

germs of the malady. That most collected statistics as to duration of treatment and freedom from relapse are misleading, and worse than useless, because usually the treatment was too short to be effectual. That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others. That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis. That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium. That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, whichever method be selected, care be taken to avoid salivation, purging, &c. That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate premature discontinuance of the remedy. That, if one method of administration does not succeed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

DR. JOSEPH HERMANN, K.K. Primararzt in Vienna, has written a work on the "Effect of Mercury on the Organism." In his preface he observes that he has spent nearly twenty years on the solution of the point, and this work is the result of his labours. He holds that mercury is not a remedy in syphilis, and the treatment of syphilis without mercury he asserts to be more ancient than the mercurial treatment. The length of cure of syphilis without mercury, he says, is clearly shorter than when the drug is used. When no mercury is used, the number of relapses is notably less than when mercury is used; and the number of deaths is much smaller under the non-mercurial treatment. Non-mercurial treatment leads to complete cure without any further consequences, whilst mercurial treatment entails the severest forms of constitutional syphilis.

The author has treated some 20,000 cases of syphilis in the Wieden Hospital of Vienna, and many also in private practice, and he ascribes most of the severest forms of syphilis to the fact of the patient having, in addition to syphilis, some mercurial poison in the blood.

Parents who have suffered from primary syphilis and not been mercurially treated, suffer, according to the author, not at all in their children, whilst patients who have been much mercurialised have frequently children with appearances of syphilis.

Mercurial treatment, according to Dr. Hermann, gives rise to two forms of diseases—tuberculosis and scrofula.

As to the prophylaxis and cure of mercurial poisoning, we have firstly, to eliminate the mercury from the system; and, secondly, to cure the disease

caused by its presence in the tissues. According to his clinical experience, the author shows that iodine is an anti-mercurial remedy, and the old fundamental one in the mercurial poisoning, and when used in sufficient quantity iodides are able to restore the damaged health, whilst the pathological appearances at the same time are made to disappear. He proposes to banish mercury from the Pharmacopœia.—*The Doctor.*

DISLOCATIONS OF THE HIP—SCIATIC VARIETY.

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Sir Astley Cooper considered sciatic dislocations the most difficult to detect, and Syme has unwittingly confirmed this opinion, by once failing to recognize the injury and leaving it unrestored for fourteen days. If further evidence is required of the difficulty of diagnoses, I will refer to the following cases, two of which passed beyond the power of remedy before the true nature of the injury was detected.

Case I.—J. K., æt. 61, was brought into the Presbyterian Hospital in July, 1873. History of the case: During the night of the Friday preceding his admission he walked in his sleep from the second story window. In his descent he struck a clothes-line, which broke, and in a measure changed the direction of his fall; but as the accident occurred in the night, and during sleep, it was impossible to gain fuller particulars.

I first saw him lying on his bed; the right thigh was flexed on the pelvis, and stood awkwardly off from the body. On assisting him to assume the erect posture, I noticed that the toe of the right foot could with difficulty be brought to the floor; that the heel was drawn up; that the ham-string tendons were rigid and prominent; that the leg was flexed on the thigh, and the thigh on the pelvis; that the knee was turned inward towards its fellow; that the gluteal region was flattened and apparently widened; that the spinal column was arched forward in its lumbar region, and that the trunk and extremity had assumed an awkward, constrained, and helpless position.

Upon the administration of ether the limb was brought down by its fellow, and a shortening of half an inch observed.

The reduction was accomplished in the following manner; The man was placed on the floor; then an assistant held the pelvis, while two others, by means of a fillet placed above the knee,—the force being exerted at right angles to the plane of the body,—lifted the head of the bone to a level with the acetabulum. This being done, I was enabled,