

# POTASSIUM PERMANGANATE IN ANTHRAX AND FURUNCLE.

*Dear Sir*:—Further experiment with this salt on the line indicated in my communication some months since<sup>1</sup> warrants me in announcing it as a veritable specific against many phlegmonous lesions.

The strength of the solution employed is usually about gr. x-3j of distilled water, though a much stronger preparation may be used with safety. With a cotton-tipped probe or hypodermic syringe attempts should be made to reach the *fons et origo mali*. A few drops thus brought into contact with the *cone* of a recent boil will, in a majority of instances, abort it. Or if the furuncle be already opened and suppurating, its tedious progress may be materially abridged by daily saturating the cone and its surroundings with the solution.

If, on the other hand, we have a carbuncle to contend with, its focus of inflammation may be reached through one or more of the cribriform avenues, the site of which can be made out even before pus has appeared on the surface.

Within the present month I have cured two large carbuncles, which involved the nuchal regions of two elderly men. In one case the induration extended to the spine of the scapula on one side and for several inches on the other. Neither of the gentlemen had been free from acute pain nor slept for more than forty-eight hours. I described to them the new treatment but, recognizing the importance of prompt action, advised immediate and full incision. Each of the two chose to try the new remedy first, and it was so done. The result, as shown on the following day, was all that could be desired; rest had been secured, and the entire aspect of affairs had changed for the better. The dressing employed, meanwhile, was a lead and opium, or permanganate, lotion covered with oil silk. Tonic treatment was advised rather as a prophylactic, for the treatment of neither case occupied a week.

Phlegmonous erysipelas is so rarely seen here that I may never have an opportunity to test the remedy in that direction, but I suggest that the inflamed area be circumscribed or environed by a series of deep injections, with a superficial dressing of the same. I should certainly expect to arrest the disease. Let us hope that some of your readers will test the process and report.

C. M. FENN, M.D.

San Diego, Cal.

# RAILWAY INJURY OF NECK, WITH FRACTURE OF HYOID BONE.

*Dear Sir*:—Mr. T., on May 4, while at work in the mine was caught between a car and the roof. When called to see him I found marks behind the ears which looked very much as if the man had been hung. On examination of the anterior right side of the neck found a large wound made by an iron on the car. The œsophagus and trachea were exposed from the cricoid to above the larynx. The piece seemed to have passed behind the anterior tissues nearly through from right to left. The thyroid

cartilage was considerably bruised and the hyoid bone was completely severed just to the right of the centre.

It was a question how to hold the ends of bone together, I having no silver wire and could get none in the city. The patient could swallow only with the greatest difficulty, and in the recumbent position breathing was difficult. I concluded to try silk. I first put a stitch below each piece, which were separated about one-half inch, and thus brought the ends nearly into position; I then passed a large silk thread through the pieces and was then enabled to get good opposition. The wound was then closed and the ends of thread brought to the lowest point. It healed nicely. In a few days the lowest thread came away, and to-day, three weeks after, the one through the bone was removed.

For the first two days there was considerable rise of temperature, but that subsided under treatment and the man made a good recovery.

C. W. HAWLEY, M.D.

Streator, Ill., June 6, 1888.

# "ELEVATING THE STANDARD," AND HOW EASY IT IS DONE.

*Dear Sir*:—Aside from the plain proposition that the elevation of any standard is the duty of the one bearing it—the method so long discussed—of its application to the proper qualification of students entering medicine—is no less simple. Exactly as the terse rule "that the proper way to resume specie payment, was to resume specie payment," solved a great financial problem. So does the above A B C method settle this old question of an over-crowded profession by unqualified members. Witness the proof. During the past year the writer has received from three young men, applications as office students. Although each applicant was bright, ambitious, and in a general sense promising, it was only requisite to state to the candidate the preliminary qualifications required by schools of the highest standard, to convince them that they could not enter. One is now equipping himself wherein he was deficient, and the other two have entered vocations the demands of which they are amply qualified to meet, as proven by success and satisfaction already attained.

Here, Mr. Editor, are two young men rescued from a life struggle with semi-starvation, a profession slightly relieved, and the world at large benefitted. The way to resume is to *resume*, and the way to elevate the standard of medical acquirement is for the colleges to elevate it.

H. C. MARKHAM, M.D.

Independence, Iowa.

# NECROLOGY.

## THE DEATH OF DR. EDWARD S. DUNSTER.

WHEREAS, It has pleased Almighty God to remove from his earthly sphere our worthy companion and professional brother, Dr. Edward S. Dunster, of Ann Arbor, Mich., therefore, be it

*Resolved*, That we as a Society tender to his grief-stricken family our heartfelt sympathies.

<sup>1</sup> Vide Southern California Practitioner, May, 1887.