of chloroform and chrysarobin in the proportion of 15 per cent. of the latter. In a few minutes after the chloroform is evaporated, the patch is infiltrated with pure chrysarobin; then with a large flat brush he applies a thick layer of traumaticin over and beyond the edge of the patch. The advantages claimed for this mode of application are, greater solidity of the coating, and the possibility of proportioning more exactly the energy with which the chrysarobin is applied to the patch to the degree of infiltration present.

But, in my opinion, surpassing in general utility the newer methods which I have just described, is the application to the skin of ointments prepared on muslin, as introduced by Unna, and described by him, in 1880, in the *Berlin Klin. Wochenschrift*, No. 35. "Der Salbenmull Verband ein Beitrag zur Behandlung des Ekzems." The inconvenience and discomfort connected with the application of ointments to the skin are so great, that their constant and every-day use is sufficient proof of the fact that they are indispensable. Considering that most of the patients on whom ointments are being used are leading active lives, it is evident that the constant application of any greasy substance, to a larger or smaller portion of the body, must be difficult as well as unpleasant. As a matter of fact, it is a common experience to find, when a patient is stripped, a portion of oily cloth in loose contact with the skin, as alone representing the layer of ointment which it was the intention of the practitioner should be kept thickly and closely applied.

There is no doubt that the unsatisfactory results of much of the treatment of eczema by ointments, is due to the difficulty which is experienced in getting the affected skin well covered with the unctuous application which is prescribed. To overcome this difficulty, Unna conceived the idea of incorporating stout unstarched muslin with a thick layer of ointment. As a basis for the ointment, mutton-fat seemed to him to be the most useful. This muslin-ointment, when closely applied and bound on the skin, secures, in Unna's words, "absolute rest to the integument, prevents rubbing by clothes, and excludes the atmospheric air." These muslin-ointments are prepared spread on one or both sides of the muslin, and consist of a large variety—amongst them being representatives of nearly all the ointments that are in use in the treatment of skin-diseases. To their great utility, I can strongly testify.

As, so far as I know, muslin ointments are at present only made in Hamburg, and patients cannot get them without incurring delay and trouble, I have not prescribed them in many cases in which I should have otherwise done so. In cases, however, in which the expected benefit from ordinary ointments was not derived, I have found the muslin-ointments, supplied by Beiersdorf, successful.² For example, in the case of a young boy who was afflicted with frequent outbreaks of papular and pustular eczema over large portions of the body, necessitating the frequent use of soothing ointments, the difficulty of keeping zinc ointment properly in contact with so large an extent of surface, in the active and restless patient, was found to be a great drawback, and the result of the treatment was, consequently, unsatisfactory. I bethought me of Beiersdorf's muslin-zinc-ointment, and its application was not only found simple and convenient by his nurse, but healed the eczematous eruption much more rapidly than had been the case when ordinary zinc ointment had been applied in the usual way. This better result was no doubt due simply to the fact that the muslin-ointment afforded a more complete covering to the skin than zinc-ointment did when it was spread on lint or linen by the nurse. The physical consistence of these muslin-ointments surpasses in applicability that of any ointment spread for the occasion on cloth.

Another example may not be out of place. A man has been recently under my care for a chronic slightly infiltrated eczema of the leg, the eczema being in the condition in which I should have expected speedy and satisfactory results from the use of soft soap and diachylon ointment applied in the customary manner, but the expected rapid cure did not follow; the want of success being due to the fact that the diachylon ointment spread on linen did not, in this case, afford sufficient protection. I prescribed diachylon-muslin-ointment³ spread on both sides; a change, which was not only a great boon to the patient, a busy man, who highly appreciated the saving of time which was gained in dressing his leg; but, to my gratification, was followed by a very speedy amelioration of the eczematous condition.

Another of Herr Beiersdorf's preparations—a muslin gutta-percha salicylic plaster—I can recommend with the warmest approval. I do

not know how these plasters are prepared, nor do I know whether Dr. Unna (to whose practical ingenuity we are indebted for the idea, and through whose writings they were brought before the profession) has published the formula by which they are made.⁴

To the action of these plasters in removing hard horny masses of epidermis from the soles of the feet and from the palms of the hands, I have already borne testimony in a paper read before the Clinical Society of London. Of their value in the treatment of scaly eczemas, more especially of the troublesome forms to which some people are liable on the fingers, I may now insist.

The curative action of salicylic acid in eczema is, of course, well known. The advantage of applying the remedy in the form of an adhesive plaster is very great. A piece of the plaster, of the size of the affected part, is closely applied to the diseased skin, and firmly fixed in its place by a few turns of a good adhesive plaster.⁵

It is left untouched for a couple of days, when it is again renewed by the patient. The salicylic acid exercises its full action, and the patient is almost unconscious of the remedy. Herr Beiersdorf prepares the plaster with various percentages of salicylic acid. His catalogue refers to a thirty-eight and a fifty per cent. strength of salicylic acid. I generally use the weaker; but in two obstinate cases of old infiltrated horny eczema in which the weaker strength had been first used, I found a markedly increased effect by the use of the stronger plaster.

