electrisation; but none was to be expected from electricity when there was no response to either current.

In the way of *general suggestions*, he advised the employment of mild currents, tested first upon the operator, well wetted rheophores, short sittings, a comfortable temperature, and perseverance in applications when the muscles were evidently, although slowly, gaining volume. Fatigue should be avoided, and an endeavour should never be made to impress the patient by the strength of the current. Results should be distrusted, as there were many sources of fallacy.

A SPECIFIC FOR PTYALISM.*

By JUKES STYRAP, L.K.Q.C.P., etc.,

Physician Extraordinary to the Salop Infirmary.

I.

I HAVE ever, as you are aware, been averse to the reading of elaborate scientific papers at these our annual reunions, believing as I do that a majority of the members, escaped for a brief period from the harassing daily anxieties incident to professional life, would rather look upon such meetings in a social than a scientific point of view, and prefer availing themselves of the opportunity for friendly communion, the renewal of old acquaintance, and a cheery recital of the varied reminiscences of bygone days. Nevertheless, I cannot but think that, if each thoughtful practitioner (especially our rural brethren, who are thrown so much more upon their own individual resources than are practitioners in populous towns) were to jot down, as briefly as may be, any successful deviation from the ordinary treatment of disease which may occur in his practice, and favour us with the result at the annual meetings, we should ere long be furnished with a mass of valuable practical hints, which, at present, are simply stored up in the brain of the busy practitioner, and, on his decease, too often lost to suffering humanity.

In the hope of inducing others to follow in the suggested path of observation and record, I have jotted down a few stray notes, to which I venture to solicit your kind but non-critical attention.

It may be that several practitioners are present, who, in the discharge of their professional duties having deemed it essential to prescribe what was familiarly known in my younger days as "a course of mercury", are, like myself, unable satisfactorily to account for the prevailing unreasonable dread of it. The feeling, indeed, is not confined to the public, but members of our profession have not only written against it, but would altogether erase it from the *British Pharmacopœia*. The various evil results which followed its excessive and indiscriminate administration in bygone times, and an over-estimation of its curative powers, have doubtless tended to the existing dread and scepticism of its use. Utilised, however, as it is in the present day, mercury, in my opinion, deserves no such proscription; indeed, I unhesitatingly venture to affirm that, for various inflammatory diseases, and especially for the removal of certain well-known forms of syphilitic infection, it is the best and only efficient remedy.

If, however, from constitutional diathesis or other cause, ptyalism be unfortunately the result of its administration, it may be effectually controlled by the remedy which the test of experience during a period of twenty-five years and more, I believe I am fully justified in designating a "specific" for mercurialism. [A brief allusion was then made to iodide of potassium having long been reputed to act as a resolvent and eliminator of mercury from the system by their assumed combination, in the form of an insoluble iodide of mercury, or in the state of a soluble double iodide of mercury and potassium.]

I need not trouble you with a recital of the circumstances that first drew my attention to, or the process of reasoning by which I arrived at the conclusion that much benefit would probably arise in cases of mercurial ptyalism from the administration of the assumed "specific"; suffice it to say that in a very annoying case some twenty-six years ago, after vainly trying all the well-known remedies, I decided on giving sulphur,† it having occurred to my mind that "Plummer's pill" (then so called, and oft prescribed), containing one grain in five of calomel, was seldom known to produce salivation; which fact I also remembered to have heard an old medical teacher attribute to the sulphur in the sulphurated antimony, then known as the oxy-sulphuret. Success, however, did not crown my efforts until, by careful observation, I learnt the proper mode of administering it, which is in *small and repeated*

doses, *special care being taken to diminish the quantity if relaxation of the bowels supervene*; for its peculiar action in controlling ptyalism depends upon its being retained in the system, and not allowed to pass off by the bowels—which, if necessary, should be prevented by the addition of a few minims of liquor morphie or tinctura opii. The bowels should not be moved more than once or twice in twenty-four hours. If persevered in regularly every three or four hours, the secretion of saliva and soreness of the gums become very sensibly diminished in the course of thirty-six hours or less; and I have invariably found that its antidotal action is ushered in (or "out", correctly speaking) by the exit of a most offensive gas *per anum*—a fact which you may readily ascertain by inquiring whether, when the bowels have been moved, the evacuations are particularly offensive. The reply I have commonly received has been, "Very".

