was never any smell noticed. At the commencement of 1876, he attended St. Mary's Hospital, and for some months was given iodide of potassium, as he had contracted a chancre fifteen years previously. He had never since the sore been affected with any secondary symptoms. This treatment gave him no relief. In the early part of the winter of 1877, he came under my care, and said that after the third application of the spray he began to feel better. The spray was continued for over two months, the patient attending two or three times a week, no internal remedies being given. Since then there has been no return of the discharge, or any recurrence of the attacks of sneezing.

REMARKS.—These cases are, with one exception, all typical cases of simple *ozæna*. They presented most of the common symptoms of the complaint, which are: congestion of the mucous membrane with, commonly, slight thickening; crustations of dried mucus blocking up the nostrils, which, on being removed, discover ulceration of the mucous surface, and occasionally destruction of bone; a constant discharge, either scanty or copious, thin or thick, perhaps mixed with blood, and frequently so offensive that the sufferer is debarr'd from society; a running of the discharge, when the patient is lying down, into the larynx. In two cases in which the patients have suffered from chronic laryngitis previous to incurring *ozæna*, the irritation caused by this gravitation of the nasal discharge has materially helped, it would seem; to keep up the laryngeal congestion. Pain in or about the nostrils, or a feeling of discomfort, severe enough to keep the patient awake at night; redness of the skin over the bridge of the nose; the eyes or eyesight are in some cases affected. During the catamenial period the symptoms are with many increased. This *ozænic* condition causes a great depression of spirits, and with some patients a disgust for life, inasmuch that they have often confessed to feeling inclined to commit suicide, and thus free themselves from what seemed to be an incurable disease.

I have inserted one syphilitic case, for the sprays appear to assist the constitutional remedies. This has been made evident in the case of a gentleman who came to me for ulceration in the right nostril, the result of primary disease contracted ten years ago. It seems to me that in these cases of specific disease it is better to employ mercury rather than iodide of potassium, on account of the common tendency of the latter drug to cause a nasal discharge, at any rate to give it as sparingly as possible. A clergyman, who was under my care last year, after he had been cured of *ozæna* took iodide of potassium for sciatica. At the end of a fortnight he had all his *ozænic* troubles back, and as they did not leave him after remission of the drug he was obliged to return for the spray-treatment.

A NEW ANTISEPTIC DRESSING.

By HERBERT L. SNOW, M.D.Lond., Bayswater.

IN the JOURNAL for February 28th, occurs a memorandum by Surgeon-Major MacNamara, in which the question is asked, "What is the best substitute in military surgery for exact antiseptic dressing?" And lint, soaked in carbolic acid solution, then covered by a layer of cotton-wool, is the substitute proposed. I venture to suggest another, which I think will be found far superior to this, and which is, indeed, in some respects better than the ordinary Listerian applications for ordinary hospital practice. The dressing to which I allude is called "antiseptic marine lint"; the packages I have seen bear the name of T. Westhorp, Falcon Works, West India Road, E. It is practically fine oakum, but differs from the tenax in ordinary surgical use in being more oily, more tenacious, and more thoroughly saturated (to all appearance) with tarry principles.

My experience of it extends to nine or ten operation-cases, chiefly excisions of the breast. I have operated on those under the carbolic spray; have subsequently applied a layer of the "marine lint", moistened with carbolic solution (without any intervening protective), and two or three dry layers of the same over this; outside the whole, a piece of mackintosh and ordinary calico bandages. The cases were dressed again (always under the spray) on the third day; subsequently, at intervals of from five days to a week. All except one united without any suppuration, quite as cleanly and as rapidly as under the complete Listerian plan. In the exception (a case of excision of the breast for cancer), torsion had been used instead of the ordinary catgut ligatures; there was consequently a profuse serous oozing reaching the outer atmosphere; the mackintosh and amount of "marine lint" were not proportionately enlarged; and the method accordingly failed in preventing suppuration, though subsequently good recovery took place.

