— By a recent exchange we see that of the seven hundred and forty-one students in the Strassburg University this semester, fifteen are from the United States.

— The *Allgemeine medicinische Central-Zeitung* says that according to the last census, to every ten thousand inhabitants of Berlin there appear to be 7.98 physicians, 0.66 apothecaries, 3.31 midwives; while in the whole kingdom of Prussia to a like number of inhabitants there are 7.39 physicians, 1.26 apothecaries, and 4.94 midwives.

— The memorial day of the late Professor Traube, of Berlin, was on Sunday, December 10th, when his successor, Professor Leyden, read an obituary address at twelve o'clock in the hall of the university.

— The *Journal of Physiology and Anatomy*, begun by Meckel, but better known under the authorship of Du Bois Reymond and Reichert, of Berlin, is divided into two parts, of which one will be continued as a journal of physiology under Du Bois Reymond and Ludwig, of Leipsic, the other as a journal of anatomy under Braune and His.

— The Prussian *Medical Calendar for 1877* contains an article by the versatile Virchow on the causes of death, which is, in short, a cutting rebuke on the nomenclature adopted by many physicians of Prussia. He argues that technical Latin names should be underwritten on every death certificate, and not those vague regional terms which satisfy public curiosity.

The Calendar contains methods of examining anomalies of refraction and accommodation, making use of Schweigger's new types, the advantage of which, if any exists over Snellen's types, is that all the selected letters are such as are printed above a horizontal line, as M, N, O, R, S, etc., and at the same time have no ascending portion; such letters as B, D, H, K, etc., corresponding to the last condition, and F, representing both conditions, are omitted.

— The *Army and Navy Gazette* of Great Britain announces that the unification of the military medical department is now being rapidly pushed forward. In future, instead of a surgeon being attached to a regiment, the latter will be attended by a special sanitary officer. Thus army doctors and those under their medical charge will be complete strangers, till they make each other's acquaintance in hospital. Malingering will flourish; two good features can be realized from the change, however, — the amount of paper-work will undoubtedly be less, and all army doctors must take their share in Indian and colonial service. If no European war intervenes between now and March, about sixty military medical officers will embark for foreign service.

MASSACHUSETTS GENERAL HOSPITAL.

SURGICAL CASES OF DR. CHARLES B. PORTER.

[REPORTED BY G. H. TILDEN, M. D.]

Tetanus; Free Use of Chloral and Bromide; Recovery — August 14, 1875.
C. G., aged eleven years, entered the hospital with an injury to the right arm,

received half an hour previously. The wound, made by a carding-machine, was a superficial tear in front of the elbow-joint. A flap of skin of the size of the palm of the hand had been completely wrenched away from the inner angle of the arm, exposing the superficial muscles and nerves, one or two of the latter lying torn and bare in the wound. No vessel of any size was wounded, and the elbow-joint was uninjured. The arm was placed on an external angular splint, and the wound dressed with simple water dressing. All went well till the fifth day, when the wound and parts adjacent became swollen and inflamed. A poultice was applied. In two days the inflammation and swelling had subsided, but the wound looked dirty and was covered with tough, adherent sloughs. A dressing of "acid wash" was substituted for the poultice. The look of things now speedily improved, and in two days the wound was clean and healthy. The first sign of tetanus was noticed August 27th, thirteen days after entrance. Complaint was first made of stiffness in the jaws, pain in the back of the neck, and much difficulty in chewing and swallowing food. There was no marked febrile disturbance. A blister was applied to the inner side of the arm above the wound over the course of the nerves, and enemas of ten grains of bromide of potassium and seven grains of chloral hydrate in one ounce of water were given every three hours. The next day there was no improvement, the patient not being able to open his jaws more than an inch, and having cramp-like pains in the calves of his legs. Another blister was applied to the arm, and also to the neck over the course of the brachial plexus of nerves. The chloral and bromide were increased to fifteen grains of the former and twenty grains of the latter, given in enema as before, and the wound was dressed with a solution of chloral hydrate, ten grains to the ounce of water. For several days the condition of the boy gradually grew worse; a marked but intermittent tendency to opisthotonos soon showed itself, and his tongue was several times badly bitten by spasmodic closure of the jaws. He was given stimulants, but in the way of food could take nothing but liquids and semi-solids. The enemas of chloral and bromide were given as occasion required, sometimes oftener than once in three hours, so as to keep the boy completely under their influence, in fact almost narcotized. As long as he was thus kept the spasmodic contractions of the muscles were controlled, the patient being drowsy most of the time. Any source of irritation, however, such as the endeavor to take food or being moved or handled, was almost sure to bring on an attack of muscular contraction, more especially in the muscles of the jaws and of the back of the neck. The tendency to opisthotonos became more constant, the boy lying in bed with his back slightly arched. After the first few days he showed the erythematous blush of the skin due to the influence of the chloral, and at times his pulse became very rapid and his pupils contracted. On September 6th, ten days after the appearance of the disease, there began to be some diminution in the violence and frequency of the spasms, and some improvement in the general subjective feelings of the patient. On the next day, however, his mother, contrary to the most strongly expressed advice, insisted on taking the boy home. About a month afterward she reappeared with him. He had entirely recovered, after having had several attacks of muscular spasm since leaving the hospital.

Throughout the whole course of the disease the wound looked well, and was almost entirely healed when the boy came back.

