rhoea continues. To take brandy and champagne. To have the following mixture: pure carbolic acid, fifteen minims; tincture of iodine, fifteen minims; tincture of orange peel, two drachms; simple syrup, three drachms; water to eight ounces; an ounce to be taken every four hours, and also to take the digitalis twice in the twenty-four hours.—16th: Morning temperature 103°, evening 105°; pulse 126, more regular. Diarrhoea not quite so bad. To continue the stimulants, mixture, and digitalis.—17th: Morning temperature 103°, evening 104.5°; pulse 120. Albumen has almost disappeared.—18th: Morning temperature 102°, evening 104°; pulse 120. Diarrhoea much better.—19th: Morning temperature 101.5°, evening 103°; pulse 120. Urine free from albumen.—20th, 21st, and 22nd: About the same. Takes the wine and brandy well, also about a pint of new milk per day.—23rd: Morning temperature 100°, evening 102°; pulse 110. Diarrhoea quite stayed. Tongue moister. Quite sensible during the day; wanders slightly in the night.—24th, 25th, and 26th: Same as last note.—27th: Morning temperature 99.5°, evening 100.8°; pulse 100. Only one stool a day.—28th and 29th: Continues to improve.—30th: Morning temperature normal, evening 99.4°; pulse 100. Takes three pints of new milk per day, and the stimulants and medicines.—31st: Improves daily. Is very weak and emaciated. To have a few ripe grapes without the pips or skins.—Sept. 3rd: Temperature normal; pulse 100. Digitalis to be discontinued. To still have carbolic acid mixture, with the addition of half an ounce of compound tincture of cinchona. From this date his recovery was rapid. No solid food was allowed until the 10th. He was able to get up on the 17th.

The following are brief notes condensed from my case-book of the only death in the series (Case 25) treated with the carbolic acid combination:—

J. N.—, aged twenty-eight, a badly-fed farm labourer, fell ill in September, 1882, and was carried safely through a smart attack of enteric fever by a strict adherence to the line of treatment indicated in this paper. Calling to see him one morning about four weeks from the commencement of his illness, the thermometer showed a temperature of 104°. This astonished me, as at my last visit a day or two previously it had fallen to the normal figure. On making examination I found under each arm a large axillary abscess. A few days afterwards I incised them both and they rapidly got well, though of course the patient was thrown back and weakened by this fresh drain on his vital resources. A fortnight after his recovery—that is, eight weeks from the typhoid invasion—his wife took the opportunity of a bright, breezy day at the end of October to scrub and clean the room they inhabited together. She conducted this operation with most praiseworthy assiduity, keeping both door and window wide open, her husband sitting on a chair in a direct line between them, surrounded by a sea of soapsuds. She did not neglect to scrub the floor under the bed, and seemed surprised at the reproof I administered when, on calling, I became an eye witness to the above facts. Next day the poor fellow had a succession of rigors, and succumbed three days after to an attack of acute double pneumonia.

Cases 44, 45, 46, 47, 48, 49, and 50 form an interesting group; all the patients (adults) had the fever in one year (1883), and all lived in one house, a perfect fever-trap, standing with its foundations in sewage. Each was treated exactly the same, and all recovered. The addition of a table of the cases and a selection from the clinical charts would render this article too extensive; and, besides this, they prove from their unanimity rather monotonous. In conclusion, I may add that I am constantly receiving reports from medical friends expressing extreme satisfaction with every fresh experience in the use of Dr. Rothe's antipyretic mixture.

NORTH-WESTERN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—Dr. Sergeant (Bolton), the president, occupied the chair at the monthly meeting of this Association, held last week at King-street, Manchester. His election as president took place at the last meeting, and he now delivered his inaugural address, his subject being "The Effect of Improved Sanitation on the Health of the Country, with special reference to Zymotic Diseases." In concluding a very interesting address, he urged that, in attacking zymotic diseases, the weapons which stood first in the list were notification, isolation, and hospital accommodation. A discussion upon the subject ensued.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ON EXTRACTION OF IMMATURE CATARACT.

By ADOLF BRONNER, M.D.,

SURGEON TO THE BRADFORD EYE AND EAR-HOSPITAL.

