March 23rd and April 27th, 1867, which are well worthy of your perusal. His success in the treatment of compound fractures is really marvellous.

He extended the use of carbolic acid to the treatment of abscesses.

The following is his mode of treatment: a rag considerably larger than the abscess is to be soaked in a solution of carbolic acid and linseed oil, 1 part to 4 parts, and then laid upon the skin where the insertion is to be made, the scalpel is then dipped into the same solution, one end of the rag is to be raised and the scalpel plunged into the cavity of the abscess, withdraw the knife quickly and drop the end of the rag which then acts as an antiseptic curtain, beneath which the pus flows; the whole contents are then firmly pressed out, and if there be much oozing of blood or great thickness between the abscess and the surface, a piece of lint soaked in the solution is to be introduced into the wound to prevent primary union, this is to be done, also, under cover of the rag.

To prevent decomposition of the pus, which flows from beneath this rag, it is better to use the carbolic acid putty, a layer of about $\frac{3}{4}$ of an inch thick, is to be spread on tin foil or block tin, and having withdrawn the rag quickly, apply the paste which is to be secured in position by ordinary plaster.

It is not necessary to introduce the acid into the cavity of the abscess, as it would only increase the secretion of the pus, by stimulating the pyogenic membrane. This mode of treating abscess has been very successful, a great many large abscesses have ceased in some instances to produce any pus, after the contents have once been evacuated, producing merely a thin serous fluid, which entirely ceases in a few days. The success he met with in treating psoas abscess on this plan was very great.

Some of you, I have no doubt, have had several opportunities of witnessing its remarkable power of preventing decomposition. Dr. H. G. Joseph, of Leipsic, confirms Lister's results as regards his mode of treating abscess; he, however, mentions a curious black colour of the urine occurring during the use of carbolic acid. I believe it is still undecided what this pigment is, but clinically it seems to have been of no importance. Dr. Hodder, I know, has used it after several operations, and with the very best results.*

Mr. Lister has lately modified his mode of dressing wounds, by omitting the use of the putty and plate of block tin. The vessels having been secured by torsion, he washes the surface with carbolic acid and oil, and then closes it with a continuous metal suture; over the wound he puts a piece of lint, soaked in oil and acid, which remains in situ, and over this another piece of lint, also soaked in the same solution, (this is to be daily changed); outside of this he applies a plaster made of shell-lac and carbolic acid; this is not adhesive and must be kept in place by ordinary plaster. This plaster is made as follows:—Take of shell lac three parts, crystallised carbolic acid one part, heat the lac with $\frac{1}{3}$ of the acid, over a slow fire, till it is completely melted; then remove from the fire, and add the remainder of the acid, and stir briskly so as to thoroughly mix them; then strain through muslin; it is to be spread to the thickness of about one-fiftieth of an inch; then brush the surface of the plaster lightly with a solution of gutta percha, dissolved in about thirty parts of bisulphide of carbon; when the sulphide has all evaporated, the plaster may be stowed away in a tin box for use.† It is very useful in skin diseases, depending upon or accompanied by any of the forms of fungi.

Dr. Mann, of Brooklyn, speaks highly of it in chronic eczema, impetigo and psoriasis inveterata; he uses a lotion composed of one part of carbolic acid to four parts of water. It ra-

* The following case has been kindly related to me by Dr. Hodder; it was a case of compound dislocation of the elbow joint:—The case was seen by Drs. Hodder and Beaumont, and it happened in a boy of 7 or 8 years of age; the condyles of the humerus were forced completely through the skin, at the back of the joint; they had great difficulty to reduce the dislocation, as they were unwilling to enlarge the opening in the skin; the humerus was tightly grasped by the skin, after a considerable amount of difficulty; they at last succeeded; the whole interior of the wound was then washed over with carbolic acid and oil, and lint soaked in the same solution, applied outside; the limb was then put upon a proper splint; the case progressed most favourably, and in the space of a very short time the boy recovered with a perfectly useful arm.

† The very latest plan of employing carbolic acid in the treatment of wounds by Mr. Lister is the following:—He washes the surfaces with a concentrated aqueous solution of crystallized carbolic acid, one part to twenty parts; the margins are brought together by sutures, if necessary, and then quickly covered by a piece of sheet tin, which has been previously washed in the aqueous solution of carbolic acid. This tin is *laid near the skin*, and well fitted it forms a pretty good seal to the wound; this tin is then covered by the shell lac and carbolic acid plaster, which must considerably overlap the tin on all sides; the use of this is to furnish a small but continued supply of carbolic acid to disinfect the surrounding air; the more dependent border is left free for the exit of discharge, should any form; but this point is to be well guarded by a piece of lint soaked in the oily solution, one part to thirty four of olive oil.