ing, although the remedy appears to have no effect on the progress of the disease.

The chart which I will pass around, is that of F. W. Tolsom, eighteen years old, who entered the hospital January 23, 1886, with cough and muco-purulent expectoration, night sweats, loss of weight and strength, etc. The signs were dulness, broncho-vesicular respiratory murmur, bronchophony, moist crepitant râle, etc., in the right apex, extending in front to the third rib, and half way down the scapula behind. One dose of antipyrine was given the next day, but none on the two following days, during which the evening temperature ranged between 103° and 104°. Eight grains were then given daily at 4 P. M., for the remainder of his stay (13 days), during which time the temperature was greatly reduced and the hectic suppressed. The patient also gained two pounds in weight.

Clinical Memorandum.

ATTEMPTED SUICIDE FROM THE INGESTION OF FIFTY-ONE GRAINS OF MORPHINE, THE GREATER PART OF WHICH REMAINED IN THE STOMACH THIRTEEN HOURS: RECOVERY.

REPORTED BY GEORGE M. MORSE, M.D., OF CLINTON, MASS.

In the JOURNAL of May 12th is reported "A Case of Attempted Suicide by the Ingestion of Thirty-six Grains of Morphine, which remained in the stomach five hours." I have to report a still larger amount taken, and remaining a still longer time in the stomach.

May 25th, M. C., aged thirty-two years, was found by his boarding-mistress, at ten minutes past twelve, in his room, on the bed, unconscious. Dr. French was called, who sent for me, with the request that I would come immediately, and bring a stomach-pump. I arrived at the house at about 1 o'clock, P. M. We found the patient, a strong, well-built man, dressed with the utmost care and nicety, lying on the bed, which had not been slept in, unconscious, sweating profusely; pupils contracted to a pin's point; respiration very irregular, abdominal; lips purple, face cyanotic. On the table was found a bottle with Power's and Weightman's red label, containing, by weight, nine grains of morphine: in a goblet by side of bed, about two drachms of water, which tasted like a solution of morphine; also a sealed letter, directed to patient's wife, marked "deliver immediately—death." The bottle was apparently a new bottle, fresh from the apothecary; the tin-foil had not been entirely removed from the cork. In a vessel under the bed was found, as we judged, about two ounces of greenish fluid, containing food, the green color given, apparently, by garden-rhubarb. A lamp was burning in the room, indicating that the patient had been on the bed many hours. The lamp would ordinarily burn for twelve or fourteen hours; the oil was nearly exhausted.

The diagnosis was easily made out, namely, attempted suicide by the use of morphine, taken sometime during the previous night. Attempts, which were ineffectual, had been made by Dr. French to make him swallow coffee. He had also administered atropine hypodermically. While getting my stomach-pump ready, one-thirtieth-of-a-grain of atropine was injected. At 1.15 P. M., I removed ten ounces of

fluid, like, in appearance, the liquid found in the vessel, pumped back sixteen ounces of warm water, which I removed, and injected another pint of water, and removed that also. Having thoroughly rinsed out the stomach, I pumped in a pint of very strong black coffee. Flagellation of the face by a wet towel, and of the nates by a small cane, was kept up until a galvanic battery was obtained, one pole of which was applied to the epigastrium, and the other to the carotid triangle.

2.30 P. M. Pupils dilated a little; respiration improved; patient not so cyanotic. Flagellation caused corrugation of the superciliary and orbicularis muscles.

3.30 P. M. Patient very purple, entirely unconscious; pulse 140, respirations three per minute. We gave ten grains of caffeine. Galvanism was continued; the negative pole applied to lips and carotid triangle alternately. 5 P. M. Respiration improved; Cheyne-Stokes in character.

5.30 P. M. Caffeine, ten grains; galvanism continued.

6 P. M. Pulse 148, respirations twenty per minute.

9 P. M. Patient could be made to open eyes by shouting, shaking, and by applying the cane with considerable force to the nates. Caffeine every three hours; also galvanism intermittently.

2 A. M. Nurse said he waked up and became conscious. 9 A. M. Patient seemed quite conscious, but said his head felt light; vomited, and in the afternoon was quite delirious, saw snakes, etc.

He was well the next day, and gave this account of himself: At 11 P. M., May 25th, he retired to his room, took a bath, dressed himself in his best clothing—clean shirt, collar, white neck-tie, and white stockings—wrote the letter to his wife; put one-half the contents of an eighth-ounce bottle of morphine (which he had bought some days before) into a goblet of water, and drank it; filled the goblet with water and put more morphine in it, and drank of it occasionally until he became unconscious; the last drink he took made him sick, and he vomited once—what we found in the vessel.

There were nine grains found in the bottle, showing that he had taken fifty-one grains, and he said he wasted only what he vomited, and which we found in the vessel. According to his account, he drank about twelve ounces of water, in which were dissolved fifty-one grains of morphine. He vomited two ounces, so that there must have remained in his stomach for more than twelve hours more than forty grains of morphine. No estimate is here made of the contents of his stomach before taking morphine. There must have been considerable, as we found what appeared like garden-rhubarb in the matter pumped out.

It is to be regretted that no attempt was made to ascertain the amount of morphine pumped out, but, in the hurry and confusion, the whole was thrown away. The points of interest in this case are the large amount of morphine taken, the length of time it remained in the stomach before any attempt was made to remove or antagonize its effects, and lastly, the success of the treatment, namely, the stomach-pump, atropine, caffeine, galvanism, and flagellation.

