

FLUIDEXTRACTUM SCOPOLÆ.—U. S.

Average dose: 0.05 c.c. (1 minim).

SCOPOLAMINÆ HYDROBROMIDUM.—U. S.—is chemically identical with *Hyoscinæ Hydrobromidum* U. S.

This has been used in the treatment of nervous excitement, particularly of the insane. It often induces quiet sleep at night—not usually in the day—and may also lessen sexual excitement. Atropin, on the other hand, has been used to stimulate the brain in cases of depression.

Average dose: 0.0005 gm. (0.5 mg. 1/125 grain).

Hyoscin is of Little Use as an Analgesic or Soporific.**HYOSCYAMINÆ HYDROBROMIDUM, U. S., and****HYOSCYAMINÆ SULPHAS.—U. S.**—These are used very much as *Hyoscin*.

Average dose: 0.0005 gm. (0.5 mg. 1/125 grain).

None of the mydriatic alkaloids should be used as soporifics except in case of urgent need, as the benefits may be more than counterbalanced by the disadvantages. *Hyoscin* and *hyoscyamin* are of little use directly in relieving pain; hence, they can hardly be considered as analgesics.

Any of these alkaloids may be given alone as tablet triturates or as compressed tablets, hypodermically or alone in aqueous solution.⁵

R. Tincturæ belladonnæ fol. 3℥ 10
Tincturæ lobellæ, of each ʒi 100
Spiritus ætheris nitrosi, q. s. ad ʒi 100

Of this a teaspoonful is given every hour or two until relief is obtained.

The bromids of ammonium, sodium or potassium may be used with the prescription given, but in that case adjuvant or aromatic elixir should be substituted for the spirit of nitrous ether, and, as in every case when bromids or iodids are combined with alkaloids, the mixture is directed to be shaken.

The extracts of the crude drugs are much to be preferred to the alkaloids as additions to purgatives, since the latter would be largely absorbed from the stomach, whereas the local action on the intestine is desired.

(To be continued.)

Clinical Notes**AUTOMOBILE FRACTURE OF THE LOWER RADIAL EPIPHYSIS IN A SEVENTEEN-YEAR-OLD BOY.**FREDERIC WADE HITCHINGS, S.B., M.D.
CLEVELAND.

The following case is of interest on account of the method of occurrence of the fracture, its location and the absence of deformity which resulted. Inquiries of different surgeons indicate that automobile fractures in themselves are much more common than a search through the literature would indicate. Ghillini¹ has reported the only similar case that I have been able to find.

Patient.—H. P., a 17-year-old boy, was first seen on Sept. 30, 1905. He gave a history of having broken his nose when 2 years old and of breaking his ankle four years ago in a hockey game.

History of Injury.—Three hours before I saw him he was trying to start the engine of a 40 horse-power automobile, when the crank snapped back.² His right hand, which at no time left the crank handle, was quickly and violently forced upward, and he experienced severe momentary pain in his wrist, which was followed by a dull ache. He was positive that his hand grasped the handle firmly during this time.

Examination.—This showed a moderate degree of swelling on the flexor side of the carpus and lower radius and ulna. There was marked tenderness over the lower end of the radius, and the voluntary motion of wrist and fingers was limited. There was no apparent deformity and crepitus was

not obtained. Owing to the absence of deformity, an examination under ether was not made. The provisional diagnosis of separation of the lower radial epiphysis was made. Anterior and posterior splints were applied.



Fracture of lower radial epiphysis (tracing from x-ray plate by Stern). A, Line of fracture; B, line of epiphysis; C, radius; D, ulna.

The next day a Roentgen ray exposure showed that the parts were in normal position, but that there was a crack in the lower radial epiphysis. By that time the wrist was considerably broadened through swelling, and the point over the fracture was extremely tender. Routine treatment was followed.

A CASE OF CANCER OF THE PROSTATE (DIAGNOSED AFTER OPERATION).FRANK S. BULKLEY, M.D.
AYER, MASS.**Patient.**—W., aged 53, born in Ireland, foreman in tannery.

Family History.—Both parents lived to an advanced age. One brother died at about the age of 50 of an indefinite trouble with urinary symptoms.

Personal History.—The patient had the commoner diseases of childhood, had had a right inguinal hernia for 15 years, but had never had any severe sickness. No venereal history. Habits always good; never drank, and smoked only in moderation.

Present Trouble.—About September, 1904, he began to notice some frequency of micturition. This continued, and during December, 1904, he consulted a physician, who examined the urine, told him it was normal, and prescribed a diluent. The trouble continued until August, 1905, when he consulted a second physician, with the same result. At this time he had to get up on an average of every hour during the night, the interval between urinations during the day approximating normal. There was practically no pain connected with the act. He never had noticed any bleeding.

Sept. 15, 1905, I saw the patient for the first time while he was suffering from an attack of retention, associated with the incontinence of retention. A silver prostatic catheter was passed with difficulty and one pint of clear urine drawn off. Catheterization at six-hour intervals was necessary for the next twenty-four hours, and then a soft instrument was tied in and the bladder drained for forty-eight hours. After drainage was discontinued the catheter was passed three times daily until the day of operation.

Physical Examination.—Well-developed man of apparently 50 to 55 years old. Rather stout. Color good. Pupils equal

5. The drugs of this group are so often used in asthma with benefit that we suggest the following as an example of the way they may be prescribed:

1. Zeits. f. Orthoped. Chir., 1904, xlii, 759-64.

2. For an explanation of the cause see Lund's article in the Boston Med. and Surg. Jour., 1904, vol. cli, p. 481-3.