with the syringe which the author has advised, and, before it is
applied to the sores as a caustic, the prepuse must be slit up with a
pair of scissors which the author has invented, and in the manner
that is peculiar to himself. It is from carbolic acid, plus Mr.
Taylor's syringe and scissors, that the sufferers from chancreoidal
phymosis have derived so much benefit.

That much may be done to cure a contracted foreskin by the
frequent injection of warm water or of medicated lotions is a fact
with which all surgeons are familiar. A good instance of the value
of this treatment is given in a foot-note to the 9th edition of
Druitt's 'Vade Mecum' (p. 662). A congenital phymosis, of the
tightest kind, was completely relieved in a few months by the simple
injection of warm water under the prepuse. And no one who has
made use of carbolic acid in general surgery can doubt that in a case
of foul and offensive sores it forms an admirable dressing, and that
like various other substances which might be named, it cleanses the
wounds and puts them in a favorable condition for healing. When
sores situated beneath the foreskin have cicatrised the contraction
may be so great as to be a serious inconvenience to the patient, and
then some form of circumcision must be undertaken. The author
recommends two lateral incisions, with the scissors he has invented,
as the best means of exposing the whole glans penis. But we fail
to see the advantages which his method possesses over the various
forms of section that have long been practised in these cases. For
the rest, we do not doubt that carbolic acid lotions serve the purpose
of the surgeon in these cases very well, and that the syringe the
author has devised enables him to introduce them under the prepuse
thoroughly.

Hospital Hygiene.1—Since 1869, when Sir J. Simpson published
his surprising statistics comparing the mortality of amputations in
private and in hospital practice, a great advance has been made in
the prevention of those diseases which so frightfully increased the
mortality in the latter. At the same time that Simpson was
collecting statistics to prove that all our existing hospitals should be
demolished in consequence of their walls being impregnated with
the poisonous emanations from wounds, Mr. Lister was devising
means by which these poisonous emanations should be abolished
in the wounds themselves, rendering a surgical ward no more
impure than any other room containing a similar number of persons
in a similar space.

There is no doubt that this latter idea is the one which has found
most favour with the profession, and although only a small but still,
we believe, an increasing percentage of surgeons in the country have

1 Hospital Hygiene. The Annual Address to the Southampton Medical Society.
By Charles Langstaff, M.D., &c. 1872.
adopted Mr. Lister's mode of dressing, with all its precautions, yet there are few now who do not make use, to a greater or less extent, of some antiseptic in the treatment of wounds. The great principle has been fully recognised that the decomposition of discharges is an unmitigated evil, and one which, in many cases, is productive of the most fatal complications. That it is preventable in the majority of cases there can be no doubt, and when we consider the important part attributed by the majority of modern pathologists to the absorption of putrid discharges in the production of surgical fever, septicæmia, and pyæmia, it is clear that if we wish to improve the results of our major operations we must commence by preventing the developement of poisonous products in the wounds themselves, and we may then rest content as to the state of the hospital walls and floors. But it is impossible, with our present knowledge, successfully to apply any antiseptic principle of dressing to every wound. In a hospital ward there will always be a few cases in which, from the nature of the wound or from the previous treatment the patient has undergone, the perfect prevention of decomposition is impracticable. It is well, therefore, to construct our hospitals in such a way that their walls and floors shall be incapable of absorbing and retaining the poison from these wounds. If, therefore, we have a combination of non-absorbing walls, clean wounds, good ventilation, and careful attention to all the minor details of cleanliness, there is no reason why the results of surgical operations in hospital practice should not be equally successful, or perhaps even more so, than those of private practice. It is to the attainment of this object that Dr. Langstaff has directed his attention, and the interesting paper before us contains the results of his observations and experiments.

