

91. R.	Thymol,	1 gramme.
	Alcohol,	10 "
	Glycerine,	20 "
	Water,	1000 " M.

This makes a clear solution of agreeable odor. It is used the same as carbolic acid.

Tinctura Opii Camphorata, with equal parts of simple syrup, is recommended by Dr. Q. C. SMITH. (*Nashville Journal of Medicine and Surgery*, June, 1879.) Flies will not approach the wound, and it heals rapidly.

Zinci Chloridum. A powerful antiseptic and stimulant. In exsection or amputation of cancerous or other ill-conditioned parts, Mr. C. DE MORGAN recommends to mop the wound thoroughly with a solution ℥j-ij to aquæ f.℥j (the weaker is generally strong enough.) As an antiseptic and stimulating dressing, gr. v-x to aquæ Oj is exceedingly useful. Sir W. BURNETT's disinfecting fluid consists of gr. xxv of this salt to aquæ f.℥j; for use, about one ounce of this solution is added to a quart of water.

IV. THE COMPLICATIONS OF WOUNDS.

Erysipelas—Gangrene—Hemorrhage—Phagedæna—Pyæmia—Shock—Tetanus—Traumatic Fever—Traumatic Neuralgia and Paralysis.

ERYSIPELAS.

MR. T. HOLMES.

The depletory treatment of erysipelas is almost abandoned. In the plethoric and strong, after the bowels have been freely opened by a mercurial purge, salines with small doses of antimony, and light fluid diet without stimulants, should be ordered. In the cellululo-cutaneous form after injuries, the purge should be employed, but an early resort to free stimulation is demanded. When there is much nervous excitement, opium should be carefully administered; but as a rule, opiates are to be avoided in erysipelas, except in the phlegmonous form after injuries. Camphor, ammonia and light tonics, generally act beneficially after the bowels have been regulated. The free exhibition of the tincture of the perchloride of iron is very beneficial in many cases; gtt. xv-xx every three hours must be given in order to produce its specific effect; and it will not agree if the tongue is foul, and the general fever is rising. Salines with small doses of antimony should be prescribed in that condition, and the iron resumed subsequently.

Locally, the exclusion of the air from the inflamed surface is very grateful. An ointment of calamine or of lead may be used for this purpose; or the part is defended by a layer of cotton wool, or some bland, warm lotion is used, as dilute solution of the subacetate of lead with opium, or a solution of the sulphate of iron.

92. R.	Ferri sulphatis,	℥j.	M.
	Aquæ,	℔j.	
Or,			
93. R.	Tinct. ferri chloridi,	f.℥ij.	M.
	Aquæ,	f.℥viij.	

(101)

Incisions ought to be made freely and boldly into the cellular tissue, when the inflammation is high, the tension great, and gangrene threatening. A good proof of their necessity, and a good augury for their beneficial influence, is the free gaping of each cut as it is made. Many surgeons speak favorably of multiple punctures with a lancet, as a substitute for incisions, but they often fail to furnish adequate relief. When, as a result of the disease, there remain stiffness and loss of motion of the muscles and joints, diligent passive motion must be employed, the parts must be well steamed, and the patient encouraged to use them.

DR. J. E. GARRETSON, OF PHILADELPHIA.

This writer (*Medical and Surgical Reporter*, July, 1870,) states that for a number of years he had met with no case of erysipelas which did not yield to the local application of a combination of iron and bark, which he regarded as a natural specific. The combination, as usually prescribed, was the following:

94. R.	Tinct. ferri chloridi,			
	Tinct. cinchonæ,	āā	f. ℥ ij.	
	Quiniæ sulphatis,		grs. xxx.	
	Aquæ,		f. ℥ iss.	M.

Apply, by means of a camel's-hair brush, four times a day.

This is equally available in both the cutaneous and phlegmonous varieties:

MR. ERASMUS WILSON, OF LONDON.

95. R.	Hydrargyri chloridi mitis,	grs. ij.	
	Extracti colocynth. comp.,	grs. vj.	
	Extracti hyoscyami,	grs. ij.	M.

For one dose.

