advantages over the coal-tar acid, consequent on its extreme purity. It is less deliquescent, and cannot possibly be open to the suspicion of contamination with certain other products of coal-tar, which possess injurious qualities. It would not be advisable, he adds, to prepare carbolic acid from this source, when the comparative cost shows that the gain must be very small or non-existent; but it is well worthy of record that, should circumstances render the supply of the English product difficult, or uncertain, as in the case of war, or increased English price, a practically inexhaustible source exists in this country (India) from which this indispensable substance in its purest state can be obtained at a slight enhancement of the present price.

Interesting and important as this Andromeda oil is as a source of carbolic acid, it is even more so, as the probable source of another valuable therapeutic agent, namely, salicylic acid, of which one of the recognised sources is the winter-green or gaultheria oil, which, as just mentioned, is identical in composition with our present article. On this subject, the following remarks of Mr. Martindale, in his very useful little work, *The Eclectic Pharmacopoeia* (page 25), may not be out of place. "Commercially, the acid prepared from oil of winter-green, the natural salicylic acid of Mr. J. Williams, is the purest. Oil of winter-green is an impure salicylate of methyl. When treated with caustic potash-solution, and the volatile matters distilled off, an impure salicylate of potash remains; this is decomposed by hydrochloric acid, and the salicylic acid obtained purified by dissolving, and crystallising finally from weak spirit. It is in crystals resembling those of strychnia, and larger than those prepared from carbolic acid." This process, applied to Andromeda oil, would, in all probability, yield similar results. It is to be hoped that the subject may soon be taken up by the medical authorities in India. In the meanwhile, it seems very desirable that the oil itself should be subjected to trials as a stimulant, carminative, and antiseptic.

HYDROCARPUS INEBRIANS.—Another oil to which I would direct attention is that obtained by expression from the seeds of *hydrocarpus inebrians*, Vahl, a tree, Nat. Ord. Bixiniæ, inhabiting the western coast of the Peninsula. It is the Neeradimootoo of Ainslie (*Mat. Ind.*, vol. ii, p. 235). Botanically, it is closely allied to *Gynocardia odorata*, R. Brown, a tree belonging to the same natural order, inhabiting Northern and Eastern India and the Malayan Peninsula, the seeds of which yield chaalmoogra-oil, lately brought to notice as a remedy in leprosy and skin-diseases. It is in the same class of cases that our present article is most esteemed; indeed, in Travancore it holds a first place, in native opinion, as a remedy in leprosy, and one of the most intelligent native gentlemen I have ever met with (since deceased), himself suffering from leprosy, assured me that he had derived more temporary benefit from Neeradimootoo oil than from any other medicine. Ainslie places the dose at half-a-teaspoonful twice daily; but it would probably be better to commence with a smaller dose, and increase it as the stomach will bear it, for he states that it is apt to nauseate a good deal at first. In Ceylon, where the tree is indigenous, the fruit is said to be used for intoxicating fish: hence probably its specific name.

SARACA INDICA.—I take advantage of this opportunity to mention another Indian drug, which, as far as I am aware, has not hitherto been subject to trials by any European practitioner in the East, but which has recently been brought specially to my notice by H.H. the Maharajah of Travancore, F.L.S., himself a most intelligent observer, namely, the bark of *Saraca Indica*, Linn., the Jontsia Asoka of Roxburgh (*Asok, Hind., Beng.*). He mentions the case of a recurring hemorrhoidal tumour, in a member of his own family, in which it proved signally successful after European remedies had failed. In his letter, his Highness speaks of it as "specially useful in diseases of women connected with menstrual irregularities;" and he adds: "If you can bring this substance to the notice of the medical profession, you will be doing a real service." The only book in which I can find this drug noticed is Uday Chand Dutt's *Materia Medica of the Hindus* (page 143), where it is stated that the bark is much used in uterine affections, especially in menorrhagia. It is to be hoped that trials will be made with it to test its alleged efficacy.

COSCIINIUM FENESTRATUM.—Should it ever be desirable to introduce into European practice an elegant, cheap, and efficient bitter tonic, I can testify from experience that such may be found in the woody stems of *Cosciinium fenestratum*, Colebrook, a large menispermaceous climbing-plant, inhabiting the forests of Malabar and Ceylon. It is met with in the bazaars of Southern India under the Tamil name of *Mara Munjil*. It occurs in the form of cylindrical woody stems, of variable length, from one to four inches in diameter, of a bright greenish yellow-colour, and pure bitter taste. Thirty years since, it was imported into England from Ceylon under the name of Calumba-wood, and, analysed by Mr. Perrins (*Pharm. Journ.*, 1853, pp.

