

bathed in this harmless pus from that which collects during the first four days under the isinglass plaster in the process originally recommended by M. Reverdin.

Some of the most striking results of the treatment are obtained in cases of compound fracture and in amputations. The management of the former has been already so fully described that no further comment is needed; but I may mention one point of detail which overcomes, at least in part, the difficulty often experienced in the preliminary injection of a wound the orifice of which is of large size. Under such circumstances, it is impossible to hold its edges round the nozzle of the syringe, and without doing this it will be found very difficult to ensure a thorough penetration of the lotion. To meet this, Mr. Lister now makes use of a small gum-elastic catheter attached by an india-rubber tube to the syringe, by inserting which as far as possible into the recesses of the wound a very complete result is obtained. This proved invaluable in the case of T. F., who was admitted on March 1st, 1873, with a very severe contusion of the foot and a large lacerated wound on its inner side, produced by the wheel of a railway waggon. The skin was much undermined in all directions, so that the finger could be passed round from the wound almost to the outer side of the sole, where, as was afterwards discovered, an extensive loss of vitality had taken place; while, at the same time, a small superficial slough appeared on the outer side of the dorsum; one of the metatarsal bones was also broken. Eight days after admission no suppuration had occurred, though Mr. Lister anticipated that the necessarily frequent changing of the dressing would ultimately give rise to it; part of the original blood-clot, then of a brilliant orange colour, was still in the wound; the slough in the sole had been incised and partly removed, but neither in its vicinity nor in that of the one on the dorsum was there the slightest redness or inflammation; and since that time, I am told, the case has progressed most favourably.

The only other compound fracture that I had the opportunity of seeing was one of the shaft of the humerus in a lad, fourteen years of age, who was admitted on Dec. 11th, 1872. It was accompanied by such severe injury of the vessels that, on admission, the hand was cold, and no radial pulse could be felt, nor did this, indeed, return before Feb. 2nd, 1873. In fact, the propriety of attempting to save the limb appeared at first doubtful; but under the ordinary plan of antiseptic treatment in such cases, firm union took place, though a sinus still communicates with some necrosed bone at the seat of injury. The original wound was healed by Feb. 16th.

• PRACTICAL MEDICINE.

BICHLORIDE OF MERCURY IN BRAIN DISEASES.

Dr. Charles Élam recently related to the Royal Medical and Surgical Society three cases of brain disease, whose striking and unexpected benefit resulted from treatment by the bichloride of mercury. The first case was that of a boy, aged six, who, on being brought first to the hospital, presented every appearance of being affect-

ed with an advanced organic disease of the brain—most probably of tubercular origin,—characterized by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months, at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, aged three, presenting the aspect of perfect idiocy, with general paralysis both of the upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and feces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favourable results.

THE TREATMENT OF EPILEPSY.

Dr. Élam, of the National Hospital for the Paralyzed and Epileptic, states that the treatment of Epilepsy chiefly relied upon is founded upon the employment of the bromides of potassium and ammonium alone, or combined with ammonia, chloric ether, the alkaline carbonates or iodides, tonics, arsenic, belladonna, etc. The most important adjunct, however, in the writer's opinion, is the chloral hydrate, which, when given in doses of ten to fifteen grains with the bromides, rarely fails to reduce very greatly both the number and violence of the attacks, and sometimes, even in old and hopeless cases, puts an entire stop for some weeks to the fits. It is remarked, also, that one of the most successful of the hereditary cases was treated entirely by digitalis and iron, no bromide having been given.

THERAPEUTICS.

ON SILICATE OF SODA.

MM. Papillon and Rabuteau recently communicated to the Academy of Sciences at Paris, a report of their interesting researches on the actions of silicate of soda. The therapeutical effects of this salt are especially worthy of notice. They have recently been tested by some of the hospital surgeons here, particularly Dr. Marc Séé and Dr. Dubreuil, and the results have been very remarkable. Silicate of soda is said by them to be highly efficacious in catarrh of the bladder, where the urine tends to undergo ammoniacal fermentation, in venereal runnings, in specific ulcerations, etc. It acts in dissolving and destroying organic corpuscles, the globules of pus, and all the microscopic parasites which produce corruption. It also

seems to exert a certain action on the tissues. In their communication to the Academy the authors draw the attention of the profession to various other therapeutical properties of the salt, but they add that as yet they are not able to assert the perfect harmlessness of silicate of soda taken internally.—*Lancet*.

USES OF CARBOLIC ACID.

By J. F. McDONALD, M.D.

About four years ago I began to use carbolic acid in the treatment of inflammatory sore throat and tonsillitis, in which I found it very useful. I use a gargle of a weak solution of carbolic acid, with chlorate of potassa. In several cases I apply, by means of a camel-hair brush or wisp of cotton, a solution of the acid and water in equal parts.

In October, 1870, I first used carbolic acid in the treatment of diphtheria, and have thus far found it eminently successful. I apply, by means of a camel-hair pencil or cotton wisp, to the part affected, carbolic acid 15 parts, water 5 parts, or equal parts of each. I also use a gargle of a solution of the acid and chlorate of potassa. In tooth-ache it acts like a charm; in most cases relieving pain almost instantaneously. I apply the pure acid on lint to the carious tooth, repeating, if necessary, till pain is relieved. The acid kept in solution by adding one-twentieth of its bulk of water is preferable. It will not injure the sound teeth.

I have treated some skin diseases successfully by means of carbolic acid. In scabies I never knew it fail. I have found it safe, and not unpleasant. A professional friend told me a year ago that "Carbolic acid was the specific in treatment of itch."

In herpes, eczema, tinea, psoriasis, and acne, I have found it very useful. In eczema infantilis it is especially useful. I have never seen it fail in producing a speedy cure.

The solutions I generally use are, acid. carbol. ℥j, or ℥ij, ℞. and Oj, or what is better, the acid dissolved in glycerine. In tinea tonsurans I apply, by means of a camel-hair pencil, acid carbol. 15 parts, water 5 parts; it will rarely need a second application.

Internally I have used carbolic acid, but cannot say that I have seen any benefit from its use. In nausea and vomiting of pregnancy, in my hands, it has been a failure.

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GYNÆCOLOGY.

DR. TILT ON THE PROGRESS OF PELVIC PATHOLOGY.

At the meeting of the Obstetrical Society of London, Dr. E. J. Tilt, the President, read a paper on the Progress of Pelvic Pathology during the last twenty-five years. He briefly sketched the state of ovarian and pelvic pathology since the revival of gynecology in 1816 up to 1850, when he published his work on Ovarian Inflammation, and on Diseases of Menstruation, the main points of the work being embodied in the following propositions:—1. That the recognized frequency of inflammatory lesions in the ovaries and the tissues that surround them, is of much greater practical importance than is generally ad-