This is given at the outset of the disease, followed, after the lapse of twelve hours, with a senna or rhubarb draught. A mild aperient must be given daily. If the fever run high, effervescent salines with ammonia. When the alimentary canal is pronounced to be free, *sulphate of quinine*, with sulphate of magnesia, may be administered, to be followed by the tincture of the *perchloride of iron*, which is declared to be specific. Sedatives are valuable when great irritability prevails; an eighth of a grain of the extract of belladonna may be given every

six or twelve hours. Milk diet, with farinaceous puddings, then eggs, then broths, next fish, and afterwards poultry. For drinks, toast water and barley-water, to which may be added wine, with a view to support the vital powers. The *local* palliative treatment should consist of sedative fomentations, dredging with flour, and inunction with lard; the *curative* treatment is attained by penciling the surface with a solution of *nitrate of silver*.

J. MILNER FOTHERGILL, LONDON.

This author maintains that true erysipelas is a totally different affair from that form of dermatitis which follows injuries to the skin. The true form is that often seen in erysipelas of the head and neck. In such erysipelas, tonics, stimulants and half-drachm doses of the tincture of *perchloride of iron* every four hours, together with milk and nutritive food, form the best line of treatment. As external applications, he prefers flour, oxide of zinc, cotton-wool, or warm solutions of acetate of lead and opium. The traumatic form should be treated by cooling medicines, and applications of lead and opium, or by applying the solid nitrate of silver around the blush, which often arrests its spread.

In phlegmonous erysipelas, the most active stimulant and tonic measures are demanded, together with strict antiseptic treatment, and free evacuation of the deposits of pus. Sometimes the pronounced asthenia may be successfully combated by a resort to *digitalis*, in addition to the measures just mentioned.

DR. F. L. SATTERLEE, OF NEW YORK.

The following is the treatment used by this practitioner, with the best effect. (*N. Y. Med. Jour.*, Dec., 1875):

96. R.	Quiniæ sulphatis,	gr. xxv-xxx.	
	Acidi sulphurici diluti,	gtt. v.	
	Opii elixir (McMunn),	ʒ xv.	
	Aquæ,	f. ℥ iss.	M.

For one dose on retiring at night.

If the stomach is irritable, put a mustard plaster under the left breast for ten or fifteen minutes before giving the dose; or administer it by enema. After this draft, the patient usually sleeps well and perspires freely, the eruption diminishes and the disease abates. If there

is biliousness, free draughts of lemonade; if constipation, a simple cathartic is called for. No local application is necessary. In severe cases, not seen early, the dose may require to be repeated a second or even a third night.

DR. A. H. HYATT, OF CHICAGO.

This physician has found *iodide of potassium* of great value in erysipelas, (*Chicago Med. Jour.*, Oct., 1873,) especially in severe phlegmonous cases. When called to a case he prescribes:

97. R.	Potassii iodidi,	3j.	
	Aquæ,		
	Syrupi simplicis,	āā f.ʒj.	
	Ess. gaultheriæ,	f.ʒ ss.	M.

A teaspoonful in water every two hours.

When the violence of the disease is subdued, a less quantity is given. If the bowels are constipated and tongue brown, a mercurial laxative is indicated. If there is prostration, quiniæ sulphas, gr. ij every five hours, with whisky and animal broths, is called for.

As an external application:

98. R.	Plumbi acetatis,	ʒj.	
	Glycerinæ,		
	Aquæ,	āā f.ʒj.	M.

Keep the parts moist with this.

Twenty-four to forty-eight hours are usually sufficient to subdue the disease, and four or five days to complete the cure.

DR. WILHELM ZUELZER, CHARITÉ HOSPITAL, BERLIN.

This observer believes no specific treatment for erysipelas has been established. For the rational treatment for the more serious forms, the mineral acids may be used, and quinine in full doses:

99. R.	Quiniæ sulphatis,	ʒj.	
	Acidi sulphurici diluti,	f.ʒ ij.	
	Aquæ,	f.ʒ ij.	M.

A dessertspoonful three times a day.

Cold baths, several times a day, are a valuable means to reduce the temperature, especially in protracted cases. Violent cerebral symp-

toms must be met by cold applications to the head, and by active purgatives. When œdema of the glottis is threatened, the inhalation of solutions of tannin and alum is called for, and the energetic use of cold, by the administration of small pieces of ice and by ice-bags to the throat. Local treatment may be limited to sprinkling with powdered starch and covering with wadding. To exert a mild compression, the skin may be painted daily with:

100. R.	Collodion,	f.ʒi.	
	Glycerinæ,	f.ʒ ij.	M.

Great tension of the skin may be relieved by warm poultices or by superficial punctures. In violent inflammation, ice-bags and ice-water compresses are indicated.

MR. JOHN HIGGINBOTTOM, LONDON.