For ordinary hospital purposes, this "marine lint" has two advantages over the Listerian gauze; the first is, that it acts much more completely as a sponge, soaking up and holding innocuous in its meshes a

large quantity of discharge; the second, that it is very much cheaper—the expense being 2d. or 3d. per dressing, in comparison with from 1s. 6d. to 2s. 6d. in the other case.

For military surgery, I am confident that it will prove the best ready application hitherto devised. The sponge-like action is very valuable; and, when applied on the battle-field to wounds, the large amount of tarry principle held in solution is amply sufficient to keep a wound aseptic for several days, even without the useful adjunct of carbolic solution to moisten the first dressings.

My experience of cotton-wool as a dressing for operation-cases is decidedly unfavourable. It filters the air, doubtless; but in practice the surface next the wound becomes "caked" by the discharge; an impervious "skin" thus formed pens up the latter, and frequent dressings are necessary, or bad consequences quickly follow.

In a dangerous and critical operation, it is a good plan to use Lister's method in its entirety for the first two or three dressings; subsequently, when the discharge has lessened, the "marine lint". I need hardly point out the advantages of this latter as a dressing for large burns in the suppurating stage, or as an application to fetid cancerous ulcers, etc.

So far, I am not disposed to trust this absorbent lint quite so implicitly as the carbolic gauze and protective; but it is far cheaper, less complicated, and readier of application, and in the majority of ordinary operation-cases answers quite as well.

ATTEMPTED SUICIDE BY STRYCHNIA, SUCCESSFULLY TREATED BY HYDRATE OF CHLORAL.*

By GEORGE GRAY, M.D., Castlewellan, Co. Down.

ON December 30th, 1879, I was called upon to visit a man living about two miles and a half distant, who, the messenger informed me, had taken a poisonous dose of strychnia. When I arrived at the house, about half-past twelve o'clock, I found the patient, a man 34 or 35 years of age, supported in bed in a semirecumbent position, with his head thrown back, his eyes staring, and evidently suffering from the usual symptoms of poisoning by strychnia. The muscular spasm came on with a tremor like a jerky kind of convulsion, and recurred about every three minutes. During the spasm, the breathing was irregular, and the breath came through the closely clenched teeth with a hissing sound. The angles of the mouth were drawn down, and the peculiar Sardonian grin well marked; the skin was cold, and covered with a clammy perspiration. The pulse was very weak and quick, but not irregular. During the intervals between the convulsive attacks, the spasm of the jaw did not pass off, and any attempt to open the mouth forcibly at once brought on a fresh attack, which was preceded by a peculiar sound—half groan, half cry.

Having brought with me a solution of two drachms of hydrate of chloral in two ounces of water, I poured half of it into a cup, and managed slowly to administer it with a teaspoon by inserting the point of the latter in a space where he had lost two molar teeth, and directing him to suck in the fluid. This he did in the intervals of the attacks, swallowing it with a gulp until the ounce of fluid was taken. After swallowing the chloral, he had only two severe spasms, the latter less marked than the former; and, at gradually lengthening intervals, they became less severe. In ten minutes, the jaw was so relaxed that I thought I could introduce the tube of a stomach-pump, but as doing so seemed to cause great distress and increased the jerking of the muscles, I did not persevere, but gave him an emetic of thirty grains of sulphate of zinc and warm water, and when this had acted I gave him a drachm of tannin; this he vomited also.

After waiting for an hour, as there were now and then slight tremors in some of the muscles, as no doubt some of the chloral was removed by the emetic, and as there was not any drowsiness, I gave half what remained of the solution—that is, half a drachm of chloral-hydrate, and applied warmth to the skin. In another hour, he was so much improved that I left, giving directions that if he had any more twitching, or if he had not any drowsiness—which had not yet appeared—to give him in three hours the remainder of the draught, and to let me hear of him in the evening. At seven o'clock, I heard that he had the chloral draught at five, but had not slept, and was feeling comfortable, having no more vomiting or convulsions. I ordered him a dose of castor-oil at bedtime.

There is nothing further to note of the progress of the case, as, two days afterwards, he was at his usual work.