180, 500), was found to contain berberine. From my own trials with it at the Trevandrum Charity Hospital, I came to the conclusion that it was a good substitute for calumba, and efficient in all cases requiring a pure bitter tonic. It was prescribed in the form of infusion and tincture, of the same strength as the corresponding preparations of calumba.

PETROLEUM.—To the indigenous medical products of India, derived from the inorganic kingdom, comparatively little attention has been paid; yet some of them seem well worthy of notice. Foremost amongst these is petroleum, which is met with on the surface of certain lakes in Assam, Burmah, and in the volcanic islands on the Arracan coast. Passing over its alleged successful employment in beri-beri, chronic rheumatism, skin-diseases, etc., I would, in this place, call especial attention to it as an efficient agent in antiseptic surgery. In this character, it was first brought to notice by Sir Joseph Fayrer (*Indian Medical Gazette*, September 1869), who, after trials with it in twenty cases, came to the conclusion that it possesses some, if not all of the advantages assigned to carbolic acid. He used it pure, or diluted with equal parts of glycerine or oil; and he states that, whilst it certainly has some deodorising power, it appears also to have that of limiting suppuration, and of restraining the development of septic miasmata in the discharges. It is to be hoped that Sir Joseph will increase the debt the profession already owes him by continuing his researches, and that others will follow in his wake. I would also venture to suggest that experiments should be made with the Indian petroleum, with the view of ascertaining whether, under suitable treatment, it will not yield vaseline of as pure a quality as that obtained from the American article. Should such prove to be the case, and if it could be manufactured at a small cost, the importance of the fact, in relation to the pharmacy and practical surgery of the East, would be self-evident.

In conclusion, I will only name three inorganic substances, with the chemical nature and medicinal properties of which it is very desirable to become better acquainted: 1, Sendilón or send-nimák, the rock-salt of the bazaars; 2, Bit-loban or kala-nimák, literally black salt; and 3, Salajet or alum-earth of Nepal. These articles are held in high esteem by native practitioners, and are evidently possessed of no mean medicinal powers. Some particulars with regard to the two latter will be found in a paper by myself in the fourth volume of the *Madras Quarterly Journal of Medicine* (page 239); and others, especially in reference to rock-salt, are given in Moodeen Sheriff's valuable *Supplement to the Pharmacopoeia of India* (pp. 71, 216, 107, 354).

Should these crude suggestions lead to any practical result, the object in view will be fully attained.

THE INTRAVENOUS INJECTION OF MILK.

By CHARLES E. JENNINGS, F.R.C.S. Eng.,

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HAVING recently injected milk into the veins of a patient about to die,¹ who survived for some hours after the operation, and believing that this therapeutic measure is one of great value, as a substitute for the transfusion of blood, I have perused most of the literature on the subject, and find that many of the operations have been followed by marked success; in some cases by temporary, and in others by permanent benefit; but sometimes no good has accrued from the injection (when improperly performed, or when performed in unsuitable cases); and the operation appears to have proved fatal in a few instances.

But, the intravenous injection of milk having now been practised under a considerable variety of circumstances, and many of the reports having been drawn up with great accuracy, it may perhaps prove of utility to lay before the profession an outline of the history of this important plan of treatment, which is now seldom resorted to, with the view of showing that the indications for this method of conveying nutrition are generally clear, and that, if properly performed, no harm can follow the operation.

Dr. T. Gaillard Thomas, in a communication to the *New York Medical Journal*, 1878, urges the operation on physiological grounds, and compares the injection of milk into a vein with the normal passage of the chyle into the subclavian vein from the thoracic duct. "Chyle is fat in emulsion in a serous fluid; milk is fat, molecularly divided, and suspended in water with casein and sugar." Dr. Thomas also quotes an instance in which blood, drawn from an apoplectic subject after a heavy meal, yielded a "distinct and voluminous zone of white milky-looking fluid, a fluid which had evidently been previously mixed with the blood, and was now separated from it."

¹ The report of this case will be published in full, in a later communication.

