

Parting from this fact, I have tried the treatment, varying a little in the dose, and far from claiming any credit for myself in the success, but only with the view of corroborating facts, I give you the following case of acute rheumatism treated by the combination of quinine and iodide of potassium, thinking it my duty, as every forward step made to shorten the duration of such a suffering disease is worthy of notice.

The fifth of May last Mr. W., a stone cutter, was seized with acute rheumatism, the disease affecting the ankles, the knee joints, wrists, and one shoulder—strong odorous perspirations, and tongue white coated. I immediately opened the bowels with five grains of calomel and twenty grains of jalap and ordered the following mixture, sulph. quinine 3 j., iod. potassium 3 ij., acid sulp. dil. 3 ss. aquæ 3 viij., a tablespoonful to be taken every four hours. Six days after—that is the eleventh—the patient left his bed, walked on the twelfth about his room, and two days after was out and perfectly cured. Two other cases that I have had last winter went on very near as well, the patients being out ten days after the beginning of the treatment. As I have said, I do not claim any credit for the success, knowing that perhaps at the next occasion the same treatment will fail; but I thought I did right in mentioning it, as the result is as good as by any other mode of treatment.

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*Case of Traumatic Inflammation of the Knee-joint. Recovery without ankylosis.* By HERBERT H. READ, M.D., L.R.C.S., Edinburgh.

On August 2nd., 1864, I was called to Leonard R., aged 12, whose right knee-joint had been opened three days previously, by a transverse incision on the inside of the joint. The cut was an inch and a half in length, and part of it was in the line of articulation. Synovia had escaped, and his uncle, who carried him into the house, could see into the cavity of the joint through the gaping wound. An attempt was made to keep the edges together by strips of plaster, but it was ineffectual, and when I saw him, they were three-fourths of an inch apart, and the wound was filled with healthy granulation. There was neither pain, swelling nor redness about it, and I drew the edges of the cut together, and maintained them in opposition by long strips of plaster, afterwards applying the long splint.

August 10th, severe pain suddenly seized the knee, followed in a day or two by a great swelling. I saw him on the 13th, found him suffering intense pain, the knee greatly swollen, the wound gaping widely, and filled by a dense slough which I divided.