the most laudable changes made was their extermination. We all should take an active interest in the subject of inhalation, and it seems wiser and better to try to improve than to sit still and wait for a future that patience will not help.

I am, Sirs, yours faithfully,

May 13th, 1902.

ROBERT J. LEE.

DOES PUERPERAL ECLAMPSIA TEND TO RECUR?

To the Editors of THE LANCET.

SIRS,—A question of considerable medical interest has arisen in the course of my practice. A patient of mine had during her first confinement a most serious attack of puerperal eclampsia from which, after long and anxious watching, she recovered. Her husband, who is naturally anxious, has now appealed to me as to the risk she would run of again incurring this formidable complaint in the event of her becoming pregnant a second time. Not wishing to take the responsibility of answering this grave question on my own limited experience I at once consulted all the leading authorities, from the time of Churchill up to the present day, on the subject, without gaining the slightest assistance in my dilemma. Such being most unsatisfactory, I at once bethought me of your valuable journal and decided to write you in the hope that some among your readers and contributors might have it in their power to help me in this most awkward predicament. Thanking you in anticipation,

I remain, Sirs, yours faithfully,

D. F. MACGILLICUDDY, M.B., B.S. Melb.

Richmond, Victoria, Australia, March 24th, 1902.

LARGE DOSES OF STRYCHNINE IN SURGICAL SHOCK.

To the Editors of THE LANCET.

SIRS,—If Mr. C. Hamilton Whiteford thinks that I have failed to appreciate the difference between strychnine in one large dose administered to a non-collapsed patient and graduated doses of the same drug given to a patient suffering from shock I may at once disabuse his mind of the fallacy which he labours under. My strictures referred to the ideal system so ably championed by Mr. Whiteford, and the questions which I asked the advocates of this new form of drugging were framed, not in the study, but were prompted by bedside observation. If my theory of the terrific spasms is perfect, as Mr. Whiteford says it is, I am glad to hear it, for, unlike many theories, it was made to fit facts observed. If I might be allowed an opinion in the matter I should say it is fact without any theory. Now for the case.

A man, 70 years of age, suffered from intestinal obstruction and had colotomy performed under ether. The operation itself was perfect. Before operation he was given one-tenth of a grain of strychnine hypodermically and soon after the operation was completed another one-tenth of a grain was administered in the same manner. Later at intervals he had one-twentieth of a grain on three separate occasions as was considered necessary to make the pulse "buck up." From first to last he had seven-twentieths of a grain of strychnine hydrochloride, or equal to 35 minims of the pharmacopœial solution. When the effects of the ether had quite passed off then little by little began the train of symptoms which I enumerated in my last letter. First there was twitching, then great irritability of the reflexes, next clonic and tonic spasms of the vital reflexes, till when toxicity was fully developed the nurse told me, without any prompting, that she was afraid to walk across the room for fear of starting the spasm of the respiratory muscles. For hours before the patient died it was impossible to get him to swallow anything, the least attempt in that direction being enough to induce a series of clonic spasms followed by a long tonic spasm, and I had to give large doses of chloral by the rectum to combat the strychnine action.

Potent drugs can be given in much larger amount than the authorised dose, but if we go right up to the maximum of safety, as is now being done with strychnine, here and there disasters will occur. I write in no mood of carping criticism, for with every honest endeavour to fight death I am in hearty accord, but where I believe the bounds of safety have been

transgressed I feel it my duty to protest, and I think that my experience as given above justifies the stand I now take.

I am, Sirs, yours faithfully,

Leeds, May 10th, 1902.

GORDON SHARP.

To the Editors of THE LANCET.

SIRS,—As house surgeon in a large provincial hospital where a great number of severe operations are performed I have had many opportunities of watching the after-effects of large doses of strychnine administered on the operating table. Varying amounts from 10 to 60 minims are frequently injected hypodermically when the patient has much shock. In most cases no ill-effects are to be detected but in a considerable number I have noticed involuntary painful muscular spasms a few hours afterwards which have been relieved by the hypodermic injection of morphia. The largest dose given without any after-symptoms was 30 minims during an operation for perforated gastric ulcer, the patient recovering. The largest dose given that produced slight spasms was 60 minims, also in a case of gastric perforation. The patient died five days later. The smallest dose given with spasms following was 26 minims to a girl 16 years of age with general peritonitis from a sloughing appendix who died the day following the operation. I am inclined to think that toxic symptoms are more likely to follow when ether has been the anæsthetic than when chloroform has been given.

I am, Sirs, yours faithfully,

F. BOLTON CARTER, F.R.C.S. Eng.

The Infirmary, Leicester, May 12th, 1902.

To the Editors of THE LANCET.

SIRS,—I should like to add my testimony to that of Dr. J. Gordon Sharp that in an operative case where strychnine had been injected hypodermically the tonic and clonic spasms of the muscles of the extremities remained after the effects of the anæsthetic had passed off, and, indeed, until the death of the patient nearly a week after, and caused a great deal of suffering. I am, Sirs, yours faithfully,

Leeds.

JOHN J. PICKLES, M.R.C.S. Eng., &c.

THE GERMAN CONGRESS OF INTERNAL MEDICINE.

(FROM OUR BERLIN CORRESPONDENT.)

THE twentieth German Congress of Internal Medicine met this year at Wiesbaden, Professor NAUNYN of Strassburg being in the chair. The members on their arrival were, as usual, welcomed by the local authorities and by representatives of the medical profession. Professor von Leyden, the founder of the Congress, whose seventieth birthday has just been celebrated in Berlin with much enthusiasm, was then elected an honorary member of the Congress and the chairman took the opportunity of paying a tribute to his great merits as a clinical observer, a man of science, and a practical physician. In his reply Professor VON LEYDEN said that he, together with several other physicians, founded the Congress because it seemed as if internal medicine was falling behind other branches of medicine, especially in view of the surprising progress made by surgery and gynecology. The Congress of Internal Medicine, the Berlin Society of Internal Medicine, and the *Journal of Internal Medicine* were intended to uphold and to maintain the position of this department of medical science. It was then announced by the mayor of Wiesbaden that the municipal authorities had conferred the freedom of the city upon Professor von Leyden, who was thereupon formally presented with the document certifying his election.

Gastric Ulcer.

Professor EWALD (Berlin) said that gastric ulcer was more frequent in women than in men and was usually met with in persons between 20 and 30 years of age. Cancer originating in a gastric ulcer has been known to occur in a youth, 16 years of age, but such cases were rare. In gastric ulcer some authorities objected to the employment of tubes for the purpose of obtaining samples of ingested food in order that they might be submitted to examination, but tubes might be employed if hæmorrhage had not occurred recently. As to the amount of hydrochloric