At a meeting of the Société de Biologie, in Paris, Dr. Brown-Séquard gave an account of his experiments on transfusion. He had tried normal blood, defibrinated blood, and milk. In each case the result was the same, save that in the case of milk it was necessary to inject more than of the other fluids. Ninety-five grammes of blood were drawn from a dog, and replaced by 95 grammes of milk. About forty-five minutes afterwards, there was no trace of milk-globules to be found in the blood. The dog continued in excellent health, and was alive at the time of the report (that is, five months ago). M. Malassez found, on examining the blood after the transfusion, a greater quantity of white globules than normal. Dr. Brown-Séquard considered that the liquid injected should be at least of a temperature of 10° to 12° Cent. He preferred injecting into the arteries, and very slowly, to give time for the injected fluid to acquire the temperature of the body (*Lancet*, 1878, vol. ii, p. 641).

Experiments upon dogs have also been conducted by Wulfsberg. He injected about 250 grammes, and examined the blood to determine whether the globules of the milk (as Donné stated in 1884) were converted into white corpuscles. He found that the white corpuscles undoubtedly increased in number, but only after having first taken up—in fact, eaten—the milk-spheres. He could not preserve the life of dogs by this means; their weight diminished; they died without obvious disease, and he found hæmorrhagic infarcts in the lungs. If about .75 per cent. of the estimated weight of the blood were injected, the dogs bore the injection well. Large injections proved rapidly fatal (*Lancet*, 1878, vol. ii, p. 823).

M. Laborde injected milk into the lymph-sac of a frog. The capillary circulation was studied microscopically in the interdigital web, in the tongue and mesentery; fatty globules were noticed to accumulate at the points of bifurcation of the capillaries (*BRITISH MEDICAL JOURNAL*, 1879, vol. i, p. 557).

The experiments of Drs. Moutard-Martin and Charles Richet show that, in animals killed by the intravenous injection of large quantities of milk or sugar, there is very marked intestinal injection, and sub-endocardiac ecchymoses are of constant occurrence. Death is preceded by polyuria (*Medical Times and Gazette*, 1879, vol. ii, p. 659).

Dr. J. H. Howe experimented on seven dogs, substituting milk for the blood; every dog died. He also tried the lacteal injection upon a man in the third stage of phthisis, in whom death occurred from coma soon afterwards. But Dr. Thomas, having performed the operation on the human subject with success, and having ascertained that the milk employed in Dr. Howe's experiments had been drawn from a cow one or one and a half hour's distance by rail from New York, reaching that city after a lapse of two or three hours, requested Dr. Eugene Dupuy to repeat the experiments upon dogs. Dr. Dupuy's experiments showed, 1, that the intravenous injection of decomposed milk into dogs is uniformly fatal; 2, that the same experiment, if practised with perfectly pure and fresh milk, is entirely innocuous (*New York Medical Journal*, May, 1878).

The experiments of Professor Schäfer also show that the intravenous injection of fresh milk in small quantities, or of milk boiled after standing, is harmless; but that it is most dangerous to employ ordinary milk not so boiled, and the ordinary London milk is especially deleterious (*Journal of the Obstetrical Society*, London, 1879 and 1880, vol. xxi, p. 316).

Turning from experimental to clinical evidence, Dr. Thomas reports (*American Journal of the Medical Sciences*, 1876, p. 61, *et seq.*) a case in which he removed two solid ovarian tumours. Profuse uterine hæmorrhage set in thirty-six hours after the operation, and the bleeding recurred in spite of plugging the vagina. Four days after the operation the temperature was 101°, the pulse 150; there were the Hippocratic countenance, and other signs of impending dissolution. The intravenous injection of milk was decided upon, on the grounds that, in 1850, Dr. E. M. Hodder had injected milk into the veins of three cholera-patients (in one case as much as fourteen ounces at one operation), two of whom, who appeared moribund at the time of the operation, recovered; that Donné had injected milk into the veins of dogs and rabbits without injury; and that the intravenous injection of milk seemed to be surrounded with less difficulties than transfusion of blood. On these grounds, eight and a half ounces of freshly drawn milk were injected into the median basilic vein. After three ounces had been injected, the patient complained that her head would burst, therefore the injection was continued more slowly. An hour later, there was a rigor; the pulse was 150-160 per minute, the temperature 104°. The next day the pulse was 116, the temperature 99.25°. Good recovery followed.

