for different lesions of the lower extremity, including therein the fractures of the femur, while 337 soldiers, having fracture of the thigh, had been treated upon the conservative plan.

Of the 1,664 amputated,	123 were cured,
" " "	1,541 died.
Total,	1,664

The 337 cases of fracture of the thigh, treated without amputation, give—

Cures,	117
Deaths,	220
Total,	337

There is one striking fact in the results of amputation of the thigh, whatever may have been the cause, compared with those of fracture of the femur treated without amputation, it is that amputations of the thigh give five times fewer cures than non-amputated fractures of the thigh. It is very supposable, that if the 1,664 amputations of the thigh had all been operated upon for fractures of the femur, their chances of death or recovery would have been the same. In accepting this supposition, the result of our labors would be, that, in the army of the East, the chances of success for amputations has been—

For the upper third,	6 per 100
For the middle third,	6 per 100
For the lower third,	10 per 100

While the chances for recovery without amputation of fractures have been—

For the upper third,	31.5 per 100
For the middle third,	31.75 per 100
For the lower third,	42 per 100.

We do not attribute an absolute value to these figures, but we believe, however, that they enable us to establish an approximative relation of the success of the treatment of fractures of the thigh without amputation to that of the treatment of fractures of the thigh by amputation. This relation is—

For the upper third of the femur, as 31.5 is to 6.
For the middle third of the femur, as 31.75 is to 6.
For the lower third of the femur, as 42 is to 10.

In a general sense, the proportion of the total, 177 survivors out of 337 wounded not amputated, is 35 per cent.; that of the total, 123 survivors out of 1,664 wounded amputated, is 7.4-10ths per cent. The relation of the totals is as 35 is to 7.4-10ths; in other words, in the Crimean war, the men treated for fractures of the thigh, by the conservative plan, got well in a proportion nearly five times greater than those treated, by amputation of the thigh, for traumatic lesions of every character of the lower extremity.

ART. II.—On the Therapeutic Properties of Carbolic Acid. By GRACE CALVERT, PH. D. F. R. S.

I deem it my duty to draw the attention of the medical profession to the valuable therapeutic properties of carbolic acid, which I have during the last two years brought under the notice of some of the leading medical practitioners of Manchester and London.—Before giving particulars of the chief applications of this substance which have been made by these gentlemen, I will first state what carbolic acid really is.

Carbolic acid, hydrated oxide of phenyle, or phenic acid, is a white substance, which crystallizes in long prisms, fusibly at 93° Fahr., and boiling at 370°. It has a slight tarry and aromatic smell, resembling that of wood, creosote, and is freely soluble in

alcohol, ether, and glycerine, partially so in glacial acetic acid, and only slightly so in water, of which 100 parts will dissolve only three parts of carbolic acid. It is easily prepared by treating the oils of tar, which distil between 350° and 400°, with caustic lye, removing the caustic lye solution from the neutral oils, and adding hydrochloric acid to the alkaline solution, when the carbolic acid is liberated, and rises to the surface as an oily fluid, from which, by distillation, the above-mentioned therapeutic agent is obtained.

My friend and colleague, Thomas Turner, Esq., F. R. C. S., and Senior Surgeon at the Manchester Royal Infirmary, read, at the last meeting of the Lancashire and Cheshire Branch of the British Medical Association a lengthy paper "On the Uses of Carbolic Acid as a Remedial Agent," from which I extract the following:

"In cases of relaxation of the mucous surfaces, the solution of carbolic acid in glycerine, applied by means of a brush or sponge, is most beneficial. Thus its use is indicated in polypi of the nostrils, as well as ozæna, and in all putrid discharges from the mouth, throat, nostrils, ears, rectum, and vagina.

"I shall next call your attention to the use of carbolic acid in diphtheria, in which disease it is a most valuable remedy used topically to the throat. * * * To apply it I use a sponge mop, which should be used freely, but not saturated, lest a drop should fall into the larynx. The escharotic effect of carbolic acid is confined to the surface to which it is applied, there being no spreading to the contiguous parts, which may happen in the case of nitric acid. The aqueous solution of carbolic acid may be also used as a gargle.

