has taken cold, or loss of appetite, or even from any disordered state of the body, takes an emetic directly. This has been his practice for a number of years, and he considers it has been the chief means of prolonging his life.

(To be concluded.)

THE SIAMESE TWINS : PROPOSAL FOR EFFECTING THEIR SEPARATION.

By JAMES STARTIN, Esq., F.R.C.S.,
Senior Surgeon to the Hospital for Diseases of the Skin.

THE lucid description of the Siamese Twins and their band of union by my friend Sir J. Y. Simpson, has induced me to ask a place for a proposition which, as far as I am aware, has not been made before. This is to accomplish the separation gradually, imitating what occasionally occurs to a limb of the foetus *in utero*. This I would propose to effect by applying to the umbilical or mesial line of the band a centrally divided disc of steel or aluminium, strongly gilt, of the eighth or tenth of an inch in thickness, which should have a central opening exactly corresponding in size and shape with the connecting band of the twins. The edges of the opening in the disc should be rounded and burnished, and each half should be constructed to slide smoothly and evenly on the other, which might be accomplished by grooves, as also by the pair of male and female screws with which each side of the two halves of the disc must be furnished. These screws are to be constructed with a fine thread, that will take three hundred or more revolutions to close the opening in the centre of the disc, and thus divide the band, in three hundred or more days; they should also have square heads, numbered 1, 2, 3, 4, and be moved by a key so that a whole, a half, or a quarter revolution can be *diurnally* made by each brother, as may be found suitable. Twice a day the parts pressed upon by the disc should be lubricated by means of a camel-hair brush moistened with a little tragacanth mucilage and glycerine, and the surrounding skin kept clean and soft by the same application. The disc should be supported on each side by means of a hollow cushion of vulcanite or metal, the section of which would be triangular, with a broad base to rest upon the skin, and a flat surface to support the disc. This circular cushion should be applied and removed after the manner of a lady's bracelet.

It will be seen that this plan can be employed without the slightest risk, as it can be continued or discontinued at pleasure, and it may be carried so far only as to consolidate the band and cut off what little circulation or nervous unity exists between the brothers, so that the stroke of a knife may finally effect their separation.

I would have personally seen the twins and explained my ideas to them, had I not been confined to my couch by temporary illness. I hope, however, still to have the pleasure of visiting Messrs. Chang and Eng and making my proposition known to them. In the meantime, the suggestion will obtain consideration and ventilation through the JOURNAL, and doubtless elicit from others, better qualified than myself, other methods for carrying out my proposal. Another advantage of the plan to Messrs. Chang and Eng will be, that the apparatus may be made ornamental, and rendered rather an additional attraction than otherwise in the exhibition their circumstances would seem to require; like the last three hundred nights of "readings," or of a theatrical performance.

I enclose a rudely made model in pasteboard, which will demonstrate my meaning at a glance. The elastic band taking the place of the male and female screws, of course one side only is shown in the model; but I think it may prove sufficient, not only to illustrate the nature of the apparatus to the patients, but also to enable an intelligent mathematical or surgical instrument maker to carry out the proposition.

TREATMENT OF BOILS, WHITLOWS, AND ABSCESSSES BY CARBOLIC ACID.—C. J. Cleborne, M.D., Surgeon, U.S.N. (*Am. Journal Medical Science, and New York Medical Record*), records his experience in the treatment of whitlows, boils, and abscesses with this article. Being dissatisfied with the usual mode of treatment, he determined to try the effect of carbolic acid. This he did by making a free opening so soon as fluctuation could be detected, and when all the pus had been discharged by gentle pressure, the cavity was injected or swabbed out with the ordinary liquid carbolic acid of the shops, after which cold-water dressing was applied. In this way further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days. In some cases, after evacuating the pus, and using the acid, the edges of the wound were brought together with isinglass-plaster, and in twenty-four hours it entirely healed.

VESICAL ABSORPTION.

By D. CAMPBELL BLACK, M.D., L.R.C.S. Edin., Glasgow.

IN one of the lectures recently delivered and published by Sir Henry Thompson, "On Affections of the Urinary Organs," the following passages occur. "In circumstances of great pain, you may inject anodynes into the bladder if you please; but they are of little value. And you need not be afraid of the quantity; for the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum."

The following case which has just occurred in my practice so thoroughly substantiates the fallaciousness of this doctrine, that I am induced to place it on record.

M. M. C., a female, had been under my care for a short time in consequence of chronic cystitis. Having employed the usual constitutional treatment in the first place, but with no very decided benefit, I adopted the topical treatment recommended so strongly by the distinguished surgeon referred to, injecting acetate of lead and nitrate of silver after his method. My expectations not being realised, at all events, so promptly as I anticipated, I resolved upon injecting a weak solution of the bichloride of mercury, from which I have obtained the best results in other chronic inflammatory affections. Accordingly I injected, on January 27th, about three ounces of a solution, containing, as I firmly believe, little over a quarter of a grain of the bichloride. The patient then left my house, being desired to retain the solution in the bladder as long as possible. I was requested to visit her on the succeeding day, when, to my annoyance, she complained bitterly of the pain the last injection had occasioned her. It was not retained in the bladder for over twenty minutes. She stated that she had a most unpleasant taste in her mouth, "wersh," as she termed it, or, in more familiar terms, a brassy taste; that her gums were painful; and on examination, there was at least evident tenderness, and for two or three days afterwards she passed very little water, and then with very considerable pain. I need not say the statement of subjective symptoms was voluntarily tendered, and that the patient had not the remotest idea that the symptoms complained of were due to the treatment employed. The internal administration of anodynes relieved the pain, and I am hopeful that, notwithstanding the disagreeable consequences, improvement will ensue. With such a case as this in view, indicating, as it does, the great absorptive power of the bladder, I would be exceedingly chary of indiscriminately injecting powerful anodynes into this organ. From this circumstance, it will be obvious, certain medico-legal questions might arise; and it is desirable that, until Sir Henry Thompson's views are more conclusively established, in respect to anodynes, his statements should at all events be received with reservation.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL ALBERT HOSPITAL, DEVONPORT.

TORSION OF ARTERIES AND USE OF CARBOLIC ACID.

(Under the care of Mr. SWAIN.)

ON Saturday last, Mr. Swain had occasion to amputate the right arm of a man for epithelial disease. The limb was removed very high up within the axilla. Mr. Swain applied torsion to the axillary artery, and to all the other bleeding vessels. The case has progressed most favourably. On the same occasion, Mr. Swain removed the head of the femur in a case of long-standing hip-joint disease. The wound was washed out with a weak watery solution of carbolic acid—1 to 40—and then stitched up with some sutures, all but a dependant opening made at right angles with the long incision. The cavity was then syringed out with carbolic acid and oil—1 to 10—the oil being pressed out. A piece of calico saturated with the oil was then placed over the wound, and a plug of lint, also soaked in oil, in the dependant opening, a bit of ligature being attached that it might be removed; over this was then placed carbolic acid and putty spread on tinfoil, and over all a square of carbolic acid plaster. A bandage was then applied, and the limb placed on an interrupted splint. At the end of twenty-four hours, the outer dressings were removed, the plug pulled out, and fresh putty and plaster applied. The boy has suffered no pain since the operation, and is progressing well in every respect.