ar, the investigation of the subject by experiment appears to present little difficulty or danger. But in the case of such zymotic diseases as small-pox, scarlatina, or typhus fever, I do not see how (keeping in mind ethical considerations) it can be ascertained that the contagious matter on the skin of such persons has been rendered inert. Considering, also, the insusceptibility generally conferred on persons who have had such diseases previously, or from idiosyncrasy or other cause, I think the fact of disinfection cannot be established more than as a matter of probability. In the case of cow-pox, however, I think that if a person with the vaccine vesicle, or that portion of a person carrying the vesicle at the infectious period of maturity, were submitted to the requisite degree of temperature, and the matter taken from such vesicle were then found to be incapable of communicating the infection, the question, so far as it relates to this disease, would be positively settled, and an analogy or probability established as regards other zymotic diseases.

The suggestion which I thus throw out may, perhaps, appear worthy of being taken up and worked out to some useful result by some one with more time and capacity than I have for its investigation. Possibly it may be considered by others, as it is by me, that it is a subject which could be best handled by some of our medical or surgical bodies, by a government commission, or by a committee. If the subject should receive such notice as to lead to its being taken up by any private committee which could not be fairly expected to be at such expense as might be requisite, I would gladly contribute according to my means towards defraying such expense. Possibly I may have been anticipated, and the subject may have been already investigated and reported on in this and other countries, and I may not be aware of the result (though well known to others), owing to the nature of my duties, having for many years devoted my attention in other directions from a class of diseases to which at one time I devoted a good deal of attention, and in which I still feel the deepest interest.

ON THE INTERNAL USE OF CARBOLIC ACID.

By JAMES ALLAN, M.B., L.R.C.S.E., Newmilns, Ayrshire.

In this paper I intend to point out shortly diseases in which, I believe, from the results I have obtained, carbolic acid may be used with success. In the treatment of mucous tubercles and primary syphilitic sores, I have met with a considerable amount of success. The method of using it is by applying a solution of equal parts of carbolic acid and water once daily, and by the constant application of a lotion of eight grains of carbolic acid to the ounce of water. If the acid be applied in a concentrated form, it causes the sore to assume a whitish appearance, after which a thin yellow scab forms, which separates in three or four days. In all cases the pain was inconsiderable, and the destruction of the sores rapid. According to the trials in which I have employed carbolic acid in the treatment of syphilis, I am unable to form a definite opinion as to its merits or defects. In two cases which resisted all the usual remedial means it was prescribed, and in a few weeks all the symptoms had disappeared. The effects have also been investigated by Dr. Köhn in Hebra's wards, in whose experience the beneficial results were not so well marked as to recommend its administration.

I agree with many observers as to the beneficial effects of carbolic acid in the fermentative class of dyspeptic cases, in which there is flatulence with evolution of gas, with a tendency to vomit. For this it can be administered either in solution in grain-doses, or in the form of a pill. Thus given, it stimulates the stomach, checks the fermentative process, and produces an evolution of gas and evacuation of flatus. In hæmorrhagic ulcer of the stomach, a few administrations of grain-doses, freely diluted, are very efficacious in checking the bleeding, provided, as in all cases, due attention has been paid to the diet. Good results have also been obtained in cases of chronic gastric catarrh, especially if some stomachic sedative be first given. It should be given upon an empty stomach, in quarter to half-grain doses much diluted.

Great were the expectations raised by the use of carbolic acid in the treatment of typhus and typhoid fevers, certain writers hailing it as a specific capable of arresting and checking their course. The praises which were so loudly bestowed upon this agent did not prevent others from declaring their doubts, and the evidence which has been adduced amply confirms my own views. From a careful watching of the course, as regards the temperature of the body, the pulse, and duration of the attack, it has been definitely ascertained to have no effect.

