

TRICHLORACETIC ACID.

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Numerous cases in my hospital and private practice treated with strongly concentrated solutions of trichloroacetic acid prove to my satisfaction that we have in this preparation almost a specific for the great majority of diseases of the mouth, throat and cervical lymphatics.

In postoperative treatment of mouth and throat conditions trichloroacetic acid prevents infections and secondary hemorrhage and enables the patient to swallow solid food without the slightest difficulty almost immediately following a painstaking application over comparatively dry raw areas. This is likewise true regarding cauterized surfaces and practically all diseases of mouth and throat and often one treatment will suffice.

Acute pain and swelling of cervical lymphatics disappears speedily (frequently within a few minutes) through applications within the faucial tonsil and about its base on the affected side. The entire tonsil may be covered if necessary and several applications may be made during one treatment. It is well to use the solution sparingly, however, although the only unpleasant symptoms likely to arise will be a slight dryness, preceded by a trivial stinging over the area treated. Preliminary cocaineization, except perhaps in the nostrils, is seldom necessary. A strongly concentrated solution, as is well-known, alone or in conjunction with the actual cautery (inflammatory extensions are thus prevented), is most useful in the treatment of various infections of the nose and nasopharynx.

Dentists will find trichloroacetic acid indispensable in diseases and postoperative treatment of the gums. As a disinfectant and deodorant in dentistry it will be found most efficacious. Trichloroacetic acid will be found equally useful in the treatment of diseases of the mucous membrane and lymphatics elsewhere throughout the body. Chemists tell us it has no anodyne properties, but my experience, I believe, proves it to be one of the most remarkable of anodynes.

[COMMENT.—Our correspondent is rather enthusiastic in praise of trichloroacetic acid. We agree that it is a valuable drug in certain conditions. It is now official, having been included in the last edition of the U. S. Pharmacopeia. The following appears in the "Physicians' Manual of the U. S. Pharmacopeia and National Formulary":

"USES: Chiefly as a chemical reagent; astringent, escharotic, hemostatic; to remove warts and other skin blemishes, in 10 per cent. water solution; astringent or hemostatic, 1 to 3 per cent. solution; must be used with care."

The British Pharmaceutical Codex says:

"Trichloroacetic acid is applied as a caustic to the skin, and is less painful than nitric acid; it has also been employed in strong solutions as a caustic in chronic pharyngitis. Weak solutions, containing 1 per cent. or less, have a powerful disinfectant action, and such solutions may be applied to wounds and ulcers, or used in erysipelas and gonorrhea, without causing irritation. It is rarely taken internally, but from 2 to 2.5 decigrams (3 or 4 grains) well diluted have been recommended in gastritis. Liquefied trichloroacetic acid is a liquid prepared by the addition of 10 per cent. of water to the crystalline acid."—EDITOR.]

A STUDY OF MALARIA IN CHILDREN.

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The subject of malaria is generations old; the disease has ever been with us, and probably will ever be; yet, notwithstanding that there has been research after research and study on study of it, there seem to be many facts in regard to its clinical history, its etiology and the life and habits of its causative parasite that are yet to be investigated.

Our investigations of the subject have had in view the establishment of two facts: first, the percentage of apparently well people who have the malarial parasite in their blood; second, the length of time that the parasite may live and propagate in the blood and cause no malarial paroxysm. Therefore our observations were made on the well instead of the sick; and, furthermore, these investigations have not been confined to children entirely; the majority of the subjects, however, were children. Because Talladega is a city of many schools, observations on school children are more easily made than on adults, and the children are more easily kept under constant observation.

These observations were begun in September, 1907, after the schools for the deaf-mutes and blind had opened for the session of 1907-1908. Smears of blood were obtained from a total of 610 children and adults.

These blood specimens were obtained on slides in the ordinary manner, and were stained with Jenner's, Wright's or Goldhorn's stains. Two hundred and ten of these specimens were obtained from deaf-mutes of both sexes and 85 from the blind, also of both sexes. The subjects ranged in ages from 7 to 20 years and came from different parts of the state. The remaining 215 were natives of Talladega, of whom 38 were children and 21 were negroes. The remaining 156 were men who were about their regular business. Among the deaf-mutes the plasmodia were found in 10.5 per cent. of the males and 6 per cent. of the females; among the blind, in 6 per cent. of the males and 3 per cent. of the females. This brings out quite a difference between the males and females; also between the deaf-mutes and the blind. We accounted for this decided difference by the fact that the females, as well as the blind, are in the house more at night and are better cared for, thereby lessening their liability to infection.

It was also noticeable that the majority of the mutes and blind in which the parasite was found were from the southern part of the state.

Of the 38 native children, the plasmodia were found in 8 per cent., and in 5 per cent. of the negroes. Of the 156 men the parasite was found in 14 per cent. We also found the plasmodia in 3 babies between three and seven days old, but in these the mother had previously had a paroxysm. Summing up the total, we found the plasmodia in 8 per cent. to 9 per cent. of the 610 cases examined.

Most of the patients whose blood contained the malarial parasite were kept under observation during the fall and winter. No quinin or tonics were given unless chills and fever developed, and then only sufficient quinin was given to control the paroxysm. Of those whose blood contained plasmodia only 3.5 per cent. developed malarial symptoms, and a majority of these had an attack of chills and fever in October, December and