

after two or three punctures. Occasionally, when the fluid does disappear, its absence may, from some change in the osmosis, be followed by an extremely rapid growth of the tumor. It is important to remember that long continued irritation of the peritoneal surfaces by large, solid tumors, is apt to be followed by degeneration of the peritoneum of a sarcomatous or cancerous nature. The microscopic examination of the fluid will, in such cases, keep one from falling into error. Dr. Keith has several times, where large, healthy, uterine fibroids were present, removed fluids swarming with cancerous elements, the source of which was found to be altogether in other organs affected with cancerous disease. — *Boston Med. Journal*.

CHIENE'S CONTRIBUTIONS TO PRACTICAL SURGERY.—Prof. John Chiene, in an admirable series of practical notes on every-day surgery, makes, *inter alia*, the following suggestions:

In wounds of the face, the best stitch to use is horse-hair. Unless the wound is of considerable size, no form of drainage is necessary. The best dressing is a pad of salicylic cotton-wool or corrosive wool, fixed in position with flexible collodion.

The introduction of the sharp spoon into surgical practice has greatly simplified the treatment of lupus. In the use of the sharp spoon, special care must be taken to scrape away the raised edges of the lupoid ulcer, as it is here that the pathological change is advancing. This is best done by scraping from the sound skin toward the centre of the ulcer. After the new formation is completely removed, the best application is a powder which has been introduced into surgical practice by Dr. Lucas Championniere, of Paris. It consists of (1) light carbonate of magnesia, which has been impregnated with the vapor of eucalyptus, (2) powdered benzoin, and (3) iodoform in equal quantities.

In persistent hemorrhage from the nasal cavity, plugging of the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot, which forms at the rupture in the bloodvessel, is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position, and the hemorrhage is checked.

In the reduction of a dislocation of the lower jaw, the patient should be seated on a low stool before the surgeon. In this way the surgeon gets a sufficient leverage, standing above the patient, and the reduction of the dislocation is simplified.

In the division of a tight frænum of the tongue, when a child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary is, standing behind the patient, to nick the anterior edge of the frænum with the scissors, and to tear with the finger-nail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented.

In the removal of an elongated uvula, after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped, and an attempt made to divide it in its normal position, it is not always an easy matter to effect the object desired. When it is rendered tense the operation is a very simple one. *Edin. Med. Jour.* Dec. 1885.

THE DISINFECTION OF SLEEPING-APARTMENTS.—

Professor König of Göttingen, in an article on this subject in the *Centralblatt für Chirurgie*, says that at one time, while he was practising medicine in Hanau, he suddenly discovered that his bedroom was thickly inhabited by bugs. A friend assured him that he could speedily rid him of the pests, and proceeded to fumigate the apartment with corrosive sublimate. The success of this measure was most gratifying; and, when the room was opened, the dead bodies of various kinds of insects were seen strewn about the floor. This incident led the writer to hope that the same means would be effectual in destroying the infectious elements of contagious diseases; and a trial in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method, he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined. The mode of procedure is very simple. From one and one-half to two ounces of corrosive sublimate are put on a plate over a chafing-dish, and then the windows and doors are closed. At the expiration of three or four hours the windows are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or cloth over the mouth and nose, in order not to inhale the vapor. The following day the windows are again closed, and some sulphur is burned, in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to be again aired and cleaned, and will then be ready for occupancy.

It should be distinctly understood that this method of disinfection is wholly unsuited for domestic purposes, and should not be employed by persons unaccustomed to chemical manipulations. Corrosive sublimate is a dangerous poison, which it is not prudent to have about the house; and its use in the way here described is safe only in the