On making inquiry, I found that, for a fortnight before, he had

* Read before the North of Ireland Branch.

been drinking constantly, and was in bad spirits about losing his situation, and that about half-past ten on that morning he purchased some strychnia ostensibly to poison rats. He then went into a public house, ordered a glass of whiskey, stirred in the strychnia, and at once drank it off, adding water to the tumbler to suspend a few crystals that remained, and, swallowing these as well, so that both the man who was with him and the patient himself assured me had taken all he purchased, which was sold to him for twenty grains. After taking the poison, he told his friend it was a powder he had bought to "put his stomach into good order". He then felt sick, went out into the yard of the public-house and vomited, got on a car which was waiting for him, and drove home, where he announced what he had done. His friend at once melted a pound of butter and made him swallow it, and sent for me. As well as I can make out, the symptoms came on about an hour after he took the poison, and had continued about an hour when I saw him.

I have thought the case worth bringing forward, on account of the large dose of the strychnia, and also as shewing well the antagonism between chloral-hydrate and strychnia, and the great value of the former as an antidote in poisoning by the latter. Although some of the chloral must have been lost when the patient first vomited, enough was given afterwards to produce profound sleep in an ordinary man, and yet the physiological action of the drug was not manifested in the slightest degree, but seemed to be neutralised by the action of the strychnia. Living as I do in the vicinity of several demesnes, which are strictly preserved, and in which poison has been sometimes laid for vermin, I have had frequent opportunities of administering chloral-hydrate to dogs, which have accidentally picked up strychnia; and out of the number I have been able to save five. This is the first time I have had an opportunity of testing the value of the antidote in the human subject, and from the marked and immediate relief it afforded, I can speak very highly of its value. With regard to the enormous quantity taken, two things at once suggest themselves: was it all taken? and if so, was it pure strychnia? Both the patient and his friend affirm that he was most particular in washing every crystal out of the tumbler with water which he swallowed, and that he must have taken it all. As to the purity, I applied the rough tests given for the purity of the alkaloid in the *Materia Medica*, and according to these it was pure. This, however, did not satisfy me; so having obtained from the same person a like quantity out of the same bottle, through the kindness of Professor Cuming I had it analysed, and I think I cannot do better than read for you what Dr. Letts, Professor of Chemistry, Queen's College, Belfast, says of it. "I have carefully examined the strychnia. Its weight amounted to 1.554 grammes, that is over 22 grains. That such a quantity could have been taken without a fatal result is almost inconceivable, and I was much inclined to believe that the sample was largely mixed with some cheap alkaloid or with mineral matters. I have tested for brucine, quinine, and mineral matters, but can find none. I have also made a quantitative analysis. Strychnia gives an insoluble chloroplatinate, and the chloroplatinate contains 18.3 per cent. of platinum. If the sample of strychnia you gave me consisted of pure alkaloid, 0.3157 parts ought to give 0.510 of the chloroplatinate, instead of which, I got 0.492; the slight deficiency being due probably to the fact that the chloroplatinate is not absolutely insoluble in water, and thus some remained in solution. If we calculate from the weight of chloroplatinate found that of the pure strychnia taken, the result is 96.4 per cent. of the sample actually taken. In other words, the sample you gave me contains at least 96.4 per cent. of pure strychnia. To be quite certain that the salt which I obtained by dissolving the sample in hydrochloric acid and adding chloride of platinum was really the chloroplatinate of strychnia, I determined the platinum in it. It amounted to 18.3 per cent., whereas the calculated percentage of platinum is 18.3. There cannot be the slightest doubt, therefore, that the sample of strychnia you gave me consists almost (if not) entirely of pure strychnia."

Now, that a man could take 22 grains of strychnia and afterwards recover is very remarkable, and I think we can only attribute the result to a combination of circumstances. He had been drinking for some time, and his stomach was in an irritated state; which retarded absorption of the poison. The strychnia, being taken in crystals, was not dissolved for some time. The vomiting in the first instance enabled him to get rid of some of it. The butter which his friend gave him further helped to delay the advent of the symptoms, but, notwithstanding all these, enough strychnia remained to produce very severe symptoms of poisoning; and I feel certain that the good ending of the case was owing chiefly to the action of the hydrate of chloral.

