

water." Again it is cleanliness. I will leave out of consideration the statistics that Mr. Tait has given. They transcend those of all who have undertaken to follow in his footsteps, so as to lead one to believe that there are still some problems unexplained. Mr. Tait's results are to be regarded as unique, and surgeons are not likely to omit proper antiseptic precautions. When to expose a joint to the atmosphere nowadays, we follow the nests of bacilli into the joints with the sharp spoon, and, filling all the nooks with an antiseptic solution, close the capsule with the assurance of freedom from any suppurative inflammation. This is certainly one of the most extraordinary triumphs of antiseptics. An important step in advance has been made in the treatment of carious wounds, by the use of a solution of hydrochloric acid, 1 to 20. Neither must I fail to speak of one of the stages in the progress of research which is marked by the attempt to obtain sterilized air. It is difficult at the present moment to define the possibilities of modern surgery. If nephritis and pyelitis, with organic disease in one kidney, is bearing the patient down, the surgeon takes it away. If disease obstructs the bowels, he cuts it out and joins the healthy ends he cut. If the lungs are the seat of abscess, he punctures and drains them. If the brain has an abscess pressing on it, he punctures, drains and renders the wound aseptic. If the physician fails to rectify the abnormal chemistry of the enlarged spleen, the surgeon removes it. It seems incredible that surgeons could have been at any time united in a guild with barbers. The connection in England was severed in 1742. The surgeon stood far below the doctor in rank, and at one time was not allowed to make a surgical operation without the physician's consent. But at present it seems as if the future of the profession must be largely surgical.

#### MEDICINE.

##### The Technique of Intestinal Injections.

Quincke is quoted by the *Deutsche Medicinische Wochenschrift*, per *Med. News*, of April 5th, 1888, in his description of methods of intestinal injections which he had recently found useful. In place of the hard tip which is ordinarily used on enema syringes, he substitutes a soft flexible nozzle about eight to eleven inches long, and of convenient calibre. The tip is slightly harder than the rest, and

has two lateral openings; the external end is dilated somewhat, the whole resembling an oesophageal tube. It must be perfectly smooth, and of the best rubber. The insertion of such a tube is far less painful than the use of the ordinary tip. It may be ordinarily inserted two or three inches, but when necessary may be passed four or six inches without injury. This tube may be easily cleansed, soap and water and carbolic acid sufficing to disinfest it thoroughly. An injection of oil may be given by filling the dilated extremity with oil, and then attaching the irrigator tube; the water from the irrigator will force the oil before it into the bowel. In obstinate tympanites the tube may be allowed to be in the bowel for an hour or more, securing the free exit of gas. Quincke secures the retention of a considerable quantity of water high in the bowel by a very ingenious device which consists in attaching to any convenient portion of the tube a collapsed rubber balloon two inches in diameter when inflated. This balloon may be filled with water by its own small separate tube. When introduced to the desired height, the nozzle aperture is free above it. The balloon is then filled with water, occluding the bowel; the desired injection is then introduced beyond it, and as much fluid as desired is thrown in at the desired level.

##### Chloroform Narcosis and its Treatment.

The *Medical Press* of April 4th, 1888, writes as follows:—

It is doubtless a highly expedient thing for a medical practitioner to undertake, unaided in a private case, the administration of the anæsthetic and the operation, whatever it may be, as well. Everything may prove in the end to be satisfactory, but, on the other hand, it is impossible to foresee accidents, and the slightest outward occurrence, while, perhaps, in itself unavoidable, may precipitate in catastrophe, and lead to lasting regrets, and be productive of other consequences, in themselves scarcely less pleasant. When, however, the surgeon finds himself in the presence of a difficulty under these circumstances, and in peril of losing his patient from the effects of the chloroform, it will mainly depend upon his coolness and power of resource, whether his efforts to bring back the patient to life will be successful or not. In illustration of this fact we may mention a case which