

In fact the remedy had acted most satisfactorily, and there was nothing to do but repeat it. This course was followed out by the patient for about two months, at the end of which she presented herself completely cured of the painful *E. genitale*.

Now this case, I believe, was cured solely by the covering which the collodion supplied, in that way completely preventing the action of the air on the Malpighian layers of the epidermis, and thus allowing the upper layers to be formed beneath its protective influence. I think, also, that it was because I put on so good a layer of collodion at first, and because I cautioned the patient not to spare it, but to put it on abundantly, that it operated so successfully. At all events, it wrought a complete cure in a relatively short space of time.

E. capitis.—The patient who presented this disease was a boy aged ten years (H. S—). He had none of the signs of scrofula which are usual in this form of disease. He seemed plump and well-fed. His teeth were bad, but he did not complain of toothache. He had beautiful hair, which hung down in handsome ringlets. But it was matted together over the left parietal bone, which was the locality of the eruption. This could not be well seen at first, and I confess that on my first survey of the case, which was made very hurriedly, I put it down as one of scabies, and ordered sulphur ointment, at the same time telling the mother that she must have the hair cut from all the diseased parts, and cut closely, at once. She did so, and brought the boy to me in a few days, when, to my surprise, the ointment had done no manner of good; indeed his head appeared, if anything, rather worse than better. However, now I could examine it, and I did so with the aid of that admirable pocket lens of Browning's,¹ and I found not a trace of acari, which fact, as well as my examination of the head, which presented a raw and inflamed surface, partly scabby and partly covered with a transparent ichor, led me to conclude that it was a case of *eczema capitis*.

The line of treatment to be adopted was indicated by my former experience; at least, I regarded it as probable that a similar mode would be equally successful. I therefore cut the hair off as closely as possible from the diseased parts and half an inch round them, and applied collodion flexile freely, putting on a second layer after the first had dried, and making the mother watch carefully the mode of operation. I then told her to apply it twice daily exactly as I had done it, taking great care to leave not a particle of the diseased surface exposed to the air; and having given him a little rhubarb and soda powder, to be taken in the mornings, and ordered him to have cocoa instead of tea or coffee, and abundance of beef-tea, I told him to come again in a week.

He did not come to me for ten days, and when he did, I confess I was somewhat disappointed at the result. The head was not worse, but it certainly had not been improved. I suspect my instructions were not rigidly carried out, and anyone who knows anything of the mass of the poorer patients in London will readily admit that this is not only possible, but is very highly probable. However, I told his mother that if he was not better next time I should dismiss him and let him try someone else; and at the same time I told him to come to me in a week, and to continue the treatment the same as I before directed. He came next week, and I was glad to see that there were marked signs of improvement. The surface presented a much smaller amount of raw surface, and the portions which had retained the collodion upon them appeared—where the collodion was not thick, for in some cases it was impossible to see through it—much less red than they had been.

It would, of course, be idle to report his various succeeding visits, as they all showed each an improvement on the one before. It will be sufficient to state that in about seven weeks he was so far recovered that I allowed his hair to remain uncut, and ordered the collodion to be only occasionally used. I have since ascertained that he has made a complete recovery.

Anyone who desires it can see the first of these two cases, this patient being anxious to exhibit herself as a most satisfactory case.

I have others somewhat like these two going through the

same process of treatment, and I shall in due course report upon the results. In the mean time I should be glad to hear what the profession think on this subject.

Weymouth-street, Portland-place, W.

SURGEON-MAJOR PORTER'S SAWDUST PADS.

BY GEORGE W. CALLENDER, F.R.S.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

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 March 31st, a male, aged forty-one, was knocked down by a locomotive on the Chatham and Dover line, and, besides lesser hurts, sustained a fracture of the pelvis, of several ribs on the left side, and had also about one-fourth of the scalp torn off from the right side of the vertex of the skull, exposing the bone. The wound was dressed with carbolised lint, and was then covered with a sawdust bag. No cerebral symptoms ensued, but there was bleeding on two occasions from the scalp, easily restrained by pressure. The blood was absorbed by the sawdust, so that the bed-linen was not soiled. The patient slowly convalesced, and on the 16th of May was able to get up.

A male, aged thirty-six, was admitted on March 9th with a large abscess connected with carious disease of the bones forming the left shoulder-joint. The abscess was freely opened and washed out with carbolised water. An india-rubber drainage-tube was then introduced, and the wound was dressed with a large pad of sawdust fitted to the shape of the shoulder. At the time of the operation the joint was freely opened, and the carious bone was gouged and scraped away. The serum which oozed from the drainage-tube was entirely absorbed by the dressing. There was no offensive odour, and the pad was not changed for seven days.

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 carbolised 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 carbolised oil and covered with

¹ This is a new form of pocket lens made by Browning, of the Strand. It is in many respects superior to either the Stanhope or Coddington glass.

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 freely 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.

On May 1st, a male, aged twenty-four, was caught between a fly-wheel in motion and an adjacent wall, so that his left leg was crushed, the bones being fractured in many places, and the soft parts being extensively lacerated. I found it necessary to perform a primary amputation, as low in the thigh as the bruised condition of the soft parts would permit. The stump was drained, and was dressed with carbolic oil on lint and gutta-percha tissue over this. The limb was then swung on a drop-splint, resting on sawdust pads. There was a great deal of blood-stained serum, and afterwards of grumous fluid, which oozed from the bruised tissues of the stump; but the parts of the stump in apposition healed by the first intention. The discharge above-mentioned was received on the drop-pad, which was removed daily. The pad which bore the weight of the limb, and the limb itself, were not disturbed for fourteen days. The pad when removed was perfectly sweet, and no serum had run into or in any way soiled the bed-linen. The patient is now—May 22nd, three weeks after the operation—convalescent, having recovered without an unfavourable symptom, only his recovery was slow, owing to the quantity of blood lost whilst being brought up from Blackwall to the hospital. In this instance the pad was most serviceable. It enabled us to leave the thigh undisturbed for the time mentioned; and, from its yielding, it allowed the limb to mould for itself its bearings, which were throughout free from all discomfort. With the drop apparatus we were able to dress the stump without causing the patient the slightest pain.

