

**PRACTICAL REMARKS ON THE  
USE OF IODINE, LOCALLY  
APPLIED, IN VARIOUS  
SURGICAL DISEASES**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649336425

Practical remarks on the use of iodine, locally applied, in various surgical diseases by John  
Davies

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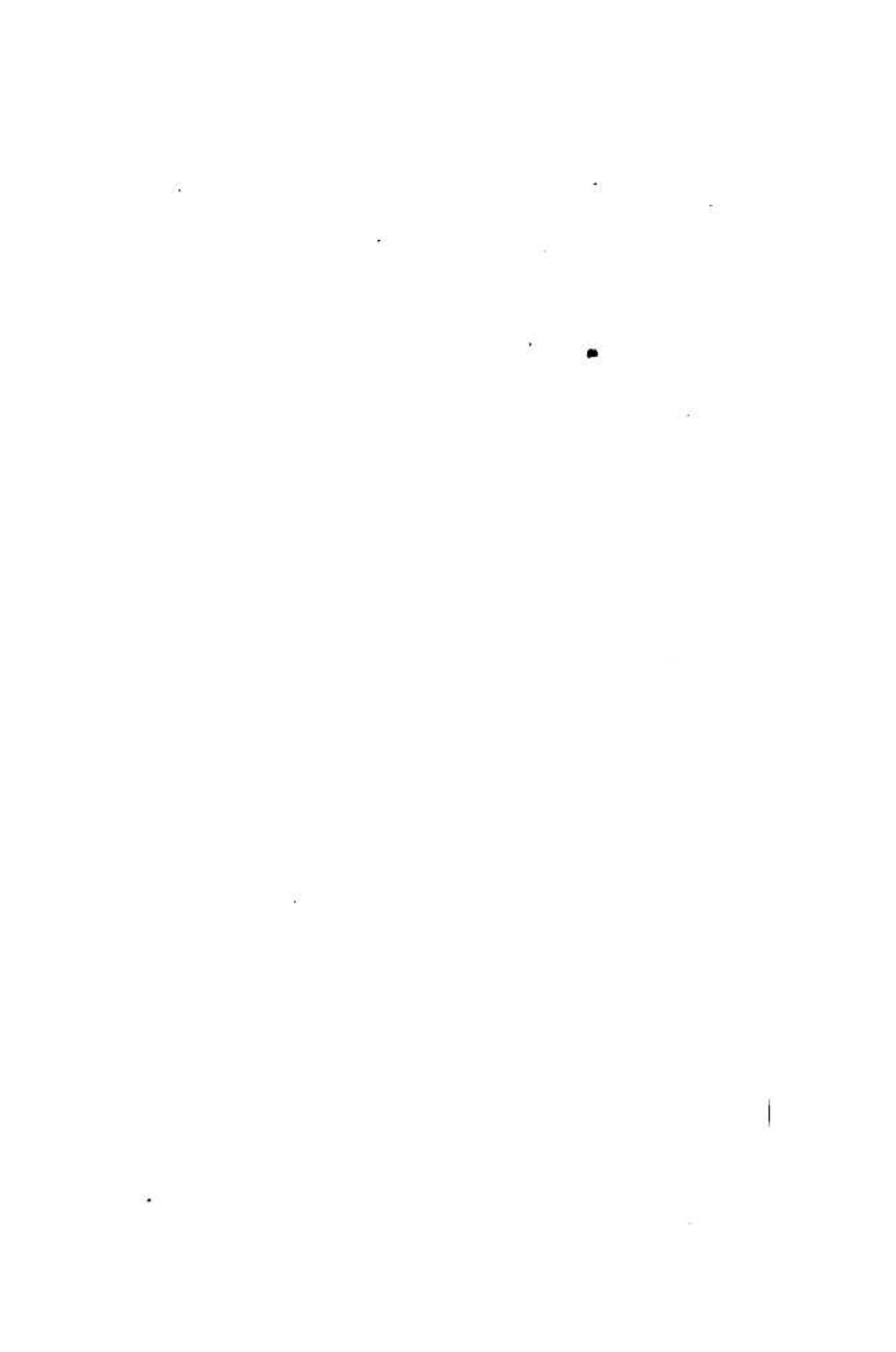
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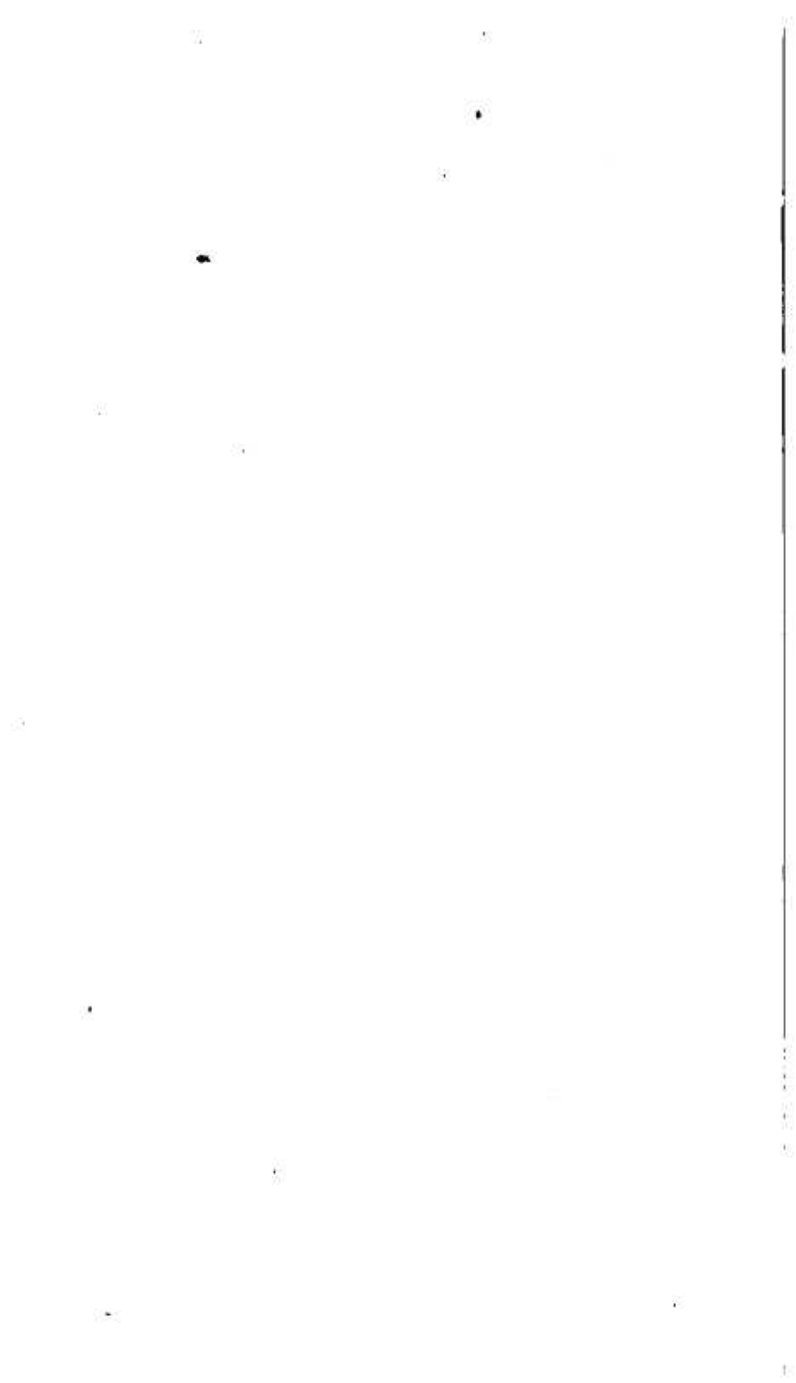