In ten days this boy, aged eleven years, had of chloral hydrate eight hundred and five grains, and of bromide of potassium one thousand one hundred and fifty grains, being an average of eighty grains of the former and one hundred and fifteen grains of the latter every twenty-four hours.

Carbuncle ; Subjacent Abscess ; Operation ; Recovery. — September 21, 1875. M. E., aged sixty-one years, was admitted to the hospital with a carbuncle the size of a small dinner plate between his shoulders. It had existed for a month, and on entrance measured six by eight inches. Suppuration had begun, as was shown by the "pepper-box" look of the surface, in which were many small vent holes discharging pus. The patient, originally a robust man, gave a history of overwork and underfeeding, and was in a very feeble state from unrelieved and excessive pain. A large carbolized poultice was applied to the carbuncle, and the patient was given extra diet, with ale and milk punch. During the next six days the condition of the patient did not improve, but on the contrary became worse. He suffered much from pain and from a persistent diarrhœa, occasionally having a severe chill. The carbuncle, however, did not seem to be spreading. He took large quantities of alcoholic stimulants and opium, and also was given ten grains of carbonate of ammonia three times daily.

September 28th. Pain and diarrhœa had reduced the patient to a very feeble state. Having been carefully etherized, deep and free incisions were made into the carbuncle, extending from edge to edge, and crossing each other in the centre at right angles. The quadrant-shaped flaps thus made were thoroughly undermined by the combined use of the knife and fingers, and the thickened and infiltrated tissues were fully exposed. Beneath the carbuncle and burrowing around under the deep fascia of the back was almost half a pint of pus which was evacuated. The hæmorrhage was checked by the use of liquor ferri perchloridi, and the wound dressed with a solution of carbolic acid, one part to forty. At the close of the operation the man was seemingly in a dying state, his pulse being almost gone. He was at once given an enema of brandy, and during the day had by the mouth brandy in small quantities at short intervals. In the evening he was much improved, and the next morning said that he had passed the most comfortable night since coming to the hospital.

For two weeks after the operation, although in a great measure free from pain, his condition was unstable and fluctuating. An obstinate diarrhœa was the great drawback. The wound meanwhile did as well as could be expected under the circumstances. The sloughs all came away by October 10th, leaving a large raw surface nearly six inches in diameter and ready to granulate.

October 12th. For two days the diarrhœa had been growing worse and the patient weaker. He was now in such a wretched state that reasonable hope of his surviving the day was wanting. The medicines, opium and quinine, that he was taking were stopped. During the day he was given a pint of champagne in divided doses, and of milk punch made with brandy as much as he would take. He also had enemas of starch and opium, *pro re natâ*, and by the mouth a mixture of tincture of kino, tincture of catechu, and tincture of capsicum, equal parts, a teaspoonful every three hours. The next day, contrary

to expectation, he was stronger and had less diarrhœa. From this time, at first slowly, afterwards more rapidly, he improved without relapse, having been rescued from his desperate strait only by the native vigor of his constitution. The granulating surface on his back was dressed with charpie and myrrh; he was out of bed on November 8th. and was discharged, well, November 23d.

Incised Wound of the Knee, with Section of the Ligamentum Patellæ. — June 23, 1876. M. G., aged thirty years, while mowing, cut his leg with a scythe, and was brought to the hospital four hours afterwards. He had received an incised wound two and a half inches long, on the front of the left leg just below the knee. The cut was transverse to the long axis of the limb, and the ligamentum patellæ had been completely severed just above its insertion into the tubercle of the tibia. At the time it was impossible to ascertain whether the knee-joint was involved without an examination of the wound, inquisitive rather than necessary or advisable. The cut edges of the ligamentum patellæ were brought together with three sutures of carbolized strands of Chinese silk, and one vessel was tied with a ligature of the same material. All the ends of both sutures and ligature were cut short. The wound was then washed out with an aqueous solution of carbolic acid, one part to forty, and its cutaneous edges were united with sutures of carbolized silk. The leg was placed on a ham splint, and the wound was dressed with cotton batting kept saturated with an aqueous solution of carbolic acid, one part to eighty. Ice-bags were applied to the knee. On the 27th all the sutures were removed, and by June 29th there was good and perfect union of the edges of the wound. The patient suffered but very little pain, and there was but a slight and temporary swelling in the immediate vicinity of the wound. The cotton-batting dressing and ice-bags were kept applied for one or two days longer, and from motives of prudence the man was kept in bed with a splint on until August 3d. The splint was then removed, and the function of the ligamentum patellæ was unimpaired. Discharged August 7th.

THE TREATMENT OF CHANCROIDS.

MESSRS. EDITORS, — Dr. Greenough's article, in your number for January 11th, suggests comment. If Dr. Greenough's experience is the average for your locality, the Boston chancroid is certainly a milder affair than the affection as we see it here. In hospital practice phagedenic chancroids with extensive destruction of the prepuce are by no means uncommon; loss of the entire glans is less frequent, but cannot be considered a curiosity, and destruction of the major part of the corpora cavernosa, and even of the entire penis, I have seen on several occasions. The use of iodoform as described by Dr. Greenough has been the common practice at the Charity Hospital for several years, in some cases preceded by nitric acid, but usually not. In 1875, three hundred and seventy-six cases were under treatment, and the average period of cure was about thirty days, which certainly does not equal the brilliant results recorded by Dr. Greenough. This further leads me to believe that our average hospital chancroids are severer lesions than those met with in your city, un-