clear alteration, either for the better or the worse, was observable in any of the others.

These, then, are the results of my experience with this preparation. They cannot be said to be either definite or striking. And yet the impression remains on my mind that there is a constituent in the brain of the sheep, and doubtless also of other animals, which acts as a stimulus to nerve tissue cell and fibre in the human subject in certain morbid states of these structures.

It is probable that more decided beneficial effects will follow the subcutaneous injection of extracts of nerve substance. Indeed, this is claimed for them by several physicians.

But it appears to me to be premature, especially in the case of such a disease as epilepsy, to record "cures" soon after this or any other method of treatment has been adopted. Where there is improvement or apparent recovery, the powerful influence on some minds of the use of a new remedy, especially if there be anything peculiar in its nature, with the consequent reaction on the bodily disease, should always be remembered. When seeking to estimate the value of treatment in any case this should be carefully considered, but more particularly when the morbid change is in the nervous system; not seldom the psychical is really the chief remedial agent. For the most part, the published statements respecting the action of injections of the extract and emulsion—for both have been used subcutaneously—have been somewhat vague and general. It is desirable that careful accounts of cases, detailing the condition before and after treatment, should be recorded, and that where there is improvement a reasonably long time should elapse after the subsidence of the symptoms before the patient is pronounced to have been cured.

CLINICAL ANÆSTHETIC NOTES AND REMARKS ON A CASE OF CARBUNCLE TREATED BY EXCISION AT THE AFZULGUNJ HOSPITAL.

By SURGEON-LIEUTENANT-COLONEL EDWARD LAWRIE.
Hyderabad

RUSHTON PARKER's plan of extirpation was followed in this case. The operation was performed in the manner recommended by him, "by cutting through the skin around the diseased area" (in this instance 16 inches in circumference), "keeping clear of all suspicious tissue, and then removing the whole. There was no difficulty in distinguishing the diseased tissue from the healthy."

My attention was directed to this procedure by an article in the *Medical Chronicle*, and the principle of the operation at once commended itself to me, because we have for some time past been performing extirpation, in numerous inflammatory conditions, with excellent results. Since the year 1876 I have treated buboes requiring surgical interference almost exclusively by excision; and we have lately had several cases of suppurating bursa, and of thick-walled abscess enclosing dead guinea worm, which have been rapidly cured by extirpation. The principle of Rushton Parker's operation is so thoroughly sound that I have no doubt it will supersede all other surgical methods for the treatment of carbuncle. In future operations a considerably larger amount of the skin might be preserved.

AFTER-TREATMENT.

The operation was performed on September 29th, 1893. The patient's temperature from 102° became normal in the evening, and she experienced great relief. On September 30th, when the wound was dressed, a suspicious-looking spot was noticed at the upper part under the skin. The temperature rose to 100° F. on the evening of October 1st, and accordingly on the morning of October 2nd the patient was placed under chloroform for the second time, and the suspected tissue excised. It proved to be a small mass of carbuncle left behind at the first operation. The temperature became normal again that evening, and her recovery since has been uninterrupted. She was discharged to the out-patient department on October 11th, 1893.

Heading.	Particulars.	Observations.	
1. Number ...	1,362 of 1893; 191 of September	H. M. S. 9 1 15	Administration commenced in 3j doses, with the patient lying on the side. Natural regular breathing, slight resistance
2. Date ...	September 29th, 1893		
3. Pulse and respiration immediately before the operation	(a) In bed; pulse 100, respir. 24. (b) On the operation table; pulse 12, respir. 32		
4. Food last taken ...	9 P.M., 23th	9 2 5	Cap removed while the patient was turned on to the back
5. Special features in the case	Very weak old woman		
6. Name, age, and sex	Mohiadin Kattoo, 75, female	9 2 15	Chloroform applied to the cap; one breath of air inhaled. Half-drachm doses
7. Operation ...	Extirpation of carbuncle of the back by Rushton Parker's method		
8. Chloroformist's name	Mahomed Peerun, fifth year student		
9. Struggling commenced		9 3 15	Chloroform applied to the cap; two breaths of air inhaled
10. Struggling ended	No struggling stage, except the slight resistance at first		
11. Respiration and intake during the struggling stage			
12. Cause of struggling		9 3 20	Snoring
13. First sign of complete anæsthesia	Cornea insensitive	9 3 55	Over; cornea insensitive; cap removed
14. Amount of chloroform required to produce complete anæsthesia	Two drachms and a-half.	9 5 0	More chloroform
15. Time occupied to produce complete anæsthesia	Two minutes forty seconds	9 8 10	Vomiting food
16. Rate in minims of chloroform applied to the cap per second	0.93 minim per second	9 10 15	Operation and dressing finished; patient removed to bed. The anæsthesia was normal, and the only remarkable point in the administration was that the usual struggling stage did not occur, and was replaced apparently by the slight resistance at first
17. Total amount of chloroform employed	Three drachms		
18. Duration of operation	Nine minutes		
19. After-effects ...	Vomited		

REMARKS.—I have never met with any case in which the relief of a carbuncle was so thorough and immediate as it was in this. The excision eradicated the disease, and nothing more convincing can be said about it. There is an infinite difference between a depressing, infecting, and therefore dangerous disease, and an aseptic healing sore; and the difference is accentuated by age and feebleness. A patient who is too old and feeble to undergo the process of healing of the aseptic granulating wound which is left when a carbuncle is excised will assuredly succumb to the prolonged septic sloughing and suppuration which are of necessity preliminary to the granulating and healing process under the old methods of treatment. Advanced age and debility, therefore, so far from being a bar to excision, render it pressing, if not indispensable. Finally, the small amount of blood lost during the operation in my case astonished everyone who saw it. The extirpation can be accomplished with ease and rapidity, and the hæmorrhage was not as much as it usually is when carbuncles of similar dimensions are treated by the crucial incision.

PRESENTATION.—The members and officials of the General Prisons Board, Dublin, presented, on November 30th, an address and a large solid silver salver to Dr. William Lambe on the occasion of his retirement, under the recent Treasury rule, from the service of the board. Dr. Lambe has been connected with the service for forty-three years.