THE interesting articles of Mr. Higgins and Mr. Tweedy on Extraction of Immature Cataract (THE LANCET, May 12th and 19th) seem to me to have opened up a very important question—i.e., When is a cataract mature for extraction? The general idea is that a cataract is mature when the whole of the lens matter is opaque, and when the iris, by focal illumination, throws its shadow on the opaque lens. This no doubt is a mature cataract from a pathological point of view, but by no means from a clinical or surgical one. Experience has shown that in certain kinds of cataract, in which part only of the lens is opaque, nevertheless on extraction the whole of the lens matter readily leaves the capsule *en masse*. I have recently successfully extracted cataracts in several well-selected cases in which vision was $\frac{6}{60}$ or more, and in which the fundus could be distinctly seen. The cases of this kind most frequently seen are cases of typical nuclear cataract, in which the nucleus becomes opaque long before the cortex of the lens is affected, and in which, both by focal illumination and by ophthalmoscopic examination, the opaque nucleus is seen to be distinctly defined from the clear cortex. Of course in time the cortex also becomes opaque. I have operated in cases in which the posterior part of the cortex gradually becomes opaque, whilst the other part of the lens remains clear; also in cases of cortical cataract, mostly in young people of twenty to forty, in which are found peculiar punctate and striated opacities in the otherwise clear cortex. In these latter cases dissection is generally performed, and mostly with bad results. In cases in which the cataract is not mature, from a surgical point of view, and in which it is of great importance to the patient to have the cataract removed, the best and safest method seems to me to be to perform a preliminary iridectomy, followed by Foerster's method of maturing cataracts. In this manner one can in most cases make the cataract mature for extraction in a few weeks, and there is no risk of part of the lens matter remaining in the eye and causing iritis &c., or loss of vitreous, as there undoubtedly is if any other course of operation is pursued.

IS ECZEMA CONTAGIOUS?

By EDWARD A. OPIE, M.B. DURH., M.R.C.S.

THE above question would be usually answered in the negative, although a variety of eczema capitis has been described as impetigo contagiosa, and among other authorities Dr. Tilbury Fox believed that it could be communicated from child to child by actual contact. The following notes of several cases of eczema occurring in the same family within brief periods of each other may be of interest, as at any rate apparently showing that acute eczema is contagious.

On April 4th I was asked by the wife of a working man to see her children, who had a "breaking out." There were six children, ranging in age from thirteen years to an infant at the breast. All of them had been quite free from any eruption till two or three weeks previously to the above date, when one of them, a boy seven years old, had an eruption on the chin. This, when I examined it, presented the appearance of a patch of eczema nearly well. There were two or three dry scabs. Four of the other children had eczema of the ordinary kind met with in children in different stages. There were to be seen the red patches studded with vesicles with more or less copious exudation, and other patches covered with scabs. The faces of all were affected, and two or three of the children had also eczema capitis. There was perceptible constitutional disturbance, and that very slight, in only two of the children. Within a few days the infant, the only child unaffected at the date of my first visit, had two or three patches of eczema on the face, and soon after the father came to me with two small patches

of eczema on the chin. Four or five days later the mother had some patches of eczema on the breasts and arms. The eczema on the man's chin did not spread, and went away in about ten days. On the woman's breast it remained longer, but by the beginning of May the whole family were practically free from the disease. The treatment adopted was, internally, saline and calomel purges, and arsenic combined in some cases with salines and in others with iron. Externally, zinc ointment with vaseline.

It seems impossible to account for this outbreak of eczema in a whole family of eight persons in any other way than by supposing it was spread from one child to the other, and from the children to the parents by actual contact.

A FOREIGN BODY EXISTING IN THE EAR DURING A PERIOD OF FIVE YEARS.

By E. ST. GEORGE QUEELY,

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PALMER HOSPITAL, NORTH QUEENSLAND.

THE following case came under my notice recently, and may be deemed interesting.

J. D—, aged thirteen, consulted me about his left ear. He had suffered for about a fortnight before I saw him with pain in the ear, and latterly with headache and want of sleep. He could not hear the tick of a watch unless placed against his ear. There was some narrowing of the canal. His father informed me that five years before, whilst asleep in the garden, a younger brother pushed a berry into his ear, and his mother syringed the ear and tried to get at the berry with a hairpin and other things, but without success. The boy complained of soreness for a time, but this got better in a few days. Several times afterwards the boy complained, but it was not until the symptoms were becoming worse, and the hearing seemed lost, that he came for advice. On the first day I saw the patient he would scarcely allow me to touch his ear, "it pained him so much." I therefore gently syringed it out with warm water, and placed in it a little wadding saturated with glycerine and laudanum, and desired him to call next day, which he did; but then I could not get a speculum any distance into the canal on account of the great pain. I syringed his ear again, and kept this up for four days. On the fifth morning I syringed a large piece of cerumen out, and was able immediately afterwards to get an auroscope into the meatus. I then saw a scarlet body filling up the whole of the space, and the boy told me he felt the instrument touching it. I removed the auroscope, and tried to get a snare round the body, but to no purpose, and the small forceps only glided off the surface, which seemed hard and polished. At last I gently introduced a sharp-pointed probe until I felt the hard substance; then worked the probe with a circular movement, using pressure inwards at the same time, and after a few seconds I felt something give way. I then withdrew the probe and syringed out the cavity with a little force, and after a short time drove out the foreign body in two pieces, which reminded me of a coffee-berry, only the outside was scarlet in colour and extremely hard. For a few days there was a little uneasiness in the ear, but now it is all right and hearing good.

