similar attack when at 20 years of age he was wrecked on an island in the China seas, robbed of his clothes, and compelled to accept such garments as the natives offered him. In consequence, as he supposed, of wearing this clothing he acquired an eruption round the waist which he styled "itch" (but which may probably have been herpes zoster). On reaching Singapore a surgeon whom he consulted painted the eruption with tincture of iron, and thereupon he was seized with violent strangury which lasted a day or two. The coincidence, as it appears to me, provds that this agent may be classed among those which can induce strangury in certain persons—though, perhaps, in those only who have a tendency to gout.

31. Incubility of the Pustules of Ecthyma.—M. Vidal states (Gaz. Hebdom. de Méd. et de Chirurgie, Nov. 20, 1874), 1st, that the pustules of ecthyma or typhoid fever, and especially of ecthyma simplex, are auto-inoculable; 2d, that the pustules produced by the auto-inoculation run the same course as the pustules which arise spontaneously, and that the pus from them is inoculable the fourth day; 3d, that the contents of the pustules of the second generation is auto-inoculable; 4th, that its activity goes on diminishing and ceases at the third or fourth generation.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

32. Lister's Method of Treating Wounds.—Prof. Demarquay, after having given Prof. Lister's mode of dressing wounds and incised a fair trial at the Maison Municipale de Santé, lately read a paper before the Academy of Sciences, containing the results of his observations. He said that, however successful the Scotch surgeon might have been with this method, he himself could not say that it possessed any particular advantages over the other methods in ordinary use; that, on the contrary, it had a great many drawbacks, which he summed up as follows. The atmosphere surrounding the patient is impregnated with carbolic acid which is disagreeable to the surgeon and to his assistants; moreover, the hand of the operator is numbed and becomes the seat of a pricking sensation, which sometimes lasts more than twenty-four hours. The spray which is directed constantly on the wound favours hemorrhage, and it is difficult to estimate the quantity of blood thus lost; besides which, it is more difficult to stop the bleeding. Dr. Demarquay made his observations on eight cases on which he had operated; viz., four of tumour of the breast complicated with enlargement of the axillary glands, two of castration, one case in which a chondromatous tumour of considerable size was removed from the right parotid region, and, lastly, a case of removal of a fibro-plastic tumour from the abdominal pueretes. Among these eight patients, four were the subjects of venous hemorrhage on the day of the operation, one of arteri hemorrhage (secondary) on the eighth day, and another was affected with purulent infection, which terminated fatally. Dr. Demarquay remarks that no accidents occurred in any of the cases operated on about the same time and in the ordinary way, and the following are the results of his observations on the eight cases referred to above.

1. The wounds were languid-looking, atonic, pale, indolent; which, however, did not prevent cicatrization. 2. The pus, which flowed in large quantity, was of serous character, and contained only a few pus-globules. 3. The carbolic acid seemed to render the blood more diffluent, prevented its coagulation, and thus favoured primary hemorrhages at the surface of the wounds. Dr. Demarquay next inquires into the effects of Lister's method upon the vibriones. The pus escaping from the wound was carefully examined each day or every second day by the microscope, and these microzoa were constantly found in it. These, he added, were not peculiar to this mode of dressing, but they were found in all the other plans employed, such as alcohol, tincture of eucalyptus, glycerine,
etc.; but, notwithstanding this, the wounds in all the cases healed, except one, which proved fatal from purulent infection. From these inquiries Dr. Demarquay concludes that the different modes of dressing employed in the hospitals do not prevent the development of germs, and that the presence of a certain number of protozoa in the wounds, kept very clean, does not interfere with cicatrization.—Brit. Med. Journ., Oct. 17, 1874.

33. New Method of operating on the Larynx.—The Centralblatt für Chirurgie for Aug. 15th contains an interesting account of a new method of conducting operations on the larynx, introduced by Dr. A. Eysell, of Halle. Every one, he says, who employs the laryngoscope must be aware how difficult it is to reach a tumour growing in the lower part of the larynx, which is not sufficiently movable to be driven above the level of the vocal cords by forced expiration. He has, however, succeeded in removing them in the following way: whilst observing the larynx by means of the laryngoscope, for which he employs either daylight or the electric light, an exceedingly elastic needle is passed through the skin and crico-thyroid membrane, into the larynx exactly in the middle line, and immediately beneath the thyroid cartilage. The needle is then made to transfix the tumour, and by depressing its handle the latter is forced up into the ventricle of the larynx. No hemorrhage takes place, the only pain felt is during the transfixion of the skin, and no local mischief has followed even frequently-repeated operations. If it be intended to canterize or tear away the tumour, the patient is directed to hold either the mirror, or better still, the needle; and in this way Dr. Eysell has succeeded in removing two fibromas from the lower part of the laryngeal cavity since last November. Since that time he has endeavoured to operate on tumours, with the needle itself, which could not conveniently be attacked through the mouth, and for this purpose he employed the needle used by Schwartz for performing paracentesis of the tympanum; but even this ought to be gently heated before use, in order to make it more pliable. It was passed as before into the larynx, and several incisions or pricks made into the tumour, which was then lifted up and canterized. In a case where the vocal cords were adherent to one another for their anterior two-thirds, as the result of a suicidal cut throat, which caused considerable shortness of breath on slight exertion, a narrow tenotome was passed through the scar, 0.5 centimetre broad, into the larynx. When the point appeared behind the triangular adhesion, the handle was firmly depressed, and by drawing the knife downwards the cords were separated almost to their origins. In the same way, no doubt, injections might be practised on laryngeal tumours, by the employment of a needle-pointed syringe. It may be impossible to perforate the thyroid cartilages in old people on account of calcification.—Med. Times and Gazette, Oct. 17, 1874.

34. Extirpation of the Entire Larynx.—Prof. Billroth of Vienna performed this formidable operation for the second time on November 11th, in the Allgemeine Krankenhaus in Vienna. The patient, a man aged 50, came about six weeks previously under the care of Dr. Schrötter, the teacher of laryngoscopy, complaining that he had suffered for some time from hoarseness and increasing difficulty of breathing. Laryngoscopic examination detected on the left vocal cord a nodulated growth, apparently closely adherent to the mucous membrane. It was diagnosed to be epithelioma. As the disease made rapid progress, the whole interior of the larynx becoming affected and the dyspnée constantly increasing, the patient was transferred to Dr. Billroth for the purpose of operation. Dr. Billroth gave a favourable prognosis with regard to the return of the disease, on the ground that no infiltration of the adjacent lymphatic glands could be detected. The operation of extirpation of the larynx was performed by Dr. Billroth, in the presence of a large number of medical men and students. Microscopic examination completely confirmed the accuracy of Dr. Schrötter's diagnosis. The patient died on the night of the 16th, apparently from hypostatic pneumonia.—Brit. Med. Journal, Nov. 28, 1874.