

The great age of the patient, recovery being scarcely to be expected in a patient at his time of life. 2nd. The failure of aspiration to relieve or rather to prevent the rapid re-accumulation of the pus, notwithstanding the fact that air was entirely excluded, and the inability of the patient to undergo the repeated operation which that mode of treatment would have rendered necessary. 3rd. The very beneficial effect of the combination of tincture of iodine and carbolic acid as a healing and disinfecting agent. It seemed to work admirably, and is worthy of a trial by any one who may have a similar case to treat.

CASE II. — DISLOCATION OF THE HIP ON THE DORSUM ILII—REDUCTION BY MANIPULATION.

W. Lambert, æt. 35, a native of England; a strong and muscular man, sound and healthy; carpenter and joiner by trade, of good family history; met with the accident above mentioned by the falling of a scaffolding upon which he was working. He was carrying a bundle of shingles at the time the scaffolding gave way, and he and two others were precipitated a distance of about twenty feet. He fell with considerable force upon the left knee, the thigh being at the time in a state of adduction. He was assisted up, but could not put his leg under him, nor could he straighten the thigh. A medical man was sent for immediately, who examined him and ordered him to be taken home, stating that he would see him directly he got home. After his arrival home, he waited for the Dr.'s visit about three hours, but as he did not put in an appearance, Dr. Fulton was sent for. On the arrival of the latter, and after careful examination and measurement, he pronounced it a case of dislocation of the hip on the dorsum ilii. The limb was rigidly fixed, semi-flexed and rotated inwards, and the foot inverted. The axis of the dislocated thigh was directed across the lower third of the right thigh. There was shortening to the extent of about $1\frac{1}{2}$ inches, and the head of the bone could be felt on the ilium on rotating the limb. The patient also complained of pressure in the groin, in the region of the os pubis. The Dr. immediately sent for chloroform and the pulleys in case they might be required, but decided on trying manipulation first. While waiting for the appliances to arrive, Dr. Robertson, of Trinity College, happening to pass that way, the Dr.

hailed him, and called him to his assistance. Upon examination of the limb, he fully coincided with Dr. Fulton in his diagnosis of the case. The patient was placed on a firm bed and chloroform administered. When the patient was fully under its influence, Dr. Fulton seized the leg, flexed it upon the thigh, and the thigh at right-angles to the abdomen, and then bending it outwards and downwards (rotating it at the same time), so as to describe a quadrant, it returned to its place with an audible snap, which was distinctly heard by all in the room. In the remarks which the Dr. made after the operation, he pointed out that failure in manipulation was often due to the extreme flexion of the thigh on the abdomen, which was sometimes practised. In no case of dislocation on the dorsum should the thigh be flexed on the abdomen beyond a right-angle, as by so doing there was danger of throwing the head of the bone below the level of the acetabulum, or into the sciatic notch. The patient was kept quiet in bed for about a week, after which he was allowed to go around. He is now quite recovered.

SURGICAL CLEANLINESS.

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A question which has given rise to much discussion of late years,—the dressing of wounds, especially the wounds resulting from surgical operations, is still of the greatest importance to the practical surgeon.

In this very short paper, which is meant more to elicit the opinion of the members of this Association, than to produce an exhaustive review of the subject, I will not attempt an enumeration of the various causes of fatality after surgical operation, but I shall get at once into the subject of the paper, and divide the causes of death after surgical operations into unavoidable and avoidable or preventable causes. Among the first may be mentioned the age, sex, and constitution of the patient, the severity of the disease or injury for which the operation is demanded, or the severity of the operation itself. These always influence the result, and are taken into consideration by both the surgeon