

sclerosis with calcification of numerous small arteries was found. By the next day sugar had disappeared from the urine and the apathetic condition had passed off. The wound remained aseptic; appetite returned. Diet was continued and the patient was discharged in eight weeks with no sugar in his urine. Later, however, despite antidiabetic regimen, sugar was again found in the urine.

A second case was that of a well nourished brewer æt. 40, Phlebitis of left leg two years previously. Thirst and loss of flesh for nine months. Gradual development of gangrene of left big toe, with consequent phlegmons of the foot. Loss of appetite, continuous hic-cough, low fever. The urine contained 4% sugar and a trace of albumin. Despite careful general local treatment the patient grew worse, although the sugar diminished to $2\frac{1}{5}\%$.

Operation as in the previous case. In four days the sugar had disappeared from the urine, and other morbid symptoms were no longer present. Discharged cured in six weeks. Here also the same arterial changes were found as before. Six months later the urine contained no sugar.

He concludes from these cases that in diabetic gangrene where, despite antidiabetic and local antiseptic treatment, the general and local symptoms do not improve and further waiting involves danger to the patient, we should try to save life by a radical operation—usually an amputation—executed with the most scrupulous attention to antiseptis.—*Centbl. f. Chirg.* 1887. No. 13.

WM. BROWNING (Brooklyn).

II. Treatment of Erysipelas by Ichthyol. Von Nussbaum states that erysipelas may be healed quickly and without pain by the use of ichthyol. The wound attacked by erysipelas was disinfected and covered closely with iodoform gauze. The erysipelatous surface, while still spreading, was painted with ointment made of equal proportions of ichthyol and vaseline. The part thus painted was covered with 10% salicylic lint, and fixed with a gauze bandage. Next day the border was found to have remained stationary, while the inflamed surface was shrunken into yellowish-brown creases, and was painless. After three days the dressing was discontinued, as it began to

affect the skin. Five consecutive cases gave equally successful results. Ichthyol collodion is recommended for applications to the face, and ichthyol soap for the scalp. Von Nussbaum considers ichthyol a reducing agent, *i. e.*, as acting on the cocci by making the soil where they multiply unfit for their nutrition. He does not regard it as an antiseptic, though it is so considered by some surgeons.—*Med. Press of Western New York.*

III. The Influence of Chronic Bright's Disease on the Safety of Anæsthetics. By WESLEY M. CARPENTER, M.D., (New York). Referring to the fact that freedom from heart disease is a necessary preliminary to the administration of ether, and that examination of this viscus uniformly precedes anæsthesia, attention is called to a much neglected cause of fatal results, especially after the administration of sulphuric ether—chronic Bright's disease. After a brief review of the scanty literature of the subject, he relates two cases: (1) A middle-aged woman suffering from recto-vaginal fistula, in whose urine a small quantity of albumin had been found, had died upon the table just before the completion of an operation for the relief of her infirmity; autopsy revealed nothing to which death could be attributed in the other viscera, but the kidneys showed the lesions of chronic diffuse nephritis with evidence of an acute process. (2) A middle-aged powerfully built man had been operated upon under ether, recovering with no unfavorable symptoms; two weeks later he was again subjected to operation under ether and rallied completely from the anæsthetic, but died suddenly eight hours afterward; autopsy revealed mitral incompetency and fatty infiltration of the heart, with chronic diffuse nephritis together with renal changes due to an acute process.

He quotes the opinion of Emmet that certain deaths from uræmic poisoning might have been avoided had the urine been examined before the anæsthetic was given, and concludes: (1) Too great care cannot be exercised in examining the urine, both chemically and microscopically of all patients who are to undergo surgical operations. (2) Chronic Bright's disease diminishes the safety of anæsthetics, especially sulphuric ether, as well as the safety of the operation.—*N. Y. Med. Rec.* Feb. 6, 1886.