

This man had been at work where the land was low and subject to malarial influences, besides was living in a basement in a low, unhealthy part of the city. He was first taken with a chill, and was treated for malarial fever by several physicians, but did not improve. He had pain, but not of a severe type, over the region of the liver all the time. The last attendant before I saw him was a fellow claiming to be an electrical physician. He informed him that he could soon relieve him of the pain in the side with electricity, and put on a disk of copper and zinc plates over site of the greatest pain, binding it pretty firmly. The hard metal pressing against the skin caused considerable irritation and pain, and it was to see what was the matter that his wife called me in as I was passing. The suppuration continuing profuse, and being desirous of showing the senior members of the class an abscess of the liver, accompanied by ten of them I called on the patient February 19, 1884. Passing a probe gently through the opening to show the class how large the cavity of the abscess was, a hard substance was struck. I called their attention to it as probably a piece of necrosed rib, as in a case of liver abscess seen by me some three years before I removed three inches of necrosed rib from it. A forceps was passed in and the substance seized and drawn to the opening. Being too large to be extracted through the opening, I excised an inch and a half of the tenth rib and removed the calculus I here show you. It was broken in extraction, but you see that it is a good deal larger than the end of my thumb. All the fragments were not saved on account of the impossibility of gathering them out of the blood clots. As it is it weighs 115 grains.

The wound and abscess cavity were thoroughly washed out, and the washing ordered to be repeated night and morning and the tonics continued. A probe could be passed into the liver toward the median line of the body for $5\frac{1}{2}$ inches. The patient continued to improve rapidly, and the wound now does not discharge over one or two drachms of pus daily, and he has been able to row a skiff across the Mississippi river. When I first removed the mass, I wondered if it could possibly be a portion of a body of one of the vertebræ necrosed, causing ulceration and abscess of the liver; but a more careful examination proved that hypothesis untenable, as it was not bone at all, but an earthy calculus. This calculus could not have arisen in this case as described by Wagner, as the man had no necrosis of the bone, nor cancer of the bone, but had been healthy previous to the time he was first attacked with a chill. If it was the result of the drying up of an old abscess, how did it happen that an abscess so large as in its drying to produce so large a stone as this caused so little constitutional trouble? Yet such might have been the case, since I have seen some very large abscesses of the liver cause but little trouble, and for a long time elude diagnosis even in the hands of able men. It may have been caused by a thrombus in one of the arteries, causing death to the part supplied, and calcification ensued, as it often does under like circumstances elsewhere.

This case I consider unique, and finding no speci-

men of the kind in the vast Army Medical Museum at Washington, I shall present this one to it, that it may be studied by any one who may so desire.

P. S.—The subjoined letter was received since reading the above paper, and may be of interest in connection with the rest of the report:

{ SURGEON GENERAL'S OFFICE,
ARMY MEDICAL MUSEUM,
WASHINGTON, D. C., May 14th, 1884.

DR. WM. A. BYRD, No. 416 Jersey St., Quincy, Ill.:

Dear Sir:—The calcareous substance removed by you from the parenchyma of the liver of J. Abner, of your city, has been analysed and found to be a calcic phosphate calculus. The specimen has been deposited in the Pathological Section of the Army Medical Museum.

I am, sir, very respectfully your ob't serv't,
By order of the Surgeon General,
W. M. MATTHEWS,
Assistant Surgeon U. S. Army.

REMARKS ON THE TREATMENT OF SYPHILIS BY HYPODERMATIC INJECTIONS OF COR- ROSIVE SUBLIMATE.

BY JOHN V. SHOEMAKER, A.M., M.D., PHILADELPHIA.

Read in the International Medical Congress, Section on Syphilis,
August, 1884.

The hypodermatic injections of mercuric chloride for the treatment of syphilis have been received with great caution in the United States of America, notwithstanding that Dr. Lewin's book on the subject had been there translated and republished. I was one of the first to take up that treatment there, and reëncouraged by my success with it, read a paper on the subject before the meeting of the American Medical Association at St. Paul, Minn., in 1882. I analyzed there a number of cases treated in this manner by me at the Philadelphia hospital for skin diseases. I have since then practiced it freely and with even greater success than before. Syphiloderma of all descriptions were made to yield under this treatment and no disadvantages of any consequence were experienced in its course. While I have experimented with the various additions and modifications of the original Lewin's mercuric bichloride injections, I have invariably given them up in preference to the method suggested by Lewin in using a simple watery solution of corrosive sublimate. I have found, however, that the treatment could be carried very much further and larger doses readily borne, and necessary for a thorough cure, than pointed out by him. I have invariably carried daily increased injections to the point where they produced systemic effect, and have in many instances made, and found it necessary to make, injections of as much as half grain (3 centigrammes) per day. These strong injections were readily borne, providing they were sufficiently dilute, not less than half drachm (2 cubic centimetres) being employed for an injection containing half grain (3 centigrammes) of corrosive sublimate. When these daily large in-