This surgeon maintains (*Practitioner*, January, 1869,) after forty years' experience, that no agent is so safe, powerful and efficacious as the *nitrate of silver*. The affected part should be well washed with soap and water, then with water alone, to remove every particle of soap, which would decompose the nitrate, and then be wiped dry with a soft towel. He employs the following solution:

101. R.	Argentii nitratis,	ʒiv.	
	Aquæ,	f.ʒ ss.	M.

This should be applied two or three times carefully over the affected surface and beyond, on the healthy skin, to the extent of two or three inches, by means of a piece of clean linen attached to the end of a short stick. In the course of twelve hours it will be seen whether the solution has been well applied; if any part of the inflamed surface be found unaffected, the application must be repeated. By applying the nitrate so as to encircle the inflamed part, the extension of the disease may be sometimes arrested. Iodine (see below) is preferred by some physicians.

DR. RUSSELL REYNOLDS, LONDON.

Several preparations of *iron* have been supposed by various surgeons to exert a specific effect on erysipelas. VELPEAU used the sul-

suppuration or sloughing has commenced. In such cases it may be combined with the tincture of the chloride of iron, with great advantage. (F. 94.)

**Sodii Sulphis* (as also the bisulphite, and the hyposulphite, and sulphocarbolate of soda,) is strongly recommended by Professor POLLI, of Milan.

Terebinthinæ Oleum has been given with great benefit when the coma has been intense, the pulse sinking and the tongue dry and glazed. Dr. COPLAND counsels the local application of turpentine epithems.

LOCAL APPLICATIONS.

Adeps. Lard inunction is regarded by ERASMUS WILSON as superior to all fluid applications. He first relaxes the skin with hot water or steam, then saturates the surface with hot lard, and afterward covers with wool.

Ammonii Carbonas allays the irritation of the surface. The following lotion, recommended by ERASMUS WILSON, may be employed :

108. R.	Ammonii carbonatis,	āā	℥j.	
	Plumbi acetatis,		℥j.	
	Aquæ rosæ,		℥iij.	M.

Argenti Nitras. See page 107.

Brominium. Dr. GOLDSMITH, U. S. A., recommends (*American Medical Times*, 1863,) the following solution :

109. R.	Brominii,	℥j.	
	Potassii bromidi,	gr. clx.	
	Aquæ destillatæ,	q. s. ad f. ℥iv.	M.

Calx Chlorinata. The following solution has been found of benefit :

110. R.	Calcis chlorinatæ,	℥j-ij.	
	Aquæ,	Oj.	M.

The parts should be kept constantly wet with this lotion.

Camphora. M. DELPECH, of Paris, uses, with good effect, an application containing this drug. It consists in painting the affected surface with a solution of camphor in ether (equal weights); and when this is employed in erysipelas of the face, and the affection has not yet reached the hairy scalp, its progress is usually arrested.

Carbolicum Acidum. It appears not improbable that erysipelas is the result of the entrance of minute organisms into the subcutaneous connective tissue and of their multiplication. Acting upon this idea, the experiment has been tried of injecting subcutaneously a one per cent. solution of carbolic acid into places around the disease. Experience has proved this to be a useless and often injurious method. (See *Chicago Med. Jour. and Examiner*, Dec., 1878.)

Collodion is often used to exclude the air. M. BROCARE commends the application of a layer of collodion round the margin of the erysipelatous blush, for a distance of from six to eight centimeters, and also over the affected part. The object of the former is to exercise a circular compression, so as to separate the affected part from the rest of the cutaneous surface. It is necessary

to examine these layers once or twice daily, and to repair the fissures which occur. The collodion used must be free from oil.

Creosote has been recommended by Dr. FAHNSTOCK as a local application. (*Am. Jour. Med. Sciences*, No. 13.)

Ferri Chloridum. Dr. W. L. WHITE remarks in the *British Medical Journal*: Having, during a course of several years, in hospital and private practice, used a variety of local applications in simple or cutaneous erysipelas, I have for two years discarded all for the perchloride of iron, which I have never seen to fail. The form in which I use it is the following: Equal parts of liquor ferri perchloridi fortior (B. P.) and spiritus vini rectificatus; the whole affected surface, and about an inch beyond the affected parts, to be painted over with the lotion by means of a camel's-hair brush.

Ferri Sulphas was much employed by VELPEAU, both in solution and in ointment :

111. R.	Ferri sulphatis,	℥j.	
	Aquæ,	Oj.	M.

112. R.	Ferri sulphatis,	℥ij.	
	Adipis,	℥j.	M.

Glycerinæ is of great service, by allaying irritation and preventing the action of the air.

