

change of climate, directing Southern California as the proper locality. The patient came here, and on the advice of one of the local physicians he departed for the mountains, to an altitude of some 3,000 feet. He then fell in the care of another physician. While in the mountains he failed very rapidly, and on the advice of his brother, from Spokane Falls, he finally decided to return to San Diego for other advice. On his arrival here his wife called upon me, and asked me as a favor, that if I found her husband past all help to tell her privately, and to advise a removal back to Washington, where he might die among his friends and relatives. On my examination I found a large framed man who had always been well up to the time of his present illness, had weighed 207 pounds, but was now emaciated and broken down; feet and legs œdematous, face puffy, hands also œdematous, very short breath and a constant cough. The left lung exhibited all signs of perfect physiological health, as well as the right, excepting a circumscribed spot of dulness about the size of a dessert plate in the rear and lower portion of right chest. The lower edge of the lung along the side seemed healthy and perfect, along the side and above that the same flat dulness was perceptible; the front was chequered with spots of dulness and resonance. I diagnosed the case as one of pulmonary abscess and decided on an operation, in which I was assisted by Drs. McKay, Davis and Magee, of this city. On our consultation it was hard to demonstrate the presence of pus by any of the usual symptoms or signs, as the pus was enclosed in a close and tight sac, which gave neither metallic tinkling, wave motion, bulging or any other sign. The first aspiration withdrew forty ounces of sweet pus, and a subsequent tapping with a large canula and trocar brought twenty-five ounces more. The cavity was then well irrigated with a solution of salt and water until the water was returned clear. The tube through the canula was then allowed to remain for eight days, the last five of which showed only a little discharge of pinkish fluid; canula, tube and all were removed and the puncture allowed to close. Two hours after the operation the patient was in the greatest comfort. The œdema of the face began to subside and the yellow tinge of the skin had disappeared. The pain in the knees and elbows with which he had been racked night and day, and the distressing cough all left him as if by magic, he rapidly picked up in strength and his temperature, which before the operation never was less than  $101\frac{1}{2}^{\circ}$ , fell to  $98^{\circ}$  in the course of two hours, and never again rose to  $99^{\circ}$  during the first eighteen days, after which he was allowed to leave his bed.

I am satisfied that the abscess was in its formative stage on his arrival in Southern Cali-

fornia, and that the mountain exercise and the practice of chest pounding to which his physician subjected him in pursuance of his form of practice (natural healing) hastened the formation of pus. The case was one of great interest, especially so from the obscurity with which the reading a diagnosis was beset, and the rapid recovery, to say nothing of the almost instant relief that followed the operation.

I agree with you in your remarks on plenotomy. I have operated by the Peyrot method, but have every reason to prefer the aspiration even if persisted in after the method of Bulau. As to irrigation, I would not advise carbolic acid or the iodine washings; after either I have always noticed a tendency to temperature elevation, especially after carbolized water (very weak even, with the acid first well rubbed with glycerine, has never been satisfactory to me). I prefer common salt, an ounce to the quart or even much stronger is well tolerated.

Physicians do wrong to their patients in not advising them to call on a physician on arriving at a health resort. The frequency of the occurrence of cases like the above would indicate the need of an occasional physical exploration, which in many cases would undoubtedly save many from an untimely grave.

#### CLINICAL OBSERVATIONS ON THE INGESTION OF BORACIC ACID AND ITS EFFECT ON THE SKIN, THE BORACIC ACID ERUPTION SO-CALLED.

*Read in the Section of Dermatology and Syphilography, at the Forty-first Annual Meeting of the American Medical Association, held in Nashville, Tenn., May, 1890.*

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In November, 1889, my attention was called to a rash occurring in diphtheritic patients treated with large doses of boracic acid. Dr. Sihler, in whose practice the cases occurred, informed me that it appeared after adopting the boracic acid treatment; he had never before seen the rash in diphtheria.

During the months of December, January and February following, I had the opportunity to follow five cases in the practice of the same physician. The onset, course and other clinical features of the rash appeared with marked uniformity. It made its appearance on the seventh or eighth day after the commencement of boracic acid. First on the forehead, neck and cheeks almost simultaneously; then it invaded the trunk and extremities in as many successive days. In its course it bore a close resemblance to rubeola.

