

then completed, and the bone sawn through in the usual fashion.

M. Verneuil has performed twenty-four operations in this manner: eight disarticulations of the shoulder; three amputations of the thigh; two amputations of the arm; six amputations of the leg; two disarticulations at the hip joint. In all, it is asserted, the indications were perfectly fulfilled; no assistance was required, and there was no hemorrhage.

M. Verneuil admits that the operation requires more time, which he considers unimportant, and that perfect anatomical knowledge is necessary, but phlebitis from digital pressure is efficiently guarded against.

PROFESSOR LISTER ON ANTISEPTIC SURGERY.

In a letter to the *Lancet*, (Sept. 6), Professor Lister states that "during the two years which have elapsed since the delivery of my address at Plymouth, I have been steadily endeavouring to lay more broadly and deeply the foundation upon which the antiseptic system is based, to improve our methods, and to cheapen our materials. We are attaining with greater constancy than ever before, the entire exclusion of putrefaction from our wounds, and that we are consequently able to undertake with confidence operative procedures which, without efficient antiseptic measures, would be simply homicidal; while the grand fact of perfect immunity from pyæmia and hospital gangrene remains in its integrity in my crowded wards."

GUNSHOT WOUNDS OF ARTERIES.

Dr. Otis says (*Surgical History of the War of the Rebellion*) that it is quite time that the dictum of Jourdan that surgery is powerless in lesions of arteries within the cranial, thoracic, and abdominal cavities should be expunged from the text-books. At least five cases occurred, during the late war, of wounds of the subclavian, in which surgical intervention was justifiable; and in one of these the left subclavian was successfully tied by a Confederate surgeon for a wound of the vessel where it passed across the first rib. In sixteen cases it was performed for hemorrhage, and in nine cases for traumatic aneurism of the axillary artery. The right subclavian was tied in thirteen, and the left in twelve cases. The total number of cases reported during the war was fifty-two, of which forty-one (78.8 per cent.) terminated fatally.

The internal mammary artery was tied twice without success; the suprascapular artery once, with success; and the intercostal artery eight times, with two successes and six failures. Thirteen cases of ligation of the axillary artery (all fatal) are also recorded.

With regard to ligation of the carotid in cases of gunshot wound of the face or neck, Dr. Otis, after pointing out that the mortality of terminated cases during the war was 78 per cent., adds:—"The exhibit is yet more deplorable than that of the preliminary report in Circular 6, S. G. O., 1865, which gave for forty-nine cases a mortality of 75 per cent. Nowhere else, not even in

wounds of the forearm or legs in which the brachial may have been tied, does the operation of Anel appear to greater disadvantage. Tying the common trunk for injuries of smaller vessels of the head or neck, is an operation based on a fallacious interpretation of the anatomical and physiological relations of the region. Nothing that is not corroborative of Guthrie's admirable suggestions is found in the preceding cases. If the indolent or timid surgeon, to control bleeding from minor branches of the carotid, prefer to stuff the wound with styptics, or to perform the easy operation of tying the common trunk, rather than to seek in the difficult anatomy of the maxillary and thyroid regions, to place double ligatures at the bleeding point, he may temporise or may associate his name with the necrology of ligations; but if his patient recover, it will generally be found to be under circumstances in which the surgeon's operative intervention was uncalled for.

ACUTE TETANUS TREATED BY EXTREME DOSES OF ALCOHOL.

