

10. *Carbolic Acid Spray in Catarrhal Diseases of the Respiratory Organs.*—Dr. MORITZ, in a communication to the Medical Society at St. Petersburg (*St. Petersburg Medicin. Wochenschrift*, Nov. 11, 1876), states that during the spring of last year he used carbolic acid spray with benefit in catarrhal diseases of the respiratory organs. Having had much to do with carbolic acid, and especially the spray, he noticed that the bronchial catarrh with which he was frequently troubled did not occur, or that, if it began, it was soon arrested. A colleague of his, Dr. Assendelft, made the same observation. Dr. Moritz used the spray of a two per cent. solution of carbolic acid. He first tried it on two children in whom the commencement of whooping cough was suspected. After the remedy had been used two days, the slight catarrh which was present came to a stand-still, and in a few days disappeared. In several children with measles, the cough was diminished, and the nights were more quiet after the use of the carbolic acid spray. In two surgical patients also, whose lungs were in a suspicious state, the cough entirely disappeared during the frequent use of the spray. On the other hand, it was ill borne by two phthisical patients, one of whom had extensive cavities in the lungs. He explains the action of carbolic acid by supposing that many cases of catarrh are, during a certain stage, of infectious, perhaps parasitic nature. In the discussion on the paper, Dr. Von Mayer said that, if bronchial catarrh were infectious, this must be explained rather on chemical grounds. Dr. Wulff thought that many cases of catarrh might to some extent be parasitic. Dr. Lehweß had found solution of carbolic acid very useful in cough, in the form both of inhalation and of injection. Dr. Masing had found excellent results from the carbolized spray in a very obstinate case of whooping cough of three months' duration. Dr. Schmitz had remarked the cessation of the attacks of bronchial catarrh to which he had been liable, since he had had much to do with the carbolic acid spray.—*London Med. Record*, Feb. 15, 1877.

11. *Subcutaneous Injection of Carbolic Acid in Phthisis.*—Dr. SCHNITZLER (*Wiener Med. Presse*, Nos. 32 and 35, 1876) was led by observing the favourable results of subcutaneous injection of carbolic acid in an obstinate case of diphtheria, to try it in other diseases attended with febrile symptoms, especially phthisis. During June and July of last year he injected carbolic acid subcutaneously in more than one hundred cases of consumption. The injections were made once, and in a few cases, twice daily; one or two charges of a Pravaz's syringe with a one or two per cent. aqueous solution of carbolic acid being used. The injections were generally made in the back and chest, more rarely on other parts of the body. He has also used a Leiter's syringe, which contains one *gramme*: thus injecting one or two *centigrammes* of carbolic acid at each dose.

In most of the cases, the result was a reduction of the fever; the temperature fell, the pulse became slower and stronger, and the breathing generally more tranquil; the feeling of weariness and weight in the limbs was often remarkably relieved, and, after repeated injections, the night sweats were diminished. In some cases, the injections appeared to have a palliative effect on the cough and expectoration; but this was not constant.

In many patients the injections were continued almost without interruption from two to four weeks. They generally agreed in stating that they felt much better after the injection, and especially that they had less pain; some, however, were not again seen after one or two injections.

Dr. Schnitzler is not as yet able to explain the action of the medicine; but he considers that the incontestable effect on the fever renders it possible that the carbolic acid may exercise a beneficial result on the whole course of the disease. He considers that the carbolic acid injections are at least as effective against hectic as quinine, if not more so.

Dr. Schnitzler has never met with any untoward results from the subcutaneous injection of carbolic acid, which he has employed in several hundreds of cases. It is not much more painful than the injection of morphia; but the burning sensation at the point of injection sometimes lasts longer, and in some cases there were itching and pricking at the spot for some hours. Now and

then there was slight inflammation, which soon disappeared; in one case only there was more swelling, which was reduced in a few hours by cold applications. —*London Med. Record*, Feb. 15, 1877.

