NOTES ON BOOKS.

Thoracic Aneurism. By THOMAS HAYDEN, M.R.I.A., Physician to the Mater Misericordiæ Hospital. Dublin: 1869.—This is an able account of a very interesting case of thoracic aneurism. The notes extend over rather more than three years. The question of diagnosis, the symptoms present, and their significance, are most carefully considered in detail, and an abstract suited to our space would scarcely do justice to the subject.

Temporary Deligation of the Abdominal Aorta. By WILLIAM STOKES, jun., Surgeon to the Richmond Hospital, Dublin.—The case was that of a man aged 50, who had a large pulsating tumour occupying the right ilio-femoral region. Pressure was attended with very severe pain; and the idea of using it was abandoned. The chief difficulty in the operation attended the separation of the peritoneum from the transversalis fascia. The aorta having been exposed, Mr. Stokes "passed a Lüer's aneurism needle round the aorta, just above its bifurcation, and attached to the ligature a piece of silver wire, which was then drawn round the vessel. The ends of this were then passed through Mr. Porter's artery-compressor, and traction was made on them until all pulsation and *bruit* had perfectly ceased in the tumour. The ends of the wire were then secured to the ring of the clamp." The wound was now closed. "The operation was almost bloodless." Afterwards, restlessness, pain, and sensation of heat, were the chief symptoms. The operation was concluded at 11.15 A.M. At 2.30 P.M., it is noted: "The temperature in the left lower extremity is very good; that in the right has greatly improved." At 9 P.M., pulsation in the left femoral artery had returned. At 10.30 P.M., the patient became unconscious; and at 12 (midnight), he died—about twelve hours after the operation. On removing the wire-compressor and slitting up the artery, its coats were found not to have received the slightest injury. Mr. Stokes, in summing up, calls attention to the following facts: 1. Occlusion of so large a vessel without injury to its coats; 2. Early re-establishment of collateral circulation; 3. Rapid consolidation of contents of aneurism after the operation; 4. Death due to shock in a person with fatty heart; 5. The non-liability to gangrene, owing to re-establishment of collateral circulation, and the power of removing the compression at any time. Finally, a table of the previous cases is given.

On Opportunities for Pharmaceutical Education in the Provinces. By G. F. Schacht, Clifton.—It is probable, says the author, that about one thousand seven hundred new students of pharmacy will now annually require scientific instruction in the elements of chemistry and botany. Without entering into numerical details, it is sufficient to say that the present arrangements for meeting this large demand are probably very deficient; and it will always be difficult to bring students living in small towns within reach of publicly organised scientific teaching. Mr. Schacht commends a plan which he himself has found to answer very well in one such case. It is the establishment of a series of "readings" by any "master pharmaceutist" who may have the requisite energy to form a class for studying some elementary text-book.

Eye-Symptoms in Spinal Disease. By D. ARGYLL ROBERTSON, M.D., F.R.C.S.—In this pamphlet (reprinted from the *Edinburgh Medical Journal*), Dr. Robertson gives us an exceedingly able account of the different views held as to the nervous supply of the iris, and the action of atropine and Calabar bean on the pupil. The case itself is somewhat vague; and, in the absence of a *post mortem* examination, it is perhaps doubtful as to the exact location of the disease—whether in the spine or in the brain. Dr. Robertson's chief reason for diagnosing spinal disease seems to be the extreme contraction of the pupils. Now, to this it may be objected that, in paralysis of the cervical sympathetic, myosis is not produced, but simply inability to dilate; whilst, of certain cerebral diseases, extreme contraction is a well known symptom. There are several other points in the case which seem open to some doubt.

Natural Philosophy popularly explained. By the Rev. S. HAUGHTON, M.D., F.R.S. With numerous Illustrations. Cassell, Petter, and Galpin. 1869.—A little handy volume of 271 pages, illustrated by 164 excellent woodcuts. It includes Statics, Hydrostatics, Pneumatics, Dynamics, Hydrodynamics, Acoustics, Light, and Heat. These subjects are so treated that they can be mastered by any one who possesses a knowledge of arithmetic and of the elements of algebra and geometry. It is written exceedingly well; indeed, the name of the author makes that point certain.

