winter. A grandfather received his son home from a town infected with scarlet fever. The son had sharp fever, severe ulcerated sore-throat, with much congestion, and a red rash only over the palate. A brother and his children visited him. The father had years ago lost two sons from scarlet fever. The present case was a doubtful one of scarlet fever without rash. There was none at this time in St. Andrews. The brother's children took scarlet fever, of which *one died*. Isolation and a strict plan of disinfection were urged from the commencement, but were not attended to. A sister's family, living at a distant part of the town, took the fever, and *two* out of the three *died*. A brother's family, still in an entirely separate part of the town, also took the fever in about a fortnight, and out of this (also a family of three) *two died*. Here in one small family-circle *five lives* are lost, apparently entirely through ignorance and neglect of sanitary precautions on the part of the friends. The same sacrifice, on an immense scale, is known to be going on all over the country—with what practical result as regards preventive measures?

St. Andrews, Oct. 1870.

ON TWO CASES OF EXCISION OF TONSIL, FOLLOWED BY HÆMORRHAGE.

By WHARTON P. HOOD, M.D.

THREE years ago I excised the left tonsil of a gentleman who had complained for some time of the inconvenience produced by its redundancy. The only unusual feature about the operation was this, that after I had cut through the upper half of the tonsil the further passage of the bistoury was barred, so to speak, by some hard substance. I made more pressure with the knife, and still could not continue my cutting. I then pulled strongly on the portion of tonsil held by the forceps, and feeling something slip from under the knife, found that the obstacle was removed, and the excision was easily completed.

On examining the portion of tonsil removed, I saw that the cause of my difficulty arose from a small calculus, about a quarter of an inch in length, milk-white in colour, round and rough in shape—in fact, exactly resembling one of those sugar-plums, containing a coriander-seed, used as padding to a box of the larger sorts of French bon-bons. One-half of its length protruded from the mass in the forceps, and the cavity in which it had lain was plainly visible in the remaining portion of the tonsil.

As a rule, gargling the throat with cold water is sufficient to check hæmorrhage after excision; but in this case it lasted for several hours, notwithstanding the application of a variety of styptics, such as solid nitrate of silver, ice, perchloride of iron, &c., and I began to feel rather uncomfortable as to the result. Suddenly the patient said, "I feel very sick"; and sick he was to a very considerable extent, vomiting large quantities of partially digested food and coagulated blood.

When the sickness had ceased, I fully expected to have an increase of the bleeding, and looked rather anxiously into the mouth at the cut surface; but my surprise was both great and agreeable when I found that the cavity in the tonsil had disappeared, and, instead of an increase, a complete arrest of the hæmorrhage had taken place. I remained with the patient for some time, expecting that the stoppage was only temporary, but was very pleased to find that it was permanent.

A short time ago I was sent for to a patient in whose case both tonsils had been excised. The operation had been done at 1 P.M.; and when I saw him at 5 P.M. I learned that slight bleeding had continued until about 3 P.M., and after taking some food it had increased to such an extent as to alarm him. I tried various styptics for a short time without any controlling effect. Recollecting the effect of vomiting in my previous case, I determined to give him an emetic. I gave him a scruple of sulphate of zinc in a little water. He was not sick for a quarter of an hour; at the end of that time he brought up little else than blood and water (he had sucked a good deal of ice). He retched for a

short time after the stomach was emptied, and when the retching had passed off I examined the throat, and saw that the bleeding had stopped, as in the first case.

I am well aware that the result of a particular plan of treatment, tried in only one case, does not justify much faith being placed in its future success; but as I hope it will not fall to my lot to have any more exceptional cases of this description—for hæmorrhage after excision of the tonsil is exceptional, in my experience occurring twice in forty cases,—I call the attention of others to the use of an emetic under these circumstances, so that its efficacy may be tested when opportunity offers.

I presume that the hæmorrhage is checked in these cases by purely mechanical action—viz., pressure of the pillars of the fauces and the surrounding muscles on the tonsils. The closing-up of the hole in the tonsil in the first case is, I think, a fair proof of the amount of pressure exerted. I believe emetics of ipecacuanha have been found useful in post-partum hæmorrhage.

Upper Berkeley-street, Oct. 1870.

CARBOLIC ACID AS AN ANTISEPTIC AND DISINFECTANT.

WITH A FEW CASES ILLUSTRATIVE OF ITS BENEFICIAL
EFFECTS IN CATARRHAL, ASTHMATIC, AND
BRONCHIAL AFFECTIONS.

By ANGUS MACKINTOSH, M.D.

(Continued from p. 565.)

CASE 4.—Late in the evening of the 10th of January I was requested in great haste to see a man, aged thirty-five years, who had broken his leg while wrestling and fighting in a public-house. On reaching his house, which was only a short distance from where the accident occurred, I found him sitting on a chair, supported by two friends, one on either side, and his head resting on a partition, quite unconscious. I first examined his head, which was in a most frightful state. The scalp was divided in a line from the middle of the forehead to the occiput, and turned down over the right ear; the face and hands, in short everything about him, were covered with blood. I could not discover any fracture of the cranium; and, after cutting the hair and washing the parts, I stitched the edges of the scalp together, and dressed it with cold-water cloths, supported by a bandage. The right leg was bent at right angles, the foot thrown outwards; internal malleolus protruding through the elastic of his boot. Before removing the boot and stocking I could detect a fracture of the fibula above the external malleolus. By a little assistance we got him to bed, undressed him, and cut the boot and stocking so as to get them removed with as little pain and damage as possible. Having done so, I could see, without any manipulation, the complication of circumstances: compound dislocation of the ankle inwards, and compound comminuted fracture of the fibula, about three inches above the external malleolus, with much laceration of integuments. The reduction was not very difficult. By extension and counter-extension, accompanied with a little gentle pressure, I managed to put the ankle in its proper place. The greatest puzzle was, not to replace the bones, but to keep them in position afterwards, owing to the wounds on both sides of the leg. Splints and bandages were out of the question. The means employed, therefore, were sand-bags, paddings, and strips of adhesive plaster, with a few other contrivances, to steady the foot and ankle, and carbolic acid and oil as dressing. I regularly for three weeks visited my patient three times a day, and dressed the wounds myself, being determined to watch more closely, if possible, the effects of the acid in the first stage of reparation. The ankle wound was thoroughly washed and injected with carbolic acid and oil (one to eight), four layers of lint saturated with the lotion applied, and the whole covered with oiled silk. The wound on the outside was similarly dressed, with this exception—that the carbolic-acid paste (one to eight) was