

thing going wrong under the bandage I am to see the child, I am able to let the mother attend once a fortnight. In one case there was some suppuration under the skin of the calf, which was in some obscure manner due to the bandage; but the complication soon passed away and merely prolonged the ordinary course of events.

I should say that, as a rule, the plaster bandage has to be reapplied three or four times; probably much of the success attending its employment depends upon attention to the following details:—The bandages should be about two inches wide and two yards long; one and a half or two of them will be necessary. The material of which they are composed should be “cross-weave crinoline muslin,” and this should be boiled before it is used in order to free it of the stiffening of size with which it has been “dressed.” When it has been dried its meshes can be more easily and thoroughly impregnated with the dry plaster which is to be rubbed over each side and well up to the ends of the bandage. The plaster should be quite fresh, and of that fine quality which dentists use for their maxillary models. A most important point is that the impregnated bandages be loosely rolled, so that immediately they are put into water every molecule of the plaster may be straightway wetted. The roller must be dipped, not soaked, in the water, and should be applied dripping wet, for squeezing it drier in the hand involves the loss of much valuable plaster from its folds or meshes, and perhaps also some slight loss of time. A little common salt should have been dissolved in the water to hasten the setting of the plaster. The whole business occupies about five minutes; and on its conclusion a handful of moist sugar in the wash-hand basin will be found of excellent service in freeing the operator's fingers and nails of the tenaciously adhering plaster.

Seymour-street, W.

ON THE TREATMENT OF DOG-BITE IN THE EAST CONSIDERED WITH REFERENCE TO THE PREVENTION OF HYDROPHOBIA.

By PHILIP S. BRITO, M.B., M.Ch.,
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ACCORDING to Dr. Hecker, it would seem that hydrophobia existed at least four hundred years B.C., and as time marches onwards instances of valuable lives sacrificed to the love we bear our domestic pets will perhaps be added to the already significant list of fatalities from this disease. It is saddening to contemplate such an event, and with the hope, therefore, that my remarks may possibly help to mitigate this evil, I crave publication for them.

An old Tamil proverb has it “that the bite of the dog needs the use of the sandal.” (The sandal, I may inform my readers, is an open shoe worn in hot countries, and may, perhaps, be likened most to an ancient Roman “soccus.”) This proverb grew probably out of the treatment adopted in cases of such injuries. The first thing done, and that as soon after the bite as possible, is to chastise vigorously with a sandal the part bitten. This remarkable procedure puzzled me not a little, and I was inclined to ascribe it to a charm, and therefore to discredit the rest of the treatment. But a depth of philosophy seems to underlie it, for on mentioning the circumstance to a professional brother he suggested what seems the true significance of the habit: the effect of such rough treatment being to make the wound bleed freely, and to ensure thus the removal of a portion, at all events, of the virus. It may be asked, Why use a sandal in preference to any other article? I believe it is from the readiness with which it is procurable, as well as from the firm purchase it affords the chastiser from its peculiar shape. Meanwhile some leaves of the *Murungai* (Tamil), *Murungah* (Singhalese), or “drumstick” tree,¹ are beaten up with a little chunam² (caustic lime), and applied to the wound, which is then bandaged. With this treatment

the wound usually heals kindly. The interest of all this centres in the consideration whether we are not dealing with some constituent of the leaves which may modify or counteract, in short act as an antidote to, the poison contained in the saliva. Reliable statistics, and still better, reliable experiments, can aid us here. In the interest of science and suffering humanity would our medical brethren in the colonies, to which this tree is indigenous, and where happily they yet enjoy untrammelled the blessed freedom of vivisectional investigation, work out the details of the outline herein presented, and settle how far this treatment, so common in Ceylon and parts of India, is worthy of adoption or rejection?

Aberdeen.

ON A CASE OF COMPOUND COMMINUTED FRACTURE OF THE SKULL; TREPHINING; RECOVERY.

By A. D. MURRAY, M.B., M.C.

ON October 26th, 1882, I was called to see H. G.—, a man about thirty-eight years of age, who had been thrown out of a cart. I found him suffering from a downward dislocation of the shoulder and a severe wound of the head. After reducing the dislocation I examined the head, and found that there was an extensive fracture of the parietal bone, a triangular fragment being deeply depressed and driven under the sound bone. From the depression fissures could be felt running downwards for about an inch and a half towards the eye and ear. The man had very slight symptoms of concussion and none of compression; but looking at the amount of depression I resolved to trephine without waiting for symptoms to come on. The operation was performed in the usual way. A little more than half a circle was removed from the sound bone above the apex of the triangular depressed portion, and after a corner had been removed by means of the saw the piece was easily lifted out; a clot was found under this. The middle meningeal could be seen pulsating at the lower corner, but was uninjured. Some fragments were taken away, the wound dressed with carbolic oil, and washed frequently with carbolic spray. The man made an excellent recovery, never having had a bad symptom.

I think that this case points strongly to the advisability of trephining at once in compound comminuted depressed fracture of the skull without waiting for symptoms of compression. The operation does not add to the patient's danger, and may, in all probability, be the means of preventing serious complications. I feel sure that had the sharp point of bone remained pressing on the membrane serious irritation would have followed, and that the operation would ultimately have had to be performed under much less favourable circumstances.

Rickmansworth.

EXTENSIVE INJURY TO ABDOMEN AND THIGH; DISARTICULATION OF HIP.

By JOHN FOX, M.D., M.R.C.S.

ABOUT twenty-two years ago a young lad was brought to the Greenock Hospital, having sustained a most severe injury while attending at a circular saw in a wood yard. The destruction of the soft parts around the left side of the abdomen and upper and anterior portion of the left thigh was so extensive and serious that there was no alternative left but to perform disarticulation of the limb at the hip-joint. This operation I performed carefully and slowly, and dressed the part with moist lint, straps, and plenty of support with cotton bandages.

The patient progressed satisfactorily for six weeks, no other application than the water dressing, already described, being used. In the course of one month and three weeks from the time of admission I thought proper to give him change of air and intercourse with his relatives, and accordingly I ordered him home, where I paid every attention to him for five weeks. The patient was walking about the house on crutches in less than three months after the operation, and

¹ I regret that I am not in a position just now to give its technical name. My readings of Emerson Tennent's Ceylon and allied works were attended with equal unsuccess. It is probably one of the cassias. Even for this information I am indebted to the courtesy of Dr. Trail, Professor of Botany, who, from the very general description I was able to give of the tree, imagines it to belong to that family.

² Lime obtained by the calcination of shells (Tennent's Ceylon).