An Elementary Course of Theoretical and Applied Mechanics, designed for the Use of Schools and Colleges, etc. By RICHARD WORMELL, M.A., B.Sc. Groombridge and Sons. London: 1869.—One of a series of excellent little manuals issued by Messrs. Groombridge. It is well suited to the wants of those preparing for any of our public examinations. It is liberally illustrated by woodcuts.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, November 8th, 1869.

1. *Dr. Dolbeau's Use of Alcohol in Dressing Surgical Wounds.*—2. *Opening of the Medical School.*

1. *Dr. Dolbeau's Use of Alcohol in Dressing Surgical Wounds.*—Twelve months ago, I paid several visits to the surgical wards of the Royal Infirmary of Edinburgh, where, among much which I saw to admire, was the manner of dressing surgical wounds. During last week, I have seen a very different system employed by Dr. Dolbeau, the eminent surgeon of the Hôpital Beaujon, in the Faubourg St. Honoré. The diversity of the practice from that employed in Edinburgh and London, and the satisfactory results of Dr. Dolbeau's method, induce me to give a short account of it to my fellow-members of the British Medical Association. I have no indictment to prefer against *carbolic acid* and the *first intention;* but I wish to describe a system by which good results are achieved in respect of surgical wounds, by disbelievers in the alleged advantage of healing by adhesion and without suppuration.

The following is Dr. Dolbeau's plan of proceeding. Having performed the amputation, or removed the tumour, as the case may be, he staunches the hæmorrhage by such means as are appropriate and usual in the circumstances. He then washes the wound with what he calls *pure* alcohol; or, in other words, with the strongest commercial alcohol, unmixed with water. The next proceeding is to dry the bleeding surface with fine soft linen. The dressing is now applied. This consists in filling up the cavity caused by the loss of substance, or covering the flaps of the amputation, with feathery tufts of fine charpie soaked in pure alcohol. The part is then farther covered with compresses, which likewise are soaked in pure alcohol. The dressings are then enclosed in a double envelope of the impermeable gutta percha tissue, which has of late years superseded oiled silk for most medical and surgical purposes, and which is superior in respect of elasticity and cheapness. The whole of the dressings and coverings now described are retained in position by a few rounds of a bandage.

The dressings now described—applied, be it observed, when all bleeding has ceased—remain undisturbed till the following day, when they are entirely renewed. During the course of that day, it is useful to open up the impermeable covering, and, without touching the underneath dressing, moisten it with pure alcohol. At each dressing, it will be found that the charpie is adherent to the raw surface: to detach it without causing an oozing of blood, the dressings ought to be moistened by means of syringing it with alcohol.

When the proceedings as above described are carried out with exactitude, there is no bleeding from the wound, and the parts are kept in a favourable state of moisture. At the end of a period, varying from five to ten days, the raw surface is quite dry, and presents a slate-grey appearance. The surface may be kept in this dried-up state—in this condition of local embalmment—as long as is desired. Cicatrisation proceeds very, very slowly; and, to accomplish permanent healing, it is necessary to induce suppuration in the wound.

Dr. Dolbeau holds that his method of alcoholic dressing prevents the occurrence of traumatic inflammation; and I am assured by friends who have had considerable opportunities of observing his hospital practice, that this opinion is well founded. He says—and this I have personally observed—that the patients have generally little or no fever, and that their strength is inversely proportionate to the suffering they have had or the quantity of blood they have lost in the operation. By keeping the wound in the state of alcoholic dryness *(sècheresse alcoolique)*, as Dr. Dolbeau calls it, traumatic reaction is prevented; and by that means, any necessary length of time is obtained for the patient to get up his strength.

When all goes well—when the appetite and sleep are natural—when strength is regained, the alcoholic treatment is discontinued, and glycerine is used. The time has now come, according to Dr. Dolbeau, when, without detriment, the patient can support suppuration. The surgeon, however, after instituting suppuration by dressing with glycerine, may, if he think it necessary, arrest or diminish the formation of pus by using pure alcohol, or a mixture of alcohol and water.

At first, the alcoholic treatment occasions a good deal of pain; but, by the end of the second or third day, the wound has become insensible. Some patients beg urgently that the alcohol may be used somewhat diluted with water, but Dr. Dolbeau says that this demand ought to be resisted.

The direct application of pure alcohol often vesicates the skin surrounding the wound. When this inconvenience occurs, it is easily reme-