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MEDICAL JOURNAL.

APRIL, 1873.

Carbolic Acid as a Dressing in Wounds.

By. J. T. WILSON, M. D., Weston, Mo.

I am led to believe, from close observation, that no other remedy has so much of a specific effect on wounds as carbolic acid, topically applied. I have used it with benefit in almost every stage and condition of wounds. It limits inflammatory action (if early applied), lessens the amount of sloughing, promotes healthy action, is an antiseptic and in some cases relieves pain. As glycerine appears to be its best solvent, it is also the best vehicle in which to apply it. It seems to act by destroying any fungous growth or poison that may spring up, as a detergent, keeping the wound free from irritating matters—a most important requisite in the treatment. The history of the following severe lacerated wounds attest its value:

W. F., while mowing a lawn on the morning of July 28th, had his sickle pass through a bees' nest; the mules being attacked and stung, became unmanageable, and began to plunge and kick; fearing he would get hurt, W. F. jumped from the seat of the machine; in so doing, got his right foot entangled in the sickle between the guards, the knife sawing the tendo achillis through, opening the ankle joint, scaling off from the astragalus two spiculæ of bone: making in all a severe lacerated wound

of the heel and ankle joint. Considerable blood was lost, though the shock was not very great. Pain was intense. I saw him on the morning of July 29th, the day after the accident. The wound had been bandaged and cloths wrung out of cold water kept constantly applied. He was chloroformized, the foot extended, parts brought together by several points of the interrupted suture and held by adhesive strips. The lacerated ends of the tendo achillis could not be brought in perfect apposition on account of extensive laceration and contraction. The foot and leg were well bandaged, in order to give support and relax the muscles. The foot extended and leg flexed upon the thigh, was held in this position by the usual apparatus (of Monroe), consisting of a slipper on the foot, with a leather strap attached to the heel, which is secured by a strong cord to a strap around the lower part of the thigh. A strong solution of carbolic acid in glycerine and water was applied as a dressing, and an anodyne administered. Owing to the extent of the laceration, considerable sloughing was anticipated. The foot was placed in an elevated position and prepared for drainage.

July 30th, there was considerable fever, pulse frequent, quick and full, tongue heavily coated, appetite poor, foot and ankle swollen and attended with considerable pain. Ordered a brisk cathartic with antimonial and saline mixture of Gross, and opiates when necessary.

Aug. 2nd. Symptoms better; suppuration begun, but with slight discharge; some fever and pain; no appetite.

Aug. 6th. Patient better; constitutional symptoms abating; there is still some fever; tongue coated; appetite better; very little suppuration.

Aug. 8th. I found the patient suffering severe pain this morning; feeble, with chilly sensations; more fever; ankle joint hot and more swollen. Continued carbolic acid to wound with lead and opium lotion around the joint; a cathartic, with a little wine and opiates, internally. Discontinue antimonial mixture.

Aug. 6th. Seems better; has very little pain; less fever; more discharge; appetite better.

Aug. 18th. Pulse rather frequent but regular; tongue still a little coated; appetite and digestion good; sleeps well; dis-

charge materially diminished; wound granulating and closing up.

Aug. 24th. Pulse full, strong and regular; tongue only slightly coated; appetite not so good; complains of considerable pain in instep and outside of foot and ankle; joint much less swollen; wound healing; very little discharge of pus and that of a healthy character; bowels costive; conjunctivæ yellow; skin harsh and dry. Continued carbolic acid dressing; ordered five grs. each of calomel and Dover's powder every night for three nights; Dover's powder in the interval to relieve pain and muscular spasm; sufficient sulphate of magnesia to keep the bowels soluble.

Aug. 30th. Pulse good; suffers very little pain; appetite good; bowels regular; no fever; wound healing kindly; very little discharge.

Sept. 4th. Has had a little pain, but sleeps well; ankle and instep somewhat swollen; wound almost entirely healed; no sloughing; left off apparatus.

