

fully bear out this statement, and show that the mortality after the operation is hardly ever due to the operation, and that in the very few cases in which it has been so, there has been no reason whatever for thinking that the hospital arrangements have had anything to do with the fatal result. As to the enormous difference which the figures adduced by Sir J. Simpson would show to exist between hospital and private practice, its very statement is enough to make a cautious reader suspect a fallacy.

(To be concluded.)

ON THE TREATMENT OF CARBUNCLES.

By WILLIAM MARCET, M.D.

I HAVE read with interest Dr. James C. Dickinson's communication to THE LANCET* on Indian Boils. Having on several occasions been called upon to treat carbuncles in our own country, the only means I have found to succeed in arresting this painful and distressing affection is the destruction of the carbuncle in its earliest stage by cauterisation. I question whether it be advisable to prevent the development of the first of a series of carbuncles, as it may be connected with a natural process to rid the body of some morbid substance contained in it; but I would not hesitate to adopt the present treatment for the cure of those which may follow, as boils and carbuncles seldom come single.

The first sign of a carbuncle is usually denoted by a sensation similar to that produced by a slight prick with a pin, occurring when the hand is passed over the affected part. Nothing may be seen yet on the skin, but some few hours later a small vesicle appears, when the pain becomes more acute, and may be caused by the mere contact of the clothes. If the carbuncle be allowed to proceed, say, for twelve hours beyond its very first appearance, it will run its usual course; but its progress may be arrested by the early destruction of the vesicle and its contents by means of the cauterising action of heat. I have adopted many plans to effect this purpose; but the simplest of all, and one which may be considered as always at hand, is the use of an incandescent lucifer-match. The vesicle is to be merely touched, for a fraction of a second, with the red-hot point from five to seven or eight times in succession, when it assumes a dull-whitish appearance from the coagulation of the albumen it contains. The end of a hot wire may also be used. The pain of the operation is really trifling, and it will save from a week to a fortnight's suffering. I have repeatedly applied this form of actual cautery to myself, and shall not hesitate to do so again if necessary.

In general, within four or five hours after the operation, the pain from the incipient carbuncle has in a great measure disappeared, and there is an end to it. It may happen, however, that the carbuncle, at its origin, is deep under the surface of the skin, when no vesicle appears. I have not been so successful with the use of the actual cautery in these cases as in the others; but probably, had the cauterisation been carried deeper, the mischief might have been arrested.

The present treatment suggested itself to me from a consideration of the nature of the vesicle which precedes a carbuncle. This vesicle appeared to me to contain a virus, which was the real cause of the subsequent inflammation, and I concluded that by destroying this virus the carbuncle might be "nipped in the bud." I have tried the local application of nitrate of silver and nitric acid, but they cannot be relied upon, and I fully believe that nothing will act so satisfactorily as the cauterising action of heat.

I may observe that, for the treatment to be successful, it should be applied as soon as possible after the first appearance of the carbuncle. The progress of boils in this country could probably be arrested in the same way, and it might be worth the while to try whether Indian boils might be cured by the present means.

The treatment I am recommending may not be new; but, if such is the case, it is certainly little known; and I hope this will be accepted as my excuse for the present communication.

Harley-street, December, 1870.

* Dec. 10th and 24th, 1870.

CASES TREATED ANTISEPTICALLY ON LISTER'S METHOD.

By LAWSON TAIT, F.R.C.S., &c.

1. C. S—, aged twenty-six, sustained a very severe compound fracture of the left leg. The limb was put up in a swing cradle, and continuous irrigation of carbolic water (1 in 50) was applied. This was continued for five weeks, during which time there seemed to be very little pus formed; but at the end of that period the fracture was in quite as loose a condition as at first, and no closure of the wound seemed to be attempted. The carbolic lotion was therefore discontinued, and no dressing whatever was employed. A thick crust formed in a day or two over the wound. For a whole month not a drop of pus appeared, and during that time the limb was left quite untouched. At length a few drops of pus appeared at one part of the scab, which, after a little piece of loose bone had been removed, was again renewed. Eleven days later union was perceptibly beginning to take place; and since the removal of the fragment of bone not a drop of pus had appeared. The next day an officious person ordered a poultice to "clear off the scab," with the result of inducing profuse suppuration, which did not cease for many weeks, during which time the case was not under my care. In this case I think that the carbolic acid does not deserve credit for arresting suppuration for more than six weeks after its discontinuance.

2. Peter D—, aged fourteen, on March 25th, sustained a severe compound fracture of the left leg, with a large external wound. The limb was put up in a swing, and carbolic irrigation was applied. This was continued until the 30th of April, at which time the wound showed such evident indications of pyæmia of a subacute form that the question of amputation was entertained. Shortly afterwards the limb was removed below the knee, and the stump was next carefully dressed with the carbolic plaster. The patient recovered slowly, and the wound did not heal until far on in June. The delay, I am quite certain, was due to the persistent application of the carbolic treatment.

3. In the case of a boy with an extensive skin wound and imperfect constitutional health, the persistence in the use of the lac plaster delayed the healing of the wound for three months. In this case I determined to complete the cure under the carbolic treatment, no matter what the time occupied, though I am perfectly certain that the cure would have been complete in three or four weeks had any ordinary dressing been employed.

4. James S—, aged thirty-eight, on June 6th was very drunk, and broke his right leg, the fracture of the tibia being extremely oblique, the tissues very much injured; the lower point of the upper fragment had punctured the skin, and a good deal of hæmorrhage had occurred from the wound. I placed the limb on a swing, and syringed out the cavity most thoroughly with carbolic lotion, and dressed the limb with the protective oil silk and the lac plaster. I re-applied the dressings on the 8th, and every alternate day, taking every precaution advised by Mr. Lister, until the 16th. Then, for the first time, suppuration appeared, and the skin covered by the plaster looked very angry, the wound pouting and showing not the slightest indication of healing. On the 20th profuse suppuration was established, in spite of all the antiseptic precautions. This suppuration continued until July 26th, when I was enabled to remove a loose fragment of bone, doing so with perfect antiseptic precautions. After this the case got rapidly well.

I may here note, as of great interest, that I have had three other perfectly similar cases of fracture of the leg, and one of the thigh, where I removed a large fragment of loose bone, and in all four I used no antiseptics, but closed the wound with collodion or styptic colloid, and all got well without any suppuration. In the case of James S—, the difficulty cannot be got over by saying that the antiseptic precautions were not perfect. They were; I did all the dressing myself, and can assert that the Lister method, involving the use of lac plaster and syringes, was carried out most faithfully, and that not a single specimen of the supposititious germs could have reached his wound, if carbolic acid could stay it.