Dr. A. Moffitt (*New South Wales Gazette*, vol. iii. no. 8) describes the following case. A seaman, belonging to one of the men of war at Monte Video, got his right hand entangled in some of the machinery, and the little finger was torn off from the carpus, a very jagged wound. There being a hospital on shore, he was removed thither for treatment. A few days after the accident, tetanus set in, in its worst form; the wound was foul and sloughy. The surgeon in charge saw that the case was utterly desperate. Under these circumstances, being aware of the effect of brandy in paralysing muscular action in sailors, the thought occurred to him that the best thing he could do was to make the man 'dead drunk,' and keep him so until the spasm should cease, and the wound take on a healthy action. He began by giving four ounces of brandy, and kept up the effect by giving two ounces whenever returning consciousness showed that it was necessary. This treatment was steadily pursued, night and day, for four days, the patient being most carefully watched by the surgeon himself, who had his bed removed into a ward with him when he had the satisfaction to see that he began to improve, the wound becoming clean and healthy, and the spasms ceasing. The wound was frequently bathed with turpentine. Proper nourishment was administered, and the bowels were also carefully attended to. In about three weeks this patient returned to his ship perfectly cured.

THERAPEUTICS.

A NEW CHOLAGOGUE.

Dr. L. H. Washington, of Macon, Georgia, writes in the *Pacific Journal of Medicine*, that in the treatment of diseases of the liver, while the claims of podophyllin, leptandrin, and nitro-muriatic acid are not to be ignored, we should place *Chionanthus Virginica*, or old man's beard, first on our list of remedies. In all the various forms of liver-complaint, incident to malarial poisoning, its action as a liver-regulator is undoubted. It is useful whenever digestion is enfeebled or nutrition is impaired, and whether the bowels are constipated or too loose. It seems to operate not alone as a stimulant to the liver, causing an increased flow of bile, nor yet alone is it a tonic, acting as an auxiliary to the functions of nutri-

tion and assimilation; but it also exerts an alterative influence upon the mucous membrane of the stomach and bowels, and upon the blood. In dropsical accumulations, jaundice, and malarial cachexia, it is the remedy par excellence. In that form of chronic malarial disease known as obstinate and protracted intermittent fever, in which quinine has failed, the disease will be cured and its return prevented by giving a teaspoonful of fluid extract of *chionanthus* three or four times a day, alternating with the following pills, of which one is to be taken three times a day: quinine ʒss; prussiate of iron ʒij; sulphate of strychnia gr. ij; to be made into 120 pills.

If there be induration of the spleen, iodoform and phytolacca should be given. Iodide of ammonium is also an excellent remedy for spleen enlargement, and does not cause the bad effects of iodide of potassium. By giving three grain doses twice a day the enlargement of the gland speedily disappears.

BROMIDE OF SODIUM AS A NERVOUS SEDATIVE.

Dr. W. Ainslie Hollis (in the *Practitioner*, August, 1873), draws attention to the bromide of sodium, which, he thinks, is unduly neglected. He reports three cases of epilepsy considerably benefited by this salt. He finds that it frequently produces depression of spirits. He also says, "In two cases of nervous excitement induced by mental anxiety, the sodium bromide in small doses gave great relief."

CHERRY-LAUREL WATER AS A SOLVENT FOR HYPODERMIC INJECTIONS.

In a letter to Dr. Constantin Paul (*Repertoire de Pharmacie*, June 10), Professor Luton says that no vehicle is better suited for narcotic substances, such as morphia and atropia, when administered subcutaneously, than the distilled cherry-laurel water. Besides adding its measure of hypnotic action to that of the principal medicament, it prevents better than any other aromatic distilled water the formation of mould which readily takes place in solutions for hypodermic injection, being in this respect equal at least to eucalyptus water. Its contact with the tissues does not cause more pain than ordinary distilled water. When cherry-laurel water is injected alone, its physiological effects are the same as when it is administered by the stomach, but in an increased degree.

COLOURLESS TINCTURE OF IODINE.

The *Philadelphian Medical and Surgical Reporter* publishes the following formula:—

Tincture of iodine,
Pure glycerine, ʒā . . . ʒj
Sulphite of soda . . . ʒj

Rub the salt to a powder in a small mortar, and add the glycerine gradually; then pour in the tincture of iodine, and triturate gently until a solution is effected, and the mixture assumes an amber colour. It is asserted that the properties of iodine are increased by the addition of sulphite of soda, and that the glycerine enhances the value and convenience of the preparation for local application.