I do not attempt to explain its *modus operandi*—whether by chemical combination or otherwise. All I can say is that, in the several instances in which I have prescribed it (once in the case of an old military officer aged 70, and formerly an M.D. of Cambridge, who, relying on his whilom medical education, prescribed for and salivated himself), the controlling action was indisputable.

I have generally found that patients suffering from salivation are loth to admit, even when very evident to the medical attendant, that the flow of saliva or soreness of the gums has abated; indeed, they never appear to recognise the relative degrees of soreness, etc., until their attention is pointedly called to the fact that they speak with greater facility; and then, on inquiry, I have usually found that a successful attempt has been made to swallow a little "soaked" bread, and that fewer handkerchiefs are required for the reception of the saliva. In soliciting your attention to the form in which I have been accustomed to prescribe it—

R. Sulphur. præcip. ʒij ad ʒiv; potassæ chlorat. ʒij ad 3j; liq. morphie 3j ad 3iss; mist. amygdalæ ʒviij. Misc. bene et fiat mist., cujus sumantur cochlearia magna ij quinquæ tertiâ vel quartâ horâ, phialâ agitâ, —

I venture to express my belief that the antidotal action of the sulphur is entirely independent of, though possibly assisted by, the other remedies. With regard to the potass, I at first prescribed the nitrate, subsequently the bicarbonate, and lastly the chlorate, which, being a neutral salt, does not produce the painful smarting of the gums which the two former preparations do. The *mistura amygdalæ*, in addition to somewhat disguising the nature of the remedy, offers a bland vehicle for its administration.

With the sincere wish that the assumed "specific", should the necessity for its use arise, may prove equally efficacious in your hands as it certainly has been in my own, and that suffering humanity may thus be relieved from one of the distressing effects of a remedy so essential to the treatment of many of "the ills which flesh is heir to" as mercury, I pass on to the consideration of "a cold and its cure".

NOTES OF CASES OF GONORRHOEA AND PYÆMIA.

By M. CHARTERIS, M.D.,

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THE following account of cases of gonorrhœa, followed by pyæmia, is intended to supplement the interesting discussion in the Clinical Society of London on the same subject, and, as will be observed, materially strengthens the views advanced by Mr. Prescott Hewett and others.

CASE I.—A young lad, aged 17, was admitted into the surgical ward of the Royal Infirmary, on the 20th October, 1875, suffering from gonorrhœa and retention of urine. A catheter was passed by Dr. H. C. Cameron, and the patient remained in the ward for sixteen days, and had the catheter introduced on one or two occasions. There were no cases of pyæmia in the wards; and the patient's health was good, with the exception of a slight gonorrhœal discharge, until November 4th, when he was attacked with a violent shivering, followed by increase of temperature, and pain, as he expressed it, "in all his bones". In this state he was transferred to my wards, and on the following morning his condition was as follows. The patient's body was covered with a profuse sour acrid perspiration; his appetite was lost; thirst intense; tongue moist and coated; and his whole expression betokening great restlessness. His temperature was 100 deg. Locally, pain was experienced in, and redness and swelling observed on, the right ankle and knee. There was also pain in the left shoulder, but no redness or swelling. The gonorrhœal discharge was slight. Although only seventeen years of age, the patient had already had two attacks of gonorrhœa,

* Abstract of a paper read before the late Shropshire Ethical Branch.

† The late Dr. J. Hughes Bennett of Edinburgh kindly undertook a few years ago to investigate the assumed "specific" action of sulphur in mercurialism, when ill health unfortunately intervened, and death put an end to his investigation.

his first being contracted at the age of fourteen and lasting for many months.

November 7th. The pain in the left shoulder was more intense, and increased on pressure. The ankle and knee of the right side were more swollen; but the pain was not so severe as in the shoulder. Perspiration was increasing; temperature 102 deg.; pulse 120; tongue white and furred.

November 8th. His condition was much the same, with the exception of the fact that the gonorrhoeal discharge had entirely ceased.

November 9th. The pain in the left shoulder was greatly increased; even the weight of the bedclothes could not be borne. Pulse 115, full and bounding; cheeks flushed; slight headache; temperature 102.6 deg. The patient had now been three days under my observation, and the case had been considered simply as one of acute rheumatism, occurring in a patient who had gonorrhoea. Other symptoms, however, had attracted attention. The pupils were widely dilated. There was a sweet hay-like odour of the breath, and the sweating was much more profuse than in any case of rheumatic fever I had ever observed. The pain also was more intense in the left shoulder, and there were obscure signs of fluctuation. The opinion was now expressed that we had to do with pyæmia, if by that term was meant, as Mr. Spencer Wells says, "a disease which is known by recurrent chills, by high temperature, by profuse sweating, followed by deposits of pus in some joint, or in cellular tissue, or some organ".

November 10th. The left shoulder was now greatly swollen; the pain was excruciating; and fluctuation was more evident. Pain of a sharp character was felt at the base of the right lung, where also friction was detected by the stethoscope. In the evening, after intense headache, delirium set in; which was, however, not continuous. At times, questions were answered correctly, and the general expression was tranquil. Temperature 104 deg.

November 11th. Delirium was now violent. The patient could with difficulty be retained in bed. Temperature 105 deg. The large soft fluctuating swelling of the left shoulder was very evident. On the afternoon of the same day, a comatose state succeeded the acute delirium. Pulse 140, small and weak; tongue brown; pupils widely dilated. The sweet odour of the breath was very marked. Urine was passed involuntarily. In the evening of the same day, six days after admission, the patient died.

POST MORTEM EXAMINATION.—The most prominent local symptom was connected with the left shoulder and clavicle. On opening the swelling which was marked during life with such intense pain, a quantity of greyish yellow pus escaped, and the periosteum was found to be separated along the whole length of the clavicle, except at its extreme ends. The pus at one point had opened a way through the periosteal membrane, and had effused itself into the cellular tissue of the neck. The joints at each end of the clavicle were not opened into, and were healthy. The right shoulder-joint contained some similar grey pus, the interior of the joint being otherwise healthy in appearance. On the lower part of the right pleura there was intense congestion, with a thin layer of soft recent lymph, glueing the layers of pleura together. The heart, lungs, kidney, spleen, and stomach presented no abnormal appearance. The brain was oedematous on the surface, and its tissue was moist. The bladder was contracted. There was no stricture of the urethra. The interior of the anterior part of the urethra was congested, with a small longitudinal thickened red patch, a quarter of an inch long, on the floor of the urethra, three inches from the anterior orifice. The prostate gland was quite normal.

CASE II.—Three years ago, I was asked to see a gentleman, aged 30, living in a healthy village five miles from Glasgow. He had had a gonorrhoeal discharge for two years, which at times stopped, but, on his taking even the smallest quantity of stimulants in any form, it at once returned. With the exception of the discharge and the annoyance connected with it, he enjoyed the most perfect health. Anxious, however, to get rid of it entirely, he resolved to abandon all stimulants, and had done so for two months previous to my seeing him. I found him in a low nervous state, much thinner than when I had seen him last, and presenting on his left forearm a well marked attack of erysipelas. An abscess followed this, which was opened. Two days afterwards, he complained of a severe excruciating pain in the left hip-joint, which he compared to its being slowly opened with "a red-hot wire". The pain continued upwards of a fortnight, when obscure fluctuation was evident; and this, at the end of another week, was so marked that there could be no doubt of a large abscess having been formed.

