

motion will be the result. The roller may, however, be applied loosely without causing any harm, and the simple fact of the roller being used in this way is not, of itself, to be considered malpractice. The results of the treatment are alone to be taken into consideration in deciding whether the case has been properly treated or not. Should no gangrene or impaired motion follow the treatment, then it is evident that the circular bandage applied directly to the forearm cannot be considered bad practice. In short, it is the manner in which the dressings are applied and not the kind of dressings used that always influences the results of treatment, and therefore this should receive more attention from the practicing surgeon than this or that kind of dressing.

We often find patients disregarding the instructions of the surgeon, in interfering with the dressings, or attempting to use the arm too soon, and in this way the healing process is either entirely suspended, leaving the bones ununited, or the union occurs with the bones removed from their normal position, thus leaving a marked deformity. When such action on the part of the patient can be established it frees the surgeon from all responsibility, no matter what may have been his treatment.—*Chicago Medical Times.*

### The Treatment of Carbuncle.

Mr. Paget has given, in a recent clinical lecture, an admirable summary of his opinion on the treatment of carbuncle. He gives an outline of the general mode of treatment, and criticises it severely. With reference to incisions which are made to prevent the spreading of the carbuncle, he expresses a doubt as to the efficacy of this method in early stages, and little faith in it after three or four days of the existence of the disease. "I have," he said, "seen carbuncles spread in as large a proportion of cases after incisions as in cases that have never been incised at all. I have in my mind a striking case that occurred to me early in practice when I followed the routine, and a friend of my own divided the carbuncle most freely. I cut it after the most approved fashion in depth and length and width, and then it spread. After two or three days more all the newly-formed part was cut as freely as the first, and then it spread again, and again it was cut as freely. Then it spread again, and was not cut. Then in a natural time it ceased to spread, and all went on well." . . . On a very strong general impression, however, I say that carbuncles will spread after cutting in as large a proportion of cases as they will spread in without cutting." In

reference to the supposed relief of pain by incision, and the alleged acceleration of the healing powers by this operation, Mr. Paget expresses grave doubts; indeed, in regard to the latter, he distinctly states that the "healing without incisions is very clearly, and certainly a great deal the quicker." In regard to very high feeding and the use of stimulants in large quantities, Mr. Paget states his belief that this practice is mistaken, and he recommends that the patient be allowed instead only about two-thirds of his ordinary supply of food. His method of treatment is briefly as follows, and consists in doing very little at all. In local treatment, the best thing, he says, is, if the carbuncle be small, to cover it with emplastrum plumbi, with a hole in the middle through which the pus can exude and the fine slough can come away. For a large carbuncle he recommends the common resin cerate: "this should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed meal and half bread." The carbuncle too must be carefully washed with Condy's fluid, or weak carbolic acid, and the cavities may be syringed out with it. Bark, &c., then may be given, but he thinks needless; opium must be given, especially in the earlier stages, and above all things fresh air and exercise must be allowed to the patient. Mr. Paget does not think the disease a very fatal one, for out of 400 cases of his own only four died.—*Lancet.*—*The Practitioner.*

### Perforation of the Rectum by a Bougie.

At a recent meeting of the Pathological Society of this city, Dr. Sands presented a specimen of a melancholy interest, from the fact that the intestine was perforated in an attempt to dilate a stricture of the rectum. The patient, a gentleman past the age of forty-five, consulted him two years ago with a stricture of the rectum, from which he had suffered for three years. A year before he came under notice he had been under the care of another surgeon, who, after dividing the sphincter ani, dismissed him cured. Failing to find the relief which he expected, he consulted Dr. Thomas, who recognized the difficulty, and sent the patient to Dr. Sands. The latter gentleman found a very tight and obstinate stricture about three inches from the anal orifice. It was only after two weeks had elapsed that an ordinary olive-pointed urethral bougie could be passed. Larger ones were used after a time, and these gave place to rectal bougies, and finally one was constructed of gutta-percha, ten inches in length, with the curve corresponding to that of the intestine, having an olive-point,