A girl, aged sixteen, required to have her leg amputated immediately above the ankle joint (Syme's operation) on account of carious disease of the left tarsus. The stump was drained, covered with carbolic oil on lint and gutta-percha tissue, and was secured on a drop-splint and swung. The small sawdust pad was changed during the first week every second or third day; the larger pad which supported the leg was not disturbed in any way for three weeks; when removed, it was sweet and clean.

A woman, aged seventy-nine, was knocked down and run over by a heavy cart. She sustained a compound and comminuted fracture of the bones of the right leg, and a comminuted fracture of those of the left. The compound fracture was put up on a back splint, with sawdust pads, and was then swung. The wound was cleansed with carbolic water, and was dressed with lint soaked in carbolic oil. The sawdust pads were renewed seventeen days after their first application, but the dressing of the wound has not been disturbed, and the patient, over three weeks after the accident, is now convalescent.

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 inflammation of the ankle joint. The suppuration was profuse. The leg was swung in a sawdust bag, with great comfort to the patient, especially as it is now found to be necessary to change the supporting pad only once every ten days, instead of daily, as before its use. The relief to the patient is shown in the improvement of his health, he having increased ten pounds in weight since the greater ease and quiet thus gained for him during the last six weeks.

Apart from the question under consideration, these cases are of interest with reference to the results obtained in the treatment of severe wounds, and extensive suppurations. As to the use of the pads, it may be said that they are approved by the sisters for their cleanliness, and for the manner in which they keep the bed-linen from being soiled by discharge of serum or of pus. They are easily made so as to fit as required, and they are inexpensive. When the quilting is properly attended to they are comfortable to the patient, readily yielding to such pressure as that, for instance, caused by the weight of the leg, and moulding so as to give equable support. Whilst they effectually absorb

discharge, it is as well, when this is considerable, that the pad should be changed every two or three days, but when, in addition to the pad, carbolic oil dressing is used, they can be left for a longer period. Thus, in the case of the two amputations, the pads which supported the leg in one, and the thigh in the second, were not touched for three weeks, and for fourteen days, respectively. I do not feel disposed to rely entirely upon these pads for keeping parts absolutely clean; but, in conjunction with carbolic oil, or with some kindred dressing, they are amongst the best pads with which I am acquainted, and I consider that we are much indebted to Mr. Porter for giving us an appliance which is simple, inexpensive, and efficacious. I may add, that, mixed with shot, so as to give weight to the appliance, these pads may be used to make pressure, when such is desirable, as over some forms of abscess, to prevent redistension from collection of pus in a sac which has been opened.

A CASE OF A NEW FORM OF PSEUDO-PARAPLEGIA, ENDING IN TRUE PARALYSIS. CRIES OF DORSAL VERTEBRÆ; DEATH; AUTOPSY.

By WILLIAM ALEXANDER, M.D.,
SURGEON, WORKHOUSE INFIRMARY, LIVERPOOL; AND
JAMES BARR, M.B.,
LATE HOUSE-SURGEON, NORTHERN HOSPITAL, LIVERPOOL.

FRANK C—, aged twenty-two, sailor, was admitted to the Northern Hospital, under the care of Dr. Dickinson, Dec. 26th, 1874, complaining of loss of power over the lower limbs.

History—He is unable to give the precise dates of the commencement of the present illness and the many affections from which he lately suffered; however, as he is able to arrange the events in the order of sequence, the following particulars may be gathered.

An American by birth, he joined the seafaring life at an early age, and was first connected with the American navy, from which he was discharged, as he complained of palpitation of the heart, and was told there was nothing the matter with him. On the whole he had pretty good health till the latter part of 1871, when he suffered from malarial and yellow fever. In 1872 he had several voyages between America, this country, and Spain, and was exposed to considerable vicissitudes of climate and changes of temperature. In the beginning of 1873 he suffered from rheumatism and pains in the back, for which he was some time in the Royal Infirmary, Leith, and from which he was discharged well.

In April or May, 1873, he sailed from Liverpool for Calcutta, and was well till he reached the Cape of Good Hope, where he experienced severe weather, snow and sleet. He slept in an iron fore-castle, which was very cold, and he did not feel well for the remainder of the voyage. When he reached Calcutta, he was laid up with "pains in the back and swelling of the bowels." He recovered, and took ship thence for Boston, and during this passage the other sailors noticed "his back going out," but as he felt pretty well, he did not pay any attention thereto. From Boston he sailed to Valparaiso, and thence to San Francisco, during which time he was exposed to great variations of climate, and when he reached the latter place he was suffering from cold, and pain in the back. After some time he got so well as to be able to ship for Liverpool, but four days after leaving port his "feet swelled," his legs "grew weak," and in a month and a half he had lost the use of both lower limbs. He continued in this helpless condition until he reached Liverpool on Dec. 25th, 1874, after a passage of four months and a half, when he was admitted to the Northern Hospital.

His condition at that time was as follows:—He is a stout well-built man, apparently very healthy and well nourished, and, with the exception of his stated inability to move the lower limbs, he seems in every respect sound. He is singu-