NOTE ON THE
USE OF SALICYLIC SILK AS A DRESSING
FOR WOUNDS, WITH CASES.

By J. LOCKHART GIBSON, M.B., C.M.,
RESIDENT PHYSICIAN, EDINBURGH ROYAL INFIRMARY; PRESIDENT OF
THE ROYAL MEDICAL SOCIETY, EDINBURGH.

LAST winter I acted as Mr. Chiene's house-surgeon in the Edinburgh Royal Infirmary, and I have received his permission to publish the results we obtained under the use of salicylic silk between the deep and superficial layers of gauze in an antiseptic dressing. What led to the use of salicylic silk was the note of the results obtained in the Leeds Infirmary, published by Mr. Henry Brown in your number of Oct. 8th, 1881. Mr. Chiene did not, however, adopt the Leeds method in its entirety, but, as we think, improved upon it, and so brought out some of the chief advantages of the silk as an addition to an antiseptic gauze dressing.

Our method differed from that used at Leeds in this essential—viz., in the use of no mackintosh. Next the wound was placed a piece of protective of as small a size as possible, and often perforated, as it was used merely to prevent the dressing from sticking to the wound; then two or three

layers of carbolic gauze wrung out of 1 to 40 carbolic lotion; above that a variable quantity of salicylic silk; and over all a large dressing of eight plies of carbolic gauze. The large dressing we used to protect the silk, which was looked upon as an aseptic though not antiseptic reservoir, and therefore required an anti-epptic covering to prevent it from going wrong when moistened with discharge. It was not thought necessary to soak the deep dressing in a stronger solution of carbolic acid than the usual 1 to 40. The mackintosh was dispensed with because the use of the beautifully absorbent silk gave us the means of employing what Mr. Chiene had been long aiming at—viz., a dry dressing. The advantages found in the silk were—dryness of our wounds, lessening of discharge, diminution of labour to the surgeon, and cheapness. The absence of the mackintosh allowed the fluid part of the discharge to evaporate, and the dressings, when removed, sometimes not till two or three weeks after their first application, were found to be acting the part of a huge scab and to be covering a healed wound. The discharge was lessened because the poulticing action due to the mackintosh was absent. Our wounds in almost every case were drained with chromic catgut, that dressing might not be necessitated for the removal of a drainage-tube. Horsehair stitches were employed, as being more rigid than catgut; as keeping the lips of a wound in more perfect coaptation, and as being easily removed after a wound is healed.

CASES TREATED BY SALICYLIC SILK IN THE ANTISEPTIC DRESSING.

No.	Nature of case.	No. of dressings.	Highest temperature.	Remarks.
1	Scirrhus of mamma and axillary glands.	1	99° 2°	Dressed on the operating-table. Dressing removed on the fifteenth day. Wound found healed.
2	Scirrhus of mamma and axillary glands.	4	100° 8°	Only once dressed for discharge (oozing); twice for drainage-tube in axilla, which had been used because some glands surrounding the axillary vessels, and, therefore, not removed, had been touched with chloride of zinc. Drainage-tube opening healed in thirty days, rest of wound in thirteen days.
3	Trephining for compound depressed (punctured) fracture of skull.	1	99° after 1st day, when it was 101° 6°	Bone, to the size of a crown-piece, removed from vertex. Dressing removed on the fifteenth day. Wound found healed. Dismissed a month after admission.
4	Railway injury reflecting the scalp from nearly the whole of one side of the head, and baring and scratching the bone for an area of two inches in diameter.	1	99°	Dressed on the eleventh day, and found healed.
5	Amputation through the middle of thigh, for cario-necrosis.	4	99°	Healed on the seventeenth day. Dressed on the first, fourth, tenth, and seventeenth days.
6	Five wounds of vertex, three penetrating to the bone, and one exposing a fissured fracture.	1	99°	Dressed on the twelfth day, and found healed.
7	Primary amputation below the shoulder.	5	99° 8°	Drainage-tube used because flaps were doubtful. Only two of the dressings were necessitated by discharge.
8	Syme's amputation at the ankle (primary).	10 (3 for discharge)	100°	The frequent dressings were necessary for the watching of a linear slough of the heel-flap, which had been injured by the accident. The case was in for eight weeks. Very good stump.
9	Compound fracture of tibia and fracture of fibula.	2	99°	Dressing removed in twenty-one days. Wound found to be quite superficial, with distinct union of bones. In another fortnight the wound healed, and patient was dismissed.
10	Compound fracture of tibia.	3	100°	The patient (a woman) had fracture of the true pelvis and of a rib, in addition to the tibial injury. Dismissed in six weeks.
11	Compound fracture of tibia and fibula, and compound dislocation of the ankle.	12	101°	The case was a very serious one, but left the hospital in nine weeks with the wound healed and a movable ankle. The last five dressings were not necessitated by discharge.
12	Primary amputation of middle and index fingers, with portions of their metacarpal bones.	3	99°	Healed on the twelfth day.

ON A CASE OF MALIGNANT CHOLERA.

By J. EDWIN COONEY, L.F.P.S.G., &c.

MRS. C—, of Poplar, E., aged fifty-two, of spare habit, after three days of premonitory diarrhœa, during which period she dosed herself from a neighbouring druggist's to no effect, sent for me on June 21st, 1882. Arriving at 8 A.M. I found her shrieking and groaning, tortured by spasms of the carpo-pedal extremities, &c., which were purple; the countenance had assumed the "facies cholericita," the eye being deeply sunken, red and injected, a broad and livid band encircling the lower part of the orbit; every feature was sharp and pinched, the complexion thick and muddy, and the lips and tongue purple. The whole body was bathed in a cold and clammy sweat; the voice scarcely audible. Temperature (external) was below 95° F.; pulse not appre-

ciable in wrists and superficial arteries. One of the heart's sounds only detected. Vomiting and purging incessant. She was passing painless motions of the true choleraic character—viz., copious white flocculi suspended in a watery fluid; urine was entirely suppressed since 4 A.M. She was, moreover, extremely restless and tossing about. In other words, she was in the algide state of malignant cholera. At 8 A.M. ice was given *ad lib.* to suck, also twenty grains of chloral hydrate, with twenty minims of dilute sulphuric acid in a little ice-water, which was rejected. This repeated at 8.30 A.M. was again vomited. At 9 A.M. I gave her a dose of chloral alone (twenty grains), which was retained; and up to 6 P.M. I gave ten grains of chloral every half-hour. Vomiting occurred occasionally in the intervals, but the drug was never rejected. At 10 A.M. I found the bladder empty on passing a catheter, and resolved to inject a pint of tepid water in it to procure its absorption. The symptoms were still urgent, though the sweating and restlessness had ceased, and the cramps were shorter in duration and further between. At noon, on passing the