12. *Atropia in the Exhausting Night-sweats of Phthisis.*—In an interesting article on anhidrotics (agents which check profuse perspiration) Dr. J. MILNER FOTHERGILL (*Practitioner*, Dec. 1876) thus speaks of the value of atropia:—

I have no hesitation in saying that the use of this agent completely changes the aspect of many cases of pulmonary phthisis. For the arrest of the exhausting night-perspirations of phthisis, belladonna is as potent as digitalis is in giving tone to a feeble heart. It is quite true that neither is very effective in the last and final stages of disease, for indeed nothing is very potent then; but in the early stages the action of each is very pronounced. In the night-sweats of spreading caseous pneumonia, the administration of belladonna is followed in almost all cases by a decided arrest of the flux; and in many cases the arrest of this flux is accompanied by immediate improvement. A few of the worst cases only go on entirely unaffected. In the colliquative sweats of the last stage, when the lung is breaking down extensively, the influence exercised is small; still it usually palliates the drain to some extent even then. The loss of the salts of the body in profuse perspiration quickly exhausts the system; and the arrest of this drain commonly permits of the other measures being effective in improving the general condition. While the loss goes on unchecked improvement is impossible.

To produce these effects it is necessary, however, to use larger doses than those spoken of by Dr. Ringer. He speaks of from $\frac{1}{80}$ th to $\frac{1}{100}$ th of a grain of atropine given hypodermically; and of from $\frac{1}{80}$ th to $\frac{1}{40}$ th, by the mouth. I have had no opportunity of trying the hypodermic method; but as to the dose given by the mouth, I usually commence with $\frac{1}{32}$ th of a grain, and go up to $\frac{1}{16}$ th; the latter dose rarely failing. I am inclined to think that in Mr. William Murrel's sixty cases referred to by Dr. Ringer the large proportion of failures (from 8 to 10 per cent.) was due to some extent to his not pushing the drug. When $\frac{1}{32}$ th is ineffective, I prescribe $\frac{1}{16}$ th; if next week that has failed, $\frac{1}{8}$ th is ordered. This usually produces the desired effect, after which smaller doses will maintain it, and may be continued. For instance, in one case at Victoria Park Hospital, on July 22d, $\frac{1}{8}$ th was ordered; the patient at the same time taking a mixture of iron and strychnia, with \mathfrak{Dj} of sulphate of magnesia, three times a day. This did well for a week or two, when the night-sweats returned, so that on August 19 the dose was increased to $\frac{1}{4}$ th. The effect of this was pronounced, and on the 26th it was reduced to $\frac{1}{8}$ th again; and on September 9th to $\frac{1}{16}$ th, which dose keeps the sweats down satisfactorily.

As to the number of cases I have kept no account; but during the week, July 16th to the 25th, this year, an intensely hot week, 74 patients, out of a total of 300, were taking belladonna at bedtime at Victoria Park Hospital alone. At the West London Hospital I had at least 30 more during the same week. Thus I had 100 at one time under the influence of belladonna. Consequently my experience of the use of belladonna in the treatment of hidrosis is not a very limited one. It enables me to say that belladonna or atropine may be freely used without apprehensions as to any toxic effects appearing. Even with $\frac{1}{8}$ th of a grain of atropine every night, the patients do not complain much; some dryness of the throat and a little indistinctness of vision being all, while all prefer these to their dreaded sweats. These effects wear off in a day or two after the drug is discontinued, or even the dose reduced. I have not yet seen any alarming symptoms produced. This I attribute to the gradual increase of the dose; and I have little doubt that if $\frac{1}{8}$ th were given at first, many cases would show marked toxic symptoms. But where there seems a tolerance of the drug, the dose must be increased; and may safely be increased. Belladonna is an agent which produces marked toxic symptoms long before a fatal dose is reached; much the same as is the case with strychnia. It is not a treacherous drug by any means; and may be used with confidence. Dr. Charles Kelly (*Practitioner*, March, 1873) found that in the treatment of whooping-cough, half an ounce of the tincture in twenty-four hours could be