

The preparations of iodine and bromine are particularly useful in diphtheritic exudations. Iodoform Sigmund thinks only occasionally useful, and not to be recommended, on account of its disagreeable and penetrating odor. Chloride of gold is quite inert.

Chloride of iron acts very much like sulphate of copper, only it is more penetrating and injures the whole skin. In indolent, easily-bleeding, gangrenous ulcers, complicated with scrofulosis or scorbutus, occasionally used according to Lister's method, chloride of iron acts surprisingly well.

Chloride of zinc acts very much like chloride of iron, but is not quite so satisfactory in the cases above mentioned. Chloride of zinc paste is not suitable for syphilitic patients. Phenyl, salicyl, and thymol are not worth much either as dressings or as caustics. They are useful, however, in diphtheritic and necrotic wounds, and also in abscesses of the lymphatic glands if these are complicated with diphtheritis and gangrene. They may be employed in watery solution 1 : 50 to 100 for cleansing or as paste. —*Phil. Med. Times.*

CARBOLIZED GUT AS A SURGICAL DRESSING.

In a communication to the *Allgemeine Medicinische Central-Zeitung* for February 17, Dr. Flashar, of Polkwitz, writes as follows:—

Starting from the fact that catgut threads used for ligature are completely absorbed, it occurred to me to prepare portions of intestine in the same way as catgut, and to use them in appropriate cases as dressing. Having procured a piece of dried sheep's intestine, I cut it lengthwise, and soaked it in carbolized oil (ten per cent.).

After about six weeks, I had an opportunity of trying it in the case of a young man whose right hand had been injured by a machine. The wound, which gaped widely and penetrated the deeper tissues, extended obliquely along the surface of the hand to the middle and ring fingers, both of which were injured. The edges were torn and ragged, and the subjacent tendons were partly laid bare. After cleaning the hand and wound, I applied to the latter a

large piece of the prepared intestine, still dripping with oil, in such a way as to overlap a portion of the uninjured skin. The whole was covered by a cotton-bandage and left undisturbed as long as circumstances allowed. For the first time, at the end of six days there was some offensive smell, and the patient felt a slight burning; previously to this neither pain, swelling, nor inflammation had been observed. The dressing was opened on the seventh day, and, to my astonishment, I found that the portions of intestine lying on the wound were perforated, and for the most part absorbed; the wound beneath was in an advanced state of cicatrization, so that it wanted comparatively little to complete its closure. The smell which had been perceived proceeded from the portion of intestine which lay on the sound skin; it had there assumed a whitish colour and appeared like intestine which had been softened in water. The dressing was renewed, the sound part being left free, and in a remarkable short time the small remaining portion of the wound was healed. The cicatrix was so soft and pliable that the vitality of the hand and fingers was not impaired in the slightest degree.

I made a second trial of the same material in a case of separation of webbed fingers in a young child. After cutting through the uniting membrane, I wrapped each finger separately in prepared intestine, and also laid a piece in the angle of the wound. Cicatrization went on equally in all parts of the wounded fingers. Unfortunately the parents, who lived in a village, were prevented by bad weather from bringing their child to me at the proper time for removing the dressing, and consequently readhesion took place to a trifling extent. The cicatrix was so soft, and the tissues felt so normal, that I had no fear of future contraction and stiffness. In this case also I observed that the portion of intestine which lay on the normal skin had become soft and pale.

I believe it is absolutely necessary to soak the intestine for a month in the carbolized oil, in order to render it fit to be used as a dressing to amputation-wounds where skin-flaps cannot be formed, or to wounds in which a great loss of substance is to be feared, especially on the skin. —*London Med. Record.*