"*Ulcers*.—I apply carbolic acid in different degrees of solution, according to the character of the sore, to carbuncle and ill-conditioned sores.

"*Fistulae*.—I apply it by means of a wax taper used in lighting gas, or, if the size of the fistula will admit of it, I use a catgut or wax bougie, taking care to carry it to the bottom of the fistula. I have never succeeded in anal fistula where there is a communication with the gut. In these cases an operation is still necessary.

"*Hæmorrhoids*.—The action of carbolic acid is mainly to corrugate, and therefore to obliterate, the sac of the pile. It coagulates the contents, which may be squeezed out; and by corrugation it empties the pile, by which the two surfaces are brought into contact, and thus the sac is obliterated."

Mr. Oscar Clayton states that in two cases of fetor of breath, arising from a diseased state of the mucous membrane covering the tonsils, he applied to the parts a mixture of equal proportions of glycerine and carbolic acid, and with perfect success.

Mr. Cambell De Morgan has also applied the glycerine solution of carbolic acid with success to several cases of lupus.

Dr. James Whitehead, of Manchester, prefers treating this disease (lupus) with an ointment made of half a drachm of carbolic acid to one ounce of spermaceti ointment.

Mr. Oscar Clayton has also successfully employed the aqueous solution to several skin diseases—viz, lepra, tinea capitis, rupia, &c.

Dr. Roberts and other medical men have employed carbolic acid with advantage internally for dyspepsia and other derangements of digestion.

Dr. Pattison, of St. John's Wood, writes me as follows:

"I have prescribed your carbolic acid in several cases of fungoid disease during the last nine months with marked success. In three cases of fungus hæmatodes in which I employed it, the disease in all was checked in a remarkable manner. A thick crust was speedily formed on the ulcerated and bleeding surfaces, the exhausting discharges were completely arrested, and in one case there was great diminution in the size of the fungous mass. Your carbolic acid is almost a specific in cases of anthrax."

I also think it well to insert the following remarks from Dr. Thomas Hughes, M. R. C. S., F. S. A., London:—"Sir: I have used Dr. Calvert's carbolic acid as an external application in cases

of sloughing wounds with the most marvellous effect; and in no case was its effect more strikingly manifest than in the case of Rogers, one of your miners, who received such a contusion of the hand as to destroy the arteries leading to the index and little fingers; and, in spite of every effort made to restore the circulation in the fingers, sloughing took place, and which appeared to spread and extend to the hand and arm with such rapidity that if it had not been for the timely application of the carbolic acid the man would have lost his arm from the most destructive sloughing I ever witnessed. The effect of carbolic acid was so decidedly marked as to leave no doubt of its wonderful effects in checking the spreading of sloughing, and in accelerating the separation of slough. It seemed also to have the effect of promoting the growth of granulations, and hastening the healing of the wounds. I have used carbolic acid in several other cases with the same happy effect."

"Amlher, Aug. 29, 1863."

I have found it very successful in one or two cases of intestinal worms, given in doses of a teaspoonful of the aqueous solution in a tumbler of water, morning and evening. I have also applied the water solution externally with perfect success in several cases of spora.

Two eminent French physiologists, MM. Gratiolet and Lemaire, have published a most interesting paper on the Action of Carbolic Acid in arresting Putrefaction; and they have made the important observation that, whilst it does not interfere with chemical fermentations, such as the conversion of amygdaline into hydruet of benzoile, and the conversion of myronic acid by myrosyne, it completely arrests all vegetable and animal fermentations which arises from cryptogamic life. They have also observed that when carbolic acid is mixed with the vaccine virus, it entirely prevents its peculiar action upon animal organization.

These valuable observations of MM. Gratiolet and Lemaire strongly impress me with the idea that the use of carbolic acid might prove of great advantage in the early stages of consumption, if applied in the following manner—viz: by making the patient frequently inhale the vapor of the acid by means of an inhaler containing some cotton-wool saturated with the acid so that the inspired air must pass through the wool. I would at the same time administer a teaspoonful of the aqueous solution mixed with two ounces of pepper-mint water three times a day. I think also that the same treatment might be advantageously tried in cases of scarlatina and typhoid fever, with the addition of saturating the air of the chamber as far as possible with the vapor, by placing lint or wool steeped in carbolic acid in various parts of the room. I would also administer once a day an enema consisting of a weak solution of carbolic acid.

