

from putrefactive odour to the last. Very soon after the operation symptoms of tetanus appeared, which eventually proved fatal to the patient; but it must be added that this is only the second case of tetanus that has occurred in Mr. Lister's practice during the last six years, and, as in both of these decomposition had been allowed to take place, it is only fair to infer that in them, at least, it had something to do with the disease.

It is also worthy of remark that in Mr. Lister's wards all arrangements as regards bedding, utensils for urine, &c., are so planned as to avoid as much as possible the vitiation of the atmosphere by putrid emanations, and this circumstance no doubt aids the antiseptic management of the cases in bringing about the perfect immunity from pyæmia and hospital gangrene, which, considering how crowded the beds are, constitutes one of the most remarkable as well as beneficent features of the treatment.

After operations about the face or mouth, the action of chloride of zinc is found to be exceedingly beneficial. Thus in the case of S.F.—, half of whose lower jaw was removed by Mr. Lister on Jan. 15th, 1873, on account of a very large and rapidly-growing sarcoma, the chloride was applied freely to the surface of the wound, while over the incision in the skin a boric dressing was placed, under which union by the first intention went on without interruption. There was not the slightest offensive smell about the patient's breath on the second and third days after the operation, and he was thus saved from the irritation, to say nothing of the risk, which is so often connected with this period in such cases.

All those who have applied a lotion containing carbolic acid to a raw surface must have noticed, as a result, that the serous discharge of the first few hours is much greater in amount than that which occurs in similar cases where simple water is used; and this evil—for an evil it is—probably a necessary one in connexion with the antiseptic treatment, as it can hardly be supposed that an agent powerful enough to destroy the living causes of putrefaction should be absolutely unirritating to the higher animal tissues. It involves, however, the necessity for providing a very free drainage at first; but as, if decomposition do not occur, no subsequent inflammation is anticipated, and as in most cases early union of the cutaneous surfaces is of very great importance, the simple method of attaining this result by leaving a wide interval between the stitches is seldom advisable. Accordingly, Mr. Lister makes use in almost all his cases of the drainage-tube, his modification of which is as follows: A piece of india-rubber tubing provided with suitable holes is cut obliquely at the inner end, so that it may not be closed by pressing against the flat surface of the interior of the wound, while through opposite sides of the tube, close to its outer extremity, two pieces of silk are passed with a fine needle, and the ends of each are cut at a distance of about two inches, and fastened together by a knot. It should be of such a length that when inserted as far as possible into the wound, its outer end, previously cut obliquely or transversely, according to the direction of the sinus, may be exactly level

with the surface of the skin, a position which the pieces of silk will be found to maintain. With such an arrangement the discharge is shed with great perfection, and the surgeon may place the stitches as close together as he pleases.

Another way of accomplishing the same thing is by means of the sponge, the use of which is indicated in those cases where a cavity remains, the walls of which it is desired to keep in apposition by the uniform pressure which this method provides. The sponge, previously soaked in a strong watery solution of carbolic acid and thoroughly squeezed, is applied over the wound between the protective and the folded gauze, the whole dressing being firmly secured by a bandage. Unless combined with a drainage tube, a pretty wide interval must be left between the stitches. As an example of its employment, I may refer to the case of E. F.—, a young lady four years of age, from whom Mr. Lister removed an enchondroma the size of a hazel nut, growing from the posterior border of the scapula. At the operation, which took place on March 5th, 1873, the arm was held well back by an assistant, so as to render the tumour prominent under the skin, and an incision  $1\frac{1}{2}$  in. to 2 in. long was made down on to this parallel to the edge of the bone; while another 1 in. long, was carried outwards at a right angle, from the centre of the first. After cutting through the superficial fat, an oblique notch was made in the scapula on each side of the tumour, and the piece enclosed between the two was then removed with cutting-pliers. When the arm resumed its natural position, the edge of the bone was at some distance from the wound. No stitches were employed; but protective was placed on the incision, and over this the sponge, and then the gauze dressing, and the whole was well secured by a bandage. The sponge was removed on the 6th March; and neither then nor at any subsequent period could anything be pressed out of the wound, nor was a trace of pus seen from first to last. On March 21st a sound cicatrix, evidently some days old, was disclosed on finally removing the dressing.

(To be continued.)

#### SHORT NOTES.

##### USE OF BORAX AND NITRATE OF POTASH IN SUDDEN HOARSENESS.

Dr. Corson, of Orange, who is at the head of a special service for diseases of the lungs and throat, has tried a mixture of the above two salts with success in cases of sudden hoarseness produced by the action of cold. With special application to speakers and singers, Dr. Corson recommends the following means, which often produces an instantaneous and magical effect. A bit of borax, not larger than a pea, is allowed to melt slowly in the mouth about ten minutes before speaking or singing. This brings on an abundant secretion of saliva which moistens the mouth and throat. The effects of this sort of cold may often be stopped at the outset, and the action of borax is helped by the use of ultrate of potash. On the eve of the day when the speaker or singer is to appear in public, he is made to take about as much as a pea of the nitrate in a glassful of warm

water before getting into bed, and he is to be warmly covered. It is quite obvious that these means do not apply to chronic cases or to acute attacks of inflammation, which demand quite a different kind of treatment.—*New York Medical Journal*.

##### TINCTURE OF CHLORIDE OF IRON FOR CORNS.

Dr. C. Barber states (*Lyon Medicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on the corns night and morning. This application was continued for fifteen days in one case, when the corns from which the patient had suffered for thirty or forty years were entirely destroyed, and pressure on the part gave not the least uneasiness.

##### THE SULPHITES IN INTERMITTENT FEVER.

In an exhaustive treatise recently brought before the Royal Institute of Lombardy, Dr. G. Farally, after examining critically the results of all the therapeutical experiments that have been made until now with the sulphites, especially in intermittent fever, arrived at the following conclusions, which he considers to be definitive:—1. It is not shown that intermittent is of a zymotic character. 2. However, the sulphites in many cases cure intermittent fever, though their action is not so rapid and constant as that of quinine. 3. Their mode of action seems to depend on their reductive, rather than on their anti-fermentative power. 4. The only result really due to them, and established by a number of accurate observations, is the greater rapidity with which they seem to combat abdominal phenomena. 5. Their protracted use brings on a certain degree of anæmia, and thus favours the development of paludal cachexia. 6. Their prophylactic property, which had been imagined *a priori*, is not established by accurate observations, as is that of sulphate of quinine. 7. In the treatment of intermittent fever the sulphites are much less efficacious than cinchona and its preparations, and it is only when these have failed that recourse may be had to the sulphites. 8. Preparations of arsenic, which should seldom be used in miasmatic fever, are yet better than the sulphites in combating paludal cachexia. 9. Out of the three methods generally employed in the treatment of periodic fevers, the sulphites and hyposulphites, manifestly inferior to quinine, both as a prophylactic and curative means, must be considered as even less efficacious than the preparations of arsenic.

##### TREATMENT OF DYSENTERY.

Dr. Amelung, basing his views of the treatment of dysentery on the anatomico-pathological fact that the disease consisted in diphtheria of the larger bowel, had recourse to the use of carbolic acid during the recent epidemic which prevailed in Germany. When the large intestine contained a quantity of hard fecal matter he prescribed an emulsion of castor oil, followed the next day by a dose of carbolic acid. When the stools were already mucous and bloody, and accompanied by great tenesmus, he immediately administered the acid. From two to five days after the beginning of the treatment the stools would become quite watery, and then he gave tannic acid and opium, or