also affected. A general anæsthetic was now administered, and every place that showed signs of reaction was carefully scraped and cauterised with the electro-cautery. The wounds quickly healed, and the patient seemed well for over eighteen months, when shortly before Christmas, 1892, slight redness and scaling occurred at the outer margin of the scar. A single injection of 0.05 c.c. of tuberculin was given, which was followed by a slight rise in temperature, which I have unfortunately omitted to record. The local reaction was confined to the outer margin of the patch. This was again carefully scraped and cauterised, and for the past six months there has been no sign of any recurrence of the trouble.

CASE II. — A young lady of 17 was brought to me in May, 1891, during the progress of the preceding case. She had a patch of lupus about the size of a shilling over the inner third of the left eyebrow, and extending for about half an inch down the nose, with a tendency towards the left orbit. A minute isolated point was placed below the middle of the eyebrow. About a year before, when the patch was only half the size, it had been scraped and cauterised by a leading surgeon in Paris, and for several months there were no signs of a recurrence of the disease. The consent of the patient's friends to the use of the then new remedy having been obtained with some difficulty, a first injection of 0.01 c.c. of tuberculin was administered on May 4th, 1892. This having been followed by no reaction whatever, the quantity was gradually increased up to 0.03 c.c., when there was a marked local, but no constitutional reaction, other than slight headache and a feeling of prostration. At this point the treatment was interrupted, and was not resumed for some reason until the beginning of July. A single injection of 0.05 c.c. was then given, when a decided local reaction occurred. A general anæsthetic was administered, and every one of the inflamed spots was carefully cauterised with the electro-cautery. A few points like the "scarlatina" rash in the former case which had appeared outside the areola were destroyed by means of a fine cautery point introduced into each of them. The patient made a speedy recovery, and at the present moment, that is, over two years from the time of treatment, she is perfectly free from any sign of recurrence.

Though it would be unwise to form a positive opinion of the value of this treatment from a few instances, I think from the experience of this method in Mr. Malcolm Morris's cases and in those referred to here that it is an important aid to curing this disease, and that, under certain conditions, a very satisfactory result may be obtained. The most important condition is that treatment should be commenced early, and this is all the more necessary if the first outbreak of the disease is in a situation where it is difficult to get at, or where it may easily extend by continuity of surface to deeper structures.

I think it may also be said that where the extent of the lupus tissue is very small, as in my second case, a prolonged course of injections is unnecessary. In such a case, after excluding the possibility of other latent tuberculous mischief by a few injections of gradually increasing strength, a dose sufficient to bring about a decided local reaction should be given, and the diseased tissues removed by spoon and cautery.

ON INTRALARYNGEAL INJECTIONS OF GUAIACOL AND MENTHOL IN FŒTID CONDITIONS OF THE SPUTA.

By JAMES McNAUGHT, M.D., M.R.C.S.,
Waterfoot, near Manchester.

THE cases reported by Dr. Grainger Stewart in the *BRITISH MEDICAL JOURNAL* of June 3rd remind me of one under my care in February and March of this year, in which intralaryngeal injections proved marvellously successful after other remedies had failed, and when the case seemed well-nigh hopeless.

The patient, a woman between 50 and 60 years of age, had previously had one or two attacks of bronchitis, but could not be said to be the subject of chronic bronchitis. Her present illness began with the usual symptoms of influenza, a febrile temperature, aching pains all over, herpes about the lips, and in a day or two there were coarse bronchial rales universally heard over the chest, back and front and a patch of dulness developed at the left base with crepitation. The sputa were chiefly frothy, but at times slightly rusty, and the cough was of a very harassing, hacking character. At the end of about ten days the dulness at base cleared up, but the patient remained very prostrate, the temperature ranged up to about 103° F.; there was complete anorexia, and the bronchitis and cough continued. This condition of things persisted until the fourth week of her illness, and then for the first time the breath was noticed to be fœtid. On inquiry, she said that every morning after a severe fit of coughing she brought up a quantity of greenish-yellow, stinking sputa, but rarely any more during the day, the remaining sputa being frothy and rather watery. Careful examination of the chest, back and front, failed to detect any dulness, and no bubbling crepitus could be anywhere heard. The continued high temperature and profuse sweats led to the suspicion of acute tuberculous softening, and the sputa were closely examined for the bacillus, but without success. The microscope showed chiefly pus cells, but one or two pieces of elastic tissue having an alveolar arrangement were observed.

I was inclined to look upon the case as one of abscess of the lung, so deep in its substance and covered by such an amount of resonant lung tissue as to prevent any dulness being detected, having some years ago had a case where fœtid expectoration existed for some weeks before dulness and bubbling sounds could be detected externally, although a large, easily detected cavity ultimately formed at the surface of the lung. The existence of a dilatation of the bronchi sufficiently large to account for the symptoms seemed less probable because the patient had not suffered severely from chronic bronchitis and the whole process seemed to be of an acute character. The subsequent recovery of the case without leaving any of the usual signs of bronchiectasis seems to lend probability to this view. There is of course room for differences of opinion as to the diagnosis, but, whatever the condition, the treatment of the fœtid expectoration by intralaryngeal injections was most successful, not only in reducing the fœtor and lessening the expectoration, but in reducing temperature and improving the general state. For a few days previous to beginning the injections inhalation of iodine from a Roberts's respirator-inhaler had been tried without benefit. Then 30 minims of a solution consisting of guaiacol 3 iss, menthol 3 x, ol. olivæ 3 viij, were injected into the larynx once a day, and three pills containing iodoform, creasote, aa gr. j; croton choral hydrate, gr. ij, were given daily. After the use of two or three injections the fœtor almost ceased and the amount of expectoration was markedly lessened, and in a fortnight the fœtor was gone and the purulent expectoration almost so. Simultaneously the temperature went down and the appetite improved, the patient was soon able to get up, and in five or six weeks she was convalescent, from what seemed for some time to be a most threatening condition.

I may mention that in another case of bronchitis, where phthisis was suspected, I found intralaryngeal injections produce most gratifying results. The patient was a woman about 40 years of age, who had lost flesh rapidly, had night sweats, complete loss of appetite, and the general symptoms, and appearance of phthisis. Her family history was very bad, three sisters having died of that disease. The physical signs were those of bronchitis only. No dulness being anywhere found, but suspecting from her general symptoms the development of tubercle, she was put on intralaryngeal injections of the same kind as in the last mentioned case. The result was a speedy lessening of the amount of expectoration, and cough, and an almost incredibly rapid increase in weight, and improvement in her general symptoms. She gained 8 lbs. in weight during the first fortnight, some of this being no doubt due to the rest and very plentiful nutriment supplied. The cough almost ceased in a few weeks, and when treatment was suspended, she was actually stouter and apparently better than she had been for years.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

ANOTHER CASE OF ACONITE POISONING.

DR. HUGH SMITH's case reminded me of my notes of the following case:

On July 18th, 1877, Miss M.A.H., aged 24, about 10.45 P.M. went to a cupboard for some "lumbago drops," but by mistake she got hold of a bottle of lin. aconiti B.P., and dropping out 30 or 40 drops into a teaspoonful of water took there and then the whole of the same. Two or three other people were present and witnessed the whole proceeding, but the error was not discovered. In about ten minutes she felt a tingling in the hands and fingers, which felt as if drawn up, then the same sensation was experienced in the lips, tongue, and cheeks, and they also felt as if drawn up; besides the tingling, numbness was also felt. A short time after, the tingling and numbness were felt in the feet and legs, and by about 11.40 she felt queer all over. Felt as if bed clothes were a dreadful weight and was chilled all over. Breathed all right, but felt as if she was losing her senses at times, and at other times was all right as far as this was concerned. She did not sweat, nor pass water, nor defæcate. She had gone to bed after