

I first became acquainted with the patient twenty-five years ago. He has constantly worked as a gardener or agricultural labourer since his discharge from the army in 1816, excepting at those times when the hand has been unusually painful. About forty years ago, he was laid up three months, in consequence of irritation and lymphatic inflammation, induced by the bullet, and was frequently at other times incapacitated for several days at a time. About three months ago, when working on very hard ground, the hand became painful and swollen. An abscess formed and opened on the dorsal surface of the hand, midway between the metacarpo-phalangeal joints of the thumb and forefinger. I passed down a probe, and felt the bullet distinctly in the situation before-mentioned. After enlarging the opening sufficiently, I had very little difficulty in dislodging and extracting the bullet with the scoop. It was blackened, and slightly flattened on one side, probably from its first striking the barrel of the musket. The patient told me that the English at that time used the ounce and spherical bullets, but that the French bullets were smaller. This weighed six drachms and five grains. The wound is rapidly healing; but considerable time must elapse before it is completely closed, in consequence of the depth of the sinus, which is kept open by being filled with lint, soaked in dilute-carbolic acid.

The interest of the case consists in the fact of a leaden bullet remaining deeply imbedded upwards of fifty-nine years without producing more inconvenience. I think it highly probable that, during the patient's work on very hard ground, the bullet may have become dislodged from its long resting place, either by concussion of the tool against the ground, or by some pressure directly applied to the palm, and that the abscess resulted from its sudden and probably violent displacement.—*British Medical Journal*.

GENERAL REMARKS ON THE INTERNAL ADMINISTRATION OF FREE PHOSPHORUS.

By J. ASHBURTON THOMPSON, L.R.C.P.

The author commenced with some literary and clinical prefatory remarks, giving the grounds on which his observations were founded. The former resulted from a perusal of nearly every note published on the subject during two hundred years, the latter from the administration of phosphorus in every kind of formula to many hundred individuals during the last nineteen months. The following propositions were submitted for discussion. The action of phosphorus varies strictly according to the form and dose in which it is given, thus, a stimulant, a tonic, or a poisonous action may be elicited at will. The stimulant power may be enhanced by an adjuvant. The choice of adjuvants is limited, the best being ether. The dose to be given for this purpose must not fall below one-twelfth of a grain, nor be repeated at any definite interval; but the quantity may be advanced to one-eighth of a grain, and is to be repeated as the occasion demands. The objects for

which it is proper to employ phosphorus as a stimulant were described as being: preparation for unusual mental or bodily exertion; relief from the effects of such exertions, as a remedy for the typhoid state, especially in the specific fevers. From the use of a stimulant dose in calling forth the rash in the exanthemata, and its diaphoretic powers, an analogy was drawn between the power of a stimulant dose of phosphorus and a violent purgative (croton-oil) to remove an uncomplicated acute attack of trifacial neuralgia occurring in an otherwise healthy subject. The formulæ appropriate to the kind of stimulation desired in special cases were referred to and exhibited. The tonic power of phosphorus was considered. The mode of administration and the dose to be given for this purpose were described. The dose was fixed at one-hundredth to one-twenty-fifth of a grain. The dose must be carefully regulated within the prescribed limits, since phosphorus is appropriate as a tonic in cases in which its stimulant action would be disastrous. The special powers of phosphorus as a tonic were described as being: to renovate exhausted nerve-function; and to reconstruct altered nerve matter. The facts from which these powers were inferred were detailed. The appropiisac power of phosphorus was not evinced under ordinary circumstances, but only if either the patient's sexual power were in abeyance, or if the dose given was excessive. Sexual excitement was therefore one of the signs, if not of poisoning, at least that the dose in use was excessive.—*British Medical Journal*.

THE TREATMENT OF CORNS AND BUNIONS.

In a lecture reported in the *Medical Press and Circular*, Mr. Ormsby, F.R.C.S., said on this subject:—

The treatment of these two affections agrees very much in at once removing the tight boots and undue pressure, and soft pliable leather shoes recommended, applying simple cold-water dressings to the painful bunion; in the inflammatory stage, if suppuration occurs in its cavity, it should be cut into by early incision. To prevent undue pressure various methods have been suggested from time to time; a round piece of leather or condensed piece of wool having an adhesive side next the skin, and a round hole cut out of its centre to receive the corn or bunion, and this then applied round the periphery of the swelling; this, no doubt, is a very useful plan, but act, as it may do, most efficaciously for a time, it is only palliative, and does not effect a permanent cure. The topical application of nitrate of silver produces a hardened black portion of epidermis over its summit; this, after a time, gets detached, and you can peel it off, and when this is removed touch it again with the nitrate of silver, and so on until all traces of the callosity disappear. I have over and over again tried this plan, and it has seldom failed in my hands, but it must be persisted in. Chiropradists, a class of people who think themselves very