

draining and partly with the view of bringing about a permanently improved condition in the outlet from the bladder—namely, cases in which the tube has been retained for six, eight, or even ten weeks.

The advantages of the double tube after lithotomy performed under the circumstances mentioned may be summarized as follows:—

1. The prevention of vesical colic and spasm by retention of clots and the plugging of the ordinary tube with blood.

2. The more perfect drainage of the floor of the bladder, however irregular this surface may be.

3. A ready mode of washing out all parts of the bladder without removal of the outer tube. For the latter purpose, one of Tiemann's double current rubber catheters, fitted on to a Higginson's syringe and passed through the ordinary lithotomy tube, answers admirably.

4. Increased facilities for keeping the patient dry, by having the inner tube sufficiently long to conduct the urine into a vessel by the patient's bedside; the bed may be kept absolutely dry until the time comes for the removal of the tube altogether. This is a point of great importance, especially in elderly persons, who are liable to bedsores and suffer much from the immediate presence of ammoniacal urine.

The tenesmus and pain at the end of the penis which are sometimes caused, where the prostate is large, by the retention of thick ropy mucus on the floor of the bladder are considerably mitigated by this plan, combined with the free use of some solvent for this secretion. The best solvent for vesical mucus I have yet found is a solution of common salt in warm water, with which the bladder should be washed out by the double tube as described, as often as necessary. In all cases of this kind the tubes should be retained and drainage employed until the urine shows that it can pass through the bladder without undergoing decomposition in it; as long as there is any sign of the latter, there is a risk of the reformation of stone. A considerable number of the softer stones are entirely of vesical origin. The prevention of these necessarily brings under consideration the remedying of the causes upon which they depend. These latter are not always difficult to discover.—*Lancet*, Nov. 8, 1884.

— *Iodoform in Soft Chancres.*

UNNA (*Monats. für prakt. Dermatologie*, August, 1884) finds that for the present no remedy heals the soft chancre more rapidly than iodoform, and none with such certainty obviates the occurrence of a suppurating bubo. The drawback is the peculiar and suggestive odor which no combination serves entirely or permanently to mask. One cause of the diffusion of the odor is the custom of employing iodoform in powder; too much, more than necessary is thus applied, and the powder is apt to be deposited on the clothes during or after application. He therefore advises that iodoform dissolved in ether be used. The sore is first dried with absorbent cotton, then a drop of the iodoform ether allowed to fall on the sore, and the evaporation of the ether favored by blowing on it with a hand-ball bellows. Thus a thin coating of iodoform is deposited exactly on the ulcer. Over the ulcer so coated he places a small piece of perforated iodoform plaster muslin, which has been brought to perfection as regards its preparation by Beiersdorf, of Altona. If this appears too thin, a circular band of the same can be wound round the penis, or a strip applied if the ulcer is seated elsewhere. Lastly, to conceal the smell, a piece of cotton-wool, perfumed by means of a spirituous solution of cumarin, is placed over all. If desirable, this wool can be sprayed

over with some volatile aromatic fluid. When the ulcer occurs in the meatus urinarius, he supplies the patient with a pencil of iodoform composed as follows:—

R—Iodoformi	10.0
Gummi Arabici	3.0
Gummi Tragacanthæ . .	1.0
Glycerini	1.0

Aq. q. suff.

M. Fiat bacilli, N. 5.

These are kept in a little wooden box. After voiding urine, the pencil, made pointed, is dipped in water and several times introduced with a screwing motion into the meatus. A small piece of the perfumed wool is now passed in between the lips, and a larger piece wrapped round the glans. Unna further remarks that these pencils serve as valuable prophylactics against infection from gonorrhœa or soft sore.—*Edinb. Med. Journ.*, Dec. 1884.

The Treatment of Perforating Ulcer of the Foot.

In an article on this subject, Mr. FREDERICK TREVES draws attention to the following plan of treatment, which, in the two cases in which I have as yet tried it, may be considered to have met with a degree of success. On examining these ulcers it is obvious that the dense rigid ring of heaped-up epithelium that surrounds the sore or sinus forms a very grave bar to healing. The ulcer could never heal as long as its margin is set in an annular induration that prevents an approximation of its edges and an opportunity for the display of the healing process. Even if the ulcer were to become filled up with granulations its final closure would still be a matter of considerable difficulty, since the skin, that takes so active a share in the healing of such lesions, would be seriously hampered in its activity. The plan alluded to is this: The patient is confined to bed and the sole of the foot is kept continuously poulticed with linseed meal. This causes the epithelium to soften and swell up, so that at the end of twenty-four hours the ring around the sore appears as a very prominent softish white mound. All this redundant epidermis is then shaved away with a scalpel, and the poultice is reapplied. At the end of another twenty-four hours the deeper layers of epithelium that were not affected by the first poulticing have become swollen and prominent. They are in turn cut away. The poultice is again applied and the scalpel used day by day, until the whole of the epidermic mass has been removed. This object will be effected at the end of about ten or fourteen days. By this time the skin about the ulcer will, as a result of the continued poulticing, have peeled off in a thick white layer, and around the sore will be nothing but thin fresh pink epidermis, looking active and healthy. The ulcer in the mean time will be found to have cleaned, and by the loss of its cutaneous boundary will appear less deep. The poultices are now discontinued, and to the sore is applied a paste, of the consistence of thick cream, composed of salicylic acid and glycerine, to which is added some carbolic acid in the proportion of ten minims to the ounce. This paste is applied on lint, and is quite painless. The ulcer soon heals, and when the patient gets up he is instructed to wear a thick pad of felt plaster over the spot, with a hole in its centre that corresponds to the scar of the recent sore. This plaster should be always worn. As one objection to this measure it may be urged that, although pressure may be taken off on one part of the sole, an ulcer may appear at some other spot where pressure has effect. As far as my two cases go, this result has not yet happened; and it is to be noted that, although a large area of the sole is normally exposed to pressure, these ulcers have a tendency to appear only in certain spots. The patients should also be instructed to pay great attention to the cleanliness of the feet, to wear well-fitting woollen stockings and easy boots.—*Lancet*, November 29, 1884.