In considering the different processes which take place during the decomposition of the pulmonary tissue in phthisis, on account of the deteriorated state of vitality, it would seem that, if an antiseptic could be introduced by any means, which would not derange the general functions,

the disease might be arrested. From a careful review of the cases recorded in our periodical literature, as well as from the results of practice which I have myself seen, I am certain that, when pulmonary disorganisation has taken place, carbolic acid has no effect to eradicate it. No doubt there are some who "lay the flattering unction to their souls" of having cured or arrested it, but I am certain they have been deceived. Endeavouring to attain this, I have used a solution of carbolic acid in the proportion of from three to six grains to the ounce of water, in the form of a spray. Great care, however, is required in its application, so that it should be at once stopped if it causes such symptoms as vertigo, rigors, faintness, or failure of the pulse. Clark's or Mathieu's spray-producers are the best. The symptoms which have been noticed invariably followed the use of Siegle's apparatus. In certain cases, in which there is abundance of secretion and not much irritation, the inhalation of the vapour has produced much relief.

In the treatment of certain skin-diseases I believe carbolic acid to be of much use, especially in those of an obstinate nature. Good results have been obtained in psoriasis, pityriasis, and prurigo. It should be administered in the form of pills, each containing one grain, and from six to nine of these given daily, and gradually increased. In gangrene of the lungs it removes the fetid odour, and seemingly produces good. In chronic bronchitis and oozing hæmorrhages of the air-passages it is useful; so, also, in mucous diarrhoea of the large bowel, in the form of an injection, when preceded by some alkaline solution.

BRASS A SOURCE OF LEAD-POISONING (?).

By W. A. HOLLIS, M.D., Medical Registrar and Casualty Physician to St. Bartholomew's Hospital.

THE two following cases may prove interesting to the readers of the JOURNAL.

Robert S., aged 35, a metal-turner, came under treatment on December 11th, 1871. At 3 A.M. on the previous morning, upon suddenly waking, he found that he had lost the use of his right forearm and hand. Upon examining the affected limb, I perceived that the palsy was not restricted to the extensors of the forearm, but also affected the flexors to a considerable extent. There was also some anæsthesia over the back of the forearm. The gums, with the exception of a slight reddish-blue discoloration beneath the left lower canine tooth, were natural in appearance. There was a large amount of tartar on all the teeth. The radial pulses were equal and quiet, and the bowels were regular. He had been in the business, which consists in turning iron, brass, and steel *only*, for twenty years; and during that period had never suffered from colic or habitual constipation. He had syphilis badly about four years ago. The treatment consisted in the administration of two grains of the sulphate of quinine in combination with five grains of iodide of potassium and four minims of the diluted sulphuric acid, in an ounce of water, three times daily. The limb was also to be rubbed with the liniment of turpentine and acetic acid every morning and evening. On December 11th, he was again seen, and expressed himself as feeling much better. He could extend the fingers of the right hand slightly. The bluish gum-line was rather more marked than at his previous visit, and now extended beneath all the lower incisors and canine teeth. He had continued his employment as well as he was able to do so, but was advised to leave off work for a period. Since that visit I have seen him several times. The strength of the affected limb has gradually returned, and I believe now he may be considered on the road to make a good recovery.

The second case is that of James E., aged 38, a brass-finisher, who came under observation on November 20th, 1871. He was then suffering from great loss of power over the extensors of both forearms, especially the right. The affected muscles were greatly withered. There was no anæsthesia, but considerable muscular tremor. There was a distinct blue line along the lower border of the gums of the upper incisors. His tongue was clean; his bowels were regular; and he slept well. His habits were temperate. Two months ago, he had an attack of colic, and had perceived the palsy gradually stealing upon him during that period. *He used lead in making the brass.* The treatment consisted of three grains of the iodide of potassium, to be taken with half a drachm of the aromatic spirits of ammonia in an ounce of water three times daily. Five grains of the compound extract of colocynth were also given occasionally, in the form of a pill. I have since seen this patient on several occasions, and have found at each successive visit a small but decided improvement in the paralysis of the hands. The tremor of the muscles also to a great extent had disappeared at the last visit. He left his occupation immediately after his first visit, and has not yet resumed it.