

is tied at the primary operation, the other half being left until the first has been completely cut through. It will be observed that no cutaneous incision in the skin was made; but Sir Henry remarked that, although he wished to perform this particular operation exactly according to the rule of Professor Dittel, he would in future prefer to make a slight groove in the skin in which the india-rubber ligature should lie.

Professor Dittel claims for his operation—which he says, is especially adapted for fistula in ano—a great immunity from pyæmia, inasmuch as by the gradual ulcerative process smaller openings are left for the absorption of septic matter. But although it is perhaps premature to offer a decided opinion on the merits of the operation, it will at once be seen that the advantage thus gained is almost nullified by the presence of a large sloughing mass in contact with the vessels for many days, and in the larger operations even for weeks. Moreover, at least one case of pyæmia has followed this operation. Further, against the plan of dividing only half the breast or half a tumour at a time it may be urged that the chances of secondary hæmorrhage are increased by throwing the full force of the blood-current on to the vessels of the distal surface of the separation.

It may be interesting to our readers to be informed, as to the incident which Professor Dittel asserts led him to think of the applicability of this operation for the removal of tumours. It seems that some months ago he was called to see a young girl who was suffering from severe nervous symptoms, and who was evidently dying. Next day, on making a post-mortem examination, he found that the rubber of a hair-net which had been worn day and night for a month was deeply imbedded in the pericranial tissues, and had in one part cut through the walls of the skull and was pressing on the dura mater, which was in a state of acute inflammation. On inquiry it was ascertained that the girl had a cruel step-mother, who greatly objected to the loose and dishevelled locks of her daughter, and insisted, therefore, on the child wearing a net to keep the hair in place, with what effect our readers already know.

At some future period, when the case is more complete, we shall furnish full particulars of the subsequent progress and the result.—[Lancet.

NIEMEYER'S TREATMENT OF TINEA SYCOSIS.

Tinea Sycoïsis, or what is popularly called "barber's itch," when met with in its true form is usually very hard to cure. I have thought proper to submit to the profession, through the medium of your journal, the two following cases which occurred in my own practice:

Case I.—G. D., a farmer, aged 26 years, came to me suffering from "barber's itch," contracted about one month previously in a barber-shop. He complained of an itching, burning sensation on the chin. His chin was covered with small pustules, which, on being opened, discharged a thick tenacious matter that dried into crusts. The pustules I found, on close examination, to be the inflamed hair-follicles, and on plucking out

the hairs they presented a frayed appearance at the roots, like the strands of a string, which is unmistakable evidence of a parasitic disease of the hair-follicles.

For treatment I tried, in rotation, white precipitate ointment, weak solution of corrosive sublimate, citrine ointment, sulphite of soda, and, in fact, all the parasitic remedies at hand, but without avail. He came back each time complaining that the disease was growing worse. Looking through Niemeyer's Practice, I found his treatment of sycoïsis so peculiar that I determined, as a last resort, to try it in this case.

First, I removed all the crust or scab, by softening it with glycerine, next had him shaved as close as possible. I then took my little sharp-pointed bistoury and opened every pustule that I could find. Where the pustules were confluent, I made cross-incisions through the clusters. Like the shaving, this sacrifice was not nearly so painful as might be supposed. I next touched each open pustule and cluster of pustules with a very strong solution of corrosive sublimate made by dissolving one part of the sublimate in two parts of the alcohol. During the night I had the part covered with a rag thickly smeared with white precipitate ointment. I repeated this process every day on the new pustules as they appeared. At the end of a week he was completely cured.

Case II.—J. R., tailor, aged 45, came to me suffering from "sycoïsis" of six weeks' standing. Symptoms the same as Case I., with the exception of the disease being confined to upper lip. He had consulted other physicians without avail. Not feeling like subjecting him to the rigorous and somewhat painful treatment of Niemeyer, I tried the usual list of parasitic remedies, as stated in Case I., but without the least favourable result: so at last I adopted Niemeyer's treatment, as in the other case. At the termination of one week he was entirely rid of his loathsome disease.

It only remains for me to say that I am perfectly satisfied with this method of Professor Niemeyer's as the surest and quickest that I know, and so I would recommend it for trial by other physicians. The disease destroys the beard so fast that we need a quick means of curing it.—[Phil. Med. Times.

SALT IN SICKNESS.

Dr. Scudder remarks (*Phil. Med. and Surg. Reporter*.)

'I am satisfied that I have seen patients die from deprivation of common salt during a protracted illness. It is a common impression that the food of the sick should not be seasoned; and, whatever sloop may be given, it is almost innocent of this essential of life. In the milk-diet that I recommend in sickness common salt is used freely, the milk being boiled and given hot. And if the patient cannot take the usual quantity in his food, I have it given in his drink. The matter is so important that it cannot be repeated too often, or dwelt upon too long.

'The most marked example of this want of common salt I have ever noticed has been in

surgical disease, especially in open wounds. Without a supply of salt the tongue would become broad, pallid, puffy, with a tenacious pasty coat, the secretions arrested, the circulation feeble, the effusion at the point of injury serous, with an unpleasant watery pus, which at last becomes a mere sanies or ichor. A few days of a free allowance of salt would change all this, and the patient would get along well.'

MEDICAL NEWS.

Systematic clinical teaching was first carried on at Edinburgh. According to Professor Sharpey, a chair of Clinical Medicine was instituted there as early as 1748, while, according to Dr. George Harley, the great Callem gave prolelections at the bedside in 1780.

It has been alleged that the accommodation on board some of the African steamers is unfit for sick and wounded men, and that on one of the lines of steamers the doctors had also to act as pursera.

There exist two classes of medical men in France: one the doctors, or M.D.'s, who have gone through the regular curriculum of studies and examinations; the other, the "officiars de sante," or officers of health, who submit to a limited number of less severe examinations, and are entitled to practise, on certain conditions, only in the department of the provinces for which they have been received. An officer of health who wanted to remove from that special department to some other, was obliged to go up for three further examinations at the preparatory school on which the selected department depended. A recent decree has altered this state of things, which was the more unsatisfactory and vexatious as the three additional examinations were not more stringent than the former, and only constituted a troublesome formality. According to the new measure, only one examination, the last one, will have to be gone through.

An anecdote is given in *Figaro*, stated by one of the journals as being frequently related by the late Dr. Nelaton, and which, though it is scarcely credible, is amusing enough. "I had a client," says Nelaton, "who used to pay me good fees without it costing him a sou. He used to come into my sitting-room very early, so as to be the first arrival. Shortly after there would come in some 'naif,' patient, a foreigner, or a provincial. The shaded light of the room, the emotion of the visitor, the grave and easy air of the man, all contributed [to cause him to be mistaken for me. He was bowed to respectfully; the case was related with full particulars, when, after a dignified pause, my rogue would exclaim, 'This is a case of no importance; all the symptoms will go away of themselves.' The deluded patient received these consoling words with beatitude, and, leaving a napoleon on the chimney-piece, walked off a happier man. Now the cunning fox was too honest a man to take the napoleon, but, after consulting me for himself, would place it deliberately in a little bronze cup I had on the chimney, and disappeared highly contented with himself." So runs the anecdote.

The *Scalpel*, of Brussels, contains an article by Dr. Boniver of Monsaïjon, accompanied by a record of cases, in which he relates his experience of the use of phosphorus in cataract. Dr. Boniver states that he has often had occasion to prescribe the substance, and has frequently been obliged to abandon its use before it had produced any effect, the patients being unable to bear long the introduction of phosphorated oil into the eyes, which produced conjunctivitis, but this condition did not always occur, and when it did not, Dr. Boniver asserts, the use of the phosphorated oil was truly efficacious.