A NEW ANTISEPTIC SURGICAL DRESSING.¹

By H. BENDELACK HEWETSON, M.R.C.S.,

HON. OPHTHALMIC AND AURAL SURGEON, GENERAL INFIRMARY, LEEDS;
LATE HON. SURGEON, LEEDS PUBLIC DISPENSARY.

CHINA GRASS is a soft, silky, very highly absorbent fibre, used in various manufactures. The combings form an elastic silken wool, which, when treated with 4 per cent. of salicylic acid, provides an excellent antiseptic absorbent surgical dressing. It is also relatively much cheaper than, so far as I know, any of the usual dressings used in surgery. I have now given it an extended trial, and, supported by the opinions of most of my medical friends, have ventured to bring it before the notice of the meeting of the Leeds and West Riding Medico-Chirurgical Society. I am indebted to Messrs. Reynolds and Branson, of Leeds, for the admirable way in which the raw material is treated and prepared as an antiseptic dressing, of whom it may now be purchased.

¹ Abstract of remarks on China Grass made before a meeting of the Leeds and West Riding Medico-Chirurgical Society, December 2nd, 1887.

Its chief value is the way in which it absorbs discharges from a wound, rendering it very dry, and preventing the poulticing of the wound, as it were, when bathed in discharges under less absorbent materials. A considerable quantity is required in cases where the discharges are free, and it is perhaps well to interpose some open-meshed gauze between the dressing and the wound, so as to prevent the China grass from sticking to the wound when removed. I have also observed that under the pressure of bandaging the material still retains its absorbent qualities, and does not cake when properly teased out before use.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proemium.

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF REMOVAL OF THE WHOLE TONGUE FOR
EPITHELIOMA, AND, IN ONE, OF THE SUBMENTAL
TISSUES AND PART OF THE LOWER JAW
ALSO; RECOVERY.

(Under the care of Mr. CHRISTOPHER HEATH.)

In both these cases the disease was extensive, and the operations required for its removal, especially in the first case, were very severe. In the one which is first recorded the operation was successful in the relief of pain and prolongation of life, but, as was expected, secondary growth appeared, and was the ultimate cause of death. The use of the knife and scissors was attended by the best result; the vessels were secured at the time, and the danger of secondary hæmorrhage was diminished by the absence of after-sloughing. Iodoform was used successfully as a local antiseptic, and the strength of the patients sustained by a plentiful supply of nourishment and stimulants. For the notes we are indebted to Mr. Bilton Pollard, surgical registrar.

CASE 1. *Epithelioma of tongue, lower jaw, and lymphatic glands; removal of the whole tongue, with the submental tissues and part of the body of the lower jaw; recovery.*—E. A—, a man aged forty, was admitted on Oct. 31st, 1887. He stated that about six months previously he first noticed something wrong with his tongue, and soon afterwards the glands beneath his jaw began to enlarge, first on the left side and then on the right. About two months afterwards severe bleeding occurred from the under surface of the tongue, and a little later he noticed a sore at this spot. Since then ulceration of his tongue had steadily progressed. He had been a great smoker, and a rather free drinker. On admission the tongue was much fixed, and the anterior third of its right half had been destroyed by ulceration; the remainder of the right half and the anterior third of the left half were infiltrated with new growth. There was a dense mass of indurated tissue beneath the chin, between the latter and the hyoid bone, which was limited on each side by a line drawn from the centre of the hyoid bone to the body of the jaw, about an inch from the middle line. Below the lower jaw there was an enlarged gland on each side, and on the left side there was a string of glands over the course of the carotid vessels, extending from the lobule of the ear to the level of the hyoid bone. The patient could only swallow liquid food. His urine contained a trace of albumen. On Nov. 2nd Mr. Heath operated. He first opened the trachea and inserted a tracheotomy tube, and then plugged the lower part of the pharynx with a sponge. He next divided the lip in the middle line, and prolonged the incision down to the hyoid bone. After dissecting the flap of skin from the jaw on each side, Mr. Heath found that the body of the jaw was involved by the growth, so he sawed the bone through the sockets of the first molar teeth. He then divided the mucous membrane at its reflexion from the tongue to the remaining portion of the lower jaw on each side, freed the diseased tissues as far back as the carotid vessels, and separated a string of enlarged lymphatic glands from the deep vessels on