ON THE ADVANTAGE OF AXIS TRACTION-FORCEPS IN THE LOW OPERATION.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association.

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THE subject of axis traction-forceps, their modifications, advantages, etc., has certainly received recently a very large share of attention. This, in my opinion, is not less than is due. It is obvious that the main advantage of such forceps is to be found at the brim. A large amount of evidence, in carefully recorded cases, shows that an accurate adjustment of traction in the axis of the brim has rendered delivery of a living fetus possible when previously craniotomy or a dead fetus were the only alternatives. Not only so, but in cases of flat pelvis, when version has hitherto been the recognised management, the axis traction-forceps have effected delivery satisfactorily, as in cases recorded by Barnes, Macdonald, and myself. This I conceive to be of much importance in cases of delivery in flat pelvis, because in many cases, before assistance is obtained, version is extremely difficult, if not impossible; and, until the introduction of traction-forceps, there was no resource but embryulcia.

In the present communication, I do not refer to the value of such forceps at the brim, but desire to emphasise their importance and advantage in the cavity and outlet. I wish to show that the low operation, or what is generally known as the short forceps operation, can be performed with greater advantage by axis traction-forceps than by any other of the known methods.

A short forceps case is one in which the head at its greatest diameter is within the brim, and where the os is fully dilated and the membranes ruptured. Delivery under such conditions may be required, under varying conditions, which it is not necessary now to enumerate; but take for illustration two common causes of delay—one on the part of the child, for example, malposition of the head; and one on the part of the passages, for example, rigidity of soft parts at the outlet.

First, then, in occipito-posterior presentations, which form a very frequent source of delay in the cavity of the pelvis, axis traction-forceps offer a distinct advantage.

1. In those cases which are the most common, when the occiput rotates forwards, they favour rotation, because, the blades being fixed

⁴ To my great regret, I was unable to publish the formula in my paper on the use of this plaster in the recently published volume of the Clinical Society's *Transactions*.

⁵ The adhesive plaster which I use for this purpose, is sold in boxes under the German name of *Heftband*. As it is very adhesive to itself, and only moderately adhesive to the skin, it has special advantages over the ordinary forms of adhesive plaster. When wrapped round a limb or finger, all that is necessary to fix it securely in its place, is that the one roll should overlap the other. It can be applied with great rapidity and certainty, and is particularly useful in bandaging parts of the body where an ordinary bandage could with difficulty be retained in its place.

² Herr Beiersdorf, Apotheker, Altona, Wohlers, Allée No. 40 (Hamburg). The subject is well worthy the attention of pharmacologists in England. Patients speak with so much approval of the convenience of prepared muslin ointments, that I believe they will pass, eventually, into general use.

³ I strongly recommend this application in subacute eczema.

on the head, and attached by the traction-rods to the handle by a swivel-joint, the forward rotation of the occiput during the process of traction is facilitated. To the practical obstetrician who has used these forceps in such cases, this advantage will be very apparent; for he will have observed that, in using the forceps in occipito-posterior presentations where rotation takes place, the blades will come to be with their pelvic concavity directed backwards instead of forwards, as they were when originally introduced. In such cases, the forceps ought to be removed; and, of course, if the labour go on, well and good; if not, it will be necessary to reapply the forceps to extract the head over the perineum.

2. In cases of persistent occipito-posterior presentations, the advantage to be gained by the use of these forceps will appear, if we consider the greater ease with which flexion is promoted, at the very time at which flexion is most needed, namely, as the head is passing over the perineum.

With the old instrument it was necessary, in order to complete delivery in these cases, to change the grasp of the forceps, from one of simple traction to the familiar method where the forceps-handles were placed in the palm, and these propelled in front of the delivering hand. At this point arose a double difficulty; first, that of preventing the blades from rotating on the head, and secondly, that of completing the "delivery in a circle." Both of those difficulties are obviated in the axis traction-instrument, because, from the commencement, the blades are firmly fixed on the head by the screw; and the rods enable the accoucheur to regulate the movement in a circle to a nicety, the application-handles playing the part of an indicator all through.

3. This instrument unquestionably saves the perineum. This, I believe, is the general consensus of those who have been accustomed to use it. The reason why it does so has been so far indicated in the former two cases; but also in the case of rigid perineum similar advantages may be obtained, because extension in such cases is more completely effected, it being possible to carry the handles so much better forward; and at the same time we obviate the risk of tearing the perineum, as used frequently to happen with the old instrument, by the points of the blades rotating beyond the head.

If this advantage of axis traction-forceps at the brim be an admitted fact, and if I have shown that they are equally useful at the cavity and the outlet, then it must be apparent that the rods should always be permanently attached to the blades. Anything in the shape of removable rods is to be deprecated. The complete instrument ought to be used at the brim, through the cavity and at the outlet.

