of after-vomiting, and, in ovariectomy, from the chance of losing their lives in certain cases of bad adhesion from bleeding being set up by the sickness after the abdomen is closed. Whether of itself it diminishes the risk of operations, I cannot tell; but I am inclined to think that it does often save the feeble ones. This much I can say, that ether has now been given in one hundred and thirty-five cases of ovariectomy, and in two cases of successful removal of the uterus for fibro-cystic tumour. In every case, the anaesthesia was profound, many of the operations were very tedious, and, of the last sixty-six operated on, sixty have recovered.

In the beginning of 1848, Sir James Simpson wrote in the *Edinburgh Medical Journal* an elaborate statistical paper, showing that the mortality after amputations of the limbs, especially of the thigh, performed in hospitals under ether was much less than before ether was known. The results of upwards of three hundred amputations were obtained by circulars sent out in the usual way. This paper is worthy the attention of those interested in the statistics of the more recent results of operations in hospitals. Either chloroform has increased the mortality of hospital operations, or, in the early days of anaesthesia from ether, the results were better than at a later period. It may be also well to note that, when this paper was reprinted some years afterwards, the words ether, etherised, and etherisation were in almost every instance displaced by the words anaesthetic, anaesthetised, and anaesthesia. Perhaps the results of operations were then considered too good for ether, which latterly came to be given the merit of being only an improvement on the mandragora and other rubbish of the middle ages.

THE TREATMENT OF SYPHILIS BY MOIST MERCURIAL FUMIGATION.

By JAMES R. LANE, F.R.C.S.,
Surgeon to St. Mary's and the Lock Hospitals.

I REGRET that in some recent remarks on the modern treatment of syphilis, lately published in the *BRITISH MEDICAL JOURNAL*, I should have said anything displeasing to Mr. John St. S. Wilders of Birmingham, who writes in the *JOURNAL* of January 23rd in the character of an old pupil and friend of the late Mr. Langston Parker, and who thinks I have not shown sufficient appreciation of the system of moist mercurial fumigation, which that gentleman was the first to introduce.

In referring to the different modes of administering mercury, I said I believed it to be comparatively unimportant whether it were by the mouth, by inunction, or by fumigation. I said also, as quoted by Mr. Wilders, that "inunction is perhaps, on the whole, to be preferred, especially for hospital patients; but it is troublesome and dirty, and, therefore, it is often undesirable to resort to it in private practice. The same objection applies to fumigation, with the addition that it is, as a rule, more debilitating, for the nightly vapour-bath has a decidedly depressing influence." For these reasons, I prefer, in all ordinary cases, to administer the remedy by the mouth.

Mr. Wilders, on the other hand, "affirms with the utmost confidence that the treatment of syphilis by moist mercurial fumigation is neither troublesome nor dirty, nor has it a decidedly depressing influence on the patient; but that it is, on the contrary, a cleanly, rapid, and most manageable method, and the most powerful therapeutic agent in the removal of disease, and the least hurtful to the constitution of the patient". He then refers to Mr. Parker's large practice, and also to his book, in which ninety-one cases are to be found, many of them reported by Mr. Wilders himself, who "most fearlessly affirms that they are a trustworthy record of the marvellous efficacy of the treatment".

Mr. Wilders's zeal for the reputation of his late teacher (of whom I wish to speak with all respect) is greatly to be admired; but I cannot say as much for his logic. I would venture to suggest to this very affirmative gentleman that Mr. Parker's ninety-one cases, even with the addition of one of his own, which he gives in detail as a "reply to my allegations", have no bearing whatever on the question as to which plan of treatment should be preferred. They merely show that syphilis may be successfully treated by mercurial fumigation—a fact which is not denied; but they are worthless to show that fumigation is a better method than that by the mouth or by inunction. This point cannot be settled by assertions, however positive, but only by a careful trial of all three on a sufficient scale, and an impartial comparison of the results.

In forming the opinion which I expressed, I was not guided by what I had read in books, or what I had been taught by others, but by what I had observed for myself. Having no predilection for any particular method, and being desirous of learning whether any one of these three plans deserved to be preferred before the others, I was in the habit for years at the Lock Hospital of employing each in turn for a period of

months together in every case requiring mercurial treatment, and I failed to find any material difference in the results. In fact, I might easily have published a very large number of cases of each plan of treatment, showing equally "marvellous efficacy".