Sep. 5th. I was sent for this morning, patient suffering extreme pain; ankle and foot but little swollen; no unnatural heat; no discharge; wound cicatrizing. Gave hypodermic injection of morphia which relieved him in a short time. Left some powders of sulphate of morphia and ipecac to be taken *pro re nata*. Continued carbolic acid dressing until complete cicatrization had taken place. This was my last visit to the patient. He came to my office late in November; had had no more trouble since I saw him. There was only a moderate sized cicatrix and very little deformity in evidence of his extensive wound. The whole foot and ankle was yet a little swollen. To my surprise the joint was only partially ankylosed and he could work his foot tolerably well, though he had to use his crutch in walking, as he could not bear the whole weight of his body on it, and besides, the tendo achillis being incompletely united, was much weakened at that point. I had expected complete ankylosis in this case, with but little use of the foot, fearing there would be no union of the tendo achillis, from the fact of its lacerated ends not being brought in perfect apposition at first; and told the patient so, who said he would be very well satisfied if he could save his foot in any condition. The patient now has very good use of his foot and ankle; walks

into town, a distance of three and a half miles, with very little inconvenience, and with the assistance only of a cane. His limping is much less than I expected, and is still improving. He states that he can see a perceptible improvement from time to time. Considering the gravity of wounds of the large joints, of the extent of this one, with, as a general thing, complete ankylosis as a result, I regard the success in this case as due to the carbolic acid treatment.

CASE 2nd.—E. C., while feeding a threshing machine, on July 4th, had his ring and little fingers caught in the cog wheels of the cylinder, crushing them severely. The soft parts of the other hand were lacerated but bones uninjured. It was found necessary to amputate the two fingers and a part of the corresponding part of the metacarpal bones. The wound was closed with the interrupted suture, and a roller bandage, embracing hand and forearm, applied. On the third day the bandage was removed and the wound found to be suppurating profusely; a strong solution of carbolic acid in glycerine and water was at once applied and renewed daily. The discharge very soon diminished, and in about two weeks healthy granulations began to show themselves. From this time on the patient improved without an untoward symptom. His hand was kept resting on a pillow in an elevated position all the time. After the granulating wound had filled up pretty well, I applied a number of skin grafts from the opposite hand; there was no discharge of consequence. The grafts were maintained in position by strips of isinglass plaster, but I did not see the patient in time, subsequently, to ascertain whether the operation succeeded well or not. The wound healed well, however, and when I next saw him, was covered with a good healthy skin. He now has good use of his thumb and two remaining fingers.

CASE 3d.—F. R., æt. 20, was, on November 30th, passing with a team, in Kansas; seeing some prairie chickens in a field by the road side, proceeded to his wagon for his gun. Seizing the barrel hurriedly with his left hand, attempted to take it out. The hammer becoming entangled, he could not extricate it. Raising his right hand to grasp the muzzle, at the same time pushing it backward with the left, the piece was discharged, and he received the whole contents in the palm of his right hand, passing out through the wrist, lacerating nerves, arteries,

tendons and muscles, and fracturing several of the carpal bones. The nearest physician was called, who applied a compress of lint, maintaining it with a roller to check hemorrhage, and sent him here. I saw him about ten hours after the accident; he complained of being chilly, and was considerably exhausted from loss of blood and the fatigue of his journey. I examined his wound, extracted a piece of bone, cut away some shreds of tendons, muscles, etc., washed it thoroughly, put in several sutures, applied a compress saturated with a strong solution of carbolic acid, and confined it with a roller Administered an anodyne, after which he fell asleep and slept for twelve hours, waking up considerably refreshed.

Nov. 31st. Has suffered no pain; is quite weak. I ordered some brandy to be given two or three times during the day; the wound was undisturbed until on the third day, when it was opened and the dressing of carbolic acid renewed, and applied constantly until the wound healed. There was comparatively little suppuration, although several pieces of bone worked their way out; and though many of the flexor muscles and their tendons were involved in the laceration, he has now tolerably good use of his wrist and hand except the middle finger, the flexion and extension of which is very limited. This patient suffered very little pain throughout, and this I am satisfied was due to the carbolic acid applications.

