

abdominal surgery. If performed before the patient has been mauled about by ineffectual attempts to deliver, its mortality will be no greater than that of ovariectomy, and the arguments in its favour against all alternative proceedings are, first, that it cannot be more dangerous to the mother than most of these are, that it saves the life of the child, that it prevents the unfortunate mother from again being placed in a similar condition, and it certainly has the great advantage over alternative proceedings having a similar object, that its great simplicity, as contrasted for instance with operations proposed by Thomas, Müller, and Säger, will make it possible for the country doctor, less experienced in surgery, to perform it without hesitation. These complicated and difficult proceedings may have their advantages, though I confess I do not see them, but they will be left for the hands of experienced specialists. The operation I have described will be the operation of emergency, when only the resources of general practice are at hand.

A VALUABLE paper by Prof. Austin Flint in the *New York Medical Journal* furnishes a strong confirmation of the beneficial influence of creosote in phthisis. He says:

"In conclusion, the records of the ten cases reported show that creosote by the stomach and the inhalations, in cases of solidification without cavities effect prompt and decided improvement in all phthisical symptoms, with increase in appetite, weight, and strength, even with surroundings much less favourable than would obtain in many cases in private practice.

In cases with small cavities much less improvement is to be looked for, but some benefit may be expected.

In cases with large cavities the treatment seems to have little more than a palliative influence."

We give the results in the matter of body weight.

CASE.	GAIN IN WEIGHT.	REMARKS.
I.	11½ lbs. in 27 days .....	
II.	9 " " 28 " .....	
III.	10 " " 28 " .....	
IV.	10 " " 16 " .....	
V.	20 " " 37 " .....	
VI.	6 " " 39 " .....	
VII.	8½ " " 22 " .....	
VIII.	13 " " 49 " .....	[sides, &c.
IX.	No change in weight .....	Large cavities on both
X.	2 lbs in 15 days .....	

As might be supposed, the gain in weight was associated with much improvement in other symptoms and physical signs.

The creosote was given internally in doses of three drops three times daily; in certain cases special symptoms, *e. g.*, night sweats, poor appetite, or cough were treated by atropia, a tonic before meals, (iron, quinin and strychnin,) a cough mixture, (sp. chloroform, ac. hydrocyan, dil. and syr. wild cherry,) respectively.

Inhalations of equal parts of creosote, alcohol and sp. of chloroform are used. Ten to fifteen drops of the mixture were placed upon the sponge, and inhaled for fifteen minutes, three or four times daily, increased until said inhalers were used almost constantly. No other medication was employed.

The Inhaler used was a perforated zinc one modified by Dr. Beverly Robinson and manufactured by Hazard, Hazard & Co., New York.

The cases in the above table, which showed no gain in weight, or very little, were cases in whose lungs there were larger or smaller cavities.

**PATHOLOGICAL.**—Dr. W. Roger Williams gives in the *Lancet* his views on the evolution and etiology of tumours, and has adopted a classification accordingly.

He says that the various pathological new formations originate by reversion of cells, which are usually engaged in maintaining the normal structure of the body, to an embryonic state of activity. The morbid products, though themselves redundant, represent a reduction or minus of the corresponding healthy structure whence they originate, differing from them only in degree.

In all of these cases, as in the new formations of embryonic life, the subordination of the local processes to the specific hereditary tendency of the whole appears to be lost or diminished, so that unspecialized cells then manifest their potential reproductive qualities by taking on semi-independent growth and development.

In short, there is departure from the definite order, regular stages, and fixed periods of the normal evolutions. He says we need assume no specific difference between malignant and non-malignant neoplasms.

Most non-malignant new growths are of highly organized structure; and as in the case of the corresponding normal tissue, which histologically they closely resemble, the cells of the part suffer loss or impairment of their proliferous (reproductive) power owing to their protoplasm being used up and converted into special tissues. Those tumours lack infectious properties because they are highly organized.

On the other hand all lowly organized neoplasms are more or less malignant, and the most malignant are those of the lowest organization.

Thence, it may be concluded, that upon its grade of organization is chiefly dependent, the degree of malignancy of a given neoplasm. In light of these views, he sees no probable truth in the theory that new growths are the outcomes of general blood disease, dependent upon the presence of micro-organisms.

**GLYCERINE AS A SURGICAL DRESSING.**—"We want a dressing that is non-irritating, antiseptic, will not become adherent, will allow free drainage, will not allow the discharges to get hard and caked, will be truly miscible with the discharges, and not evaporate at any temperature of the body, nor occupy the place intended for the discharges." Thus writes Mr. Fleming, M. R. C. S., in a paper condensed in the *Brit. Med. Journal*. He thinks we have the desideratum in the Glycerine of Starch of the Pharmacopoea with some antiseptic dissolved in it, *e. g.*, corrosive sublimate 1 in 1000 parts. This application is not irritating, is antiseptic, and is removed easily from any wounded surface. Glycerine being truly miscible with the discharges is quite absorbent, and not evaporating, prevents the discharges from becoming caked, or hard and dry.

The Glycerine, itself hygroscopic, does not usurp the place of the discharge, or prevent the free escape of the watery vapours. After several days such a dressing will still be found moist, soft and heavy with the amount of liquid it has absorbed.

It is most commonly applied thickly spread on one or more layers of Gamgee tissue or some absorbent material.

Mr. Fleming has had most encouraging results with incised wounds, lacerated and confused wounds, chronic granulating ulcers and in ten cases of purulent conjunctivitis.

We think this practice well worth a trial.

**BLOODLESS TREATMENT OF INGROWING NAIL.**—Dr. Patin recommends the following procedure for removal of ingrow.