

supported by the towel. The nurse, tucking the child's legs under her left arm, supports the body on her raised knee, holds the child's hands with one hand, and has the other at liberty to assist the surgeon. The surgeon first proceeds to examine the condition of the cornea by gently raising the upper lid with his finger—if there is any difficulty in this manœuvre he uses an elevator. A bent hair-pin often answers admirably. He next everts the lids, wipes them dry, paints them with the silver solution of the required strength, taking special care to get the *back folds of the conjunctiva*, and washing off the excess of solution with clean water, carefully replaces the lid by drawing them downward and away from the globe. This process is repeated by the surgeon every morning until the disease is arrested, his object being to produce a slight eschar, which either destroys the micro-organisms or prevents their multiplication. The effect lasts about twelve hours. In severe cases the solutions can be re-applied at night. However careful a surgeon may be his efforts are of little avail unless he is ably seconded by the nurse. Her duties are—to prevent the re-collection of pus, by constantly opening the lids and wiping the matter away with clean rags; to wash the conjunctivæ with a weak alum or boracic acid solution, 3 grs. to 1 oz.; to anoint the lid margin with cerate to prevent adherence, and to combat the feverish restlessness by fresh air and careful attention to diet.

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A NEW TREATMENT FOR BOILS AND CARBUNCLES.

The ordinary methods of treating boils and carbuncles by a "free, bold incision" often leads to good results, but the anticipation of this cutting is always such a terror to patients that surgeons would most gladly use a milder treatment, if certain that cure would follow. M. Verneuil, with an experience of half a century, has noticed with interest the different phases through which the treatment of these painful maladies has passed. Following in

the footsteps of his teachers, he freely used the knife, to give it up only when the thermo cautery came into use. Cauterization, with subsequent application of carbolated dressings, gave him such good results that his rule was to use the knife only exceptionally, in the gravest cases, and then to use it unsparingly. In 1883 he observed a case which made him reflect and change his mode of treatment. Since that time he has confined his treatment absolutely to the application of carbolated powders, and these for all kinds of boils and carbuncles, large, small, diabetic, painful or indolent, closed or open, and covered with gangrene. For the small and medium-sized carbuncles, this method of treatment has been very successful, without pain or extension of the inflammation.

THE CANCER-BACILLUS, AND THE SARCOMA-BACILLUS.

The New York Medical Record of February 25th says:

Dr. Carl Francke, assistant to professor Von Ziemssen at the Clinical Institute, at Munich, reports to the Munich Society of Morphology and Physiology that he has confirmed the discovery of Scheuerlen regarding the bacillus of cancer. He has also discovered, himself, a bacillus of sarcoma (*Munch. Med. Wochenschr.*).

Dr. Francke's experiments began last November, and he had already seen and demonstrated the bacillus of sarcoma when Scheuerlen's discovery was announced. Francke has examined nine cancers since then, and in all has observed the carcinoma-bacillus and its spores essentially as described by Scheuerlen.

His observation on the sarcoma-bacillus were based on the examination of three cases. In each instance he found a bacillus which resembled the cancer-bacillus very closely only it was thinner and longer. The cancer-bacillus are, on the average, 2 micro-millimetres long, and 0.4 micro-millimetre broad, while the sarcoma bacillus measures 3 to 4 by 0.4 micro-millimetres. The sarcoma spores also resemble those of carcinoma, except that they are a little larger and have a sharply contoured pole. The two organisms develop alike in culture-media, producing a reddish-brown pigment. Inoculations of the pure cultures of the sarcoma-bacillus have produced no result as yet, but Francke thinks that four weeks is too short a time for sarcoma to develop, and he will make another report later.