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CHILBLAINS.

SIR,—In reply to "Enquirer's" letter, I may state that, two winters ago, I sent a similar letter to the JOURNAL, and received many replies. I will now give some of the remedies suggested, and hope that he may obtain more benefit than I did; for I found none of them very useful, and only lost my chilblains with the return of warmer weather. The remedies suggested were the following.

Liniment of aconite, recommended by Dr. H. L. Snow, certainly relieved the itching, but did not cure the chilblains. Dr. R. Fullerton recommended equal parts of liniment of aconite and oil of turpentine. Mr. C. E. Greenwood advised an ointment of lard and mustard to be rubbed in before a fire for twenty minutes. Very hot water has also been recommended. Galvanism was recommended by Mr. A. De Watteville. Dr. J. B. Sammut recommended twenty minims of tincture of arnica, in an ounce of rectified spirit, to be well rubbed in night and morning with a piece of flannel. From anodyne amyli colloid, recommended by Dr. W. J. H. Lush, I did not derive any benefit. Dr. C. H. Hartt recommends the following: Curd soap $\frac{1}{2}$ ij, water $\frac{1}{2}$ iv; dissolve by aid of heat, and add gum camphor $\frac{1}{2}$ iv, rectified spirit $\frac{1}{2}$ vj, essence of bergamot 45 minims; lastly, add liquor ammonia fortior $\frac{1}{2}$ vj. Sir Astley Cooper recommends strong solution of acetate of lead. Mr. W. Square recommended the internal administration of opium. He gave it as nepoche, with a little Epsom salts and syrup of ginger, night and morning. Dr. T. F. Pearse recommended nitrate of silver. He advised cold bathing, abstinence from alcohol, and large boots. (In my own case, these did not prevent; for I have a cold bath every morning, am practically a teetotaler, and avoid tight boots.) Billroth (*Surgery*, vol. i, Sydenham Society Edition, page 356) recommends white precipitate ointment, tincture of cantharides, and other remedies. He states that, in many cases, chilblains are very difficult to cure. I think the constant wearing of gloves out of doors increases the liability. For my own part, I am in good health, am out riding and driving all day long, in all weathers; and, in spite of all I can do, I suffer considerable discomfort all the winter, if the weather is at all severe. Should "Enquirer" find a good remedy, perhaps he will kindly publish the same in the JOURNAL.—Yours, etc., M.D.

WE have also received notes on the same subject from several other correspondents.

MR. N. GRATTAN (Cork) says that Dr. Balfour, of the Royal Military Asylum at Chelsea, recommends faradisation. He (Dr. Grattan) has used this treatment successfully in many cases during the last three or four winters. An electro-magnetic machine may be used. One rheophore should be applied directly over the chilblain, the other to any distant part of the body. The current should be used as strong as the patient can conveniently bear, for from three to five minutes, and immediate relief will ensue. After using the current twice a day for two or three days, the chilblain, if unbroken, will have disappeared. Broken chilblains are equally benefited by this method, but the treatment must be more prolonged.

MR. E. H. HARDWICKE highly recommends anodyne colloid, made by Richardson of Leicester. It is applied with a camel-hair brush three or four times, and the part is covered with oil-skin for two or three seconds, and the chilblains disappear in less than two minutes.

MR. J. JOHNSTON (Dalkeith) recommends, from experience, the following: R Pulv. iodoform $\frac{1}{2}$ ij; thymol $\frac{1}{2}$ ss; olei eucalypt. glob. $\frac{1}{2}$ i. Rub well in a mortar till mostly dissolved, and apply freely over the inflamed parts twice or thrice daily. He has found the application very useful in all forms of "frost-bite", especially if used early. When dry, it is well to cover the parts loosely with cotton-wool.

MR. THOMAS PRICE (Manchester) has found good result from two drachms of nitrate of potash dissolved in six ounces of vinegar, well rubbed over the chilblains.

A MEMBER writes that "Enquirer" will find the powder called pasma, or healing powder, an excellent remedy for chilblains. It should be freely dusted on them with a puff, and some shot into the stocking before putting on. It is manufactured by Curteis and Co. of Baker Street.