Hæmatoxyli Lignum has been found by M. DESMARTIS (*Medical Times*, June 14th, 1862,) of value in severe traumatic erysipelas, applied in ointment :

113. R.	Extracti hæmatoxyli,	āā	℥ss.	M.
	Adipis,			

Hydrargyri Chloridum Corrosivum was found by Dr. DEWEEES to be as effectual as mercurial ointment, when applied in the following solution :

114. R.	Hydrargyri chloridi corrosivi,	gr. j.	
	Aquæ,	f. ℥j.	M.

Hydrargyri Unguentum sometimes arrests the course of the disease, when smeared over the parts three or four times. It usually causes salivation.

**Iodine*, painted over the inflamed parts, often quickly alleviates the symptoms. By many it is preferred to the nitrate of silver solution.

Pix Liquida. Dr. HUETER recommends :

115. R.	Picis liquidæ,	℥ss.	
	Axungiæ,	℥ij.	M.

Anoint the affected part three times a day.

In the hospitals of Prague a paste composed of equal parts of tar and alcohol is the only local dressing in this disease.

Plumbi Subacetatis Liquor Dilutus, kept constantly applied, soothes the parts.

Plumbi Nitras. Dr. JOHN FIENAT says (*Med. Times*, 1876,) he has found nitrate of lead dissolved in glycerine the best of all applications in this disease.

Potassii Permanganas is recommended by Dr. LEAVITT (*Braithwaite's Retrospect*, vol. VI., 1867,) in the following solution:

116. R. Potassii permanganatis, gr. xxx.
Aquæ, ʒj. M.

Potassii Silicas has been found by Prof. ALVARENGA, of Lisbon, to be an admirable application. It is the result of physiological experiment, and not of mere empiricism, the professor having tried the drug first on himself. When applied to the skin, immediately a sensation of coolness and retraction is felt, the skin becomes pale, most markedly so if it has previously been red and congested, and thermometric observations before and after the application prove that there occurs a real diminution of temperature. These phenomena last from five to sixty minutes, and then disappear. They are marked in proportion to the concentration of the solution employed.

Purgatives. Free purgation and the use of turpentine enemata will be in most cases useful. When coma has come on after marked inflammatory symptoms with a rapid pulse, and thickly-coated black, dry, tongue, Dr. COPLAND says he has seen the most marked benefit from the use of calomel in a full dose, with camphor, followed by turpentine and castor oil in the form of an electuary, to be placed on the back of the tongue, and repeated until the bowels begin to act, when its operation may be promoted by enemata. Copious offensive black motions are generally brought away, with marked amelioration of the symptoms. Mr. CAMPBELL DE MORGAN has added his testimony to the value of this treatment in apparently hopeless cases. (*Holmes' System of Surgery*, I, p. 245.)

Sulphurosum Acidum, with equal parts of glycerine, has been found to arrest the spread of the inflammation and relieve the burning.

Terebinthina Oleum has been used with success by Dr. VON KACZOROWSKI. His recipe is:

117. R. Terebinthinae olei, ʒx.
Acidi carbonici, ʒj. M.

Paint on the affected part and rub well into the surrounding parts. Then lay on linen compresses wet with solution of acetate of lead (1 to 100 parts,) and over these, iced cloths. Chlorate of potash and opium internally.

GANGRENE.

PROFESSOR THEODOR BILLROTH.

The *local* treatment of gangrene has two chief objects: 1. To promote detachment of the gangrenous parts by exciting active suppuration, which is accompanied by arrest of the gangrene. 2. To prevent the gangrenous part decomposing, and thus acting injuriously on the patient, and infecting the chamber.

For the first indication, cataplasms were formerly employed, but their efficacy is questionable. Dr. BILLROTH prefers to cover the gangrenous parts and the borders of the healthy tissue with compresses or charpie soaked in *chlorine water*, which also diminishes the bad smell. Other substances which may be used are creosote water, dilute carbolic acid, dilute purified pyroligneous acid, very strong alcohol, spirits of camphor, or oil of turpentine. *Pulverized charcoal* absorbs the gases from the decomposing substances, but as it soils the parts it is perhaps too little used. A very serviceable remedy is the *acetate of alumina*, prepared as follows:

118. R. Aluminis, ʒv.
Plumbi acetatis, ʒj.
Aquæ, f. ʒ xij. M.

For a lotion; to be freely applied several times daily.

