

use silk sutures, so apt are they to set up erysipelatous inflammation; to make plaster adhere, it is absolutely necessary to shave the scalp for a considerable space around the wound. Use needle sutures, and it is not necessary to remove any hair at all, and they may remain in the scalp as long as may be necessary with impunity. This may seem a very small matter to say so much about; but with most of us, dressing wounds is an every-day occurrence, and any improvement that may be introduced, however small, is of practical importance. I have tried this plan so long and thoroughly, and with so much gratification to myself and patients, that I feel it a duty to urge its substitution for silk and plaster entirely. It is not of course original with me, yet it is not adopted to any extent by the profession. I am confident that if the dressing be carefully done by those adopting this method, the attending success will be so uniform as to prohibit the employment of any other.—*Chicago Med. and Surg. Journal.*

SURGEON-MAJOR PORTER'S SAW-DUST PADS.

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Sir Joseph Fayrer having asked me to try the sawdust pads used by Surgeon-Major Porter as a dressing, where there is a discharge of pus, and that gentleman having been so good as to furnish me with samples of the dust from the Memel pine recommended by him, I was glad to employ the pads in such cases as seemed likely to put their utility to a fair test.

I will first say how the pads are made; secondly, relate the cases in which they were used; and thirdly, express my opinion as to their value in surgical practice.

The sawdust is obtained by preference from the Memel pine; that from red deal may also be used, either of these containing a large amount of terebine. The dust from hard wood will not answer, as Mr. Porter finds that it does not absorb freely. It has first of all to be well sifted, for, as supplied from the works, it often contains coarse fragments which would cause, under pressure, hurt or inconvenience. The

fine dust is then enclosed in muslin of such quality as will just prevent its escape. The bag, when made, is shaped for each case as may be required; when about three-fourths full it is closed, and is then quilted, otherwise the wood-dust will gravitate, or under pressure, will be displaced entirely from certain parts of the bag. As to the muslin, I have ventured to depart from Mr. Porter's practice in using ordinary instead of antiseptic gauze, no advantage being gained by the use of the latter. The pads thus made are applied either to side-splints, or to cover an ordinary back splint (as for a compound fracture of the leg), or over abscess wounds, or over suppurating surfaces, or over dying or dead tissues; they are used, in fact, either as pads or as the dressing over any part.

The following, amongst others, are cases in which they were employed:—

On April 26th, a male, aged sixty-seven, fell off the kerb, and was run over by a heavy van. He thus sustained a compound fracture of both bones of the right leg, the soft parts being severely damaged by the pressure of the wheels passing over them. The limb was supported on sawdust pads fitted to an ordinary back-splint, and the wound was covered with lint soaked in carbolized oil. When I saw the patient, it was evident that very extensive sloughing of the soft parts must ensue. The whole leg was therefore enveloped in lint soaked in carbolized oil and covered with gutta-percha tissue. Thus, and with the pads, which were saturated with discharge and required changing about every four or five days, the process of sloughing was passed through without any unpleasant odour and without constitutional disturbance. The utility of the pads in this severe case was marked, the discharge being fairly absorbed by them, and remaining inodorous. The patient is now—three weeks after the accident—well in himself; he has, however, to heal up an extensive surface left in a state of ulceration by separation of the sloughs, and it is more than doubtful if he will have the strength to do so.

A strumous lad, aged fourteen, was taken into the hospital with acute necrosis of the shaft of the tibia, involving also the lower epiphysis, and attended with destructive inflam-