continuous, atropine and strychnine given regularly and to the full physiological limit; alcohol appetite disappeared entirely.

It is a remarkable fact that the dryness and consequent thirst created by atropine is a thirst for ordinary liquids, and is allayed by them, and is not a thirst for intoxicants. The use of the cinchona given as tinct. cinchon. co., with spirits of chloroform and ol. cinnam., is of great value. It cleans the tongue, braces up the appetite, and given in the early morning it assists in allaying the desire which in the morning is at its keenest. Beyond this drug treatment there is the dieting, abundance of vegetable food, and less of flesh meats. Milk in quantity and fish, exercise in the open air, and indulgence in some hobby, especially when that can take the form of any outdoor occupation. I have found sanatogen to be of great value in the early weeks, and when there is, as there often is, gastric trouble with vomiting or sickness, it is in my experience the best of artificial foods, easily retained and easily assimilated. I could give at the risk of wearying you similar examples of the influence of atropine in this combination on the "crave" which is the single real symptom of this disease. Its use is not wholly empirical, and the progress of such cases is well worth inquiry and investigation. It is no secret treatment, and it has the advantage that it is quite in the power of any medical man to pursue it in his own practice. There are, unfortunately, too many cases ready to the hands of the ordinary practitioner for trial, and I would urge upon the members of this Branch to give this method their interested study, and to look upon this condition not so much as a serious social evil, but as a physical disease depending on physical causes, and capable of responding to physical treatment.

Behind this lies the great question of permanence. It is not possible to repair damaged tissue, or to alter a man's character and disposition. No drug can do that, but that many cases of inebriety are curable I am thoroughly satisfied. I personally have too short an experience to permit of saying that the cure is permanent, but I know from a study of the case-books in a well-known Retreat, that cases under this method have been traced, and known to keep well without relapse for more than a dozen years, and the permanency of the result is largely determined by the completeness of the treatment. I had one case, which came to me in April last, in whom the agony of the crave was painfully intense. He had squandered his fortune, ruined his home, and in a fit of depression nearly killed himself. To-day, a sadder and a wiser man, he is steadily and soberly trying to regain something of his lost life, and is happy in his home. Such cases are common knowledge to us all, and it is precisely in such cases that the ordinary general practitioner can by this method, if regularly carried out, benefit his patient and those depending upon him.

It may be necessary for the State or the community to segregate the inebriate. It may even be desirable to adopt Dr. Rentoul's heroic method and sterilize him in the interests of the race, but neither segregation nor sterilization will cure him. But if the impulse, the crave, can be removed, if the inhibition can be made more complete, if the control can be regained, then he may return to the world and take part in its work. It may seem absurd and incredible to lift against this Goliath the tiny hypodermic syringe, the fresh air, and the simple life; but when one reflects how the lancet has controlled the horrors of small-pox and the serum treatment has modified diphtheria, then one may hope that medicine has not yet said the last word regarding inebriety as a physical disease controllable by physical treatment.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, April 30th, 1904, p. 1006.

SOME TOXIC EFFECTS OF ASPIRIN.

By J. S. DOCKRAY, M.D. VICT., B.Sc. LOND.,
Bishop's Stortford.

As aspirin is a comparatively new drug, very useful in many forms of rheumatism and ill-defined rheumatic pains, and consequently very freely given, the following case, illustrating some of the toxic effects, may not be without interest:

History.—On February 8th, 1905, I was called to see a lady of about 50 years of age suffering from sharp pains in the regions of the loins. The temperature in the mouth was 100° F., the patient was extremely restless and excitable, far more so than the pain accounted for, but the pulse was steady, of good tension, and the pulse-rate was 80. This was

about eleven o'clock in the morning, and she informed me that she had taken a dose of 10 gr. of aspirin a short time before. As she had taken it for lumbago previously, and it had always relieved her rapidly, I ordered the drug to be continued in the same doses, 10 gr. every three hours. Next morning (the 9th) the pain had disappeared, the temperature was 97.6° F., but the patient complained of singing in the ears and drowsiness. The excitability of the day before had disappeared. The pulse was unaltered. The drug was still continued. On the 10th I found the following symptoms: Numbness of the gums, tongue, and pharynx, causing a great difficulty in swallowing even fluids, and a sensation of impending suffocation and choking. There was no swelling of the mucous membrane, but it looked dry and glazed, and in that covering the gums and tongue sensation was practically lost, this anaesthesia being much more marked on the right side than the left; the teeth were not tender, but the patient said she felt as if she had lost them; very severe pain in the right ear but no tenderness or swelling over the mastoid; nausea but no vomiting; temperature subnormal, and the drowsy condition of the day before had now given place to one of extreme excitability and restlessness; the patient was constantly moving up and down in the bed and never still a moment; the pulse was unaltered. On inquiry, I found that she had in a previous attack of muscular rheumatism been ordered 20 gr. of aspirin every three hours for three doses and then three times a day for two or three days. After taking 120 gr. there was such a marked feeling of numbness all over the body, accompanied by a feeling of intoxication, that the drug was stopped.

Progress.—As evidently the uncomfortable symptoms were all due to the aspirin, I stopped it at once. More for the sake of doing something, I ordered warm olive oil to be dropped in the ear and warm linseed-meal poultices over the ear. No drugs were ordered, but the patient was advised to drink plenty of fluid, preferably hot water and hot tea. Had not the pulse been so good I should have ordered strychnine. At 8 p.m. the same evening the patient felt better. She was sleepy and quiet, but the pain in the ear was very troublesome. There was now also pain in the supraorbital region on the right side, with distinct yellow vision again confined to the right eye, vision in the left eye being quite normal. The nurse in charge stated that there had been distinct drooping of the upper right eyelid during the day, but I did not notice it myself. There was no squint, and the pupils were equal and moderately contracted. There was no flushing or pallor of right side of face. Temperature 100°, pulse good and steady.

