microbe constantly associated with Asiatic cholera, from the researches and discoveries of Dr. Koch, must now be admitted. To my mind, however, it is not proved that the bacillus which has been found causes the disease, nor has it been shown, as far as I know, that the same bacillus is not associated with so-called sporadic cholera. I look upon the subject of the germs of disease as a most interesting and important one, and have no doubt that discoveries in that field will give valuable aid in diagnosis; but that they will give important help in the prevention of disease has yet to be proved.

To my mind, it is of far greater importance, in the cause of prevention, to find out what conditions of life, in the individual, the home, or the atmosphere, bring about the states of body in which disease-germs flourish, than to discover the germs themselves and follow their natural history. Given a community like what was seen at Damietta, which, though living in violation of all the laws of health, has become ripe for disease, to establish an epidemic among them it is not necessary to search the world far or long for a germ.

At the present time, Dr. Koch has frightened all Europe by declaring that from Toulon and Marseilles the cholera will go everywhere. I think that his warrant for so terrible a proclamation is not sufficient. If I could foresee what will be the character of the weather over Europe, I believe I could foretell whether or not the cholera will spread. If there should be a prevalence of the hot, stifling, stagnant condition of the air, such as is said to have visited the affected towns, then I should say, prepare for the disease; but if purifying winds reign in the atmosphere, I should say, fear not the cholera of Toulon and Marseilles.

With regard to the British Isles, I think we have strong grounds for hoping that, owing to the late change in the weather, with its rain and brisk breezes, we shall not see the cholera within our shores this year.

TREATMENT OF IN-GROWING TOE-NAIL.

Read in the Section of Surgery.

By J. WALTON BROWNE, B.A., M.D.,

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I THINK we must all admit that the treatment of the severe forms of ingrowing toe-nail—onychia lateralis—by the methods of evulsion, partial removal, scalping, destruction of the granulations, surrounding the side of the toe by caustics, mercurial fumigations, etc., is unsatisfactory.

The common mistake made is to blame the nail. The nail is not at fault, but the skin surrounding this becomes thickened, hypertrophied and ulcerated, and grows until the nail is overlapped. Granulations then spring up, from which an irritating discharge proceeds. I need not recount the various operations which have been described by Sir A. Cooper, Mr. Hutchinson, and other surgeons, for the relief of this affection.

The operation which I advocate is that introduced by Mr. Stilwell of Epsom, and mentioned in the BRITISH MEDICAL JOURNAL of 1872, and consists in removing with a scalpel all the granulations and hypertrophied skin, together with a large portion of the surrounding sound structures, skin-deep from the side of the toe, sometimes making an open wound nearly one inch long by three quarters of an inch wide. I generally apply to the wound pads of lint saturated with compound tincture of benzoin.

By this operation all the diseased parts are removed at once, and a clean healthy wound left to heal by granulations. As cicatrisation proceeds, contraction takes place, and leaves the nail perfectly free, which has no longer any material into which it can be pressed.

I have practised this operation many, many times with most gratifying results, no recurrence having taken place in any of my cases, which is common enough after the usual methods adopted.

SURGICAL MEMORANDA.

SUCKING TRACHEOTOMY-WOUNDS IN CASES OF DIPHTHERIA.

THE painful death of Dr. Rabbeth induces me to offer a few remarks on the subject of sucking out diphtheritic membrane from a tracheotomy-wound, and to suggest what I believe will prove an efficient protection against its dangers.

Suction is, no doubt, a most efficient means of withdrawing any kind of obstructing material from the trachea; but it is doubtful whether this can be accomplished, to any useful extent, through the

tracheotomy-tube itself. The membrane in the trachea is often very loosely attached, and only requires detaching and breaking up by means of a feather to be expelled by coughing. Occasionally, however, it is more adherent to the tracheal wall, but, in such cases, suction alone is not likely to be of any service. In my work on *Tracheotomy in Laryngeal Diphtheria*, published a few years since, I ventured to recommend suction in some cases, "should neither steam, nor the solvents, nor the use of feathers, suffice" to get away the obstructing material. But, for this purpose, I suggested an elastic catheter, and not the direct application of the mouth to the wound or to the tube. Feeling, however, that such a practice might be dangerous (although I had myself done it many times without sustaining any harm) to certain individuals, and probably to everyone in malignant cases or during epidemics, I designed the "trachea aspirator,"

The Trachea Aspirator.

here figured, which I have since continued to use with success. Its mode of use will be evident. The longer tube, after immersion in hot water until it is quite supple, is passed into the trachea; the shorter one serves as a mouthpiece; the glass bulb is loosely filled with iodine, or carbolic, or even plain, cotton-wool, which acts as an effectual filter, and frees the operator from all risk of infection. Every surgeon, I imagine, could extemporise for himself, out of glass and India-rubber tubing, an instrument almost equal to this one, which was made for me by Messrs. Krohne and Sesemann. It possesses many advantages over any form of aspirator with which I am acquainted, for the surgeon can more easily regulate the force he uses, which, if rightly applied, need never be very great, and can feel what he is doing, and whether any shreds of membrane or other material have been caught in the eye of the tube.

But, previous to the use of this plan of treatment, I always recommend that solvents (weak solutions of the alkalies) be sprayed into the throat, and that a feather be then passed in gently and twirled about so as to detach, break up, and entangle the membrane; a proceeding which generally gives rise to a reflex cough, and by which much of the mucus and false membrane are effectually expelled. The trachea can be thoroughly cleansed in nearly all cases by such means. It is when membrane has spread into the bronchi, or when partially detached portions have been drawn down and are blocking one or other of the main bronchi, that suction is indicated, and this, I hold, can but be very imperfectly effected unless some suitable instrument be passed down directly to the seat of the obstruction; in addition, the tracheal wound should be closed over the tube by the thumb and finger, in order to promote the necessary vacuum action.

If an ordinary catheter be used, the danger of self-infection may be immensely lessened by covering its extremity with a few layers of gauze before applying the mouth; even a pocket-handkerchief, folded two or three times, and tied over it, would greatly lessen risk; while the instrument figured above (and which should form part of every tracheotomy armamentarium) will, I believe, entirely do away with it.

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Old Cavendish Street, W., October 26th, 1884.

UNUNITED FRACTURE OF SPINE OF SCAPULA, TREATED BY WIRING TOGETHER THE REFRESHED ENDS.

THE case is interesting—1, on account of its rarity, fracture of the spine of the scapula being an extremely uncommon accident; 2, because of the treatment adopted, which has fortunately converted a powerless arm into a perfectly useful limb.

J. D., aged 31, whilst at his work as a miner in January 1883, was injured by a fall of coal, which partly buried him in the pit. Besides other bruises, he sustained a fracture of the spine of the left scapula, for which he was treated by his medical man for six weeks, when he attended as an out-patient at the infirmary, where various forms of treatment were adopted, up to April 1884, when he was made an in-patient, his condition being as follows. The usefulness of the left arm was very much impaired, as the patient could not raise the limb to a right angle, and had no power to hold it up; consequently, he was