Nor was its course the only resemblance it bore to this disease; the rash itself in color, form and distribution, presented a striking similitude to a mild case of measles. On the contrary, the rash was not elevated above the surrounding skin, and it was more itchy than rubeola usually is. It subsided gradually in the course of from three to five days.

That the rash might be due to the diphtheritic poison had occurred to me; to eliminate this, as well as to further test the effect of the drug on the skin, December 2, 1889, sixteen subjects were given the same quantity per diem (3j) as given by Dr. Sihler in the treatment of diphtheria. These subjects were selected from the different departments of the Polyclinic, and were seen from time to time by myself and colleagues. With two exceptions—sycosis non-parasitica and psoriasis—they were free from any eruption on the skin, and most of them were in a fair state of health.

At the end of a week three escaped from further observation; in four gastric disturbances—nausea, loss of appetite, etc.—were so marked that the drug was discontinued after a few days use. No effect was noticeable in the skin. A fortnight passed, one or two more dropped out, no rash.

Of the eight that continued a month, one presented a few itchy tubercles on the forehead. These tubercles involved the sebaceous glands, they were surrounded with a bright red areola, they remained stationary for a month, at which time the drug was discontinued. Of the sixteen, six continued the drug three months, and one seventeen weeks. This latter thought the treatment benefited some visual disorder, and continued with a tenacity worthy more brilliant results. In this case there appeared at the end of four months half a dozen itchy tubercles with a reddish areola, similar to those in the preceding. They were situated on the forehead, scalp and chest.

Boracic acid eruptions, or more properly, eruptions following the use of the drug, have been reported from time to time. These eruptions have differed widely in clinical appearance as well as in other characteristics.

Stillé says a pustular eruption sometimes follows the long continued use of boracic acid. Gower reports in *The Lancet* of September 24, 1881, two cases that developed a typical psoriatic eruption from its use, covering a period of one or two years. In these cases it was found that by adding a few drops of Fowler's solution the eruption disappeared. Morrow, in his admirable monograph on drug eruptions, cites in addition to the above, an instance in which a 4 per cent. solution used as an injection for several days was followed by an erythematous rash over the whole body. Two other instances are cited by the

same author of an erythematous rash over the face, trunk and extremities, after washing out the pleural cavity with a 5 per cent. solution.

Few drugs, if any, have the power of causing the wide range of eruptions herein cited as supposed to be due to boracic acid. Neither does there seem to be any uniformity as to time, or clinical features, in the cases reported. Gowers added arsenic to the boracic acid and the eruption left, which, as we know, might follow any scaly eruption from whatsoever cause.

Of the sixteen subjected to an experimental use of the drug, only two showed signs of a cutaneous disturbance; this is strange when we consider that in all there was marked disturbance of the gastro-intestinal tract, which of itself is capable of producing cutaneous lesions.

The eruptions in these two cases were similar; at the same time they were such as one frequently sees in the subjects of acne when suffering from gastric derangement.

So far then, as these observations go, they teach that if there be an eruption due to the ingestion of boracic acid, its presence is so inconstant; its clinical features are so ill-defined, as to leave grave doubts as to its entity.

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## THE METRIC SYSTEM AND THE SEVENTH DECENNIAL REVISION OF THE U. S. P.

*Read before the Missouri State Pharmaceutical Association 1890.*

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It is probable that in less than two years the seventh decennial revision of the Pharmacopœia of the United States of America will be in the market and ready for the pharmaceutical and medical professions. The progressive druggists of the country will adopt it their law and guide in the manufacture of pharmaceutical preparations and the identification of all official substances. The doctors who are alive to the interests of the times will look to the pharmacopœia for all information that it contains for physicians.

Among the new features of the revised work will be the adoption of the metric system of weights and measures in the manufacture of preparations. The system of "parts" in the previous revision was more conveniently handled by the metric system than any other, but the new work will have the decimal system itself prescribed.

There seems to be some misunderstanding among the pharmacists of the country as to just what it means to thus adopt the metric system. Some have formed the idea that the doctors will then be obliged to write prescriptions in that system, and I have even talked with those who had conceived the idea that patients must give up the