Medical Journal* for November, 1885, p. 15, are timely, and the benefit of the treatment is confirmed by the success I have attained in the several cases in which I have used it. A few facts in regard to my methods, additional to the carbolic acid treatment, may not be out of place. I invariably test the urine for sugar when first undertaking the

treatment of a patient for carbuncle. If sugar be present, I put the patient on strict diabetic diet, and prescribe bromide of arsenic, three drops, twice a day, and inject the sinuses of the carbuncle with carbolic acid, full strength. If I do not find sugar in the urine I conclude, as to the etiology of the disease, that it is the retention in the alimentary canal of excrementitious matter and the consequent poisoning of the system. The diet is temporarily restricted, and cathartics administered until the stomach and bowels are thoroughly unloaded; after which I give:

R. Permanganate of potash..... gr. ss.
Water..... ʒij.
M. Sig. At once.

and repeat the dose until I am satisfied that the alimentary canal is thoroughly disinfected. I have never failed to cure carbuncle by this method; and thus far have not had a recurrence of the disease in a single case. The following are the only cases I will claim space to report:

Case 1.—Mrs. McC., about 43 years of age, white, married, and the mother of one child. She is of fine physique and generally good health. She had suffered from carbuncle for a number of months, and had submitted to various methods of treatment, and about as soon as one carbuncle was cured, another made its appearance. Each successive carbuncle appeared a little higher up the back, the last one being near the nape of the neck. It was about three inches in diameter and had two sinuses. The test of urine for sugar gave negative results. I administered brisk cathartics and then gave permanganate of potash, and refused to cut the carbuncle. In a few days she was well; and there has been no recurrence of the disease after the lapse of a year.

Case 2.—On February 12, 1886, James Owens applied to me for treatment of carbuncle. He was about 40 years of age, white, a native of Texas, unmarried, and a farmer. The carbuncle was situated on the back, in the lumbar region and near the mesal line, and was three and one-half inches in diameter. There were three deep sinuses, and the parts were highly inflamed and painful. He had lost flesh, had no appetite, and complained of giddiness. I injected carbolic acid deeply into all three sinuses, gave him cathartics and followed them with permanganate of potash. In a few days he reported himself well.

I am convinced of the beneficent effects of the carbolic acid treatment; but to insure a non-return of the malady, I am equally convinced of the necessity of disinfecting the alimentary canal, where sugar in the urine is not found among the etiological factors.

I am, very truly, J. W. CARHART, M.D.
Lampasas, Texas.

THE MECHANICAL TREATMENT OF THE VOMITING OF PREGNANCY.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In Dr. Joseph Taber Johnson's paper, read before the Medical Society of the District of Columbia, and published in THE JOURNAL of March 13, he says, on page 288: "In the *London Lancet*,