Permanganate of potash has proved of little service in Dr. BILLROTH'S experience. Solutions of carbolic acid in oil (say ʒij to f. ʒ xij), praised by some, cannot be used without incurring some danger of poisoning, (manifested by an olive-green color of the urine.) A mixture of *coal-tar and plaster* is serviceable, but must be applied several times daily.

As soon as the gangrenous part is somewhat detached, the shreds should be removed with the scissors, without cutting in to the healthy parts.

The *internal* treatment of gangrene should be strengthening and even stimulant; nourishing food, quinine, acids, and occasionally a few doses of camphor are proper. Severe pain must be met with opiates. In the forms of gangrene known as *raphania* and *ergotism*, emetics, quinine and carbonate of ammonia, are chiefly recommended.

MR. T. HOLMES.

If the gangrene does not spread rapidly and is not accompanied by severe constitutional symptoms, this author believes the expectant treatment may succeed in preserving a part or the whole of the limb. It has also been found that in the gangrene resulting from heat or cold—burns and frost bite—amputation rarely succeeds. So in gangrene from embolism, the associated heart disease renders an operation questionable.

If the surgeon has decided to save the limb, the first indication is to wrap it up as completely as possible in some application which will deodorize the dead parts, and stimulate the living ones to cast them off. For the latter purpose uniform gentle heat is very desirable, and the two indications may be combined by a charcoal poultice, (p. 38); or a solution of carbolic acid or creosote may be applied to the sloughing part, and the whole wrapped up in a thick layer of cotton-wool. The balsam of Peru, or the tinct. benzoin comp. may be formed into a poultice. An old and very useful application at St. George's Hospital is the following:

119. R. Ung. elemi, ℞. j.
 Ung. sambuci, ℞. iij.
 Bals. copaibæ, ℞. iij.

Melt together the ointments, and after they have been removed from the fire, and before they cool, add the copaiba.

The general indications are to clear the alimentary canal so that the patient can be nourished by concentrated food and stimulants, and to give opium freely to induce sleep. When opiates disagree, they must not be continued, but chloral in full doses, ℥j-iss, substituted, or cannabis indica, grs. j-ij of the extract, or ℥ x-xx of the tincture. Equal caution must be exercised in the use of stimulants, that they be not carried to excess.

PROF. S. D. GROSS, M. D.

This writer recommends that purging in hospital gangrene should on no account be neglected. A purge like the following will often be more beneficial in arresting the morbid action than anything else:

120. R. Hydrargyri massæ,
 Pulv. jalapæ,
 Extract. colocynth. comp., āā q. s.

Sufficient of this to induce several large evacuations.

When the system begins to flag, quinine, iron, brandy and broths are called for. The best preparation of iron is the tincture of the chloride, gtt. xv-xxv every three hours in some mucilaginous fluid. But the great constitutional remedy is *opium*, in large doses, grs. ij-iv every six or eight hours, in union with a diaphoretic, as in Dover's powder. The diet should be nutritious, abundant ventilation provided, and scrupulous cleanliness observed. His favorite local remedy has always been acid nitrate of mercury, freely diluted with water and carefully applied with a soft mop. But if the wound is cleansed properly of slough and sanious matter, he is of opinion that it differs little which of the numerous local applications recommended is used.

PROF. KOENIG, OF PRUSSIA

According to Dr. CARL PROEGLER, (*American Practitioner*, Jan., 1872,) the experience of the Franco-Prussian war demonstrated the inefficiency of carbolic acid and permanganate of potassa in deep-seated hospital gangrene. Prof. KOENIG used with much better success *chloride of zinc*. It should be but little diluted, rather oily. Bits of cotton should be dipped in this solution, and afterwards pressed out. A sufficient number of these pieces are placed either flat on the surface of the wound, or partially pressed into the folds of the tissue, the wound having previously been freely opened with the scissors and knife. It is sufficient in most cases to let this caustic tampon remain eight or ten minutes. A whitish crust is found, which requires five or six days to separate. Of course the patient should be chloroformed during the application. If untouched parts remain, the caustic should be again applied.

PROF. VON NÜSSBAUM, OF MUNICH.

