

the motion of any joint. The chin should then be firmly attached to the chest by roller bandages, fastened around the head and passed in a figure-of-eight under the arms. The face should then be covered with compresses of at least twelve layers. The patient should then be fed on plain mush without salt, and should be permitted to receive visitors. If this plan is faithfully carried out, the patient will usually desire to rejoin his regiment in about six days, a result unattainable by any of the methods of treatment heretofore employed. In many cases in which opiates are counter-indicated, this remedy is unsurpassed as a soporific. If properly applied to the eyelids, a repetition of the remedy is rarely called for. When combined with the subnitrate of bismuth, or with minnium, or chalk, this agent furnishes one of our most desirable cosmetics. I have not employed the remedy in traumatic tetanus; but in this affection it deserves an impartial trial. In all excisions and amputations it should invariably be applied to the cut surface, to prevent purulent absorption, and as a ready hæmostatic. In brief, the outfit of a military surgeon or of a medical man in civil practice should never be considered complete without this remedy. It is to be hoped that it will soon be placed upon the Army Supply Table. Four gallons would be about a three months' supply for one hundred men. This preparation of *ichthyocollæ preparata Spaldingii* is sold in the shops under the name of Spalding's Glue.

#### HYDRATE OF CHLORAL.

By J. L. W.

I SUBMIT the following case without comment:—

Capt. W. R., mariner, æt. 30, was attacked, on the passage home from India, with dysenteric symptoms; not severe at first, but continuing without abatement for six months, until his arrival in Boston. Here he grew worse; and, being called to see him, I found symptoms of chronic hepatitis, as well as severe pain and tenderness in the rectum and colon, as high as the transverse part. This was much increased at the times of defæcation, the stools being scanty, very offensive, and occasionally mingled with blood (attributable, no doubt, to hæmorrhoids, from which he suffered). Paroxysms of vomiting, with severe spasms of the stomach and diaphragm, occurred every three or four days. These last-

ed for two or three hours, causing acute suffering and increasing prostration. Opium, even in full doses, seemed rather to aggravate than relieve the symptoms, and its consequences compelled its abandonment. The customary substitutes for this anodyne were tried, with a similar negative result, as were also the measures suggested at two consultations with physicians of this city, held at the instance of anxious relatives. Bromide of potassium twice caused such distress and vomiting that a third trial was not to be thought of. As a forlorn hope (for I distrust new remedies), I procured some hyd. chloral (made in Göttingen), took thirty grains of it in an ounce of water, and finding no bad effects from the dose, gave my patient, on the accession of the next paroxysm, as soon as I was called in, fifty (50) grains, followed in ten minutes by forty (40) more. A third dose of forty (40) grains, in fifteen minutes, relieved my patient from all sense of pain, and in a few minutes he was in a quiet sleep, the first he had known for days. At my next visit (in seven hours), he had just awakened; complained of a slight headache, which soon passed away on ventilating the room, which was excessively close, and full of a heavy odor reminding one of chloroform, and yet quite distinct from that drug. He presently asked for food, which he took with relish and retained, to my great surprise.

He had not another paroxysm of vomiting, the stomach became tolerant both of food and medicine, and the case progressed, though slowly, to convalescence.

In about five weeks he was able to go home to Maine, and I have since heard from him that he is quite well.

I refrained from reporting this somewhat remarkable case until satisfied that the improvement was not merely temporary.

I never saw more speedy and complete relief from intense suffering, excepting in complete anæsthesia.

#### HYDRATE OF CHLORAL IN PHRENITIS.

By a Correspondent in Virginia.—Communicated by D. F. LINCOLN, M.D.

S. P., æt. about 25; bilious temperament; unmarried; suffering from phthisis pulmonalis, induced by the loss of right arm at the shoulder during the late war, and the exposure and hardships of campaigning.

Jan. 25th.—Was called to see him, and found him in violent delirium. Pulse 125; head very hot; violent pulsations of the

carotids. Wild expression of countenance, with dilation of pupils; tongue heavily coated with dirty white, frothy mucus in mouth, sordes upon teeth, temperature of body not much increased, feet cool, bowels very costive, urine scanty and high colored; had used much cathartic medicine.

Since the morning of the 22d, he has been sleepless and in constant motion, rocking backwards and forwards, struggling with his attendants. It takes two men to hold him, to prevent his injuring himself or others, has talked continually since the 22d, picks the bed clothes with his hand, catches imaginary moths in the air, or on the floor, hearing and sight very acute, no appetite, drinks a spoonful of water occasionally. Morphine and other opiates produced no effect. As these opiates were given by a physician who was not present, no information respecting doses can be given.

Thirty grains hydrate of chloral were rubbed up in a little simple syrup and administered about 6 o'clock, P.M. The patient went quietly to sleep at 7 o'clock, slept five hours, awaking enough to take thirty grains more of the hydrate of chloral, prepared in the same way. Slept then seventeen hours, then for another twenty-four hours waked and slept alternately; then he awaked, with perfect consciousness, pulse 75, head cool, spontaneous movement of the bowels after about seven days' constipation.

Jan. 30th.—The patient sits up, cat's light food with appetite, is cheerful and comfortable, is perfectly rational, says that he "has lost some days in some way."

Feb. 18th.—The patient succumbed to the pulmonary disease before mentioned, but remained quiet and comparatively comfortable up to the time of his death.

**MOVABLE KIDNEYS.**—Dr. Wm. Roberts, of Manchester, has brought before the Manchester Medical Society five cases of movable kidneys. In four of them the right alone was affected. All were women who had children. One was verified by *post mortem*. Of 57 cases collected by Dr. R. 52 were in women, and the right kidney is far more frequently affected than the left. Childbearing and tight lacing were frequent causes of this affection. The valuable signs are the hard, smooth, sloping, rounded character of the swellings, and their mobility.—*N. Y. Medical Record*.

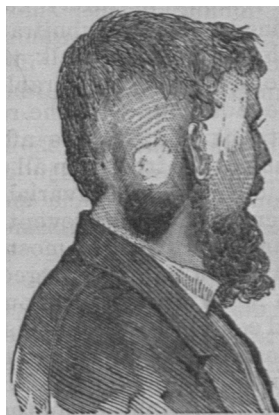
## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

FEB. 14th — *Cartilaginous Tumor of the Skull* — Dr. COOLIDGE reported the case.

The patient, a man aged 33, had a conical tumor projecting behind the right ear, of about two years' duration, but which had grown rapidly of late. It was soft, immovable, not fluctuating, well defined, except below, where it could not be distinguished from the tissues of the neck (fig. 1).

FIG. 1.



It was removed by a crucial incision, March 21th, 1869. It was too soft to be removed entire, and broke up during the operation. The bone was bare beneath it; the outer table of the skull was partially absorbed. Four inches below the growth, an incision through the indurated tissues of the neck gave vent to an ounce and a half of pus. The patient improved steadily, and left the hospital forty-four days after the operation.

About a year after, Feb. 5th, 1870, he re-appeared with a small, hard, elastic swelling at the upper end of the cicatrix, which he had first noticed five weeks before. An incision showed this to be a spherical mass projecting through the outer table of the skull. The upper half of it was removed easily. A projecting rim of bone around its upper border had to be cut away before its lower half could be pried out. The whole formed a distinct, round nodule of cartilage. There where it had lain the skull was perforated, and at the bottom of the cavity could be felt a soft tissue, supposed to be the membranes of the brain.

The patient had a good recovery from ether. In the evening he complained of headache, but had a tolerable night. There