

To hasten the exudate of callus in these femoral neck fractures in the aged Dr. Dawbarn had used in the case of the old lady referred to an injection all along the track of the nail, within the bone, of the mixture (half pure glycerin, half glycerite of tannin (U. S. P.) boiled together) of which he spoke at another A. M. A. meeting last June; advocating its use in non-union of fracture when due to insufficient callus exudate, and not as most commonly is the case, instead, due to some local trouble, such as lack of good apposition or to soft tissues, torn and interposed.

DR. WALKER, in closing the discussion, said that in one case of fracture of the neck of the femur of eighteen months standing he had resorted to the use of the spiking process referred to by Dr. Dawbarn, and about two months later he found the nail very loose. He thereupon made a small incision, and with the aid of a pair of forceps it was removed without any trouble. In old people—old in years or on account of disease—he did not resort to the use of an anæsthetic.

Stated Meeting, October 23, 1907.

The President, DR. GEORGE WOOLSEY, in the Chair.

EXCISION OF ANTHRAX PUSTULE.

DR. CHARLES L. GIBSON presented a man, 49 years old, a native of Ireland, and a longshoreman by occupation. During the past year he had at various times assisted in unloading large numbers of ox-hides shipped at New Orleans. One month previous to his admission to the House of Relief he had assisted in unloading 1,500 hides, carrying them upon his right shoulder. These hides had been through only the preliminary process of tanning, and the hairs had not been removed.

Two days prior to admission the patient noticed a small papule on the right side of the neck, which was irritated by the collar of his jumper rubbing against it. On the day after the appearance of this papule he became quite weak and felt sick, but he did not complain of pain. He went to bed about 5 P.M., and was awakened about 3 A.M. with the pain and swelling of the neck. He visited the hospital the following morning, but refused treatment. That evening he was again brought to the hospital

in a very weak condition, with marked constitutional symptoms, his temperature on admission being 102° F.; pulse, 104; respirations, 24.

The case was recognized as one of anthrax pustule, and the lesion was immediately excised. The wound was then thoroughly swabbed with pure carbolic acid and eight drams of a five per cent. carbolic acid solution were injected into the adjacent tissues, followed by a wet carbolic acid dressing. This was repeated on the following day. The patient at this time felt well, and his temperature rapidly fell to normal.

A blood culture in this case was sterile. The lesion that had been excised was submitted to a pathologist, who reported as follows: Central part revealed a hemorrhagic, slightly elevated area. The epithelium covering this was maculated, and on section presented a peculiar hemorrhagic and necrotic appearance. About the central area numerous vesicles were seen. Microscopically the lesion gave the usual appearance of anthrax. There were an unusually large number of anthrax bacilli present.

EXCISION OF THE TONGUE UNDER ANAESTHESIA PRODUCED BY SEQUESTRATION ANAEMIA.

DR. ROBERT H. M. DAWBARN presented a man 46 years old, who was referred to Dr. Dawbarn by Dr. Ferdinand S. MacHale, of this city, because of a leucoplakia lingualis of three years' standing. The entire dorsal surface of the tongue was covered with great numbers of small milky patches, while the anterior third of the tongue had undergone superficial ulceration at the site of each such patch, within the previous month, for the first of this phase of his disease. Dr. Jeffries declared this area of ulceration to be typical epithelioma. The patient was operated on at the New York Polyclinic Hospital, the anterior two-thirds of the tongue being removed. Quite a number of the patches of leucoplakia on the dorsal surface of the tongue were left behind rather than remove the entire organ, with consequent extreme risk of death soon from *Schluckpneumonie*; and subsequently disappeared spontaneously, the man having stopped smoking for the first time in many years. (Also, he had formerly carried the habit to great excess.)

In addition to the removal of the tongue, the sublingual and