Figure 1. Scatter plot showing the relationship between the number of children and the number of children in school.



## GENERAL REMARKS, &c.

### GENERAL REMARKS ON LOCAL THERAPEUTICS.

THE principle of the division of labour is carried to a considerable extent at the present day in all departments, and we are not aware that harm can arise from it in the Medical profession, provided the members of that profession be originally well grounded in a knowledge of its general principles. In the Surgical department, certain dexterity will be acquired by constant practice, which will give the possessor of it an advantage, in intricate operations, over those who are less often called upon to exercise their manual skill. This manual tact, however, is less required in modern times than formerly, for, happily, the application of a more correct knowledge of the principles of disease, and of the properties of therapeutic agents, to the removal of local affections, have rendered the employment of the knife seldom necessary now, compared with the frequency of its use some half a century ago. It must be considered, also, that the division of labour in the medical profession, however unobjectionable in itself, can only be applied to a small portion of the community—those inhabiting large towns—for the greater part must always rest satisfied with deriving the benefit of both medical skill and manual dexterity from the same individual.

But the grand principle, which should never be lost sight of, is, that Disease is the same in its nature whether situated externally or internally. The first question to be determined is the seat of the malady; and the second is, in what manner is that seat affected? With regard to outward affections, we have the advantage of the direct evidence of our senses, which, combined with our previous experience, will give us at once a tolerably correct knowledge of their visible characters. We are capable of examining the condition of the part affected

by the medium of the strongest evidence we can possess, and, therefore, except in instances of extreme ignorance, the two first difficulties, compared with internal diseases, are got over with satisfaction.

But, however simple this part of the business may appear, still, in order to turn our examination to practical use, it is necessary to know something more than that the leg is the limb affected, and not the arm; that the part is red, not pale; that it is hard, not soft, &c. These, truly, are facts with which it is necessary to be acquainted, but they may be acquired as well by the most ignorant as by the most renowned surgical practitioner. He who is unacquainted with the properties, both natural and pathological, of the blood-vessels, and with the characters of diseases as they affect the different tissues on and near the surface of the body, may exercise his senses as long and as intensely as he please, without being able to form any rational idea of the nature and tendency of the malady.

If the disease be the same in its nature, whether occurring in the interior of the body, or on, or near, its surface, it will appear clear that those remedies which are calculated for subduing internal affections may be usefully employed in external diseases. In outward diseases we possess the further advantage of being able to direct our remedies to the immediate seat of the malady.

Now, it may be asked, in what manner do external remedies act in subduing disease? Before the question can be answered, it is necessary to say a few words respecting the nature of different diseases.

In every tissue of which the body is composed, there are certain processes unceasingly going on towards the preservation of its vitality and the maintenance of its structure. The first of these is the essential one by means of which the molecules of matter are deposited, and which is usually called the secreting process. The absorbent process may be considered in some degree as the opponent of the former, although in the healthy state, they rather succeed than oppose each other. Into the nature of that influence which the nerves exercise in these operations it is not our intention to enquire here, but that the three functions are essential to each other, is well known and generally acknowledged. Whether there be distinct vessels from the arteries themselves whose office it is to secrete, and distinct vessels from the veins whose office it is to absorb, is a subject foreign to our present enquiry; for the action of therapeutic agents may be equally accounted for according to either opinion. In health the two functions bear a certain ratio to each other. Those particles which are

deposited by one set of vessels, are removed in their turn by another set, and an equilibrium is kept up. But during the progress of disease, this equilibrium is destroyed, and it is worthy of special consideration that the preponderance is almost always on the side of secretion. It is seldom that the diseased part is removed by absorption, for when destroyed by ulceration the process is generally that of gangrene or sloughing, which is a destruction alike of all its vital properties.

Whether the secreting vessels be a class distinct from the arteries, or whether the secreting and secreting functions be carried on by the capillary extremities of the arteries themselves, it is highly probable, as they are the agents which lay down the materials of all the structure, that they are implicated in every derangement which takes place in any of the tissues. As, also, the elements of all the tissues are derived from the blood, which must pass through the capillary extremities of the arteries, the secreting vessels, if not these capillaries themselves, must be continuous with them, for the particles which constitute the structure must have travelled through both.

We have stated that when a part is undergoing disease, the secreting function generally overcomes the absorbent, which causes a preternatural deposit of matter. This is usually the first step towards the disorganization of the structure. The question to be now considered is, how does this condition of the part happen? It may, and probably generally does, owe itself to two causes: first, in consequence of the vital derangement of the capillary or secreting vessels, the calibres of these vessels enlarge, so as to enable more than the due proportion of fluid to pass through them; and, in the second place, as the absorbent function is the reverse of that of secretion, and must be performed by a *different* class of vessels, a similar derangement and relaxation must diminish their force, and thereby render their function *less* active than natural. For instance, if the vital derangement of the capillary extremity will cause this extremity, in consequence of its preternatural enlargement, to deposit *two* atoms in the time it could only deposit *one* in its natural state, it does not follow that a similar enlargement of an absorbent vessel, to whatever class it may belong, can *take up*, and transmit, twice the number of atoms in the same time. On the contrary, any loss of contractile power in the absorbents, (or the extremities of the veins, or imbibing pores, or whatever the nature of the absorbing apparatus may be) must render their function less active than it is in their natural state.

If the preceding view be correct, it follows that the same morbid cause which is calculated to *accelerate* the secreting