Dr. Langstaff suggests that not only should the walls and floors of a hospital be covered with some non-absorbent material, but that the furniture also should be painted with a similar substance to prevent the deposition and accumulation of organic matter in the cracks and joints of the wood work. The surface obtained should be such that for the purposes of cleanliness nothing more should be required than an occasional wipe with a cloth. The material which Dr. Langstaff has found to fulfil these conditions best is paraffin, and to render its action more perfect he mixes with it a small proportion of carbolic acid. To the walls and furniture it may be applied as a paint dissolved in turpentine or paraffin oil. By this means every crack is filled and a surface obtained which can be kept perfectly clean, without the slightest difficulty, by being wiped over with a damp cloth containing some antiseptic. The floors are prepared by pouring melted paraffin upon the wood and ironing it in with a box-iron heated by means of burning charcoal. The paraffin penetrates to the depth of about a quarter of an inch, and when the
excess of paraffin is scraped off and the floor afterwards brushed with a weighted hard brush, a smooth polished surface is obtained much resembling a waxed "Parquet Floor." It is not sticky and not so slippery as to be unsafe; it is perfectly non-absorbent, unaffected by acids or alkalies, is cleaned without washing, and will last without renewing for years. The plan is so simple and by no means expensive, and it seems to us to deserve a trial at least. Having thus prepared a perfectly non-absorbent ward, Dr. Langstaff proposes to purify the air admitted into it by passing it over some antiseptic before its admission. For this purpose he has invented a small apparatus which can be readily introduced into the ventilating apertures which are ordinarily used in hospitals, by means of which the entering air is made to circulate over the surface of a concentrated solution of carbolic acid in a box which also contains two upright iron frames, fitted with two pieces of flannel soaked in a similar solution. About four ounces of the solution is lost during the 24 hours from such an apparatus, and this is found to be sufficient thoroughly to impregnate the air with the odour of carbolic acid. From experiments which are recorded at length in the address, Dr. Langstaff found that the air of a room ventilated by means of this apparatus, was, contrary to expectation, drier than that of a similar room ventilated by an ordinary opening. He also found that decomposition of a piece of meat hung in the carbolized atmosphere was considerably delayed. It may be a question how the patients would like to be confined for any length of time in a room impregnated with a mixed odour of paraffin and carbolic acid, but probably in a few hours they would have become so accustomed to the smell as no longer to perceive it. In the treatment of wounds Dr. Langstaff has, for some time past, adopted the antiseptic plan of dressing as recommended by Mr. Lister. By these means, then, we have obtained the three first essentials of a healthy ward,—non-absorbent walls and floor, free admission of purified air, and a more or less complete absence of decomposing discharges from the wounds. But Dr. Langstaff does not stop here in the precautions he recommends. The hospital locker is a thing in which hygienic details are but too often sacrificed to convenience. In one hospital we have heard of, the patients' loaf and other provisions are separated only by a thin board (often cracked) from his chamber-pot in the lower compartment of the locker. Moreover, as Dr. Langstaff points out, closed lockers are almost always receptacles for dirt. The food compartment has always a more or less offensive odour of rancid butter, stale bread, &c., and it serves, moreover, as a place of concealment for all sorts of contraband articles of food or drink. The compartment for excreta is always sooner or later impregnated with a more or less powerful odour of ammonia or, perhaps, even of something worse. Dr. Langstaff, therefore, advo-
cates open lockers, the upper shelf of which may be turned over the bed to make a table. The chamber utensils should stand so as to be in a free current of air; they should be covered with a closely fitting metal lid, and, except when the urine is required for clinical investigation, should always contain a small quantity of some antiseptic fluid. Another point to which Dr. Langstaff draws attention is the custom, in some hospitals, of allowing patients to wear their own clothes, or, in case they are confined to bed, of keeping their clothes in baskets or lockers in the ward. On this point he gives a very interesting anecdote, which speaks for itself.—On one occasion when a regiment of Hampshire militia were called out for drill, their civilian clothes were stowed away in a room which was also made to do duty as an office for the quartermaster-sergeant and his assistant, who, after inhabiting it for a few days, fell ill. "This occurred again and again, and others who supplied the places of the sick men also became ill." Every patient, on admission, ought to be put into a suit of some material capable of frequent washing. Another point frequently not attended to is the avoidance of all unnecessary bed hangings, blinds, mats, bits of carpet, &c., which are supposed to give an air of comfort to the ward. Venetian blinds and shutters should always take the place of ordinary blinds and curtains, as they are not only more effectual in the exclusion of sunlight, but interfere to a comparatively slight degree with ventilation. In conclusion, Dr. Langstaff calls attention to the important part devolving upon the nurses in the maintenance of the health of a ward. They are responsible for the cleanliness of the ward and of the persons of the patients in it, and unless they fully realise the importance of their duties in this respect they are not fit to be nurses. In the matter also of their own personal cleanliness and dress there is much that is of importance to the health of the hospital. The custom adopted by many of the religious sisterhoods, who at the present time devote themselves to so great an extent to nursing, of wearing a heavy black woollen robe, with drooping sleeves ready to pick up and retain dust, dirt, and disease of all kinds, cannot be too strongly reprobaded. No nurse ought to be allowed to enter a ward unless she is clothed in some material which can be frequently washed, and it would be well if the same rule were extended to dressers and house surgeons.

