

his work the coming autumn. He is now visiting the principal medical centers of Europe. We wish him long life and much usefulness.

NECROLOGICAL REPORT.—Dr. Toner, Chairman of the Standing Committee on Necrology, presented to the recent meeting of the Association a voluminous report. To prevent absorbing too much space with that kind of reading in any one number of *THE JOURNAL*, we have thought it better to give a few of the Biographical Sketches in each number.

## CORRESPONDENCE.

### OPIUM POISONING.

EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

The treatment of opium poisoning by atropine has been too long and successfully practiced to need the support of any new clinical facts, still there are modifications of the treatment which may merit notice, inasmuch as it does not always happen in emergencies of this class, which the physician is called upon to meet, that he finds a salt of atropia accessible. In such cases he is not without resources if his pocket medicine case is ordinarily well equipped.

A few days ago a two-days-old baby was given one-fourth grain of morphine by mistake. I saw it nine hours later, when at first sight, it seemed to be dead, as the friends believed it to be. Deeply cyanotic, it showed no sign of respiration, and the pulse at the wrist was absent, as indeed it remained, except at short intervals, for many hours.

Having no atropine, I immediately injected subcutaneously five minims of tr. belladonna, followed by an equal amount a few minutes later. By my direction an infusion of coffee was prepared, containing two tablespoonfuls to the cup, which was given hypodermically, a syringe every ten or fifteen minutes. Within half an hour the worst of the cyanosis had disappeared. A pulse came temporarily to the wrist still earlier; respiration came with gasps, although wide apart. The contracted pupil dilated to more than its normal size, remaining so for three hours, when it began to contract again. The belladonna was then used as before, with a drop of digitalis, as the pulse was again absent from the wrist. As before, both pupil and pulse responded, and all symptoms improved, but an hour later the injection was repeated. Coffee was given subcutaneously throughout the day; artificial respiration was kept up when cyanosis returned, as it did many times, and frequent chafing of the extremities.

By midnight it was quite sure that the child would recover, but consciousness did not return until noon the next day, forty hours after the morphine was given.

I have questioned whether in this case the tincture of belladonna did not serve a better purpose than the

atropine would have done, adding to its antidotal effect that of a stimulant to the heart, which seemed needed quite as much as anything else. Undoubtedly not a little of the final and unexpected result was to be attributed to the other means employed, but they are to be regarded only as important auxiliaries, the most striking results having been attained before they were employed. J. R. BARNETT.

Neenah, Wis., Aug. 9, 1883.

## CINCINNATI LETTER.

[FOR THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.]

It has been the intention of your correspondent to have written ere this, and now fully agrees with Perseus, when he wrote:

"Unhappy he who does his work adjourn,  
And to to-morrow would the search delay,  
His lazy morrow will be like to-day."

From day to day has this pastime been adjourned only to find it much more easy to do so on the morrow. True, there has been little to write about. We are having a remarkably quiet summer and very little sickness. A cynic at my elbow claims that it is on account of so many of the profession being out of town; it remains to be seen whether that theory is any ways good when our new Board of Health is under full headway. Our Democratic council mortgaged itself by selecting a Board, composed of five saloon-keepers and an advertising, so-called, doctor—all solid Democrats,—and they have likewise shed a halo around their august body by selecting an old-time politician, a chronic place-seeker, who at one time was in the lumber business, as the Health Officer. I should say that, for appearance sake, they did offer the position to that valuable statistician, physician, and gentleman, Dr. Thomas Minor, knowing full well that he would decline. Dr. Minor had the office once, a few years since, much to his regret, as his private business suffered considerably, though he won golden laurels in the estimation of the public for the thorough manner in which he performed the duties of the office. His annual reports were models, and are frequently quoted to-day. The present Board is illegal. The Superior Court was authorized by the Legislature to appoint a Board, but through some delicate question in their (the lawyers') code, they declined. We are anxiously awaiting the meeting of the Legislature, when the guillotine will fall and the Board will be gracefully cremated. In the meantime we stand with bated breath and scan the mortality reports. So far there has been no marked increase over this time last year.

§ New York, it is noted, is to have a crematory furnace. Not to be behind our Eastern brothers, Cincinnati, too, is taking the initiatory steps towards having one. Cremation is growing in favor fast here, partly on the score of economy, but principally on that of health. Like all reforms, it has its strong advocates and strong adversaries, the latter are in the minority, however, and no doubt before many years the ceremony will be thought nothing more of than the ordinary funeral of to-day, with its long array of carriages, flowers, and costly