

acid. All the cavities were then packed with iodoform gauze, and over this were placed several layers of Brun's cotton wool, the whole being secured by means of an ordinary gauze bandage. The whole limb was then securely bound in an iron splint by means of an organdin bandage. This dressing was left undisturbed for five days on account of the patient being free from both pain and fever. When changed at the end of the fifth day, the discharge, which had not been very copious, had no more than soaked through the layers of iodoform gauze. The discharge was sweet. There was no sign of an inflammatory disturbance in the wound or neighboring parts. A similar dressing was re-applied and left on for fourteen days. Again the wound was found aseptic. The third dressing was removed on the 29th day, with the same result. On the 40th day, the wound was superficial and aseptic.

This single case proves a great deal; it shows conclusively that iodoform, even in a very small quantity, is sufficient to keep a wound, which has been rendered aseptic, in the same condition. Billroth goes further than this, for he says that there is no antiseptic, including carbolic acid, that is so trustworthy in making a foul wound sweet. The reason that carbolic acid is used is owing, he says, more to its convenience and cheapness than to any superior virtues.

Great stress is laid on the so-called anti-tuberculous properties of iodoform. This is especially insisted on by Mosetig-Morrhof. He considers that it has peculiar powers in destroying the tuberculous granules and setting up in their place healthy granulations. In looking over the literature of the treatment of tuberculous joints by scraping and iodoform, it will often be found that the history of the case terminates with the following expression: "the patient left the hospital cured, with the exception of a small fistula." Months afterwards these patients return, saying that "their joint is much worse," and in many of these cases amputation is necessary in order to save life. In young subjects, however, it will be found that a thorough scraping away of the diseased articular surfaces and packing the cavity with iodoform gauze will lead to a fairly useful joint. Billroth has in his wards