jections were reached, the systemic effect of mercury soon became apparent as pyalism, intestinal irritation and occasional tremor, which, however, soon subsided on ceasing with the injections, administration of potassium chlorate and occasionally the exhibition of potassium iodide, which, although acting as an adjuvant in the treatment did not serve to augment the systemic effect of the mercuric bichloride, but rather diminished its characteristic symptoms. Stimulation by milk punches, supporting treatment with ferrous iodide, were often found of great utility, but generally after twenty-four to thirty daily injections, the syphilitic symptoms had disappeared, and where the increasing dose had been persistently continued, the relapses proved a rare exception indeed. I attribute the effect of this treatment to a formation of mercuric albuminate in the cellular tissue, which, insoluble to the liquids of the organism, gradually dissolved under the peptonizing action found everywhere in the body, and thus produced a peptonized mercuric albuminate readily assimilable and eliminable in and through all parts of the body.

I am led to this inference from the fact, that otherwise toxic doses, were innocent if injected under the skin, and if it were not for local irritation I think even larger doses than I have mentioned could be borne without toxic effect. The local effect of the injections seems to bear out my views. Even large doses produce, at best, a lump which, though producing a somewhat erythematous condition of the skin, never suppurates or gives rise to deeper inflammation. I am free to say that in the thousands of injections I have so made, I have never met with an abscess or serious inflammation, though the lumps of mercuric albuminate could be detected for several days. The only precaution I observe is to use a clean gold needle, and to inject deep enough into the sub-cellular or connective tissue where there is plenty of free and convertible albuminous substance. Though the pain in these injections is always a disadvantage, if the solution is sufficiently dilute it will be lessened to a considerable degree, or augmented if more concentrated. No addition of any kind has in my hands lessened this, although I have with advantage administered $\frac{1}{4}$ of a grain ($1\frac{1}{2}$ centigrammes) of morphine sulphate into the arm hypodermatically prior to the injection of the corrosive sublimate. I regard it as necessary, to bring syphilis to an abeyance and to obviate an early relapse, to constantly increase the strength of the mercuric chloride until its constitutional symptoms, and then continuing with its use in a less vigorous manner until all symptoms have disappeared, sustaining the patient during this period with aliment, stimulants and medication. Conducted in this manner, I regard the treatment of syphilis by hypodermatic injections of corrosive sublimate, as more rapid, reliable, cleanly and less dangerous than either the internal exhibition of mercurials or iodides, or the combination of the two; or the nasty, filthy, inunction treatment, either with or without variations. In no cases have I found it necessary to use more than twenty to thirty injections, though I have frequently continued the after treatment for a month or two with decided doses of potassium iodide.

THE VALUE OF CARBOLIZED WATER FOR THE PREVENTION OF SHOCK IN LITHOLOPAXY, WITH THE RESULTS OF NINETEEN CASES.

BY EDMUND ANDREWS, M.D., LL.D.,

PROFESSOR OF CLINICAL SURGERY IN CHICAGO MEDICAL COLLEGE.

Presented to the Section of Surgery and Anatomy of American Medical Association, May, 1884.

The power of carbolic acid to benumb the sensibility of the nerves, when applied locally, is well known. For several years I have acted on this hint in the new operation of litholopaxy, with the view of blunting the impressibility of the urethral and vesical nerves, so as to make them tolerate the prolonged use of instruments without shock. For this purpose I provide a large supply of warm carbolized water, of the strength of from $1\frac{1}{2}$ to 2 per cent., and use this exclusively, both to distend the bladder during the crushing of the stone and to wash out the fragments. The result is so gratifying that I cannot but attach great value to this method. I have tried it in nineteen cases, with only one death. The patients averaged nearly 60 years of age, and most of the stones were large. One patient of the age of 69 years, with a stone weighing over $2\frac{1}{2}$ ounces, was under the operation for about an hour and a half. There was not even a chill following this severe procedure, and he recovered without a single dangerous symptom.

One stone in a young man was of oxalate of lime and over an inch in diameter, and so hard that the first fracture required nearly the entire strength of my hands. He recovered without difficulty, and walked about town in eight days. Other cases were equally striking.

The acid seems to act favorably by blunting the nervous susceptibility to shock, and also by leaving the bladder in a thoroughly antiseptic condition, highly favorable for preventing inflammatory action.

No. 6 Sixteenth street, Chicago.

PAINLESS INCISIONS BY INSTRUMENTS ADVANCING WITH A SLOW, IMPERCEPTIBLE MOTION.

BY EDMUND ANDREWS, M.D., LL. D.,

PROFESSOR OF CLINICAL SURGERY IN CHICAGO MEDICAL COLLEGE.

At a former meeting I called the attention of the Association to the painlessness of incisions and injuries when made by circular saws, bullets and other objects moving at a rate exceeding 200 feet in a second. I also detailed some experiments with a revolving knife made to move by a powerful spring at a similar velocity.

A careful study of certain classes of surgical injuries, seems to show that pain exists only when the traumatic agent moves at a certain intermediate range of velocity, and that wounds made by objects moving on the one hand at a very high speed, or, on the other hand, at a very slow, imperceptible rate of motion, are nearly painless—often entirely so.