above described which has been unsuccessful. I have had two cases in my own immediate charge; this one, and another which was published in the *Lancet* of June 29th, 1878. I have seen in consultation, and assisted in operating on, four cases under the care of two of my colleagues in Shanghai, all of which recovered; and Dr. Johnston of Shanghai treated a case in a Chinaman in the summer of 1879, with the same result. In all seven cases thus treated, one has died. The number of cases is as yet small; but I think that the results so far are encouraging, and better than those obtained by any other method of treatment yet published, being 85.71 per cent. cured. The other five cases that have been treated in Shanghai are, I am informed, to be published shortly.

CHAULMUGRA OIL IN PHTHISIS.

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DURING the last two and a half years, I have used chaulmugra oil in fifty-nine cases of phthisis—forty-two being men, fourteen women, and three children. Of the adults, all, with the exception of five, were between the ages of twenty and fifty. In sixteen, there was consolidation; in twenty-eight, there was softening; and in fifteen, there were signs of cavities.

My first endeavour was to find out what dose could be given with safety. In twenty-two cases, the chaulmugra was given in cod-liver oil; and in thirty-one cases in milk. The latter was decidedly the better vehicle. The plan usually adopted was to begin with three drops, three or four times a day; and then gradually to increase the dose, week by week, till the patient could take no more. In about half the cases, ten minims four times a day was the limit; and this frequently gave rise to vomiting and purging. Sometimes the diarrhoea would come on after only a few ten-minim doses had been taken, but more commonly not till the expiration of a week. Often enough the attack was a sharp one—the patient having five or six watery motions during the day, and as many at night. The stools were in most cases described as being liquid, and were unattended with griping or straining. There was usually a temporary disrelish for food, the patient feeling altogether out-of-sorts. These symptoms quickly subsided on discontinuing the medicine. In a few cases, they were produced by smaller doses—even two or three drops upsetting the stomach. On the other hand, some patients were able to take considerably larger quantities. Thus a man, aged 26, took chaulmugra oil four times a day, for six weeks, in doses of from six to twenty-four minims, without experiencing the slightest difficulty. He then tried half-drachm doses, but this made him violently sick, and he had to discontinue it. Most patients found that they could take it better after meals than on an empty stomach.

An attempt was made to estimate the value of chaulmugra oil by giving, alternately, for periods of six weeks, cod-liver oil, and the same dose of cod-liver oil with the addition of the chaulmugra. This plan presented so many difficulties that it had to be abandoned; and the conclusions here given are derived almost exclusively from those cases in which the oil was given in milk.

In twenty-four of the thirty-three cases, I was satisfied that benefit was derived from the treatment, although in some instances the results were not very striking. The chaulmugra seemed to act first as an expectorant, and “the phlegm came up more easily”; then “the cough was less troublesome”; and, finally, the patient “felt better in himself”. I was unable to discover any improvement in the physical signs, even after the oil had been taken for many weeks. Sometimes the loss of weight appeared to be temporarily arrested, but there was rarely any absolute gain. Several of the patients took the chaulmugra with benefit after they had ceased to improve on cod-liver oil.

I have had very little experience of the chaulmugra oil *perles*, as they are too expensive for hospital use. In one case, however, the results were very satisfactory. In twenty-three cases of phthisis, I used chaulmugra oil as an external application—the patient rubbing into the chest from two to four ounces weekly. This is an excellent mode of administration, and yields the best results. I have never known it to upset the stomach, and it certainly eases the cough and loosens the phlegm. In some instances, there has been a marked gain in weight. As a rule, I have employed it alone, experimentally; but ordinarily it would be used simply as an adjunct to other treatment. The smell is not very pleasant, but can be readily covered by using a sweet-scented violet-powder. In some cases of marasmus, I have employed inunctions of chaulmugra oil with marked benefit.

SURGICAL MEMORANDA.

EXTENSIVE CARBUNCLE.

IN reference to the remarkable case of carbuncle reported by Mr. Walter, in the *JOURNAL* of October 23rd, I would like to call attention to the extraordinary extent to which the disease spread, in special relation to the fact that such a continuous extension almost proves that a carbuncle is something more than it is generally reputed to be, viz., a sloughing inflammation, or destruction of cellular tissue, induced by a faulty condition of the blood or general-health. Such a course and progress, as is described, goes very far to confirm the opinion formerly expressed by Mr. Startin; and since several times repeated by me, in the medical journals (*BRITISH MEDICAL JOURNAL*, 1876; *Lancet*, 1874 and 1869), that carbuncle is essentially not a mere destructive inflammation, but the growth and life of a distinct superadded skin-disease. Whether in it there be a parasitic vegetable cause, or a special growth of animal cells, the whole appearance, course, and almost definite duration of the disease, point strongly to its specificity; whilst microscopical examination has certainly, now and again, shown the presence of apparently cryptogamic germs, in addition to the hyperplastic cell elements of the growing disease.

Further: in view of the fatal issue of the case, I venture to recall attention to the marvellous efficacy of carbolic acid in staying the spread and progress of a carbuncle, when applied by the “insertion” method.

This method, as detailed in the above papers, has now been largely and successfully employed by myself and many others; and consists in inserting into the diseased spot a small quantity of a concentrated solution of the acid, so as to destroy, especially, the centre—the presumed root or stem of the disease—from which it spreads circularly. In the earliest stages of both boil and carbuncle, almost any caustic will, as is well known, commonly abort the disease. After the first periods, there is nothing like the carbolic acid: for it can be used concentrated, and yet freely, as it has the valuable property of only mildly attacking healthy organised tissue; whilst it destroys the life and vitality of free cells and germs. The carbolic acid is of little avail when merely applied externally, but it at once arrests the growth when inserted into the disease, so as to come into direct contact with the morbid germs or cell-elements; and its effect, when visible, upon the colour and aspect of the sloughing tissue, is very remarkable. The acid appears to have but little influence in removing the hard infiltration which may already exist; but, when properly applied, it almost certainly prevents its spread and increase, and so nearly limits the size of the sore to that which it has already attained.

In Mr. Walter's case, a slight local improvement appears to have followed even the superficial use of the carbolic acid in the form of lotion. PETER EADE, M.D., F.R.C.P., Norwich.

FRACTURE OF THE INTERNAL TABLE OF THE SKULL ALONE.

As this accident is of rare occurrence, I think the following may be worthy of record.

C. C., aged 35, was brought to the Sheffield General Infirmary, in a cab, on December 22nd, 1879, suffering from a scalp-wound. He was said to have been struck by the handle of a crane, heavily weighted, over which he had lost control.

On examination, I found a contused wound of the scalp, longitudinal in direction, and situated a little to the left of the median line in the fronto-parietal region. The pericranium was severed, for about half an inch, in a direction corresponding to the wound; but, upon careful examination by finger and probe, no fracture could be detected. The left edge of the wound was undermined, and detached from the pericranium beneath, as if the force of the blow had been partly expended in separating these structures. Statements made by eye-witnesses confirmed this view, leading me to suppose that the patient had been brushed, not directly felled, by the crane-handle.

The subject of the accident was a healthy man: he had not lost consciousness, and could walk, but was somewhat collapsed; his pulse, however, being good. On this account, he was advised to remain; but, having a good home, and a cab at the door, he preferred to become an out-patient. The friends having been warned to bring him at once should any untoward symptoms arise, his wound was dressed with carbolic oil, and the patient allowed to go.

He returned eight times during the course of the next fortnight, during which the wound was healing kindly. He walked on each of these visits, and complained of no symptoms. Five weeks after the