

whole number gives a subsidence of pain on the 7<sup>th</sup> day from admission, or after 5·6 *days* of treatment by the drug.

I think we may infer from this that the salicylate did lessen the joint pain, especially as in those cases in which its administration was withheld for a time the pain did not abate. It further appears that although we have only to do with cases which are treated by the drug, such a cause as that of withholding its administration is sufficient to account for the difference between the day of subsidence of pain when calculated from admission, and when reckoned from the time of commencement of the drug.

(To be concluded.)

### A BRISTLY BOY.

By H. E. CAUTY, M.R.C.S.,

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THE following curious case appeared at the hospital on July 9th, 1881.

W. R.—, aged ten, somewhat imbecile but well nourished; on removing his clothes the upper part of the back, both shoulders, and down the outside of both arms, appeared covered with short bristles of a clear darkish-brown-yellow colour, acuminate apices, and very clean; these bristles were at the edges of the group gradually shortened from their full length of  $\frac{3}{4}$  in. until they joined the skin, which was at the junction raised into polygonal flat discs, finally graduating off to the sound healthy skin of the hands, chest, and back. These bristles also existed between the buttocks, where their tips were black with dirt, and as they interlaced before the buttocks separated, the appearance was most singular. The feeling communicated to the hand on passing it over the shoulders was exactly similar to that of touching a coarse brush, and the bristles gave way under the touch, resuming an upright position afterwards. There were a few pink maculæ over the body and considerable scaly thickening on and around the patellæ. There were also a few ordinary comedones and sebaceous collections on the back. The pulse was quick with nervousness. Bowels confined. Urine free and healthy. Tongue clean; appetite good. Sleeps well. The bristles were expelled comedones, containing very few immature hairs and very little sebum, drying up into a horny substance. They were tolerably firmly attached, requiring more force to remove them than to extract a well-rooted hair; and when removed they left a small central depression surrounded by a circle of torn epithelium which retained them in position. They averaged 100 to the square inch, and had existed over three months. The boy was ordered mercurial aperient every third night, and to be well rubbed with olive oil and a few drops of carbolic acid. A week afterwards, all these comedones were softer, and those in process of expulsion much more visible. The bowels were now regular. Ordered three ounces of lard and half an ounce of glycerine, to be followed every morning by the benzine lotion. This treatment was continued until September 9th, when most of the comedones had disappeared. Some few remaining partially expelled had inflamed; and there were also some inflamed punctæ where the comedones had been. The lard and glycerine to be continued.

Three months afterwards this boy had an attack of herpes, when I again saw him. The skin where the first crop of comedones appeared is now perfectly soft, while showing not the least trace of their past existence. There are three small sebaceous collections of the ordinary character, about the size of a pea. But the whole surface of the back, which had hitherto escaped, is now covered with slight polygonal elevations with a minute central spot, as though a comedo was about to appear, or, failing to find an exit, had caused slight swelling. During the progress of this case, a solitary comedo made its appearance on the back; and the time of expulsion from first to last was six weeks. It will be interesting to notice if all the parts at first free should follow the course of those affected, which at present appears possible; if so, I am afraid a profitable subject for exhibition has been destroyed. There appears some family tendency to abnormal sebaceous secretion, as a brother, aged twenty, had his face, ears, and neck quite black with comedones of the ordinary character. The formation of comedones of an extra horny character is not very rare; but their expulsion and retention on the skin in such quantities is very uncommon.

### TWO CASES OF AMPUTATION TREATED WITH EUCALYPTUS GLOBULUS

By EDWARD LAWRIE,

PROFESSOR OF SURGERY, LAHORE MEDICAL SCHOOL.

ON June 30th last I had occasion to perform a Carden's amputation of the thigh and Syme's amputation of the ankle, in cases of cancer of the leg and fungus disease of the foot. Having seen in THE LANCET of May 21st the annotation on Mr. Lister's speech on Eucalyptus Globulus at the Clinical Society, I employed this antiseptic during the operations and in the after-treatment, it being understood that strict Listerism was followed throughout. Both cases healed without inflammation by the first intention, although the patients were old men and were exhausted, the one by malarious poison and the other by syphilis and an open cancer.

This brief record is sent to THE LANCET in order to bring to the notice of the profession a very simple plan of carrying out Listerism, which I have employed for some years, and which acted perfectly in the cases under report. It consists in preparing the gauze dressing at the time it is to be used instead of beforehand. A stock mixture is kept of four to six parts of resin, four parts of spirit, and two parts of castor oil. Carbolic acid, or any other antiseptic, is added to this in the proportion required, and the gauze is impregnated with the mixture at the time of use. In the present instance, as we did not know the proportion of the antiseptic Mr. Lister would employ, the gauze was simply wrung out of the resin mixture and then dipped in tincture of eucalyptus globulus, of which it took up a large quantity very readily. Evaporation was prevented by a macintosh covering fixed with a splint and bandage; and the only after-treatment consisted in opening this once or twice and moistening the gauze with fresh tincture of eucalyptus. This plan is put forward as an adjunct, and not as a rival, to Mr. Lister's perfect method of carrying out his own system. It involves the use of a wet dressing, and has certain disadvantages; but, in a country like India at all events, its advantages, foremost among which may be mentioned its cheapness and easy application, outweigh them. Here and in other tropical climates Lister's prepared dressings speedily become inert owing to the heat. The result is that, as you cannot tell how far the dressings have deteriorated, you may be deceived by them, and never feel confident in using them; and their employment is apt to be followed by disaster, and consequent disrepute to Listerism. Moreover, in India the price of paraffin, except in such large towns as Calcutta and Bombay, is almost entirely prohibitive of the preparation of gauze in the way Lister recommends. In short, while the prepared dressings of the antiseptic system are expensive, and liable, under many circumstances, to deteriorate or become useless by keeping, these objections do not hold good with regard to storing some such liquid as that mentioned above instead of the dressings; and this method possesses the great additional advantage that the antiseptic or its proportions can be varied without difficulty, delay, or waste, to suit the requirements of any kind of wound.

### ON A CASE OF LOCKED TWINS.

By J. ARONDEL BARTON, M.B., C.M.

ON the morning of the 18th of August I was sent for to attend Mrs. C—, who was reported to be then "strong" in labour. On my arrival I found the patient to be a robust young woman, very short in stature, and eighteen years of age, and in her first labour. The nurse informed me that she had been in labour for over twelve hours, and that she had not expected to be confined until the end of October. On examination I found the vagina well dilated, the membranes ruptured, and the breech of a foetus presenting well down in the pelvic cavity. The pains being very irregular and feeble I administered a subcutaneous injection of ergotine, shortly after which the pains became regular and strong, and the breech and body of the foetus up to the level of the umbilicus were expelled. No further progress being made, I after a short delay passed my forefinger up over the thorax of