MR. S. GROSE (Melksham) writes that his experience is that there is no such thing as a remedy for chilblains, in the sense that quinine is a remedy for ague, arsenic for pemphigus, or ipecacuanha for dysentery. The nearest approach to cure is brisk, vigorous, daily walking; any other exercise is futile in those strongly disposed to chilblain. One of his friends, a lady who always suffers each winter, has been much relieved by taking one glass of port after luncheon and dinner; another, by leaving off her habitual "tot". No tonics are of the slightest use; but very many stimulant and anodyne lotions and ointments will temporarily relieve sting, and smart, and swelling, only to recur after the first time the part affected becomes cold. The disease is generally attributed to weak circulation; but this certainly is not the whole cause. After forty, the rule is not to be further troubled; yet circulation is commonly weaker then than in youth. Mr. Grose has long passed forty, but suffers as much as ever from chilblains. Again, the livid hands and feet of a sufferer from obstructive heart-disease or advanced phthisis indicate a weak circulation. Still, in the writer's experience, chilblain is rare with such patients. As to heredity, his impression is that chilblainy parents are more apt than others to beget children subject to chilblains; but frequently this is not the case; and not rarely we find only one of a family a sufferer, whose health varies in no discoverable way from his brothers or sisters. Sometimes, also, the children of habitual chilblainy parents never suffer from this plague.

J. S. writes that, if "Enquirer" is a professional brother, and will communicate with him, he will be happy to make known to him his plan of treatment of unbroken chilblains, which has, so far, been invariably successful in numerous cases.

DR. E. W. ALABONE writes that, if "Enquirer" will try the following prescription, he will find it almost infallible in curing unbroken chilblains. R One egg well beaten; diluted acetic acid, 8 ounces; spirit of camphor, 1 ounce; oil of turpentine, half an ounce; tincture of arnica, a drachm. The mixture must be well shaken; and, after the feet or parts affected have been soaked in hot water and dried, the lotion must be rubbed in, and allowed to dry before the fire. As a rule, one application is sufficient.

W. B. B. has found the following liniment very useful in the treatment of chilblains: Venice turpentine, 2 drachms; castor-oil, 1 drachm; colloidion, an ounce. This liniment is to be painted on frequently with a camel's hair brush. If the chilblains be broken, he orders an ointment of camphor two drachms, vaseline an ounce, to which may be added with advantage ten minims of chloroform.

W. MCM. advises the use of the following application, recommended by Marjolin. Dissolve together balsam of Peru $\frac{1}{2}$ ss, and rectified spirit of wine $\frac{1}{2}$ ss; then add

dilute hydrochloric acid $\frac{1}{2}$ ss, with compound tincture of benzoin $\frac{1}{2}$ ss. A little of this liniment is to be occasionally rubbed into the affected part, or a piece of lint moistened and applied. This can only be used when the cuticle is not broken. Should the chilblains be "broken", Turner's cerate is a very good dressing.

DR. ALFRED WISE (Wieson) finds the most effectual treatment is to paint the inflamed parts every night and morning with a liniment consisting of two drachms each of soap liniment and belladonna liniment, and four drachms of liquor epispasticus. Care must be taken not to use this too freely, or a blister will result. Should the intense itching not be allayed after a few trials, he paints the chilblains with a solution of nitrate of silver (gr. xxx to the ounce), until they become blackened. Those who are subject to chilblains should avoid tight boots and kid-gloves, getting the feet damp, or allowing them to become intensely cold. Artificial heat may be used as a preventive in the latter case, provided it be not suddenly applied. Lambs-wool or worsted stockings should be worn, and changed after a walk, or whenever dampness occurs through perspiration. Galoshes are useful when the roads are wet and the temperature low; but, above all, keep the extremities warm and dry. In cases of vesication, poultices may be applied at night, and iodoform ointment (30 grains to an ounce) during the day.

W. S. advises plunging the feet or hands, whichever may be affected, into water, as hot as can be possibly borne, keeping them there for half an hour, renewing the hot water; then going to bed, wrapping up the part affected in a hot flannel. In the morning, the intolerable itching will have quite disappeared. The patient must wear cork soles in his boots, which must be stout and large; and woollen mits on his hands, to prevent the recurrence of these unpleasant visitors.

SIR,—Would some of your readers kindly give me their opinion of the "acme" medical car?—I am, etc.,
QUESTOR.

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