I know no reliable proof that fumigation is less hurtful to the constitution than the other methods, though nothing of course is easier than to make the assertion. Mercury, when given improperly, or in excess, will, I believe, be equally hurtful, by whatever channel it may be introduced into the system.

THE TREATMENT OF SCABIES.

By ROBERT LIVEING, M.D., F.R.C.P.,
Physician to the Middlesex Hospital, in charge of the Department for Skin-Diseases.

THERE are three principal methods of treating scabies: 1. By sulphuret of potassium baths; 2. By sulphur vapour-baths; 3. By sulphur ointment. It may be a satisfaction to those who cannot conveniently use the sulphur-baths, to know that the treatment by inunction of sulphur ointment is the most efficacious of the three methods.

There are three mistakes commonly made in treating scabies, especially in private practice: 1. In not applying the remedy over the skin of the whole body, except the head; 2. In using the ointment of the *British Pharmacopæia*, which contains one part in five of sublimed sulphur, and is too strong, especially for children; 3. In using the ointment for too long a time, and thus producing an irritable state of the skin. This often happens when people attempt to *treat themselves* for what they believe to be the itch. On the two latter points, most experienced observers agree; but on the former some difference of opinion exists. In a lecture recently published, my friend Dr. Tilbury Fox remarks: "It is a rule of prime importance in treating itch, to accurately determine at the outset how far the acari have disseminated themselves about the body. The reason is obvious. There is no need to apply parasitocides to parts in which the acari do not exist, because the irritation and eruption elsewhere are due to sympathetic action; and these irritated parts will get well, if the acari be destroyed, and they do not require the use of irritant remedies, such as parasitocides are, but soothing remedies. The practice is to apply the remedy to every part of the body where eruption exists in cases of itch. Clearly this is wrong, from what I have just said. My rule is this: if the disease be recent, if it be only slightly marked, if it began about the hands, and there be no cuniculi about the penis, I order the parasiticide to be rubbed into the interdigital, the palm of the hand, and the wrists, and I apply a soothing lotion to all other irritable parts of the body. . . . I repeat, then, by way of summary, in private practice, if the disease be slight and recent, use the parasiticide to the hands only, and soothe the other parts with some emollient or astringent lotion or ointment."

In the first place, I would remark, that in private practice it is in many cases next to impossible, and quite unnecessary, especially in women and girls, to examine the abdomen, thighs, and every part of the body, to ascertain how much of the eruption is due to scabies, and how much to sympathetic action.

The best plan of proceeding is, in my opinion, as follows. Having once ascertained that scabies exists, order one thorough application at night of mild sulphur ointment to the whole of the body, except the head, and direct the patient to sleep in the drawers, jersey, and socks that he has used the day before; this will secure the death of any stray acari about the body or in his underclothes; in the morning, he should use a warm-bath. The after-treatment should consist of the local inunction of the ointment, into those parts only which are especially affected, for two or three nights. In all mild cases, the cure by this plan is quite certain, and is attended with very little inconvenience. The objections to sulphur-ointment are its irritating qualities and its smell. The first is avoided by using an ointment made with half a drachm to two scruples of the precipitated sulphur to one ounce of lard. The precipitated is in finer powder, and less gritty than the sublimed sulphur, and more efficacious. A great part of the inconvenience arising from the smell of the sulphur may be avoided by using it only during the night. A drop or two of sandal-wood oil will quite disguise the smell. In cases of long standing, it is necessary to have the clothes baked; but a temperature of 190 deg. to 200 deg. Fahr. is quite sufficient, and the bed may be easily fumigated by using a little sulphur sprinkled on the cinders (not too hot) of a warming-pan.

It often happens that the irritation of skin remains after the scabies is cured, and thus induces people to go on with the sulphur treatment too long. Instead of doing so, a mild stavesacre ointment should be used, made with the oil of stavesacre and lard; this relieves the itching, and at the same time will kill any stray acari that may have escaped death from the sulphur.