Royal Institution, Manchester, 1864.

ART. III.—Records of Cases Treated in St. Bartholomew's Hospital. By FREDERICK C. SKEY, Esq., F. R. S., President of the Royal College of Surgeons, and Surgeon to the Hospital.

In the following paper I propose to take in review some of the more prominent cases that have occupied in my wards in St. Bartholomew's Hospital during the past year. Cases are prominent in a ratio with the interest they raise in the professional mind, and with the amount of instruction obtainable from the study and observation they require. It is the great privilege of the hospital physician or surgeon to revel in multitudes of cases, presenting to his daily increasing experience the almost endless varieties of disease and injury. Endless, indeed, they may be termed, so nume-

rous, so original, so eccentric, that the largest experience can never entire overtake or expound them. But while a large aggregate of cases furnishes the best and indeed the only real source of correct diagnosis, it by no means necessarily infers the treatment to be equally sound. The mental powers which are called into requisition for the purpose of determining the nature of a disease—memory, comparison, &c., are exerted with far less force in the selection of treatment. There is but one diagnosis, as there is but one truth; whereas there are varieties in treatment, which spring from early adopted principles, and though engrained in the daily practice of the individual surgeon, may vary largely in the aggregate body of professional men. There are probably no two hospitals in London in which the treatment of the same case would be exactly similar, and in most would differ widely from that adopted in others. Indeed, it is not necessary to carry our investigation beyond the walls of any one institution to observe a diversity of opinion and practice in the province of therapeutics. These opinions cannot all be right, because they are often almost in antagonism. It would be a wholesome condition exacted by the governors of hospitals, that which would require its medical staff to visit similar institutions, under the charge of other hospital officers, to take yearly stock, as it were, of cases, to compare notes, and to extract all available knowledge, whether medicinal or mechanical, adopted in the practice of others. As the case now stands, however, we are all so well content with the correctness of our own views and actions, that I fear the time has scarcely arrived for the adoption of so salutary a practice. The publication of examples of rare or otherwise interesting diseases occurring in the practice of hospitals is an imperative duty of an hospital staff. They belong to the profession, and not to the individual, and he is bound by his allegiance to his profession to give them publicity. Acting in this spirit, I proceed to record such cases of interest, with their treatment, that have come under my observation in St. Bartholomew's Hospital mostly within the year, and on many, perhaps on most, I shall make observations which, failing any better description, may bear that of "clinical."

Varicose Veins.

Of cases of varicose veins of the leg every hospital furnishes abundant examples. Whether or not coupled with what is loosely denominated a varicose ulcer, they are often a source of much evil to the subject of them. They are the cause of both weakness and pain. They incapacitate for hard work. But they do not exist alone. Their presence marks a constitution; it is the constitution of debility—a deficiency of power in the acting organs of the circulation. The treatment involves two objects: 1st, the increase of power to these organs; and 2d, the turning the current of the venous circulation into healthier channels. The first is affected by the liberal administration of nutritio-stimulants. The second object has tested the invented faculties of many surgeons. I leave it to others to commend the various schemes adopted by them. I discountenance, from long observation of its incompetency to cure, the employment of the needle, whether through the vein or under it, single or double. It has these objections: 1st, it is not unattended with danger; and 2d, it fails to obliterate the vein, except at the point of its application, mainly because the applications cannot be safely made in numbers proportionate to that of the veins affected. I have at present in St. Bartholomew's Hospital a woman under treatment for varicose veins of the leg, whose limb was jeopardized by the employment of the needle a year ago. A long illness, with severe inflammation and extensive abscesses, followed. The same limb is again under treatment for the original disease. There is no danger in making any number of small eschars on the most projecting surfaces of varicose veins, if made with an escharotic composed of two-fifths of pure potash and three-fifths of powdered lime. This powder, well combined, is made into a paste with alcohol. Whether other escharotics are dangerous in their operation