

Dr. H. lays great weight on the fact, which he believes to be a legitimate deduction from his observations, that erysipelas is always a product of some preceding or simultaneous disease. This fact is often overlooked, and the erysipelas mistaken for a spontaneous affection. The annually recurring epidemic of erysipelas will be found to be developed in patients laboring under recurrent rhinitis, blepharitis, angina, etc. Dr. H. does not believe in the dependence of erysipelas upon a specific morbid change in the blood. The proper erysipelatos symptoms are developed when, in the predisposed, there occurs an augmentation of the local irritation. This irritation he does not, with Volkmann, believe to be of a specific character. The secondary irritation may be: 1st. *Mechanical*. Pressure upon the skin by pads or bandages; retention of matter from the too early closure of the edges of wounds, especially those of the nose or ear, inasmuch as, from the intimate attachment of the skin to the subjacent cartilage, a slight collection of confined pus will produce comparatively severe pressure. 2d. The cause may be *chemical*. The abuse of severe rubefacients; the irritation from abnormal discharges from wounds, ulcers, etc. 3d. The cause may be *physical*. Cold air, especially cold damp air; great heat. 4th. The cause may be an *infection* attached to clothing or furniture, or suspended in the atmosphere. 5th. A *morbid condition of the blood*; as in typhous and puerperal fevers; hydræmia, scorbutus, mercurialisms, pyæmia, gastric disturbance from excess in food or drink, unhealthy dwellings, and insufficient or unwholesome food; insufficient or filthy clothing, as in the case of inmates of ill-conditioned, wrongly-constructed, and badly-managed prisons.

To prevent the occurrence of erysipelas in the wards of hospitals, these should be not only kept perfectly clean, and thoroughly ventilated, but vacated and kept unoccupied for two or three months every other year. In the treatment of erysipelas, a leading object should be to protect the diseased surface from the contact of the atmosphere. The cold water treatment of Volkmann does not appear to be admissible in cold climates. From the local application of nitrate of silver, Dr. H. has not derived any good result.—*Centblatt. f. d. Medicinisch. Wisschftn.*, Sept. 10, 1870. D. F. C.

47. *Tetanus*.—Dr. OGLE communicated to the Clinical Society of London a case of tetanus in a healthy boy, who got a bruise on his thumb. Three days afterwards he complained of stiff neck, and vomited, and shortly afterwards became affected by opisthotonos. On the fifth day after the injury he was admitted into St. George's Hospital in a state of tetanus. He was put fully under the influence of belladonna; ice was constantly kept applied to the spine, and chloral was given at night to induce sleep. It was noticed that at no time did the sardonic smile exist, and never was there any trismus or (except on one day) difficulty in swallowing liquid food, such as wine, brandy, beef-tea, and beaten-up eggs. In this case the temperature and pulse were registered twice a day; and it was noticeable that almost throughout the patient's stay in the hospital the temperature was higher in the evening than in the morning, on one day reaching 102.3°. About the fourteenth day after the injury the tetanic symptoms began to abate, and by degrees the belladonna and the chloral were discontinued, and also the application of ice to the spine. After about a month from the accident the patient left the hospital quite well, and has so continued ever since. Dr. Ogle suggested that possibly the examination of numbers of cases of tetanus might show that the temperature always increased in the evening, and that this fact might have value in diagnosing true tetanus from certain cases of affections of the spinal cord and its membranes, certain cases of hysteria, and strychnia, and other poisoning. Dr. Ogle believed that the highest temperature arrived at in tetanus was recorded by Wunderlich, who described it as being 108° shortly before death, 112.55° at death, and 113.56° after death. He also alluded to a case of tetanus in which, after the attack, the patient was subject to great irregularity of the heart's action, with much discomfort and palpitation on exertion, as if the mechanism of the organ had been injured in some violent muscular effort.

Mr. Croft had lately treated a similar case, which got well; he had used hydrate of chloral, and nothing else; its influence was decided. It was inter-

mitted for twelve hours, and the patient got much worse. It kept him asleep. He was about twenty-one days under treatment.

GOPAL CHUNDER ROY had seen many cases of tetanus in Calcutta. The prognosis depended on the parts affected. If the power of swallowing is lost, they die; if not, however bad, they have a chance of recovery. Non-nutrition was most necessary. They used opium in the form of smoke, as, used in this fashion, it did not render the patient costive. In one case, belladonna was given; but, constitutional symptoms appearing, it had to be given up. He had seen division of the nerve do good.

MR. PAGER had seen a gentleman three months ago, and to him chloral was given in large doses; it comforted the patient, but did the disease no good. He died just the same. No one, he thought, ever had six cases treated successfully by any one method. He recalled three successful cases. One, a boy, got well—he was kept quiet; another was a man who inhaled enormous quantities of oxygen. In two other cases, oxygen was absolutely inert; a third took chloroform, and got well. Chloroform had been used with others who had died.—*Medical Times and Gazette*, Oct. 22, 1870.

48. *Strangulated Hernia Reduced by Application of Cold Water.*—Dr. P. FOSTER reports (*Lancet*, Aug. 27, 1870), two cases of this. In both cases the patients were advanced in life (about sixty), and the hernia had existed in a reducible form for several years. After trying the taxis patiently for about half an hour in each case without producing the slightest effect, I applied cold water. In Mr. W——'s case the tumour disappeared in about ten minutes under the influence of the cold water alone; in Mr. S——'s case, after about the same length of time, the reduction was effected almost immediately upon removing the cold water cloth and reapplying the taxis. The patients were placed in the position usually recommended, and the cold water was applied by means of a pocket-handkerchief, the application being renewed every two or three minutes.

49. *Rapid Cure of Buboes.*—Dr. J. GRUNFELD, assistant to Sigmond, of Vienna, has had much success in extracting the pus by means of a hypodermic needle, India-rubber tube, and syringe. Where the cavity fills again, a second operation of the same kind should be undertaken; and when the pus is unhealthy, weak solutions, either of carbolic acid or chlorate of potash, should be injected, and pumped out again by the same syringe. Such patients as were so treated left the hospital much sooner than those whose buboes had been freely laid open.—*Lancet*, Nov. 12, 1870.

50. *Treatment of Inflamed Testicle by Puncture.*—At a late meeting of the Medical Society of London (*The Lancet*, Nov. 12, 1870), Mr. HENRY SMITH made some observations on the excellent results he had obtained from puncture as a means of giving relief to an inflamed testicle. The plan had served him well in about 500 cases. The relief obtained was immediate and permanent, and he believed arose from division to a small extent of the tense and unyielding tunica albuginea. The small amount of blood lost had nothing to do with it.

51. *Treatment of Strictures by Horsehair Bougies.*—Dr. MITSCHERLICH, of Berlin, draws attention to the advantage that may sometimes be derived in cases of extremely tight strictures of the urethra from the employment of bougies composed of horsehair. He has always been able to reach the bladder with this simple instrument, and the hair has then served as a means whereby properly conducted sounds, having a minute opening at their extremity, could be made to glide through the stricture. Horsehair, he remarks, is finer than any instrument that can be made of equal strength, whilst it possesses a certain degree of elasticity that renders it much preferable to those composed of whalebone. In nine cases he has had no failure. The following is one of his cases: A soldier was wounded in action in 1849. After some years an attempt was made to extract the ball, which was felt through the soft parts of the perineum. The attempt was unsuccessful, and the result was a fistulous opening