

THE OPERATING ROOM AT THE HOTEL DIEU, IN LYONS.

The new operating room at the Hotel Dieu, in Lyons, which has recently been opened for use, would appear from a lecture delivered by Prof. A. Poncet, who has charge of the teaching in operative surgery, to be one of the most completely aseptic operating rooms to be found. M. Poncet has had it constructed according to designs of his own, elaborated after a visit to many of the hospitals in England, France, Germany, Austria and Switzerland.

The two objects he set before himself were the prevention of infection by means of air or through contact. It is about thirty feet in length by twenty feet in breadth, the height being about twenty-four feet. As its situation beneath the wards rendered a skylight impossible, the light is admitted by one immense window, the eight panes of which are made to open. Artificial light, when required, is obtained from a Wenham gas-lamp, which can be lowered to within about seven feet of the ground. The walls are covered to the height of five feet with glass, forming a dado; above that with perfectly smooth stucco of a rose-gray tint. All the angles are rounded. To the walls are fixed nickelled brackets supporting shelves of plate glass, which, however, do not come within half an inch of the wall; on these shelves stand vessels containing antiseptic solutions, and ingeniously constructed metal receptacles for dressings. The ceiling is in the form of a dome, and the floor, which is of cement, slopes slightly to an aperture in the centre leading to a carefully constructed drain. The surface is channelled, and is washed down daily, also once a week with carbolic water.

The few chairs and benches are made of bronzed iron; the tables are made with glass tops and metal frames, and are provided with casters. The operating table is entirely free from the complicated mechanism frequently seen, and the top, which is of glass, is like the floor, made to slope toward the centre, where there is an aperture communicating with a drainage-tube. The mattress is covered with mackintosh, and is perforated so as to allow of drainage. When the patient requires to be propped up, pillows and cushions covered with mackintosh are used, to the entire exclusion of mechanism. Ingenious arrangements are made for the reception of the the anæsthetist's and the surgeon's appliances, and a second table as provided for operations requiring the operator to stand between the patient's thighs.

The instruments, whose handles are specially made with a view to prevent any difficulty in cleaning, are all washed in glycerine at the temperature of 120°C., and then kept in carbolic solution.—*Lancet*, March 23, 1889.

CREASOTE IN LUNG AFFECTIONS OF CHILDREN.

With a few exceptions almost all observers speak well of the value of creasote in tuberculosis, and agree in saying that even if recovery is not to be hoped for, marked improvement of the chief symptoms follows its employment. All the communications hitherto published relate to adults, and Prof. Soltman, of Breslau, is the first to record his experience of the remedy in children. We have, he says, given creasote in chronic lung diseases with little or advanced destruction without considering the presence or absence of bacilli. After all due allowance is made for care in hospital, suitable nourishment, baths, good air, etc., considerable advantage is evidently derived from the administration of creasote, since cases which were not doing well began to improve unmistakably under increasing doses of creasote. He gives two to seven drops of creasote a day—i.e., from one to six grains, while adults were ordered from four to eight, or even twelve grains daily by Sommerbrodt.

Soltmann's prescription is this:

R.—Creasote	guttæ 4-14
Sp. æther	vj-xij
Aq. dest.	3j3vj
Sacch. alb.	ʒiiss

A teaspoonful every two hours.

It merits especial mention that the creasote was well borne by all the children. Stomach-ache, nausea, vomiting, diarrhœa, inconveniences which often render treatment by creasote impossible in adults, never occurred. Even in high fever, which by all authors is spoken of as a contra-indication, the creasote was taken without disadvantage. That the large doses helped to give the good results is probable from Guttman's experiments on the antiseptic power of creasote on many microorganisms. Very remarkable in many cases was the increase of appetite and gain in body-weight, the diminution of cough and expectoration, and the gradual disappearance of pathological lung-symptoms. He concludes that creasote exerts in chronic lung-disease with suspicion of tuberculosis a markedly favorable influence, especially in cases where there is not much destruction of lung or other severe complication, and where there is not too much high fever, the general strength being relatively good.—*London Medical Recorder*, March 20, 1889.

TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.

It is interesting to note that Motchoukowsky's method of treating locomotor ataxia by suspension of the patient with hands passing under the chin and occiput and under the arms—the method described in the *Reporter* February 23—has been on trial in the nervous clinic of Pro-