A CONCERT was held last week in the Theatre Royal, Limerick, for the benefit of Barrington's Hospital, and upwards of £60 was realised on the occasion.

THERAPEUTIC MEMORANDA.

NITRO-GLYCERINE.

THE interesting article on this drug in the JOURNAL of the 13th instant recalls to my recollection a case in which I used it (it was then called *glonoin*) twenty-two years since, soon after the appearance of Mr. Field's, Dr. Fuller's, and Dr. Harley's papers in the *Medical Times*; and as its effect on the pulse was the very opposite of that described, and its action altogether of a very energetic and somewhat alarming nature while it lasted, I venture to transcribe from my note-book a short record of the case which I entered soon after its occurrence.

Miss S., a schoolmistress, aged about 50, the subject of double spinal curvature, somewhat feeble in health, but of active mind and energetic habits, was seized in June 1858 with most violent cramps in the lower part of the abdomen extending into the vulva. For some days they continued, recurring at short intervals like labour-pains, accompanied by retching and hiccough, and allowing no rest either night or day. There was neither hernia nor other obstruction to be detected, but her condition was most pitiable, and large and often repeated doses of solid opium, etc., had no effect whatever. At last, I ventured to try glonoin—a one-per-cent. alcoholic solution prepared by Squire. A drop was taken up on a pointed piece of wood; but, as my patient was a weakly one, I allowed it to fall off, and only touched the tip of the tongue with what remained on the point. In two minutes, the pulse fell from 140 to 50, a clammy sweat covered her features, and she became senseless. Stimulants to the nose, and brandy were quickly given, and in about three minutes more I was considerably relieved to find her recovering. The pain was completely gone, and did not return all the night and following day, although afterwards it did so in a much less severe form; but, for many hours after the dose, its effects were very strange. My patient said that she felt like two people, and so strong was this impression that, though perfectly rational in her conversation and unexcited in her manner, she could not shake it off, but frequently checked herself when about to make allusion to her imaginary double. Glonoin is decidedly a most powerful agent, and with care may become a most useful one.

T. E. AMYOT, Diss, Norfolk.

APOMORPHIA IN HYSTERIA.

IN September, 1877, while House Surgeon at the Liverpool Northern Hospital, I was called to a woman aged 24, who had been carried into the outpatient room in a state of hysterical coma. She had been in a somewhat similar state for several days. After the use of other means without effect, I injected one-tenth of a grain of apomorphia subcutaneously; the patient in a few minutes sat up and was able to walk home with her friends.

JAMES ALLAN, M.A., M.B., New Wandsworth.

CLINICAL MEMORANDA.

IS TYPHOID FEVER INFECTIOUS?

DR. CAYLEY, in his interesting Croonian Lectures on the Pathology and Treatment of Typhoid Fever, mentions two patients under his care who contracted the fever from a patient in the same ward (see *BRITISH MEDICAL JOURNAL*, March 13th)—one apparently becoming infected from inhaling the poison given out by the contaminated bedding of his next-door neighbour, the other from using the closet where the typhoid stools had been deposited.

Two somewhat similar cases came under my notice last autumn in the General Hospital for Sick Children, Manchester, which are worth placing on record. A child was admitted suffering from typhoid and pneumonia with moderate diarrhoea. A few weeks afterwards, a girl of ten years, in the next bed, also contracted the disease; the diarrhoea was moderate in amount, but otherwise the disease was tolerably severe. This patient had been in hospital for several months, was convalescent from chorea, and had used the closet down which the typhoid stools had been thrown, or left to wait for medical inspection, as the diagnosis in the first case for awhile was doubtful. Sixteen days after the second case became ill, a third case occurred in a child of five years, who had been admitted about six weeks previously for bronchitis. This child's bed was on the opposite side of the ward and at the other end, a distance of about twenty-five yards; and, as it had suffered acutely from bronchitis, it had always used the bed-pan, and had never been taken either to the closet or to the bath-room. In this case, I do not think it possible that any sewer-gas could have reached the child. The closet is outside the ward, and the bed-pans and linen, in being carried away,