

ing matter in every part, most readers will be specially interested in the chapters devoted to the treatment of elephantiasis scroti and the radical cure of hernia. In each operation Dr. McLeod has had considerable experience. He is a strong advocate for the direct operation for hernia, including ligature of the neck of the sac, removal of its fundus, and suture of the fibro-muscular walls of the inguinal canal. He gives in full detail his method of operating, which is the best we are acquainted with. The almost total absence of strumous diseases of bones and joints and allied affections, and the frequent occurrence of tetanus, are striking to an English surgeon. In view of the attention which is just now being given to the alleged increased frequency of malignant disease in England, it is important to note that Dr. McLeod shows that this disease is very common among the native population in India. This is no new fact, but the statistics before us fully demonstrate it. Surgical scarlet fever is an affection which has recently excited a good deal of attention, and at the close of last year an important discussion upon it occurred at the Medical Society of London. It was then shown—we think conclusively—that there are cases which may truly be called surgical scarlet fever. But more than one speaker referred to cases of erythema coming on after operations which could hardly be included under this category. We notice that Dr. McLeod incidentally affords us some interesting evidence on this point. He states that he has observed “several instances” of “surgical scarlatina,” but adds, “as scarlet fever is an extremely rare disease in India, it is quite certain that surgical erythema is a distinct malady from scarlatina.” We have no space to refer to many other points of interest dealt with more or less fully and directly by the author, but we must add that while writing of the results of his own work he has rendered his book remarkably impersonal, and the reader is but rarely reminded of a fact which too many authors never fail to obtrude.

New Inventions.

THE HOLLOW EYE SPECULUM AND DOUCHE FOR THE TREATMENT OF GONORRHOEAL OPHTHALMIA.

THE two chief obstacles which are met with in the treatment of gonorrhoeal ophthalmia are—the rapidity with which the discharge re-forms after its removal, and the difficulty of applying astringent or antiseptic solutions to the inflamed conjunctivæ on account of the swelling of the lids. So great is this difficulty that the external canthus has often been divided to remedy it, and the late Mr. Critchett even divided the upper lid through its centre and stitched its halves apart. The hollow eye speculum and douche is an instrument which Messrs. Weiss and Sons of the Strand have made for me to overcome these two difficulties. It consists of an ordinary spring speculum, the two limbs of which are hollow and prolonged separately for about a quarter of an inch beyond the spring; these are each connected by means of indiarubber tubing to the two arms of a Y-shaped piece of metal tubing; the foot of the Y-shaped piece is joined by another piece of tubing to the tap of an irrigator. The outer borders of the portion of the limbs of the speculum which pass beneath the lids of the patient are each perforated by four holes, the lower part fitting into the upper so as to facilitate its introduction between the inflamed lids. The patient lies on his back on a couch; the speculum, having been connected to the irrigator which hangs above the patient's head on the wall, is introduced, and the tap turned; the fluid then circulates from the irrigator down the tubing to the Y-shaped piece, through its two arms to the limbs of the speculum, and out at the holes into the conjunctival sacs; the patient holds a kidney-shaped tray close to the side of

his head to catch the waste fluid. In this way the accumulation of the discharge can be prevented and antiseptic and astringent solutions efficiently applied to the whole of the conjunctival surface. Mr. Edgar Brown has published a description of an instrument of his invention which consisted of a hollow elevator. The advantages I would claim for the hollow speculum are:—First, it does not require to be held in; once fixed, the patient can manage it himself. Secondly, it irrigates both conjunctival sacs at the same time. Thirdly, it can be used as a speculum and the condition of the cornea investigated, and any medicament that is necessary applied to it. E. TREACHER COLLINS.

Royal London Ophthalmic Hospital, Moorfields, June 9th, 1885.

RUSSIAN EXPERIENCE IN THE TREATMENT OF VARIOLA.

DR. REIMER, in a paper read before the St. Petersburg Medical Society, summarises his experience of the various methods of treating variola that have been recommended of late years, an experience extending to 1300 cases. These methods are as follows:—

Weidenbaum's ointment (cinereum with soap and glycerine). The pustules developed rapidly, but distressing itching followed, and the course of the fever was not shortened.

Caoutchouc solution.—With children a burning sensation was complained of. Four of these cases died of septicæmia.

Nitrate of silver appeared to have no effect on the result, except that the scars were unusually deep.

Hebra's iodine application.—Great pain was experienced, and the pustules ran together into a large scab, which fell off somewhat quickly; but this had but little influence on the formation of the cicatrix.

Corrosive sublimate was tried in forty-six cases, with careful watching on account of its poisonous properties. A solution of 1 to 500 was employed, a mask being saturated with it and applied four times a day, for ten minutes, to the face. The development of the pustules seemed to be hastened somewhat, but the scars were much the same as when other treatment was adopted.

Schwimmer's carbolic oil paste.—Schwimmer said the patients liked this method, as it reduced the feeling of tension, and that no case of serious suppuration of the face had occurred; also that the drying up generally occurred on the ninth to the eleventh day, instead of from the thirteenth to the fifteenth, and always taking place several days earlier on the face than other parts of the body. Reimer found considerable difficulty in employing this treatment with children who could not be got to keep on the mask; he therefore substituted a powder in which carbolic acid was made up with talc, starch, and chalk. He did not find the powdering, which was carefully done four times a day, a very agreeable operation, owing to the repulsive mixture formed with the pustular secretion, or, indeed, very advantageous, as he could not observe that in any of the seventy-seven cases in which it was used the suppuration was perceptibly modified. The same may be said of the forty-eight cases in which he used the paste. Under the microscope there was certainly a diminution of micrococci chains and pus corpuscles. Under the carbolic treatment thirteen children showed symptoms of carbolic poisoning; in three of these life was with difficulty preserved. Nephritis occurred in twenty-six cases, seven of these having hæmaturia.

Under *Burkhard's and Zülzer's xylol treatment*, fifty-two cases were observed, but the formation of the cicatrix was but little modified.

Afterwards, Dr. Reimer tried a number of highly commended methods of treatment, without any satisfactory result. Happening to make use of *salicylic acid* in a case of hæmorrhagic small-pox with the hope of reducing the temperature, he was struck with its remarkable effect upon the disease, and then remembered that Schwimmer in 1876, and subsequently Claridge, had recommended salicylic acid. The acid was given in five-grain doses every two hours in fourteen cases with marked effect, the course of the disease being in all cases shortened. Microscopic examination of the blood of patients in the early stage showed that with a single day's treatment the rod-shaped bacteria which had been distinctly visible had completely disappeared.