CARBOLIC ACID GANGRENE.

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In the British Medical Journal for May, 1907, Mr. David Wallace calls attention to the possibility of gangrene following the use of carbolic acid as a dressing, and reports nine cases which have come under his direct observation, and also gives references to other reported cases, in all a total of 193 cases.

It is certainly not a common accident, considering how much carbolic acid is used, though it is quite possible, as Mr. Wallace says, that some cases may have been attributed to some cause other than carbolic, which, in a case of gangrene, one would little suspect as the cause. Indeed, it is difficult to account for it happening at all, except as an idiosyncrasy, or when used in very strong solutions, but that it is a very real and dangerous complication there can be no doubt, and sufficient to justify one in substituting something which is free from this risk.

The practical point is that the risk is the same when it is used in very dilute solutions, and as there is very little reference to it in recent surgical works, and as a case occurred a short time ago in the Military Hospital, Rochester Row, London, for which no other cause could be found, I am induced to call attention to it in the Journal, not only as a warning, but it may be the means of other cases being reported, and so give an indication as to how far this complication occurs in the Service, where carbolic acid is pretty freely used. The history of the case above referred to is not without considerable interest.

Private M. G. was admitted to hospital February 14th, 1907, suffering from gonorrhoea. He had been in hospital one month when a small soft sore was noticed inside the prepuce; this gradually became indurated and hard, but there was nothing unusual in its appearance.

On March 4th, 1907, some slight oedema of the prepuce was noticed, and an ordinary carbolic and lead lotion was applied on lint.

The following day the condition had markedly changed, and patient complained of feeling very ill, with nausea, headache, diarrhoea. Temperature 104·6° F.; pulse 120. On examining the penis it was seen to be very oedematous and tense, and on the under surface, at the junction of penis and scrotum, there was a small dark area the size of a threepenny piece, from which dark sanious matter was exuding. From this, extending forwards towards the end of penis, was a thin dark line, and the under-part of the penis had all the appearances of commencing gangrene. In the course of a few hours the condition had become much more marked, and the patient's general condition was critical. The temperature had remained about 105° F. in spite of antipyretic treatment, and there was...
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now a distinct area of gangrene on the under-surface of the penis, triangular in shape, the apex pointing towards the end of the penis.

By the following day the gangrenous area had extended on to the sides of the penis and backwards on to the scrotum, but at the sides there was an attempt at demarcation. The general condition was a very critical one and required liberal stimulation, &c. Specimens of his blood were sent to the Royal Army Medical College for examination, but the result was negative.

The one favourable symptom was that from the beginning his mental condition had remained quite clear and there had been no rigors. As a precautionary measure 10 cc. anti-streptococcus serum were injected on April 5th, 1907, and repeated three times; the temperature then began to fall, and on April 9th, 1907, there being a distinct line of demarcation [and the gangrenous area showing signs of separation], the patient was put under chloroform and the whole of the gangrenous mass scraped away.

Healthy granulations soon appeared, and as soon as the granulations were ready, skin grafts were planted, most of which grew, and the patient made a good and rapid recovery. A month later he developed a typical secondary rash.

Surgery in an Indian Cantonment General Hospital.

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When some time ago I left Aldershot and was ordered for a tour of foreign service in the Punjab, it was with feelings of great regret I bade good-bye to the Connaught Hospital, where during the time I had been stationed there I had had many interesting surgical cases to attend to, and I supposed, remembering a former tour of service in Southern India, that any interesting surgical cases would be few and far between in the military hospitals out there.

After serving some months in Mooltan, I was ordered to Ferozepore, and in addition to my other duties, was appointed to the charge of the Cantonment General Hospital in that station. These hospitals in India are for the treatment of the sick poor in the sudder bazaars and cantonments, and are also for the treatment of venereal diseases. After doing duty for a short time, I found that many interesting surgical cases were attending for treatment, and that I would have to perform several operations on patients who begged to be operated on. Before undertaking any operation, I fitted up an operating room as well as I could out of cantonment funds apportioned for use of the hospital. This room was very unpretentious to look at, and would cause many a great London surgeon,