This case, together with the case reported from Denver by Dr. Fisk, shows that however desperate the case may seem to be, however large the amount taken, or the length of time before treatment is commenced, persistent endeavors to relieve the patient

should continue so long as respiration can be kept up by the use of galvanism and flagellation. In short, every effort should be made to keep the patient alive until the poison has spent its force, or has been antagonized by the atropine and caffeine.

Reports of Societies.

THE ONE HUNDRED AND SIXTH ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY, JUNE 7TH AND 8TH, 1887.¹

THE ANNUAL DINNER.

Soon after one o'clock the traditional procession took up its line of march down Boylston to Clarendon Street, to Winslow's rink, where Caterer Weber had arranged over a score of tables covered with inviting delicacies. The skating-floor was well filled up with them, while on a platform in the front of the rink were more tables for the invited guests and the officers of the society. In the side-gallery were twenty-five musicians from the Cadet Band, under the leadership of J. Thomas Baldwin. Upwards of nine hundred Fellows sat down to dinner. The assembly was called to order by the Anniversary Chairman, Dr. William L. Richardson, of Boston, and grace was said by the Rev. Brooke Herford, of Boston.

The platform was occupied by the following gentlemen of prominence, besides the officers of the Society and the delegates from other societies: Gov. Ames, U. S. Dist.-Atty. George M. Stearns, the Rev. Brooke Herford, Col. T. W. Higginson, Asst.-Atty. Gen. H. N. Shepard, Surg.-Gen. A. F. Holt, Mr. Roger Wolcott, Drs. B. E. Cotting, H. W. Williams, G. H. Lyman, H. I. Bowditch, Alfred Hosmer, William Cogswell, G. C. Shattuck, G. B. Shattuck, Francis Minot, H. P. Bowditch, C. B. Porter, J. C. Warren, H. P. Walcott, John Homans, G. H. M. Rowe, and others.

The caterer's wares having been disposed of, Dr. Richardson began the later exercises of the day. After acknowledging his indebtedness to the efficient committee of arrangements, he proceeded with the introduction of the various speakers, as follows:

We are favored by the presence of several distinguished gentlemen whom I shall call upon to address you. Much, doubtless, to your disappointment, but at their earnest request, I have consented to give up the custom, sometimes followed at these annual dinners, of having long speeches. These to which I invite your attention will be brief. The first to speak will be the gentleman who, as our President, represents the Society — Dr. Thomas H. Gage, of Worcester.

To which Dr. Gage responded as follows:

MR. CHAIRMAN, I thank you, in behalf of your associates of the Massachusetts Medical Society, for these graceful and complimentary words. And, in the same behalf, I thank you and the gentlemen who have been associated with you in the Committee of Arrangements, for your untiring and every way successful efforts to make this anniversary meeting one of more than usual pleasure and profit. You have afforded us an intellectual entertainment of a high order; you have given us, under the auspices of a generous hospitality, an hour of pleasant social intercourse; and

you have in reserve a "feast of wit and reason" to which the vast audience here assembled is looking forward with eager expectation. Distinguished guests honor us by their presence, and eloquent speakers await your pleasure to address us. Nothing but the purely conventional requirement that I should be first to receive your summons and respond for those I have the honor to represent, stands now between your audience and its anticipated enjoyments. And I will, of course, be brief.

The year that has passed, since we were last assembled here, has been within our organization, one of harmony and peace. The Massachusetts Medical Society has been disturbed by no unwelcome topics of discussion, and by no discordant counsels. There has been nothing to distract attention from the great pursuits for which it was established by the fathers, and for which it still affords the highest encouragements and the amplest opportunities. Everything has favored a season of normal and healthful activity, and such a season we have enjoyed. It has been a year of general prosperity, and, in my judgment, of substantial and commendable progress. We have not startled the scientific world, it is true, by great achievement or remarkable announcement; but we have contributed to make such results possible in the future. We have gathered knowledge and experience and made them available for reference, instruction, illustration, and mutual improvement. We have invited and encouraged independent and original experiment and research. And we have examined, from time to time, under the light of full and free discussion, the facts and the theories we have thus brought together.

All along the line from Berkshire to Barnstable, this scientific activity has been kept up throughout the year. Communications of high character, showing care in the preparation, close observation of the phenomena of disease, excellent knowledge of the principles of medicine, and studious application, both at the bedside and in the library, have been the rule in all the District Societies. And the general character of the discussions they have elicited has been equally high and instructive. Here and there, to be sure, the stream of intellectual thought and endeavor has encountered in its course the old mossgrown obstructions of apathy, indifference, and inharmonious relations, and for a little space flowed sluggishly; but nowhere has it ceased. The great and useful work of encouraging and promoting, by associated effort, a knowledge of medicine and surgery, and a love of science, has gone quietly and prosperously on. And, as it has fallen under my notice, it has been, in its general scope and character, exceedingly practical. To a very large extent it has consisted of the presentation and discussion of cases, including not only those of an unusual nature and exceptional interest, but those also of commoner form, illustrating disease, casualty, and emergency, as they pass under every busy physician's daily observation and care. And the result has been the contribution of not a few new and useful suggestions in both theory and practice. And so in a very practical way great principles have been the subject of communication and discussion, and especially those that underlie the sciences of public health and the prevention of disease. Nearly all the societies have had under consideration the practical application of these to the public and domestic wants of the people.

In speaking of this practical feature of the year,

¹ Concluded from page 579.