cele. In spite, however, of the success in this instance, I am not inclined to think that the plan would prove generally efficacious in the treatment of even recent hæmatocele, and I do not now at all desire to advocate it in such cases.

In regard, however, to hydrocele, it appears to me that we have in this plan of tapping and strapping one which satisfactorily fulfils the idea of curing safely, quickly, and pleasantly, and which, though perhaps not about to prove infallible, is one which should be certainly tried in all cases (especially, I would add, those treated away from the patient's home), before the injection of iodine or other stimulant is resorted to. If cases occur in which neither the mode I here advocate nor the iodine treatment is successful, I am of opinion that a combination of the two would be likely to prove so.

CHLOROFORM DEATHS.

By W. F. MORGAN, F.R.C.S.,

Consulting Surgeon to the Bristol Royal Infirmary.

I BEG to add my testimony to the truth and importance of the statements contained in the valuable paper on chloroform contributed to the last number of the JOURNAL by my friend and colleague Mr. Green. I fully believe with him that failure of the heart is the great source of danger in its administration; and that electricity, cautiously employed, is the most prompt and certain remedial measure. I shall not soon forget a striking example in the case of an old man admitted with strangulated hernia. The taxis under ordinary circumstances having failed, he was put under chloroform for another trial previously to operation. The hernia was now readily reduced, but immediately he became deadly pale, his pulse stopped, and he seemed in *articulo mortis*. Instant recourse was had to the electro-magnetic battery, and almost as instantly the pulse returned, and the man was safe.

In my experience, whenever dangerous symptoms have arisen, the heart has been the organ affected; and that is, I believe, the result to be watched and provided for when chloroform is administered. I can readily imagine that the lungs may suffer and asphyxia be produced by complicated apparatus and failing valves, mechanically suffocating the patient. Nothing can be more simple, and in my judgment more safe and effectual, than the plan adopted at the Bristol Royal Infirmary. A hollow sponge, conical in shape, with a hole at the apex, is held loosely over the mouth and nostrils, the chloroform being sprinkled on the interior, with or without the intervention of a bit of lint, the admission of air being regulated by a thumb on the hole at the apex. In the two deaths from chloroform which have occurred in the Infirmary, only a very moderate quantity was used, as if the unfortunate result were due to some idiosyncrasy.

My chief object, however, in supplementing Mr. Green's paper, is to give a word of caution in the use of electricity in cases of threatened death from syncope. It is well known that a powerful electric shock sent through the par vagum will paralyse the heart and stop its action. Hence, if we be not careful, we may inadvertently increase the evil which we are endeavouring to remedy.

HEALING OF WOUNDS AND ULCERS BY A NEW METHOD.

By JAMES BRAITHWAITE, M.D., Leeds, Editor of *Braithwaite's Annual Retrospect of Medicine and Surgery*.

THE application of an aqueous solution of carbolic acid (one drachm to eight ounces of water) to an ill-conditioned ulcer, cleans it from all purulent matter, and causes it to assume a healthy red appearance, with each granulation distinctly visible. If a wound in this state be freely exposed to warm dry air for some hours, it becomes glazed and dried on the surface. It becomes covered by what is practically an impervious transparent membrane, closely applied to the surface of the granulations, and exercising a certain amount of mechanical pressure upon them. In many cases, no matter forms underneath this membrane, and cicatrization goes on underneath it with great rapidity. In time, the membrane assumes the appearance of a thin dry scab, and drops off. If matter form under the membrane, it is at once visible through it; the lotion should then be reapplied, and the wound dried by exposure, as before. Immediately this is done, the inflamed edges of the ulcer commence to pale in colour, and in twenty-four to thirty-four hours have nearly the tint of natural skin.

This treatment is especially of value in the cure of ulcers on the leg, as no confinement to bed is necessary; and what is required in the

application of the lotion and subsequent drying can be done in the evening, after the conclusion of the day's work.

