

injections into his nostrils of a saturated solution of the bromide, and he claims to have saved the life of an infant three months of age by the same treatment.

24. *Treatment of Spasmodic Asthma by the Subcutaneous Injection of Morphia.*—Dr. J. KRITH ANDERSON states (*Practitioner*, Nov. 1875) that he has treated now twelve cases of spasmodic asthma by subcutaneous injections of morphia, "and the result in all cases has been a complete and perfect relief from the embarrassment of the respiration. The rapidity with which the distressing symptoms are controlled is very striking. In from five to ten minutes after the injection has been administered, the patient finds himself well *per saltum*. There is no perceptible interval between the agony of breathlessness of one moment and the perfect calm and rest of the next. I have seen a man who had been labouring to speak—jerking out his words syllable by syllable—suddenly rise to his feet, and, with easy and unembarrassed respiration, finish his remarks in an uninterrupted flow. So soon as the morphia gets fairly into the current of the circulation, that moment the spasm is relaxed, and the patient is at peace, with nothing but his exaltation to testify to the sufferings he has undergone.

"The dose which I have used has been in all cases one-sixth of a grain of the hydrochlorate of morphia in a strong solution. In no instance has its use been followed by any more unpleasant result than slight nausea. This effect has not occurred on more than one or two occasions, from which I infer that the relaxation of spasm is by no means dependent on its production.

"In no attack has there been any tendency to the recurrence of breathlessness after the first effects of the morphia have passed off. I have been inclined to believe that its use has been succeeded by an unusually long immunity from further attacks.

"I may add that those who have once experienced the rapid and unfailing relief of the subcutaneous injection are no longer content to await the action of the more uncertain remedies to which they had formerly been accustomed to resort."

[Three years ago the attention of the readers of this Journal was called by Dr. Moss of Chestnut Hill, Penna., to the efficacy of this treatment in autumnal catarrh.]

25. *Rheumatic Pleurisy.*—The *Gazette des Hôpitaux*, of July 17 last, No. 83, contains a clinical lecture delivered by Professor LASÈGUE, on a case of pleurisy at La Pitié. The patient was a tall, stout-built, almost plethoric Alsatian, aged thirty years—a policeman, exposed to cold and wet in his vocation. On March 6 he had a rigor, followed by feverishness and copious perspirations. Almost simultaneously he felt acute pains all over the right side of the chest, intensified by movement and respiration. Decubitus on the left side and cough were almost impossible. Even deglutition was painful. After some days, the pains persisting, though over a more limited area, he entered the hospital, still suffering considerable pyrexia; and pleurisy was diagnosed, over a very limited space, near the base of the right lung, behind. The stabbing pain was most intense just below the nipple, and was very severe. Wet cupping over the affected spot gave great relief; the next day, the ninth of the attack, there was but little pain, the effusion was less, the feverishness gone. The diagnosis was *rheumatic pleurisy*. M. Lasègue thinks that pleurisy of a rheumatic nature may be distinguished by its site, its severity, its extent, and its duration. The inflammation is limited to the parietal pleura, the subcostal and intercostal fibrous tissues. The pain is localized, and is extremely severe, and increased by movement, like the pains of a rheumatic joint. It may, indeed, alternate with, or be metastatic with, a joint-affection. The attack is seldom prolonged very greatly, and the prognosis is favourable. The fever runs high in these attacks. On the other hand, in pleurisies which commence with the lungs or bronchial tubes, which one may therefore call visceral pleurisies, broncho- or pneumo-pleuritis, the fever is less, the stabbing pain is less; there is more difficulty in localizing them, and though the pain does not last so long, the disease lasts longer, and is of less favourable prognosis. It is not,

however, denied that a rheumatic pleurisy may involve the lungs, and perhaps bronchial tubes also, after it has existed for some time. Hence it is important to distinguish the two forms early. In the later stages of both, thoracentesis may be necessary. M. Méhu, chief *pharmacien* at the Hospital Necker, has shown that *when a pleuritic effusion is found to be rich in chlorides, and other mineral salts, it seldom recurs after tapping; whilst those which leave little saline residue when evaporated to dryness, are not only reproduced, but commonly end fatally.*

It is rare, however, for a pleurisy of rheumatic origin to need paracentesis. M. Lasègue says that once, when in doubt as to the nature of a paraplegia with acute spinal pains, and pains round the loins, the supervention of a pleurisy of this sort enabled him to diagnose rheumatic meningitis of the cord, and to give a hopeful prognosis which was fully justified by the event.—*London Med. Record*, Nov. 15, 1875.

26. *Treatment of Acute Sthenic Pneumonia with Veratrum.*—The course of pneumonia appears to be as little influenced by veratrum as by other drugs. In sixty cases treated partly with tincture of veratrum album, and partly with that of veratrum viride, in Prof. Duchek's wards at Vienna, Dr. TH. SIDLO has arrived at the following results: 1. In the majority of the cases there was either a temporary or a permanent reduction of the temperature, and of the frequency of the pulse, but in the remainder the veratrum had not the slightest appreciable influence. 2. The effect on the fever, whatever its degree, was not attended by any corresponding reduction of the normal duration of the febrile process, nor was the typical character of primary lobar pneumonia obliterated by the treatment; on the contrary, it became more clearly pronounced during it. 3. Minor variations in the febrile symptoms were proved to depend not on the action of the veratrum, but on the character and amount of the inflammatory process in the lungs. Over the latter the drug exerted no action whatever; it increased, diminished, and terminated, to all appearance just as if nothing had been given. 4. It was found that vomiting, collapse, and other unpleasant effects more often followed the use of veratrum album than of veratrum viride, but in neither case did they appear to modify either the fever or the physical condition of the inflamed lungs.—*Med. Times and Gaz.*, Sept. 25, 1875, from *Deutsches Archiv für Klin. Med.*

27. *Can Tubercular Matter or the Flesh of Tuberculous Animals communicate or excite Tubercular Disease if taken as Food?*—Prof. GURLACH, of Berlin, has made an elaborate experimental research on this question. The method employed by him was to introduce into the stomach of the animal one or two doses of tubercular matter. The effects, if any, were observed; and if the animal did not die from these, it was killed some weeks or months after the administration of the substance, and a post-mortem examination was made. The weak point of the paper appears to be that no details are given as to the hygienic conditions under which the animals lived while under observation. It is well known that tubercular formations are very common among domestic animals kept in close confinement. So great is the importance of the inquiry, not only from a hygienic point of view, but also as relating to the etiology of tubercle, and its transmissibility in the human race, as to render a repetition of these experiments desirable. The conclusions arrived at by Professor Gerlach may be summarized as follows:—

1. There is a specific virulent material in tubercle, and many of the symptoms of tubercular disease are due to the absorption of this virus.

2. This virus exists in tubercle in all its stages, but apparently in greater intensity in cheesy masses. It is found in recently formed tubercle, and in milary tubercle.

3. The infection begins first in the mucous membrane of the mouth, and if the tubercular matter be in contact a sufficient length of time with the mucous membrane of the alimentary canal, it may communicate the disease to the whole lymphatic system.

4. While tubercular disease has special characters in different animals, all