Two further cases are recorded by Thomas (*New York Medical Journal*, May, 1878).

A. S., aged 22; removal of a very large ovarian tumour; many

adhesions. Within twenty-four hours from the completion of the operation, acute peritonitis developed. Fourteen days later, a large abdominal abscess discharged itself, and more than one pint of pus escaped. Three days later still, the patient appeared moribund. February 27th, 8 P.M.—Pulse 152, temperature 103.8°. There were mental aberration, and a semi-comatose condition. The injection of milk (the quantity is not stated) was made into the right median basilic vein, through a funnel and tube and very small cannula. A hypodermic injection of brandy and sal volatile was also administered. At 10 P.M. there was a chill; at 11.30 the pulse was much improved; temperature 100.8°. From the 28th, 9 A.M., there was improvement till March 1st. Then, as the strength again failed, a second injection of fifteen ounces of freshly drawn milk was made into the left median basilic vein. The pulse fell fifteen beats, and became stronger. On March 3rd, at midnight, the pulse was 160. Dr. Hunter injected six ounces of milk into another vein. 1 P.M.—Pulse 190, temperature 104°; the patient had a chill. March 4th, 8 A.M.—Temperature 102°, pulse 122. At 3 P.M., eight ounces of milk were injected. At 6 P.M., temperature 103.4°, pulse 152. March 5th, 6 A.M.—Pulse 156, temperature 102.8°. There was diarrhoea. The wound communicated with the intestine. At 11 A.M., eight ounces of milk were injected into the right radial vein. Death occurred at 1 P.M. Altogether, there were five injections of milk.

At the necropsy, there was perforation (1) of the caput cæcum coli; (2) of the sigmoid flexure, at a point twelve inches above the anus. There was peritonitis, etc. The kidneys were large and fatty; their tissue was firm, but not congested; the capsules were not adherent. The pelves and calices contained large flakes of exfoliated epithelium. Scraping the cut surface of the kidneys yielded a thin purulent looking fluid. The spleen was firm and normal; the chest was not examined.

Dr. Thomas also removed another large ovarian tumour, and much hæmorrhage occurred from the breaking down of numerous adhesions. The hæmorrhage was not arrested at the time of the operation, and it persisted internally, after the abdominal wound had been closed. Five ounces of milk were injected into the median basilic vein. Death occurred in fourteen hours. The necropsy showed that more than a pint of blood had been poured out into the peritoneal cavity.

In a communication to the *BRITISH MEDICAL JOURNAL* (1881, vol. i, p. 228), Dr. Meldon states that he had then performed the operation twenty-five times. Twelve of his cases were phthisical patients, all of whom were moribund, and in all life was prolonged by the injection. In one of these cases of consumption, the patient had apparently only a few hours to live; yet he recovered, and rallied for some months. The operation was repeated, and the patient again rallied; he at last succumbed. The diarrhoea of phthisis was invariably checked by the intravenous injection of milk. The perspiration was first increased, next diminished, by the operation. Cough was always relieved. In phthisis, the improvement is only temporary; the operation lengthens life a few months. Four were cases of pernicious anæmia; all were cured. In one of these cases, the operation was repeated. Two were cases of exhaustion sequent to hæmorrhage (one was uterine hæmorrhage, the other recurrent hæmorrhage from a wound of the palmar arch); both recovered. Two were cases of exhaustion after typhoid fever. Both improved; one recovered; one died.

Dr. Meldon never injected more than six ounces of freshly drawn milk at a time, and added ten grains of carbonate of ammonia to each injection. As already stated, the four cases of progressive anæmia were cured by the nutritive injections; and Dr. Meldon considers that it can be easily understood how, in that disease, a small quantity of corpuscle-supplying fluid might alter the condition of the blood, and thereby effect a cure (*Lancet*, 1880, vol. i, p. 527).

The intravenous injection of milk was first performed in Ireland by Dr. Robert McDonnell, on January 22nd, 1879. The patient was aged 30, and had been under the care of Dr. Meldon since November, 1878, suffering from typhoid fever. There were profuse diarrhoea, which could not be checked by the ordinary remedies, and extreme failure of the digestive powers. Death seemed imminent. Nearly ten ounces of milk, freshly drawn, were injected into the right median basilic vein. The pulse rose, and became comparatively strong. Subsequently, there were great respiratory disturbance and capillary injection. In about two hours, these effects passed away, and the patient rallied wonderfully. The diarrhoea was checked, and six days later the man's condition was most satisfactory (*BRITISH MEDICAL JOURNAL*, 1879, vol. i, p. 165).

