

applied. On the 1st May the ulcer had become flat at its edges, in a fortnight it had decreased to the size of a three-cent piece, and gradually healed, so that by July 30th the woman was entirely well, no stiffness, no ulceration, and was able to walk without assistance.

R. MARCUS GUNN, M.B., F.R.C.S., in the *Brit. Med. Jnl.* gives his experience of sickness after anæsthesia at Moorfields Ophthalmic Hospital from 1876 to 1880. He is inclined to consider *age* as the most important factor in the production of after-sickness. He finds the liability to sickness at its maximum about the commencement of puberty, and it gradually diminishes toward both extremes of life. Ether gave the largest percentage of sickness, and chloroform the least; but chloroform was given at the extremes of life. Ether sickness seldom lasts long after the stomach is emptied. Chloroform sickness often continues for several hours and leads to great exhaustion. Food should be given about four hours before operation; too long a fast is disadvantageous.

ETIOLOGY OF ELEPHANTIASIS ARABUM.—Max Bockhart gives the history of a woman who came to the Hospital at Wurzburg, suffering from a severe attack of erysipelas, with which the patient was seized on 25th August, 1882. By 4th September she was nearly recovered from her trouble. In October of the same year she returned complaining of a swelling in the leg previously affected. In January, 1883, the diagnosis of elephantiasis became certain. The microscope shewed the lymph channels to be blocked up; the appearance was that of adenitis. In this case there is no doubt of the fact that the attack of erysipelas caused the elephantiasis.—*Monat F. P. Dermatol.*

LOCAL ANÆSTHESIA FROM CARBOLIC ACID.

—Dr. E. F. Cordell, in the *Maryland Med. Jnl.*, advocates the use of a solution of carbolic acid for local anæsthetic effects in minor surgical operations. He freely bathes the parts to be incised or punctured with the following solution: Crystallized carbolic acid gr. xxiv.; distilled water, 5j. He details two cases in which abscesses were opened in extremely sensitive subjects without the occurrence of the usual signs of pain.

ENTRANCE OF AIR INTO VEINS DURING SURGICAL OPERATIONS.—Mr. Fred. Treves, in the *Brit. Med. Jnl.* in an interesting paper gives a short account of this untoward accident and details a plan of treatment adopted by him and successfully carried out in two cases. The accident is greatly to be dreaded. It occurs most frequently if not altogether in the veins of the neck and axilla, and is caused by the aspiratory movements of the thorax, acting upon a vein partially divided. For the accident to occur it is necessary for the mouth of the vein to be held open either by being partially divided or from inflammatory adhesions, or from being included in the substance of a tumour, or from peculiar relations to normal structures as in the axillary vein to the costo-coracoid membrane or in the relations of the jugular veins to the cervical fascia. The entrance of air is accompanied by a hissing noise and sudden terror, severe dyspnoea, failure and irregularity of the pulse and collapse. About two-thirds of the cases die in a few hours or days. Some cases, however, recover. The fatal result appears to be due to the rapidity of the entrance of the air rather than to its amount. Death is caused by arrest of the pulmonary circulation, the mixture of blood and air preventing the functioning of the tricuspid and pulmonary valves. Mr. Treves founds his treatment upon the observation of the fact that the accident occurs in what may be termed dry wounds. He has an attendant ready with a sponge full of water, which is squeezed into the wound immediately upon hearing the hissing noise. Then during the next expiratory effort forcible pressure is brought to bear upon the thorax, expressing the air as much as possible. When all the air has been forced out, the wounded vein is to be seized and either entirely divided or ligatured, always during the movements of expiration. He gives two cases in which he thus treated successfully this serious complication. The first was a child in whom tracheotomy was performed; immediately after the wound was sponged out, a hissing noise was heard and the child became collapsed and to all appearance dead. The wound was at once filled with water, and forcible pressure made upon the thorax during the expiratory movements. The vein and structures were then seized with forceps and divided completely. The child recovered. The second case was in a man