

Bergmann, in Berlin, has for its object the comparison of dry and moist methods in wound-dressings. Daily cultures were taken from wounds, sown in gelatine, plated, and the colonies counted one day later. The dressings used were (1) dry aseptic gauze; (2) iodoform gauze; (3) moist sublimate gauze 1—2,000; (4) moist carbolic 3%. The organism found was in most cases the staphylococcus albus; occasionally the aureus.

The work seems to have been thoroughly and reliably done; and so far as it goes (51 cases divided between the four methods) justifies the author's conclusions, which are as follows:—

1. No continued bactericidal after-effect of antiseptics with which wounds have been washed, can be shown.

2. The number of micro-organisms in non-suppurating accidental wounds is increased to a greater degree by the use of impervious moist antiseptic dressings than by that of dry dressings.

3. Iodoform gauze is to be preferred in the dressing of accidental wounds, because, besides its important properties of drainage and hæmostasis, it possesses a decided inhibitive action on bacteria.

4. Moist dressings readily induce eczema and hair-follicle suppuration in the vicinity of the wound by reason of the maceration of the skin.

5. Moist dressings form no certain preventative of suppuration in accidental wounds.

6. In suppurating wounds dry dressings bring about a more rapid disappearance of bacteria than do moist ones.

7. Many accidental wounds heal without the least clinical sign of inflammation in spite of the presence of large numbers of bacteria.

#### **Potassium Permanganate in the Treatment of Lupus.**

J. HALL-EDWARDS, Surgeon-Radiographer to the General Hospital, Birmingham. "Potassium Permanganate in the Treatment of Lupus." *British Medical Journal*, June 27, 1903.

The author calls attention to the fact that "in many cases of lupus treated by the X-rays, the centres of the patches rapidly get well, whilst the edges continue to spread slowly." In these cases he claims to have greatly improved the results by combining the local use of permanganate of potash with the X-rays. Several cases treated with the permanganate alone yielded, however, surprisingly good results also.

His method is as follows:—A saturated solution of the salt is used (1 drachm in 1 oz. aq.-dest). In non-ulcerative cases, the patch is washed, dried with alcohol, and then the permanganate solution is brushed on.