In the *Philadelphia Medical Times* of November, 1878 (*BRITISH MEDICAL JOURNAL*, 1879, vol. i, p. 557), Dr. W. Pepper gave a careful history of two cases of anæmia treated by the intravenous injection of milk. The first case was that of a woman aged 32. There

were extreme anæmia, intense spinal irritability; no organic disease. No treatment seemed to do good. On June 20th, 1878, some freshly drawn milk (temperature 100°) was injected by Dr. Hunter, by means of a tube and funnel and sharp-pointed cannula, into a vein of the arm. Twenty grains of quinine were administered previously to the operation, with the view of counteracting the effects of chill. The funnel was held twenty inches above the arm. The first effects were violent capillary injection of the face and surface of the body. The eyes were prominent and injected; the lips became turgid, and the whole expression wild and alarming. There was laboured respiration, with intense depression. The patient clutched at her throat in distress. The funnel was therefore lowered; and, when the patient became easier, it was raised again. Eighteen minutes after the operation, urticaria appeared, the wheals being large, and pale-reddish in colour. This disappeared, but reappeared in ten minutes. The pulse at the time of the operation was 108; in five minutes, 150; then it fell to 128, at the time of the appearance of the urticaria. The pulse was 92 twenty minutes later; for several hours it remained at 95. She had a good night. The next day, the woman was in her normal state. The urine was normal. The operation was repeated on June 27th, and again on July 17th, with decided improvement as the result.

The second case was one of progressive anæmia in a sailor, aged 33. The corpuscular richness of the blood (by Malassez's method) was just over 25 per cent. of the normal. The proportion of white to red corpuscles was about 1 to 643, that is, reduced. On June 15th, 1878, at 12.35, six ounces of milk were injected into the left median basilic vein. The first effect was flushing of the face, fullness in the head, vomiting, and a desire to defæcate; breathing was not much embarrassed. At 1.40 there was a chill, lasting twenty minutes. Hot bottles were ordered, and ten grains of quinine, and a fourth of a grain of morphia. At the time of the operation, the temperature was 99.4°, pulse, 104. At 8 p.m., the temperature was 100.4°; the pulse 94, and much fuller. On June 16th, he had slept well and felt stronger; temperature, 99°; pulse, 98. There was no albumen in the urine. He was stronger, and walked about better. On June 20th, at 11.20 a.m., eight ounces of milk were injected into the right median basilic vein, at a temperature of 100° Fahr., twenty grains of quinine having been administered previously. The injection occupied five minutes. The pulse fell from 135 to 114, and became stronger. At 1 p.m., there was a chill, lasting twenty minutes. The temperature rose to 103°. He was ordered ten grains of quinine, and soon the temperature fell. On June 21st, he had an easy night, and was stronger. There was much albumen in the urine, which disappeared the following day. On June 27th, six ounces of milk were injected. The usual train of symptoms followed, and a chill lasting twenty-five minutes, and, for fifteen minutes, absolute blindness. On June 28th, the urine contained albumen and phosphates. Morning temperature, 102° Fahr.; evening, 104° Fahr.; pulse, 120. He was ordered ten grains of salicylic acid, every three hours. On June 29th, he passed ten pints of urine in twenty-four hours (compare the polyuria of Moutard-Martin and Charles Richet); and the urine contained albumen. Death occurred on July 1st. A necropsy showed that the heart was flabby, and presented marked fatty degeneration. The lungs were adherent, and there were cheesy nodules in the apex of the right lung. There were no metastatic abscesses, but the lower lobes of the lungs were congested and cedematous. Small collections of pus were found in the right elbow-joint. The suprarenal capsules were mere sacs. There was slight thickening of the connective tissue of the kidneys. The marrow of the long bones showed alterations of the kind found in medullary anæmiosis. Dr. Pepper concludes that, in "this case of progressive organic anæmia, the intravenous injection of milk did no good. After the first operation, there was temporary improvement, but, after the last, grave symptoms ensued; and it cannot be doubted that the result was hastened by the operation."

From the physiological, experimental, and clinical evidence combined, the following conclusions may be drawn.

