

crystal dropped on the hand will burn like a strong acid. It is soluble—one in sixteen parts of water. It is freely soluble in glycerine, alcohol, 90 per cent. chloroform, and carbon-bisulphide. Glycerine is generally used if required stronger than water will allow. Its melting-point is 102° Fahr. Its boiling-point is 359.6° Fahr. It is not a true acid; it is a phenol. It is called so on account of its containing hydrogen, which can be displaced by a metal, as in potassium phenol  $C_6H_5OK$ . Its great tendency to combine with alkalis was the reason of the original mistake. The pure acid often becomes slightly coloured, of a pinkish brown when kept; this is due to the presence of some impurity. The dose is 1 to 3 grains.

There is a liquid carbolic, official, made by adding ten parts by weight of water to 100 parts of phenol. It is colourless. The dose is 1 to 3 minims.

The official preparations are: a lozenge, each containing 1 grain of carbolic; a suppository, strength 1 grain; glycerine of phenol; and an ointment.

The uses of carbolic acid are many and various—both in medicine for internal and external application, also for general use as a disinfectant. Indeed, the latter purpose has made carbolic acid the household name it is. Many special disinfecting preparations contain it; Calvert's powder, Macdougall's disinfectant, and others which have various names. Some people, especially hospital officials, simply use a solution of the phenol in water. Not only is it resorted to when infectious diseases are about, but in cases of bad drains. It is prescribed for internal use in cases of indigestion due to the fermentation of food in the stomach, gastric attacks, typhoid; for external use in cases of skin disease, as an ointment or lotion—for ulcers an oil is used. For throats a spray or vapour is employed. The glycerine is used as a paint. Injections are made of the phenol and water, and in cleansing and dressing wounds a lotion is used of about 1 in 40, also at operations. There is a gauze prepared with it, by being saturated with a mixture of carbolic and paraffin wax.

There are many deaths from this poison. The best treatment is stomach-pump, emetics, olive oil; the white of eggs, albumen of any kind; any soluble sulphate, as magnesium, saccharated solution of lime; warmth, stimulants, artificial respiration.

(To be continued.)

No provision exists in the regulations of the Metropolitan Asylums Board or other authority for the care of glanders in man. It is a disease from which attendants on animals become infected by an active poison termed "mallein." Thus the London Hospital last week took legal advice on the right course to pursue, owing to a case of glanders having been diagnosed in that institution—to nurse which they pleaded they had no facilities.

## Aural Hygiene.

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Continued from p. 511, Vol. XXXI.)

The only other conditions affecting the external ear that need mention are irritation, furunculosis, otomycosis, and occlusion or stenosis.

*Itching* and *irritation* are very common, and may occur unaccompanied by any distinct disease of the skin lining the meatus. Their chief importance lies in the fact that they often tempt people to drop in oil or to scratch the ear with pins, penholders, &c., actions which are bad and most distinctly to be deprecated, since they may not only aggravate the condition, but, by causing a small breach of surface, may form a point of inoculation for micro-organisms, and so start a troublesome otitis externa.

When itching and irritation are the accompaniments of eczema the latter is very frequently of gouty origin, and constitutional treatment must form an essential part of the measures taken for their relief.

*Aural furunculosis*, or boils in the meatus, is one of the most painful diseases with which the practitioner has to do. The condition seldom attacks children, more frequently occurring in the delicate and anæmic, and in women rather than men. Some individuals appear to be predisposed to the disease and develop crops of boils at varying intervals. The immediate cause of aural boils is now considered as definitely due to the invasion of micrococci, and an artificial furunculosis can be brought about by rubbing the skin with *staphylococci*. Kirchner found in aural furuncles the *Staphylococcus pyogenes albus*. Each furuncle is due to the entry of that micro-organism into a gland follicle, whilst relapse is accounted for by the infection of the neighbouring follicles by the pus from the original boil.

The original infection probably arises in various ways, but two important facts must be borne in mind, facts which I have over and over again verified by clinical experience. These are (1) that aural furunculosis may undoubtedly occur from defective drainage; (2) that those persons who are in the habit of scratching the meatus with pins, ear-scoops, and the like, or of scrubbing their external auditory canals with rough towels every morning, are more prone to suffer from aural furunculosis.

As has been said, aural furunculosis is an extremely painful affection. The pain is especially severe as night approaches, has a most depressing influence upon the sufferer, and results in much insomnia. It often decreases in the morning, and sets in again towards night with all its former severity. Radiating from the ear, all over that side of the head, and sometimes accompanied by toothache, the agony is one which has to be endured to

[previous page](#)

[next page](#)