my case, occupy full thirty more days of ten hours each. Thus, under the new schedule of duties (which the former and the proposed laws would require to be performed by the officer of health of a town of 50,000 people), one-third of each year would have to be devoted to the work.

Thankfully recognising the great boon conferred by the establishment, under a responsible minister, of one central board of control and supervision, I would urge upon the meeting the need that exists, that the professional men, through whom that control will be exercised, shall be of such high professional standing, such thorough acquaintance with sanitary matters, and such large experience in the conduct of sanitary work, as shall command the respect of the local authorities with whom they will have to act, and of their professional brethren, through whom the counsels they will be privileged to give will have to be carried into practice.

Bearing in mind the priceless advantages which we, as Englishmen, derive from the administration of the statute laws by the judges of the realm, not less valuable to the community would be the administration of sanitary law by medical men, selected by the responsible minister of the sovereign, as being eminent by experience and by knowledge in all those matters which constitute the science of public health.

Recognising, also, thankfully, the principle now established—one local authority to carry out the sanitary laws in each district—I would strongly press upon my brethren the need that exists that the area should be so large as to ensure at once "unity and promptness in action" in each sectional part, and yet not so large as would prevent such authority from being fairly within reach of every information as to the sanitary state of the inhabitants of the division.

Remembering the ancient division of this country into counties; aware that surrounding the "comes" (the representative of the sovereign) there is placed a body of men of position, of intelligence, and skilled in the administration of the laws—the Justices of the Peace; aware that county administration is the essence of the divisional government of the land, and that it is one to be cherished by every lover of freedom, I venture to ask you to concur with Mr. Corrance and others in saying that "each county, riding, or division of a county having a separate commission of the peace" shall form a sanitary division; and that the local sanitary authority therein shall be a Board, to be elected from the Justices and from the members of the Sanitary District Boards, and that in each such county, or division of a county, one or more thoroughly qualified Medical Inspectors of Health shall be appointed.

It is forty years since the partition of the counties into Poor-law Union Districts took place. Those districts are well-defined, well-recognised, and known. They are, as a rule, not too wide nor too populous to be overlooked by one medical officer. They form, as I have said, a well-known "unit."

In conclusion, I will ask the meeting to affirm these propositions.

1. That for sanitary purposes the District of a Poor-law Union is the most suitable unit.

2. That one and the same Board should have authority in all matters relating to the public health in such union.

3. That one Officer of Health should be appointed therein, who should devote the whole of his time and attention to the duties of his office.

4. That, for the efficient working of the sanitary laws, an authority intermediate between the acting District Board and the Controlling Central Board is necessary; and that the ancient division of the country into counties affords convenient and well-known limits, in which this intermediate authority should act.

5. That an elected administrative County Board would economically and energetically further the progress of sanitary measures.

6. That a highly qualified Health Officer should be appointed in each such county, or division of a county.

7. That the medical members of the Central Board should be possessed of special knowledge and large experience in sanitary matters.

CARBOLIC ACID IN PARONYCHIA AND STINGS.

By ALEX. E. McRAE, M.B., C.M., Fettercairn.

I HAVE very frequently treated wounds by carbolic acid; not entirely according to Mr. Lister's elaborate system—for in country practice it is not always practicable—but by the more simple plan of syringing the wound, or washing the surface with a weak solution in water or in oil of the acid, and dressing it with the same. Its remarkable success over every agent I had ever used, or seen used, led me to use it in the following cases as a forlorn hope. The results obtained must be my apology for this record.

CASE I.—T. C., an officer of Dragoons, had been suffering from whitlow of the last phalange of the right thumb for nearly three weeks. The thumb was very much swollen; but the first phalange was much more so, and redder than the last, although in the last the pain was very much greater. The wrist also was affected, and the glands of the axilla were tender and swollen. He appeared to have suffered a great deal, and was much weakened by want of sleep and of his customary recreations. He had tried several times to prick the swelling, but never went beyond the cutis vera. Much against his will, I laid the swelling freely open from the middle of the first to the tip of the last phalange, and a good deal of bloody pus escaped. For the next three weeks the wound healed greatly; a very offensive ichorous discharge of blood and pus now came away, and the wound looked unwholesome. On examination, the probe distinctly grated upon the bone, without any pain; but whenever the tissues alongside the bone were touched, the pain was very sharp. The relative merits of excision and amputation were considered. Before proceeding to either, however, I determined to try carbolic acid, by syringing several times a day; and the wound healed up in fourteen days. As the tissues were very loose, I applied a coating of collodion, and made a slit in the envelope thus produced, opposite the wound, as a vent for the discharge.

CASE II.—W. McA., a gamekeeper, healthy and robust, was bitten in the last phalange of the first finger of the right hand, by a tailor, in a drunken brawl. The marks of the teeth were on each side, and seemed deep; the parts were painful. In a few hours the pain increased, inflammation set in, and an unwholesome discharge commenced. The finger, hand, and arm, and ultimately the glands in the axilla, became much swollen. In about a month, the probe could be passed through a sinus from the one opening to the other, grating on the face of the bone. I recommended excision. The man consulted another surgeon, who was of the same opinion as myself, and gave the same advice. Case I was by this time better; and I resolved to try carbolic acid. I gave him a syringe and a quantity of the solution, with instructions how to use it. Not hearing of him for weeks, I concluded that he had gone to some hospital to save further expense. However, about a month after he got the solution, I met him by chance, and, on examination, found the wound quite healed up, the bone being intact, and a very slight cicatrix on each side. Flexion was impaired, but extension was perfect.

CASE III.—Two bees stung me on the tip of the left ear. My pupil, being at hand, extracted both stings with tweezers. No sooner, however, had he done so, than the part became very painful, and before I reached the surgery—a distance of only thirty yards—the pain had extended all over the left side of my head as far as the mesial line. The pain was exquisite; and over the temple and mastoid process was most agonising. Thinking that undoubtedly nothing but a germ of some kind could produce such rapid results, I determined to try carbolic acid; and, having some solution ready (1 to 100), I had it injected by the hypodermic syringe into the orifices left by the stings. If the advent of the pain was rapid, its exodus was equally so. I had the feeling all that day, on the left side of the head, as if my hair had been sharply pulled; and the temperature of the left ear remained for the rest of the day much higher than that of the right.

It is, I think, very generally admitted that whitlow is caused by the absorption of disease-germs through the cuticle, either by the natural openings or by a solution of continuity. Undoubtedly this had been the case in Cases I and II, and probably also in Case III. Whether the original germ alone caused the mischief, is a point I must leave for others to decide. Case III may have been caused by a chemical agent; but the process of destruction did not go on until the antiseptic influence of carbolic acid was brought to bear upon it.

It does sound strange to say that a bone denuded of its periosteum, and in all probability dead, was restored to life, so to speak, by the application of an antiseptic agent. I can account for it in no other way than by supposing that the denudation was only partial, that vitality was kept up by the parts in actual contact, and that, on the destruction and displacement of the intervening foreign body, the parts again healed and united, as we see in the healing of a sinus, the transplantation of teeth, or the more recent skin-grafting.

I would advocate, therefore, most strongly the use of carbolic acid as a dressing for unwholesome wounds, however hopeless the case may seem. By its use, pain is decreased, or altogether becomes *nil*; excessive granulations are arrested; unwholesome discharges are checked; bad odours are dispelled; the tendency to the destruction of tissue is replaced by a proclivity to heal; and the cicatrices are more slightly than those treated by the older methods—collodion and water-dressings perhaps alone excepted.