All the foregoing principles are so obvious that no surgeon would, in all probability, be inclined to dispute their truth, but as a rule most surgeons are content for themselves with attention to one or more of the most important measures, leaving the rest uncared for. Thus one may say, if the ventilation is perfect we need fear no hospital diseases; another, if antiseptic surgery is adopted nothing can go wrong; and a third, if the walls and floors are non-absorbtent the ward must be healthy. Dr. Langstaff in this address
clearly pointed out to his hearers that if we really wish to have healthy hospitals our attention must not be directed to only one of the above hygienic precautions, but to all, even to the most minute, nothing being so small as to be unworthy of consideration, and nothing too great to be neglected if the surgeon himself is negligent.

Dr. Langstaff does not attempt to enter into the nature of the poisons of the various hospital diseases and of their relation to the causes of decomposition, and as a practical surgeon we see no reason why he should. He is willing to adopt the "germ theory," at any rate as a scientific hypothesis upon which to found his principles of practice. It is acknowledged by almost all authorities that the causes of decomposition, and probably also of infectious diseases, are solid particles conveyed by air or water; that their activity is increased by a moderate degree of heat, by moisture, and by the presence of organic matter upon which they can act, and diminished or abolished by drying, by a certain degree of heat, and by contact with those agents which are known as antiseptics. If, therefore, we understand what favours the formation and what destroys their activity, it becomes a matter of no practical importance, though doubtless of the greatest possible scientific interest, whether they are actually living germs, capable of propagating their kind by a true vital action, or whether they are merely organic particles undergoing peculiar unknown "physico-chemical changes," and capable of inducing similar changes whenever they meet with a suitable substance to act upon. It is unfortunate that subjects so eminently practical as the prevention of decomposition and of infectious diseases should, by the inevitable nature of things, have been thus mixed up with the question of spontaneous generation, a question which apparently from the impossibility of demonstrative proof on either side has, like a difference of religious creed, caused an amount of bitterness of feeling and argument rarely known in scientific discussions.

Quarantine in the United States.1—In June of last year the American Congress directed the secretary of war to send one or more army medical officers to visit the towns and ports on the Gulf of Mexico and the Atlantic coast liable to invasions of yellow fever, to "confer with the authorities of such port, or town, with reference to the establishment of a more uniform and effective system of quarantine," and to "ascertain all facts having reference to the outbreaks of this disease in such ports or towns, and whether any system of quarantine is likely to be effective in preventing invasions

1 Report on Quarantine on the Southern and Gulf Coasts of the United States By Harvey E. Brown, Assistant-Surgeon to the United States Army. New York, 1873, pp. 173.