

lieves that the vulvar wounds were directly infected by the cancerous mass during its extraction at the operation.

BACTERIA IN WOUNDS.

HUNTER ROBB AND GHRISKY (*John Hopkins Hosp. Bull.*, No. 21, April, 1892) have made a bacteriological examination of the sutures and of the fluid exudation in thirty cases of celiotomy and fifteen cases of perineorrhaphy, all of the operations having been performed under rigid antiseptic precautions. Their mode of procedure was to remove several sutures from different parts of each wound, and from each of these an agar tube was inoculated, and a coverslip preparation was made. In every case they found micro-organisms to be present; in twelve cases either staphylococcus pyogenes aureus, staphylococcus gilvus, or streptococcus pyogenes, often associated with staphylococcus epidermidis. In the remaining thirty-three cases, staphylococcus epidermidis occurred alone. They conclude that microbes are always present in wounds even when treated by rigidly antiseptic methods, the kind of microbe which is present determining the course taken by the wound. In two cases, occupying adjoining beds, they found streptococcus pyogenes, and suppuration followed with constitutional disturbance. In neither of these cases had a drainage tube been employed, and they consider this precaution prevented the occurrence of septic peritonitis. They state that microbes are always more abundant if a drainage tube is employed, or if the tissues are unnecessarily constricted by the sutures. They found catgut sutures were not so good as silk ones, and that silkworm-gut sutures had the least tendency to harbor microbes. The authors strongly recommend the timely examination of wounds by similar methods, and that when virulent microbes have been ascertained to be present, the patient should be at once isolated, and vigorous measures should be taken to diminish their virulence by the use of disinfectants.

RESORCIN IN ULCER OF THE STOMACH.

Dr. Pope reports sixteen cases of ulcer of the stomach treated satisfactorily with resorcin.

He concluded to use it because it was analgesic, antiseptic and hæmostatic; all these conditions being present in so many of the cases.

He gave five-grain doses, dissolved in one ounce of water, when the stomach was empty. It stops the pain at once, and controls the sensitiveness of the stomach, enabling it to retain food nicely. It has no influence in reflex nervous vomiting. The author insisted upon rest in bed in severe cases, and restricted the diet to milk, predigested in some cases. He

did not have to use suppositories or food per rectum in any case.—*Chig. Med. Times.*

CLASS-ROOM NOTES.

Prof. Hare recommends aconite in cases of hypertrophy of the heart.

Prof. Keen favors the opening of a felon with the knife as soon as possible for the surgeon to do so.

Ichthyol ointment is recommended by Prof. Hare in the treatment of articular rheumatism.

Prof. Parvin recommends the emptying of the rectum and bladder before a vaginal examination.

Prof. Wilson favors the giving of antipyretics in small occasional doses in long-continued fevers.

Arsenic is recommended by Prof. Hare in cases of anæmia due to a reduction in the amount of hæmoglobin in the blood.

Prof. Keen says that very often running sores of the ear, which continue on and off for years, have a tendency to result in an abscess of the brain.

Prof. Hare says that in severe cases of chorea, arsenic and the hot pack will be found to act almost as a specific in the great majority of instances.

Prof. Keen, speaking to his class in regard to poultices, condemned the bread-and-milk poultice. He contends that there is great danger of infection from it.

Prof. Wilson says that in cases of gouty rheumatism the anti-rheumatics yield poor results. Blistering will not be of any value for permanent relief. He advises the administration of cod-liver oil in the earlier stages, but not in the later. In the later stages he prescribes some arsenical preparation, preferably Donovan's solution, beginning with five drops three times a day, increasing one drop every other day, until the physiological effects of the drug are experienced.

Prof. Keen recently called the attention of his class to the important fact, that in cases of pure abscess of the brain the temperature will be subnormal.

Prof. Wilson says that when the temperature is taken in the groin, one-half degree should be added. He also favors the taking of the temperature in the axillary space rather than in the mouth, as being the more accurate method of determining it.

Prof. Hare says that in cases where digitalis will have no effect, and is indicated, the administration of adonidine will often give good results.

Prof. Wilson, in cases of lead poisoning, recommends the following treatment: A laxative dose of the sulphate of magnesium every day and ten grains of the iodide of potassium three times a day.