

class thought he was insane, but were not particularly decided in the expression of their opinion; while those of the third class expressed a decided and unequivocal opinion, that Albert was then insane, and dangerous, if allowed to go at large. \* \*

"There is little doubt that a competent board of inquirers would have had no difficulty in satisfying themselves and the court that the relator was really insane. On the night previous to his discharge, he was maniacal; in the morning he wrote an incoherent document, and the moment the judge pronounced his discharge, he commenced making an irrelevant, crazy speech in court.

"We have been told that on the fourth day after his discharge, Albert was recommitted to the asylum in a state of acute mania, since which time he has been incoherent, noisy, violent and destructive—the prolonged excitement attending the investigation in court cannot have proved otherwise than highly prejudicial, to say nothing of the evils resulting from his premature discharge.—*Boston Med. and Surg. Jour.*

### On the Treatment of Carbuncle.

By JAMES GREY GLOVER, M.D.

\* \* \* Instead of the ordinary dressing of linseed poultices, I apply turpentine ointment on a piece of lint the size of the carbuncle, or slightly larger, and over this a large piece of cotton-wool. The ordinary turpentine ointment of the Pharmacopoeia is rather strong, and bears generally to be mixed with equal parts of lard, or spermaceti ointment. This dressing is light and clean, and slightly stimulating. It seems to favour the vital process of separation of the sloughs, and the return of a better hue to the affected skin. It should be changed twice or thrice a day, according to the stage and degree of the disease and the amount of discharge.

As to the general medical treatment of the patient, there are two points which I think important; first, the administration, three times a day, of quinine, two grains or so, in conjunction with tincture of the perchloride of iron, in ten or fifteen minim doses, well diluted; and, secondly, the administration nightly of a grain of opium to relieve pain and procure sleep. More might be necessary, but I have always found this to be sufficient.

The diet of the patient should be good and nourishing; but it should be simple, and not incommencing. I mean the patient should neither be stuffed with food, nor heated with stimulants. But beef-tea or milk may be administered *ad libitum*, and I think a glass or two of wine in the day helps the patient. If the tongue is little furred, and

there is not much anorexia, then the less departure from ordinary sensible feeding the better.

Turpentine ointment and cotton-wool locally, an opiate at night, and quinine and iron three or four times a day, and a good, simple, nourishing diet, are the essential points of the treatment I recommend, and which I think the profession will find satisfactory in the majority of cases. Within the last few days I have had a case of carbuncle in a patient about fifty, which almost provoked incision by its tension and tendency to spread, but I abstained, and practised the above treatment, and it has done excellently.—*Practitioner.*

### Therapeutic Effects of Mechanical Vibratory Motion.

A paper containing the results of inquiries made on this subject has been published by Dr. Taylor, of New York, in the *Medical Journal* of that city. The inquiries were made on several hundreds of patients labouring under various kinds of maladies. Dr. Taylor regards vibration as a rapid wave-like motion, propagated in constant series through the soft yielding substance of the body, from a convenient external point. The action consists of a rapid displacement and replacement, and consequent alteration of the cells, fibres, and membranes that are in proximity, together with displacement of the fluid contents of these structures, and of the fluids in which they are bathed. He draws attention to the agreeable sensations and the remedial effects well known to be produced by friction, and contrasts this mode of producing motions of the deeper lying parts with that which he now introduces to the profession, of imparting a series of very light, rapid strokes, directed perpendicularly upon some portion of the body. Such strokes cannot be satisfactorily performed by the hand, as the operator soon becomes fatigued, and it consequently became requisite to invent some apparatus by which such strokes can be effected. After much research and numerous experiments. Dr. Taylor has constructed a series of machines capable of the various uses hitherto found desirable. In one form of the instrument slight taps are made; in a second a rubbing movement; and in a third method, which is limited to the extremities, the limb is oscillated upon its axis with a short, quick, reciprocating movement. The degree of rapidity with which these vibratory movements may be applied generally ranges between one and two thousand vibratory acts per minute. The more rapid rate produces effects somewhat allied to those of a diffusive stimulant, except that it is more permanent, and is not followed by any sign of depression. The time during which any portion of the body may be subjected to vibratory action will depend on the pathology of the case. In paralysis the instrument