

absolutely immovable and highly satisfactory in every way. I was called to assist Dr. Judkins, of this place, in dressing a fracture of the humerus, about one inch from the shoulder joint, in a man strong and muscular, æt. 60. The man had fallen from a tree, striking on the palm of the hand, breaking the bone as above, and driving the upper end of the lower fragment forward and upward, tearing the soft parts, and almost coming through the skin below the clavicle. Owing to the severity of the injury, a simple dressing was applied, and evaporating lotions used, after the fracture had been reduced under chloroform. In a week or ten days we put the plaster dressing on, as above described: 1st. Bandaging the arm and shoulder carefully and smoothly. 2nd. Cutting a bandage into short strips, one inch wide, and from four to twelve inches long. Then with the plaster made thin, and to which a small part of potas. sulph. had been added, each piece of the bandage was saturated and carefully laid on over the bandage already on the shoulder. By such means a complete mould was made of the arm and of the scapular and clavicular regions. When the plaster had set, the bandage first put on was cut up on the inner side of the arm and across the shoulder above, and the cast removed. The edges trimmed, the splint was well padded with cotton, re-applied to the shoulder and retained by a roller. I am well pleased with the dressing and the result in this case. The parts were held firmly, quietly and immovably, the dressing was cool, did not cut or bind at any point, a fault so common in all other dressings for fractures in this region. It could be removed and re-applied with ease, and without moving the arm in any degree. In cases of injury at the shoulder it seems to me this form of dressing has marked advantages over any other dressing that can be applied. And for immediate application it would not be open to the objections urged against the plaster dressing applied by the simple roller. But any fracture can be dressed in the same manner, and where there are irregular surfaces, I do not think any other form of plaster will compare with it. One thing should be borne in mind, the strips being laid on one at a time, do not require to be heavily coated with plaster. Unless attention is paid to this the cast will be unpleasantly heavy.—*Med. Age.*

ANTISEPTICS IN GERMANY.—Dr. Lardy, on a visit to Germany, in a letter to the *Union Médicale* (December 27), furnishes some information with respect to the antiseptics now most in vogue in that country. The somewhat exorbitant prices of the Listerian dressings, and the search after a perfect antiseptic have, he says, not a little modified the practice of surgeons of late. The employment of spray is more and more abandoned, and is now

only resorted to for the purpose of disinfecting the theatre before the operation. It is advantageously replaced by the frequent washing of the hands in a disinfecting solution, and by the more or less continuous irrigation of the wound and its vicinity by a 1 or 2 per cent. carbolic solution, solution of corrosive sublimate, etc., etc. The enthusiasm for carbolic acid has much abated, and in many universities its solution is only employed for the disinfecting of instruments, because it does not damage these. For other purposes that excellent disinfectant corrosive sublimate is preferred for its cheapness, and for the rapidity with which very weak solutions destroy the very spores of infecting organisms. The solutions most generally employed are 1 per 1,000 for infected wounds, 2 per 1,000 in ordinary cases, 1 per 5,000 for irrigation during the operation, and 1 per 10,000 in laparotomies, in which the object is direct injection of the peritoneal cavity. The results are excellent. In a certain proportion of cases some absorption of the agent is indicated by a slight elevation of temperature for two or three days at most, but this is very rare. The secretion of the wound is not abundant under the sublimate, and good healing by first intention is obtained. The solution of this disinfectant has also the great advantage of not rendering the skin of the hands so rough as carbolic acid. *Chloride of zinc*, much recommended by Kocher, of Bern, also furnishes good results in a solution of 2 per 1,000, and is especially employed in washing out the peritoneal and pleural cavities, presenting as it does little danger of absorption. It is curious that Koch, of Berlin, should still deny its antiseptic value, for experience shows that he is absolutely wrong. More recently, Prof. Kocher has proposed the *subnitrate of bismuth*, the disinfecting power of which would seem to be more potent than that of iodoform, while it is exempt from the danger of the latter. For the irrigation of wounds a solution of 1 or 2 per 1,000. It may also be employed in powder, or a bismuth gauze of from 10 to 20 per cent. is easily made. Prof. Socin, of Bâle, has recently proposed *oxide of zinc*, which is preferable to bismuth only when more concentrated solutions are required. These two last antiseptics are also employed in the form of a paste, in order to close in hermetic fashion wounds recently sutured, and with bismuth used in this way splendid cicatrization by the first intention may be obtained. Last summer, a mixture of sugar and naphthalin was used at the Strasburg Clinic, and Prof. Lucke, a great admirer of popular remedies, was full of enthusiasm for the new treatment. Iodine-water, thymol, and salicylic acid may be mentioned, although their employment has not become generalised; but, on the other hand, concentrated *tincture of iodine* has attained more favour as an energetic disinfectant in septic wounds, the cavi-