

Gloucestershire, and long before Lænnec commenced his series of observations that led to the invention of the stethoscope, the attention of the profession had been called, though in vain, by a civil engineer of London, to the importance of auscultation in diagnosing diseases of the internal organs. But my object here is not to speculate. According to the testimony of at least three medical men of good standing, camphor has been used in their private practice during the last twelve or eighteen months in cases similar to those in which carbolic acid is recommended, and they have found it very effective as an antiseptic. Dr. Coleman, who has used the camphor treatment somewhat extensively, speaks positively of its efficacy in all cases where carbolic acid is indicated. In a recent private communication on the subject he says:—"I have used the Camphor treatment in many cases besides those referred to, and always with the happiest results. In several cases I have put the comparative values of the treatment of carbolic acid and camphor to a differential test, and I can positively affirm that in every case the weight of usefulness was on the side of the camphor treatment."

The result of the treatment in the appended cases leaves but little room for doubt that camphor is a valuable agent in the treatment of wounds; but whether it be as powerful an antiseptic as carbolic acid is a question I shall not attempt to argue, the evidence which has been hurriedly collected being perhaps insufficient to prove this point conclusively.

CASE 1.—K. McL., age 30, on September 12th, 1868, had his right hand accidentally caught with a chain, the blunt hook of which entered the palmar surface of the middle finger at the metacarpo-phalangeal articulation, lacerating the integument and deeper structures the whole length of the finger, and leaving a gaping ragged and decidedly nasty looking wound, with the glistening tendons plainly exposed but not torn.

Treatment: Make a lotion of spirits of camphor and water in equal parts. Saturate a cloth with the lotion and apply round the finger. Bandage loosely and support with roll of bandage round each of the proximate fingers. Keep slightly moistened with water but not enough to chill the surface of the finger. Wound to be dressed every day as above. No adhesive straps or sutures were used.

Sept. 17th.—Very little swelling; edges of wound approximated; integument reunited to parts beneath; plastic lymph effused between the edges of the wound. Continue treatment.

After this the wound healed rapidly, the finger being left quite straight and free from contraction.

During the whole process of healing there was no purulent formation: