

electrification; 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.\*

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#### 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 solvent 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—

℞ Sulphur. præcip. ℞ij ad ℞iv; potassæ chlorat. ℞ij ad ℞j; liq. morphie ℞j ad ℞iiss; mist. amygdalæ ℞viii. 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.