The first case in which I tried this plan was that of Godfrey S. He had been thrown off his ordinary business twice, for a period of four to six weeks, with an ulcer on the shin of the right leg. It healed the first time; but on the second occasion it resisted all treatment, although he laid in bed two weeks. I then tried the plan recommended, and he returned to work in a week. Of course, the wound was unhealed, but it was covered with a firm scale. This dropped off many weeks afterwards, leaving a healthy cicatrised surface.

Another case was that of John M., a hairdresser, accustomed to be on his feet all day. The lower half of his left leg anteriorly was one mass of inflammation and deep ulcers, secreting unhealthy pus, and with irregular edges. This was cured by this plan alone, thanks to his own intelligence and care, without his being one day off his work.

I have tried this plan in numerous cases of small wounds, but do not think it applicable for sores of large size—say six or seven inches across—from a scald. I have met with one case which defied this plan of treatment. It was a chilblain on the foot of a very stromous child, just returned from India. She had at the same time pemphigus on the backs of both hands. The profuse suppuration was too much for the mechanical pressure of the membrane to check it; and although cleaned, dried, and glazed repeatedly, pus always formed underneath. I at last simply dressed it with spermaceti ointment, and it healed by contraction in about two months. Of course, the membrane or scab acts not merely by pressure, but by exclusion of the air.

OBSTETRIC MEMORANDA.

STATISTICS OF OVARIOTOMY.

I SEND, as it were, a drop in the ocean. I have only had *one* case of ovariectomy, which did well for three days, when a low form of peritonitis set in and killed on the tenth day. If particulars of every case of ovariectomy, successful and unsuccessful, could be collected, the statistics would be interesting.

Miss —, a farmer's daughter, aged 36, a private patient, was operated upon at lodgings in Stamford. Chloroform was not given. The æther spray was used to the skin of the abdomen. An unilocular cyst was removed from the left ovary; it contained two gallons of thick glairy fluid. She had not been tapped. No fluid escaped into the peritoneum. The pedicle was three inches long. Hutchinson's clamp was applied. She died on the tenth day after the operation, from asthenic peritonitis.

J. M. HAWARD, Stamford.

The following represents the whole of my experience. All the cases occurred in private practice.

1. Aged 26, married; died of peritonitis. 2. Aged 23, single; recovered. 3. Aged 24, married; recovered. 4. Aged 35, married; recovered. 5. Aged 45, married; recovered. 6. Aged 35, married; recovered. 7. Aged 47, widow; recovered. 8. Aged 42, widow; recovered. 9. Aged 32, married; recovered.

LAWSON TAIT, F.R.C.S., Birmingham.

1. Elizabeth W., aged 18, single, had ovariectomy performed June 17th, 1869. The cyst was unilocular; the pedicle was clamped. She was discharged cured August 1st, 1869.

2. Mary B., aged 35, married, the mother of five children (the youngest three years old), had an ovarian cyst with a solid portion, and ascites in small quantity. She was admitted February 23rd, 1870. On March 17th, ovariectomy was performed. The pedicle was clamped. The cyst consisted of one large and a few mural cysts, and at the lower part a large intracystic growth of a colloid character. She was discharged cured May 17th, 1870.

3. Mrs. B., aged 35, mother of two children, was admitted March 22nd, 1870. She was an anxious and careworn woman, and was suspected of drinking slightly. Her family history was indifferent. Her mother died of uterine cancer in the Samaritan Hospital, London. She had a multilocular medium-sized ovarian cyst of six years' duration. Extensive adhesions were suspected. In April, ovariectomy was performed. There were adhesions to a coil or two of small intestine and omentum, and to the fundus uteri; they were separated before the cyst was removed. The pedicle was short; it was ligatured (the ends being retained outside the wound). The operation was prolonged. Death took place forty-eight hours after the operation, from shock. There was no internal hemorrhage, as was ascertained by *post mortem* examination.

4. Eliza P., aged 42, unmarried, was admitted November 22nd,