Dr. Patterson, one of the surgeons of the Royal Infirmary, now saw the case with me. The fever, the emaciation, the profuse night-sweats, and high temperature, left little doubt on our minds that he was suffering from pyæmia. The abscess was opened antiseptically, and fully two pints of thin grey pus evacuated. Subsequently to this, there was

great pain in the region of the liver, of a throbbing nature, and increased on pressure. It was evident that this organ was now the seat of a pyæmic abscess. The patient was now greatly emaciated. He gradually sank. He never was delirious. About the last two days of his life, he saw nothing, being unable to distinguish light from darkness. His breath had the same hay-like odour as in the former case, and the pupils were widely dilated.

REMARKS.—Without entering into any controversy as to how gonorrhoea can originate pyæmia, it seems clear that it is able to do so; and the records of these two cases, and others mentioned at the Clinical Society, indicate that, in some mysterious way, the poison operates first on the joints and subsequently on the internal organs. In the first case, the virulence of the attack exhausted the patient, while the disease was confined to its primary seat. In the second case, the patient had a very vigorous constitution, and the attack was of a more chronic kind. From the joints, the internal organs had been implicated; and, if a *post mortem* examination had been granted, abscesses would doubtless have been found in the lungs, and certainly in the liver.

CLINICAL MEMORANDA.

SMALL-POX.

I READ with interest the remarks of Dr. Robert Bell of Glasgow on the above subject, in the JOURNAL of November 25th. During the recent epidemic of small-pox in Manchester, I had considerable opportunities of watching the good effects of a similar treatment in allaying the irritation of the skin, in modifying the feverish state, and, most markedly, in the prevention of pitting. Instead of carbolic acid and glycerine, I used carbolic acid and olive-oil in the proportions of one to eight respectively, which is certainly exceedingly efficacious and possesses the advantage of cheapness. I may mention that I never noticed any ill-effects arising from its use.

A. EMRYS JONES, M.B. Ed., Manchester.

REVACCINATION.

UNDER the head of "Revaccination", in the JOURNAL of November 25th, it is stated that, if vaccination have been performed at or after puberty, it is not necessary to repeat it. I may, perhaps, be permitted to record a personal experience which seems to favour the idea that, under some circumstances and in some constitutions, the aptitude to receive the vaccine virus, and for the vesicle to go through all its stages, is again manifested.

As an infant, I believe I was vaccinated. In 1840, at twelve or thirteen, I was successfully revaccinated. In 1855 or 1856, during the prevalence of small-pox in India, I was again revaccinated, and the disease ran its course normally. In 1870, as an experiment, I again vaccinated myself, and the vesicle and accompanying redness and feverishness were quite normal. The mark left was small, but characteristic. This would imply that vaccination wears itself out after each fifteen years, even up to a late period of life.

T. M. LOWNDS, M.D., Egham.

SIMULTANEOUS DISLOCATION OF BOTH HUMERI.

J. T., AGED 59, on November 20th, whilst walking from one part of the works where he was employed towards another, stepped into a trap which had been left open, by which the stoke-hole communicates with the surface, and fell a distance of six feet. He was seen by me about two hours afterwards, when he complained of much pain and stiffness in the right shoulder. On examining and comparing the two, it was found that both humeri were dislocated; the head of the right bone lying to the inner side and somewhat beneath the coracoid process, and that of the left a little more internal, so as to be fairly subclavicular. The patient was tall, thin, and bony; and the eversion of the elbows from the sides, the marked projection of the acromion processes, the deep depressions beneath, the increased depth of the supraclavicular hollows, and the prominences formed by the heads of the bones beneath the pectorales muscles, formed such a vivid picture that it seemed unfortunate that the darkness prevented any attempt at a photograph.

The dislocations were easily and speedily reduced by simple extension with the heel in the axilla. The mechanism of the injury is sufficiently simple; the trap through which he fell was about two feet in diameter, and the sudden impact of the weight of the body on the outstretched arms readily accounts for the simultaneous dislocation.

WILLIAM THOMAS, F.R.C.S., Birmingham.