

Abstract of a Case of Dry Gangrene, by THOMAS SIMPSON, M. D., read before the Medico-Chirurgical Society of Montreal, March, 1874.

A previously active and healthy young woman, aged 19, after a few days of indisposition was seized on the 15th of October last with symptoms which soon developed themselves into acute mania. On 27th she was suddenly reduced to a state bordering on collapse, and on the following day complained of an acute pain in the right foot which was cold; and several ecchymosed looking spots, unaccompanied by swelling, were remarked on the toes and upper surfaces; these gradually ran together, and terminated in dry or mummified gangrene which extended half way up the leg, the process occupying several weeks, during which she remained in a state of violent mania, requiring constant surveillance to prevent her injuring herself and others.

Separation between the living and gangrenous parts slowly took place. She sank into a typhoid condition, again rallied, the mania abated and on the 31st of January the leg was amputated immediately below the knee joint. The bloodless method of Esmarch was adopted and proved eminently successful. The stump healed slowly. The patient has recovered her reason, but not the mental vigor she possessed before her illness.

It was noticed at the first appearance of the gangrene that there was no arterial pulsation in the affected limb, and that the pulsation in the arm of the same side was so weak as to be scarcely perceptible. A short time before the operation, the pulsation in the femoral could be traced only to a point about a couple of inches below Ponpart's ligament.

Throughout the illness the pulse was invariably rapid (120 to 140) and weak. No abnormal sounds indicating structural change in the heart could be detected.

The immediate cause of the gangrene was probably embolism of the femoral. The extremely weak pulsation in the right arm was possibly owing to a similar obstruction. The mania was the only symptom of diseased brain; there was no muscular twitching, convulsion, or paralysis.

The treatment during the early part of the illness consisted in the administration of bromide and of potas and an occasional dose of chloral hydrat when necessary to procure sleep. After the 27th Oct. quinine and phosphoric acid were substituted for the bromide, and morphine for the chloral hydrat. Diet simple, nutritious and easily digested, milk, oysters, &c., with a moderate allowance of fresh fruit.

Progress of Medical Science.

CURE FOR THE TOOTHACHE.

Dr. Henry T. Reynolds, of Baltimore, writes to the editor of the *Medical News* that, for eighteen months he, has been using acetate of lead as a remedy for toothache. He finds it better than any of the numerous remedies proposed in the books, and in cases in which it is applicable, the relief is instantaneous. He advises the sufferer to apply from one to three grains to the cavity for a moment or two, then to spit it out. It fails in fewer cases than any remedy that Dr. Reynolds ever tried, not more than eight per cent.

PERMANGANATE OF POTASSA IN OXALURIA.

Dr. Thorne, of Chicago, praises in the *Mich. Univ. Med. Jour.*, the use of permanganate in oxaluria. He gives a case and adds:

When we consider the fact, that uric acid may disappear entirely from the urine, and that oxalic acid is not normally present: Is it not fair to conclude that the uric acid must, in the normal condition of things, undergo decomposition in the body? We find that by adding an excess of permanganate of potassa to uric acid out of the body, it is directly converted into urea and carbonic acid; and that when the oxidation is less complete, it passes into the form of urea, oxalic acid, and carbonic acid. If, therefore, we would prevent the formation of uric acid and oxalic acid we must supply, as per example, the seven equivalents of oxygen, and four of water. This is most conveniently done in the form of permanganate of potassa:

R. Permanganate of potassa, grs. viij.
Water, ʒij. M.
Sig.—One teaspoonful to be given three times a day.

It should not be given except on an empty stomach; for, in contact with organic matter, it is decomposed, yielding its oxygen to any element, simple or compound, that will receive it. I have repeatedly directed, during the last two years, the permanganate to be given as above, in oxaluria, with the most happy result.

A BIT OF EXPERT TESTIMONY.

When Orfila, the celebrated French chemist, was on one occasion a witness at a trial for poisoning, he was asked by the president if he could state quantity of arsenic requisite to kill a fly. "Certainly, M. le Président," replied the expert; but I must know beforehand the age of the fly, its sex, its temperament, its condition and habits of body, whether married or single, widow or maiden, widower or bachelor."