This surgeon, in an able article, (*Archiv für Klinische Chirurgie*, Jan., 1876,) writes with regard to the preventive and curative treatment of this affection. In 1872, the first year of its appearance in the hospital, the gangrenous condition of the wounds in those attacked was always readily and successfully controlled by the local application of lotions, containing nitrate of silver, corrosive sublimate or carbolic acid; but as the distinctive changes became more and more acute, it was found necessary to have recourse to more active means, and to apply caustic pastes and the *actual cautery*. Energetic applications of the latter agent proved the most efficacious, and a perfectly successful

result of such treatment was usually indicated by a prompt fall of the patient's temperature. During the prevalence of the gangrene, many different attempts were made to protect healthy wounds and sores from contagion. The continuous water-bath and applications of ice, moist warmth, and lotions of carbolic acid, salicylic acid, chlorine water, etc., were tried, but without any good results. At last LISTER'S *antiseptic* plan of dressing was practiced most strictly, so that no open surface was dressed save under the carbolic acid spray, and no instruments or dressings used save after careful disinfection. The hospital gangrene at once ceased, and not a single case, Prof. VON NÜSSBAUM states, has been observed in his ward since the adoption of this plan of dressing, although at the period of its first use eighty per cent. of the surgical patients had been affected. Prof. VON NÜSSBAUM asserts that he feels it his duty to testify to the efficacy of LISTER'S method as a prophylactic against hospital gangrene. He insists, however, upon the necessity of carrying out this plan of dressing in all its details. He holds that the secret of its great success in this instance lay in a pedantic exactness in its mode of application, and he expresses it as his opinion that the surgeon who allows a wound to remain for one second open to the air, and unprotected by the carbolic acid spray, cannot reasonably expect any good results from his practice of LISTER'S method.

PROF. JOSEPH JONES, M. D., LOUISIANA.

The following formula has proved useful in hospital gangrene, and other diseases of an asthenic typhoid character :

121. R.	Tincturæ ferri chloridi,	f. ℥j.
	Potassii chloratis,	℥iv.
	Quiniæ sulphatis,	℥ij.
	Acidi hydrochlorici,	f. ℥j.
	Aquæ destillatæ,	f. ℥ij.

Dissolve the chlorate in the water, add the hydrochloric acid, then dissolve in this mixture the quinine, and finally add the iron. Thirty to sixty drops, in water, three or four times a day.

Such a mixture should not be continued for more than two weeks. In place of it, the following is of great value in gangrenous and ill-conditioned wounds :

122. R.	Ferri et potassii tartratis,	℥j.
	Acidi tartarici,	℥ij.
	Quiniæ sulphatis,	℥ij.
	Aquæ destillatæ,	f. ℥xij.

Dissolve the acid in the water, add the quinine, and last the iron. Shake well before using. A tablespoonful in a wineglassful of water, thrice daily.

When the iron seems too astringent, the following combination is valuable :

123. R.	Strychniæ sulphatis,	grs. ij.	
	Quiniæ sulphatis,	℥ij.	
	Ferri redacti,	℥ij.	
	Extracti rhei,	℥ij.	M.

Make one hundred pills. One three times a day.

When there are signs of syphilis or scrofula present, the following fills the important indication of acting both as a tonic and alterative :

124. R.	Syrupi ferri iodidi,	f. ℥j.
	Tincturæ iodinii,	f. ℥ij.
	Potassii iodidi,	℥ij.
	Syrupi zingiberis,	f. ℥vj.
	Aquæ destillatæ,	f. ℥j.

Dissolve the iodide of potash in the water, add the tincture of iodine, and then mingle with the syrups of iodide of iron and ginger. A teaspoonful in a wineglassful of water three times a day.

As a local application, the liberal and thorough application of fuming nitric acid proved most successful in the Confederate service.

SURGEON MIDDLETON GOLDSMITH, U. S. A.

This surgeon recommended, as the most efficient local application :

125. R.	Brominii,	f. ℥j.	
	Potassii bromidi,	℥ij.	
	Aquæ destillatæ,	ad f. ℥iv.	M.

To apply to the part as a lotion.

The pure bromine, as a cauterant to the dangerous surfaces, proved most efficient in the Federal hospitals.

DR. A. NETTER, OF RHEIMS.

This surgeon, following DUPUYTREN, has found *camphor*, early applied and in large quantities, in the form of a powder, a "sure cure" for hospital gangrene and phagadenic chancres.

RÉSUMÉ OF REMEDIES.

Ammoniac Murias. Dr. CHARLES GRU claims much success in the treatment of senile gangrene by immersing the limb in a foot-bath containing about half a pound, 250 grammes, of muriate of ammonia and retaining it there several