In this, as in every other obstetric operation, a great deal depends on the instrument used. The instrument which I have always used, and which to me seems unquestionably the best, is Sir J. Y. Simpson's forceps, to which permanent traction-rods have been attached by Professor A. R. Simpson. What seemed to me the least satisfactory point in this instrument, namely, the want of a sufficiently rigid connection between the rods at the handle, has been obviated by my friend and former pupil, Dr. Milne Murray. The accompanying wood-cut will show how this has been done by a simple locking-bolt at the lower ends of the rods.

The axis traction-forceps, originally introduced by Tarnier, and simplified in the way I have mentioned, seems to me to be an enormous advance in operative midwifery; and the longer it is used, the more apparent its advantages will become.

OVERPRESSURE IN SCHOOLS.—The Chester school teachers having addressed a communication to the Chairman of the Chester School Attendance Committee, alleging that educational overpressure exists in Chester, Mr. Sneyd Kynerdley, the district inspector, replied on Friday that, if overpressure does exist, the teachers are bringing the gravest charge against themselves—that of driving young children into premature graves for the sake of a few pounds. Mr. Kynerdley adds: "The plea of necessity has been recently held to be no excuse for murder."

THERAPEUTIC MEMORANDA.

HYDROCHLORATE OF CUCAINE IN OPHTHALMIC SURGERY.

HAVING come to Paris for a course of hospital practice, and as I am much interested in ophthalmic surgery, M. Meyer was kind enough to put his *clinique* for eye-diseases at my disposal during my visit. Whilst availing myself of his kindness, I have seen a very simple and useful local anæsthetic—namely, hydrochlorate of cucaine. I simply wish to give the successful results of the use of this drug as I have seen it. M. Meyer has given me a short pamphlet, in which he records the results of his use of the drug, and has given me full permission to quote from it.

The hydrochlorate of cucaine is used in solution with distilled water in various strengths, the 2 per cent. solution being the most general; but solutions of 4 to 8 per cent. are used. If the 2 per cent. solution be used, it is necessary to renew the application of the drug at the end of five to ten minutes; if the stronger solutions, renewal is not necessary, as anæsthesia of the part is produced in a time varying from three to eight minutes. It is applied to the eye in the same way as atropia, three or four drops at a time, to the surface of the conjunctiva; the anæsthetic effect lasts from a quarter of an hour to twenty minutes, and can be prolonged by reapplication of the drug. The best way to tell when anæsthesia of the part is accomplished, is to touch the conjunctiva; if the patient feel nothing, and do not flinch when a fold of conjunctiva is grasped by the forceps, then the anæsthesia is complete.

With the aid of this drug, I have seen M. Meyer perform extraction of the lens in senile cataract seven times, and in no case was any pain complained of during the corneal incision; in fact, in six out of the seven patients no pain was felt during the operation; in the seventh case, slight pain was complained of during iridectomy, to aid the extraction of the lens. Since that operation, M. Meyer has taken the precaution to reapply the solution of cucaine after the corneal incision, so as to render the iris insensible. Of the seven cataract cases, four were female patients, and were asked to say at once if they felt pain during the operation.

M. Meyer advocates the use of hydrochlorate of cucaine for many reasons. First, it makes it absolutely unnecessary to resort to the use of ether or chloroform in ophthalmic surgery (except for extirpation of the eye); this is a special advantage in cataract-operations. Secondly, the patient being sensible during the operation, helps the surgeon by holding his head still, voluntarily, and is also able to direct his vision in any direction the surgeon desires him to do, which is of great aid in many cases. Thirdly, he has not noticed any injurious results from its use, and he assures his pupils that the corneal wounds heal as rapidly as in past time.

M. Meyer has recorded that intra-ocular tension seems to be reduced after the application of the drug, and he has noticed, by means of the ophthalmoscope, a certain paleness of the vessels posteriorly; this is also proved by the cornea falling flaccid, after the incision, in a more marked degree than before; but he has not found this diminution of intra-ocular tension render the extraction of the lens any more difficult. A slight dilatation of the pupil is also noticed as a result of the application, but this is very transient and variable. There is no effect produced on the accommodation or refraction of the eye after its use; in fact, it seems to exert its influence on the eye for a period of twenty minutes as a most useful and perfect anæsthetic, and has not as yet displayed any evil results from its use.

A. SCOTT MYRTLE, M.B., C.M.

OBSTETRIC MEMORANDA.

RHEUMATIC FEVER COMPLICATING PUERPERIUM.

THE occurrence of rheumatic fever during the puerperal period is so rare, that it is desirable to record cases of it. Indeed, it is surprising that it does not take place more frequently, considering that anything which exercises a prolonged depressing influence upon the system, as pregnancy, especially if there be at the same time a predisposition to the disease, induces the development of a severe rheumatic affection. Besides, we must remember, that in the puerperal condition the absorbent and excretory systems are busily engaged in the process of involution, and therefore impeded in throwing off the *materies morbi* of rheumatism.

R. T., aged 23, was confined with her first child on July 4th. She is of delicate constitution, and is very anæmic; her health during