I have frequently applied a solution of permanganate of potash and of chlorinated soda to suppurating wounds as a deodorizer, for which purpose only, they answer very well, but carbolic acid has had a much better effect in my hands, both as a deodorizer and antiseptic, than any other remedy I have ever used. I doubt if anything else would have accomplished the gratifying results in the above mentioned cases. I make use of a concentrated solution to a redundant granulation, with a happy effect. It should not be expected that this remedy alone will cure every wound, for there are some in which no effort on the part of the surgeon will avail anything if the source of irritation be not removed; but as a general dressing, I do not hesitate to say that, if properly applied, it will bring about better results and give better satisfaction than any other article in the entire materia medica.

Premonitions of Paralysis.

By B. Woodward, M. D., Wyandotte, Kansas.

Never having found, in medical books, anything like a satisfactory account of the premonitions of paralysis, and having, some eighteen months past, had a severe attack, as soon as I was able so to do, I looked back to find, if possible, some series of symptoms which might have put me on my guard. These I found, and to no other form of disease could they have been ascribed. I now commit them to paper for the benefit of the younger members of the profession. For thirty-four years I had led a very active life, both mental and physical, and during all those years had never taken one day for what is called relaxation, so that a sudden breaking down in the midst of a sickly season, when for weeks I had not had an uninterrupted night's sleep, is not to be wondered at. My age at that time was sixty-one years. For several years my health had been good, except that my nervous system had been shattered by a previous attack of paralysis while in the army, in 1863, and which, like this last, was caused by excessive labor and exposure. I have stated these facts as to habits and previous condition, as in this, like all other diseases, the antecedents are to be taken into account when making, not so much a diagnosis as a prognosis.

For several weeks I had been troubled with slight attacks of vertigo, especially on rising in the morning, but which passed off during the forenoon. Sometimes there would be a sense of fullness in the frontal region, and sometimes a feeling as if the blood did not circulate well in the head. Another symptom was a constant involuntary working of the toes of the right foot, especially when much tired. At times the thumb of the right hand inclined to draw in on the palm. For several days previous to the attack, if I tried to carry my hand to my head it would be carried past the side of the head, and when eating, my fork would not go direct to my mouth, and, if I attempted to take up a pen or other small object, the fingers would not grasp it, requiring a direct action of the will to do so.

Another symptom was a sense of numbness on the right side of the neck, apparently attributable to the cutaneous branches of the portio dura of the 7th pair. This gave me great annoy-

ance. There were times of creeping numbness from the axillary region, down the right arm, and the back of the hand with disposition to drop asleep for a moment when sitting still, which required an effort to overcome. Since my recovery I have had the same sensations in the neck, arm and hand, but none of the others. Instead of paying attention to this group of symptoms as I should have done, I ascribed them to exhaustion, or thought little of them. The attack was one of total paralysis which lasted a couple of days, during which time I was unconscious; but the right side was paralyzed for some weeks—indeed, symptoms yet remain, though I feel as well as ever, physically and mentally. If this personal detail shall aid any young physician in diagnosing cases in which he may be consulted, my object in writing will have been attained.

Paralysis may be caused by two opposite conditions. It may be from apoplexy, a sudden determination of blood to the brain, with fulness, or even rupture of the vessels, or, by too little blood in the brain, from exhaustion or want of relaxation. Those who had much experience with wounded men in our late war, came in contact with these latter cases, caused either by great loss of blood, or by great exhaustion and excitement during battle, with want of food. I saw two such cases. In both, the lips, tongue and conjunctiva were blanched, and the men seemed, as was in fact the case, suffering from shock. These were not cases of *coup de soleil*, but true paralysis from exhaustion. If anything can be done to save such cases (both of mine were fatal), galvanism to the spine and thoracic region, and stimulants and food per rectum would seem to be the true remedies. Apoplexy is so well known and its treatment so well understood that I will say nothing further than to express my belief that a return to venesection, when the vessels of the head and neck are turgid, should be resorted to, in spite of any hue and cry against it.

In my own case, I was told that there was no return to consciousness until, at the suggestion of my valued friend Dr. G. B. Wood, blood was freely drawn from the neck by scarification and cupping. For some two weeks previous to the attack which prostrated me, the urine was loaded with lateritious sediment, and its specific gravity sometimes as high as