for myself and in teaching to others something of his wisdom, his goodness, and his power."

From the time of Galen to the thirteenth century, we encounter no names of authority. They were all mere commentators bowing down servilely to the authority of Hippocrates and Galen, the then only two pillars of the medical edifice. Cælius Aurelianus, Antyllus, Heliodorus, Pliny the Elder, Aretæus, Paulus Ægineta, Alexander of Tralles, Aëtius, and Oribasius (he who found the Delphian oracle mute) were writers of note but of little originality.

[To be continued.]

ATROPIA AS A REMEDY FOR OPIUM-POISONING.*

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THE manifest antagonism of morphia and atropia in some respects has naturally given rise to the hope that they would prove antidotal. In the only case in which I have tried morphia as a remedy for poisoning by atropia, the morphia seemed antidotal. The following case may help towards an answer to the question whether atropia is of use as a remedy for poisoning by laudanum.

On December 2nd, 1874, a man and his four children were admitted into Addenbrooke's Hospital with symptoms of poisoning by laudanum, which had been given by the father to the children and himself. Some of them had been made to vomit when first discovered. Four of the five recovered, and their cases are no more interesting than other ordinary cases of opium-poisoning. The one who died was three years and a half old. He was admitted to the hospital at 1.30 P.M. The time at which he swallowed the laudanum is uncertain; it was probably about 11 A.M., or between that and 11.30 A.M. On his admission, he had a drowsy look, almost that of stupor. His pupils were very small. He was made to swallow large quantities of warm water; his fauces were tickled and vomiting was excited. The vomit had a faint, but quite distinguishable, odour of laudanum. He was then made to swallow large quantities of strong coffee, and much of this also was vomited.

After this, endeavours were made to keep him awake by compelling him to walk about, and by shaking and occasionally slapping him. Notwithstanding, the drowsiness was manifestly increasing. Therefore, at 2 P.M., 1-100th of a grain of sulphate of atropia in solution was injected under the skin at the epigastrium; and, as no benefit or any effect was apparent after ten minutes, 1-200th of a grain was similarly injected; thus making 3-200ths of a grain injected. After this, the influence of the atropia on the iris was gradually and plainly manifested. The pupils, which had been contracted to a pin's point before the administration of the atropia, gradually became largely dilated, and the dilatation after a time became so extreme that scarcely any iris could be seen. Nevertheless, the stupor went on increasing, and reached its highest degree while the pupils were largest.

About 3 P.M., he could be roused only for a few seconds at a time by the incessant and energetic employment of the various ordinary means. While he was in this heavy stupor, his arms were several times extended in tonic spasms, and his eyes now and then squinted divergently. About 3.30 P.M., his pupils being at this time dilated to an extraordinary degree, the stupor had deepened into coma. The respiratory efforts nearly ceased. Artificial respiration was then employed on Silvester's method, and the circulation was assisted by gentle friction of the feet and legs. At 4 P.M., the appearance of the child was almost death-like; his cheeks and lips were livid, his extremities becoming cold.

The artificial respiration was, however, persevered in incessantly. The pupils gradually recovered from their extreme dilatation, and, at 6 P.M., had regained an ordinary size. A little rattling was audible in the trachea. Under the idea that this might possibly have been due to some coffee that had been put into his mouth and not swallowed, he was held up by his feet for a few moments with his head hanging downwards. The tracheal *râle* was not removed by this operation, but he seemed a little roused by it. Soon after this, a slight improvement was noticed, the face assuming a less death-like appearance. The artificial respiration, which had been kept up incessantly for two hours and a half, was now intermitted occasionally for half a minute at a time. The holding him up by the feet, which had seemed of benefit by rousing him, was repeated about every quarter of an hour. On each occasion that this was done, there appeared a marked temporary improvement, and, on its third repetition, he opened his eyes and

looked about for a few seconds, though the tracheal *râle* did not cease. By the artificial respiration and the occasional inversion of the body, the improvement was maintained, and in the evening he began to be able to take beef-tea and milk, and afterwards, with the beef-tea and milk, small quantities of brandy were given, and he took about a drachm of it every two hours. Still more marked improvement followed this treatment. From about 3 A.M. till between 5 and 6, it was found safe to discontinue the artificial respiration for ten to fifteen minutes at a time and allow him to sleep. But, between 5 and 6 A.M., it was found more difficult to rouse him, and artificial respiration had again to be kept up continuously, except at the moment when nourishment was given. At 8 A.M., and on several occasions between this hour and 11, he seemed to be sinking, but rallied again under friction of the body and the energetic practice of the artificial respiration.

By 11 A.M., a decided improvement seemed established. Artificial respiration was discontinued, and he was allowed to sleep for half an hour at a time, when he was aroused to take nourishment and rid himself of the mucus, which still tended to accumulate in his trachea. A few mucous *râles* were at this time heard at the bases of the lungs. When roused, he was now able to answer "Yes" or "No" to questions, and twice he said he was "tired". He was now allowed to sleep undisturbed for an hour at a time.

He continued breathing quietly until about 1 P.M., when he awoke with his face very livid, and seemed in peril of instant suffocation. But he coughed vigorously, freed his trachea of a quantity of mucus, and then again breathed quietly. After this alarm, he was not allowed to sleep longer than half an hour at a time. But there seemed to be an increasing tendency to the accumulation of mucus, and the dyspnoea at times was urgent.

At 3.20 P.M., after a short sleep, he had again a violent struggle to get his breath, and this time the struggles were in vain. His face became very dusky. Artificial respiration was again employed; but, in spite of all efforts, he died in a few minutes. On *post mortem* examination, the lungs were found congested, but nothing else worthy of note.

The points of interest in the case are—1. The extraordinary extension of life by the diligent employment of artificial respiration after the condition of the patient had become apparently hopeless. The period from the taking of the poison was probably twenty-eight hours; that from the commencement of the treatment certainly twenty-six; that from the commencement of artificial respiration twenty-four hours. 2. The rousing of the child when he was held with his head downwards; the power of this in rousing him was well marked after all the ordinary means had ceased to have any effect. 3. The failure of the atropia to relieve the stupor, though manifesting its full influence on the iris. This was so plain that, even from the single case, we should be justified in inferring that (in a child at least, if not in all cases) atropia is useless as a remedy against opium-poisoning after the stupor has reached the degree at which the patient is incapable of standing. It seems to me more than probable that the expectations of atropia being a remedy against opium-poisoning will be wholly disappointed. But, if I try it again, I shall try it before the stupor has become well marked.

DOUBLE THROMBOSIS OF THE MIDDLE CEREBRAL ARTERIES, WITH AORTIC DISEASE, IN A CASE OF SYPHILIS.

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G. S., AGED 32, a printer, was admitted into the Bristol General Hospital on October 15th, 1875, under the care of Dr. Martyn, when the following notes were made by Dr. Imlay, the physician's assistant.

He had been ailing for ten days, and in bed one week. Five days ago, *i.e.*, after feeling poorly enough to lie in bed for two days, he appeared pretty well at night; but, next morning, was found by his friends in his present condition. For four days, therefore, his state had been this. He was hemiplegic on the right side, and there was entire loss of the power of speaking, while he understood well, and replied by signs. No cause was assigned, and there was no history of rheumatism. [Recently, however, he had been very irritable and nervous, and complained of weak memory and dimness of sight.]* The general state at present was one of much prostration. He was pale and damp, lying helplessly on his back. The temperature was

* Abstract of communication made to Cambridge and Huntingdon Branch.

* Information from his employer, obtained afterwards.