1. The intravenous injection of a small quantity of newly drawn milk is harmless.
2. Large injections of milk are fatal, with polyuria as the chief symptom.
3. The employment of impure, or stale milk is most dangerous, on the probability that septicæmia will follow the operation.
4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anæmia, as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor cannot be procured, or where this operation is, for other reasons, impracticable.

CONSTANT AND INCONSTANT TINCTURES.

By J. WILKIE BURMAN, M.D., Ramsbury, Hungerford, Berks.

IN the account (BRITISH MEDICAL JOURNAL, p. 284) of a meeting of the West London Medico-Chirurgical Society, Dr. Thudichum is reported as stating, with regard to the treatment of urethral stricture, that "he did not agree with giving aconite to prevent rigors. Preparations made by the same makers were sometimes seven hundred times as strong as others professing to be of the same strength." Presuming that Dr. Thudichum is correctly reported on this occasion, such an astounding statement of fact, by such an eminent authority, demands, in my humble opinion, more than a passing glance; so much the more so as, in the sixth edition of Ringer's *Therapeutics*, the portion devoted to "Aconite and its Preparation" commences with the statement that "Perhaps no drug is more valuable than aconite." Under these circumstances, one would naturally like to know whether or not the preparations of aconite, referred to by Dr. Thudichum, were obtained from manufacturers of good reputation, as also his experience of others of the more poisonous tinctures in use at the present time. As no one else has since made any remarks on this statement by Dr. Thudichum, with regard to the alarming variability in preparations of aconite, I now venture to draw attention to the subject, because I have had somewhat similar experience with regard to several other inconstant preparations of powerful drugs, which has led me to be very careful, and even sceptical, in the use of preparations of a strength so uncertain with regard to the active principle of the drug therein contained.

In 1872, when acting as deputy medical superintendent of the West Riding Lunatic Asylum, under Dr. Crichton Browne, we had, for two years previously, been largely and successfully using the succus conii in the treatment of cases of acute mania, finding, in accordance with the views of Dr. John Harley (*The Old Vegetable Neurotics*, London, 1869), and of Dr. Neligan, that, excepting the succus, the preparations of conium, in the *British Pharmacopœia*, were quite inert, even in large and extraordinary doses. We used to commence with doses of two fluid-drachms three times daily, gradually increasing the dose according to circumstances. Now, the dose of this preparation of conium, as stated in the *British Pharmacopœia*, is from half to one fluid-drachm; yet, of the best succus conii we then procured, it took no less than a fluid-ounce to have decided physiological effect on myself and some of my colleagues, and I have taken as much as a fluid-ounce and a half of another succus with only slight effect. Under these circumstances, though always commencing with doses of two fluid-drachms, we had gradually to increase them to doses of an ounce and a half and two ounces, three times a day, to get any therapeutic action; and, finding the latter dose ineffectual in some cases, and the variability in the strength of the preparation so considerable, I was induced to seek in conia itself—the alkaloid and active principle of the drug—a more stable and reliable preparation. For the results as to this, I can only here refer to my article "On Conia, and its Use in Subcutaneous Injection," in the *West Riding Lunatic Asylum Medical Reports*, vol. ii, 1872; but I may add that, before we obtained a reliable and stable specimen of conia, after having ten separate lots from six different sources of good reputation (amounting altogether to about four and a half fluid-ounces of the alkaloid), I found that, whilst two minims of one lot had little or no effect on myself when subcutaneously injected (as rendered bland and diluted, in accordance with the formula given in the article referred to), yet half a minim of another lot, similarly injected, caused very serious and alarming symptoms in the case of myself and one of my colleagues—symptoms not truly cicutic, but indicating the presence of other principles difficult to account for. On writing to Messrs. Duncan and Flockhart, of Edinburgh, asking for an explanation of the inefficacy of a second supply from them as compared with the first, they informed me that "both specimens were manufactured by Messrs. Morson and Son, of London, and that the probable cause of the difference between the two lots was the preparing of the second specimen from the cultivated plant, as cultivation completely destroys the medicinal properties of conium." On making further inquiries of Messrs. Morson and Son, they told me that it was possible that Messrs. Duncan and Flockhart had received from them, on one occasion, a specimen of conia not of their own manufacture, when they were themselves out of stock. The three last lots of conia which I received and used, in cases of acute mania, and which I found to be stable and reliable, were had from Messrs. T. and H. Smith, of Edinburgh; and these, they informed