INDEX TO SURGICAL PROGRESS.

GENERAL SURGERY.

I. The Eczema of Surgeons. By Dr. O. LASSER. In the consideration of this subject, the ordinary description of eczema as an exactly defined clinical identity cannot be maintained. Surgical eczema presents a variety of inflammatory reactions of the skin due to definite exciting causes. While many other diseases of the skin are obscure in their etiology and pathology, the eczema of the surgeon is characterized by certain circulatory disturbances of the skin with hyperæmia, exudation, exfoliation, formation of papules, and bullæ. Healthy young men, who have never had occasion to pay attention to the state of their hands, often after their entrance into the field of surgical work suddenly develop an inflammation of the skin of the hands, with burning and itching. The skin becomes swollen, red, and tender. This condition does not always come on at the beginning, and may be slow or sudden in its onset. The course of the disease is very simple. Every human tissue has its limit of resistance. The causes of these changes may be due to chemical action, heat, or the mechanical action of rubbing. First is observed a slight redness of the skin with some heat and swelling. The originally smooth, soft skin becomes broken and cracked. The subcutaneous lymph-channels are broken open, and the lymph transudes and coagulates upon the surface. The exudation of plasma causes pressure upon the nerve-endings. The surface is scratched. The surgeon who purposely refrains from scratching the surface, does scratch it unconsciously during sleep. The small openings into the lymph-channels are thus infected, and the trouble is aggravated.

A discontinuation of the use of the hands does not always mean that the attack will not recur when the hands are again put into use.

The same application which excited the first attack is apt to cause another attack when again used. The washing of the hands with soft soap and a hard brush, rinsing in hot soda solution, creolin, or acetic acid are procedures which no washer-woman could practise, much less the more finely organized surgeon. Soft hands should be washed with good soap, and then, before drying, some oily substance should be applied. For this purpose the best is a mixture of olive oil, glycerin, lanolin, and vaseline, in equal parts with 2 per cent. of resorcin.

If eczema develops, notwithstanding this prophylaxis, the chief precaution should be taken in preventing the admission of bacteria into the cracks in the skin. The best antiseptics for these cases are the tar products, such as creosol and benzole. They are best used not in the form of ointments, but as oils dissolved in alcohol. Fortunately the ordinary wood-tar can be easily removed from the diseased skin, and is itself an excellent application. This can be applied copiously once daily, towards evening, and washed off in warm water after half an hour. Then for the night a 2 per cent. salicylic paste or zinc paste (zinc. oxid. 60.0, ol. oliv. 40.0) can be thickly applied, and covered with a cotton and mull bandage. Under this treatment the itching quickly disappears, and also the infiltration and hyperæmia.

Another good method of treatment is the application of

Beta-naphthol,	10.0
Sulph. sublim.,	40.0
Sapon. virid.	
Vaselini,	āā 20.0

This is applied first, and then after ten or fifteen minutes is replaced by a 25 per cent. chrysarobin-lanolin mixture. After this comes the tar, and the subsequent all-night dressing as above. This last can be also made of 10 per cent. white precipitate, 10 per cent. pyrogallie acid, and 70 per cent. lanolin.

When impetiginous crusts and pustules form, they can be quickly cured by a salve, composed of one part of cinnabar, twenty-five parts

of sublimated sulphur, and seventy-five parts of vaseline, with a few drops of bergamot oil. It is important that a light absorbent dressing be applied over night. In very severe cases scarification can be resorted to to hasten the removal of the exudate and relieve the over-distended capillaries. Any irritation from strong applications is to be guarded against. *Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

II. Statistics of Narcotization (Fourth Series, 1893-94). By Dr. GURLT (Berlin). During the past year there have been reported 33,083 chloroform narcoses, 11,669 ether, 3896 mixed chloroform and ether, 750 chloroform-ether-alcohol mixture, 2986 bromethyl (in 169 cases combined with chloroform, ether, or both), and 91 nitrous oxide. When the last, which is used only by dentists, is omitted from the number, 52,384 narcoses with 21 deaths remain = 1:2494. The figures for four years are 166,812 chloroform narcoses with 63 deaths = 1:2647; 26,320 ether narcoses with 2 deaths = 1:13,160; 8014 mixed chloroform and ether with 1 death = 1:8014; 4190 chloroform-ether-alcohol mixture with 1 death = 1:4190; 7541 bromethyl with 2 deaths = 1:3770; and 597 pental narcoses with 3 deaths = 1:199.

During the past year chloroform has given an especially large mortality,—1:1946; ether has given 1:5834. In Germany the employment of chloroform has diminished (33,000 against 38,400), whereas the use of ether has increased (11,600 against 6200); and chloroform and ether mixed (3800 against 1200) and bromethyl (2900 against 2000) have also been used more frequently. Among the 3182 anæsthetizations with Pictel's glacial chloroform two deaths are reported.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXXIII Kongress, 1894.

III. Physiological Function Assumed by a Thyreoid Metastasis. By Dr. VON EISELSBERG (Utrecht). In the spring of 1886 Von Eiselsberg did a total extirpation of a goitrous thyreoid for compression of the trachea. Microscopic examination showed