

of the upper arm after thirty-two days' application. On arriving at the deeper layers of wadding, they were found to be firmly glued to the integuments in the vicinity of the wound. About half a wineglassful of matter came away with the dressing. It had a peculiar odour, not that of putrescent pus, but which M. Guerin attributes to the confined sebaceous secretion. The skin was quite normal, being free from redness, swelling, or any other sign of diseased action. The end of bone was well covered by a healthy granulating ulcer with the characteristic blue margins, showing that the process of cicatrization was going on. M. Guerin regarded this case as a good specimen of the ordinary result of the cotton wadding dressing. It was reapplied for another period, which he hoped would complete the cure. Two applications are generally sufficient; a few strips of adhesive plaster is all that is necessary afterwards, if the ulcer is not quite healed.

The dressing is also applicable to other diseases, such as abscess and sinus, especially when connected with joints. I saw a case of synovitis of the knee-joint with sinuses treated by M. Guerin. The sinuses were laid freely open, and the apparatus applied. It has been removed since my return to England, but Dr Blanc, of the Indian Medical Service, was present at the removal, and writes as follows:—"The result was beautiful, all the incisions healed, and the knee about the same size as the healthy one." In these cases it is necessary to apply the wadding from the toes to the groin, in the upper extremity from the fingers to the shoulder.

In having recourse to this method of dressing, various precautions must be attended to. The patient during its application ought to be removed to an apartment where the atmosphere is pure and then carried back to his own ward. The compression by the bandages ought to bear on all parts alike, and be at the same time powerful. It is therefore necessary, occasionally, during the first twelve days, to apply more wadding and bandages, so as to conduce to this end. In amputations at the thigh the stump is liable to elevate itself, and cause the bone to protrude; this will be avoided by maintaining it in the horizontal position. The temperature must be taken regularly every morning and evening, as it will give the first indication of anything going wrong. Nothing need be apprehended if it remains normal after the first forty-eight hours.

The advantages contended for by the advocates of the "pansement ouaté" are—

1. Avoidance of the action of the air, which irritates, not only by its physical properties, but also by reason of the minute organized bodies which it holds in suspension.
2. A compression, firm, elastic, and sustained, which moderates the afflux of the blood, and produces rigorous immobility of the parts, both in themselves powerful antiphlogistic agents in the treatment of wounds.
3. Remarkable diminution and frequently total absence of pain.
4. Constant uniform temperature of the parts, also an important agent in the treatment of wounds.
5. The ease with which it is applied, and the

avoidance of the evil consequences of dressing the wound daily or every two days.

6. The protection afforded locally, thus facilitating the transport of the sick and their dissemination in crowded hospitals.

Lastly, The statistics of M. Guerin show a very marked diminution in the mortality of his large operations since his adoption of this method. Thus, during the troubles in Paris, when his wards were crowded with wounded men under the worst conditions, nearly all his large operations were fatal; but after its employment he had nineteen successful cases out of thirty-four large operations.

I might also mention its safety. Out of numerous cases, I have not seen an untoward accident, nor have I heard of any which could be fairly attributed to this new method of dressing.

It seems destined to render great service to the practice of surgery, particularly to that of the navy and army, in the treatment, for example, of severe wounds or accidents on board men-of-war, when, owing to the motion of the ship, it is almost impossible otherwise to protect traumatic surfaces, or to obtain immobility of the parts. Again, on the field of battle there is no method likely to offer greater advantages in the treatment and transport of the wounded.

M. Guerin hopes in course of time by a modification of the process, to obtain union by the first intention in flap operations on the extremities. Experience is as yet wanting on this point.

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## PATHOLOGY.

### ARTIFICIAL PRODUCTION OF EPILEPSY.

At one of the late meetings of the Société de Biologie, M. Brown-Sequard communicated to the Society the results of experiments he had made to determine the path pursued by irritation of the sciatic in order to reach the upper part of the spinal cord and to produce epilepsy. Section of the sciatic nerve near its origin, and, still more, the forcible ablation of the nerve, are constantly followed by epilepsy. Nevertheless section of the spinal cord immediately above the origin of the sciatic nerve does not produce epilepsy. This unexpected fact gives rise to the suspicion that the occurrence of epileptic symptoms is not due to the section of the fibres of the sciatic nerve proper, but rather to the section of the fibres of the sympathetic which unite themselves to the sciatic after its emergence from the spinal cord. M. Brown-Sequard naturally thought it would be interesting to divide the several sympathetic branches that pass to the sciatic; but, unfortunately, this is extremely difficult to accomplish. Division of the great sympathetic in the abdomen produces only transient effects—incipient symptoms, as it were, of epileptic attacks, but nothing positive or definite. On the other hand section of the roots of the last dorsal and first lumbar nerve produces epileptic attacks, and it is known that these roots furnish sympathetic filaments to the sciatic nerves. From all this M. Brown-Sequard concludes that it is to section of the sympathetic that we must essentially attribute the artificial production of epilepsy.—*Lancet*.

## THERAPEUTICS.

### RESIN OF COPAIBA AS A DIURETIC.

Dr. Wilks, of Guy's Hospital, speaks (*Lancet*, March 22,) with the greatest confidence of the value of the resin of copaiba as a diuretic. The ordinary copaiba has long been known for its action on the kidney, and is occasionally used in dropsy, but the nauseous taste of the oleo-resin has almost forbidden its employment. The oil, separated from the resin, is officinal, and is often prescribed in gonorrhoea instead of the compound substance. It is thought that the oil acts more especially on the mucous membranes, and is therefore useful in affections of the bronchial, vesical, and urethral surfaces. If this be so it is equally certain that the diuretic properties reside in the resin. Dr. Wilks has found it very difficult for patients to take the ordinary pharmacopoeial drug, and almost impossible to get general practitioners to sanction its administration in private practice; he therefore has substituted for it the simple resin, and finds it equally or more efficacious. He gave fifteen or twenty grains in mucilage and flavour-water three or four times a day, and has numerous cases showing its marked diuretic properties. There is now, in Guy's Hospital, a man who came in with ascites and who, after taking numerous other remedies, was ordered the resin. The amount of urine was at once doubled in quantity, and now, after a few days, the fluid has almost disappeared. Dr. Wilks says he has lately had as private patient, a "drunkard builder," with cirrhosis of the liver and enormous ascites, for whom he also prescribed the resin; a diuretic action was at once effected, and the dropsy quickly disappeared. In heart cases, also, he has given it with great success. Lately there was in the hospital, a girl with mitral disease and considerable dropsy, who took the usual medicines without effect, and was then ordered the copaiba. It at once produced the desired result, and the fluid was dispersed. Dr. Wilks states that he has often given the remedy and failed; but, on the other hand, when it has succeeded, the result has been more striking than that arising from any other diuretic he has seen. He would wish it were placed in the Pharmacopoeia, as it is not kept by chemists or perfumers, and the resin is thrown away in large quantities as a waste material.

## GYNECOLOGY.

### LOCAL TREATMENT OF LEUCORRHOEA.

Dr. Clay advocates in this disease the process irrigating the vagina and cervix, twice a day—least with the "fountain" (recommended by Scanzoni), or Davidson's syringe. In no case where is not positively contraindicated would he suggest less than one gallon of warm water. He infinitely prefers the warm to the cold, in consequence of there being no shock or reaction afterwards, two very important considerations in the treatment of uterine disease. After each irrigation is finished the parts are in a condition to receive medication, either in the form of ointment, solution, or solution. He generally prefers the solution containing some of the preparations of iron, for instance—Ferr.