February 11th. The patient much better. The right ear was much less painful, but completely deaf, and there was a slight discharge of blood-stained fluid; no yellow vision; no ptosis; severe pain was still felt in the supraorbital region, and now also along the facial and mental nerves. Total loss of smell and taste was now noticed for the first time, but there was no pain in the tongue. For the first time, also, the patient complained of shooting pains down the right arm and leg. The urine was very pale and greatly increased in quantity; specific gravity 1000, acid, no albumen or sugar, no coloration with FeCl₃. Temperature 100° F.

February 12th. Again much better. Temperature normal. The pain in the ear and the neuralgic pains in head and face were much less. The smell and taste had returned slightly, but the mucous membrane of the mouth was dry and scaly. The difficulty in swallowing was almost gone, and the patient could now take nourishment comfortably.

Result.—During the next two days recovery was rapid, the mouth became moist, desquamation occurred over the tongue and lips, and the smell and taste became normal. On February 16th she was practically well, with the exception of the total deafness of the right ear and some supraorbital neuralgia. There was no more discharge from the ear, and no treatment was carried out, as the hearing gradually returned, and by the end of the month was quite well. The neuralgia was rather persistent, but disappeared when the hearing was restored.

REMARKS.

The interesting points to notice in this case are:

1. The marked idiosyncrasy to the drug. The patient had only taken 100 gr. in all, in 10 gr. doses.
2. The marked effect the drug had on all the sensory cranial nerves, causing, when the patient was most fully under its influence, numbness and anaesthesia, followed, as the patient was recovering, by pain. Except for the slight ptosis, which only lasted a few hours, and only occurred at the very height of the attack, there was no loss of muscular power. The facial muscles were not affected, there was no squint, and the difficulty in swallowing was probably due to the loss of sensation of the mucous membrane. Most cases (1 and 2) of reported intoxication by this drug differ from this one in that the chief symptom was a transitory oedematous swelling of the face and scalp. No mention is made of any effect on the sensory nerves.
3. The heart was not affected at all. Had not the pulse remained good and steady compared with the extreme restlessness of the patient, the case would have assumed an alarming aspect. Franke² says, in reporting his own case, that his pulse-rate "rose to 60"—not a very alarming or very high pulse-rate. Barnett³ records quite recently two cases where a single dose of 15 gr. caused "violent palpitation, difficult respiration, a feeling of extreme weakness and gradually approaching unconsciousness"—these symptom

all pointing to an attack of syncope. In connexion with this point one notices that the drug had a marked diuretic action which lasted for some days. The specific gravity was extremely low for three or four days, and the colour of the urine was pale and straw-coloured. Although advised to drink plenty of fluid I do not think the patient followed out this instruction to such an extent as to affect the urine. No phenol reaction could be obtained. In Barnett's cases, on the other hand, the urine was dark green.

4. Although the ear was too painful for examination by an otoscope, we had here evidently an acute inflammation of the right middle ear which took some days to subside. This inflammation, I think, was due entirely to the drug, and it has made me careful in administering aspirin in any cases complicated with ear trouble. That the right side only should be affected is strange.

Finally, I would suggest that $7\frac{1}{2}$ gr. is a sufficiently large dose of aspirin to begin with. If no unpleasant results occur after taking this amount, it can then be easily increased.

REFERENCES.

¹ Otto and Mayer, *Deut. med. Woch.*, 123 and 124, 1903. ² Franke, *Münch. med. Woch.*, July 28th, 1903. ³ Barnett, *BRITISH MEDICAL JOURNAL*, July 1st, 1905.

A PECULIAR FORM OF ACROMEGALY, POSSIBLY RESULTING FROM INJURY.

By CAPTAIN J. C. PRITIE PERRY, F.R.C.S. IREL.,
Royal Army Medical Corps.

T. D., aged 20, a creole of Freetown, Sierra Leone, presented himself for enlistment in the West African Regiment at Wilberforce in August, 1904. His history, as well as could be made out, was as follows: In his early youth he states he fell from a tree and fractured the frontal bone, the depression caused thereby being quite apparent in the photograph. He

could give no date as to this accident. He has always enjoyed good health. About six years ago his fingers and toes commenced to enlarge gradually, but for the past year he does not think there has been any change in his condition.

During the abnormal growth of the extremities he sometimes felt a curious local sensation, but he now suffers no inconvenience from the deformity or pain on pressure.

On examination, the bones of his fingers and toes were slightly enlarged, and the terminal phalanges of both extremities presented a drumstick appearance, being flattened from side to side, and greatly hypertrophied and hard. The toe-

nails, when pressed on, gave the impression as if they were floating on a shallow bath of jelly-like substance, and at the junction of the skin with the matrix were extremely thin.

As he had spent a short time on the Congo, Major F. Smith, D.S.O., R.A.M.C., kindly examined his blood, with a negative result. The urine was normal. He had a slight systolic murmur and loss of knee reflexes, especially the right.

The case appears to me to be of interest from the following points:

1. It is a local enlargement of the extremities, and so differs from the stereotyped complaint given in the textbooks.
2. The facial aspect in no way represents the usual type.
3. The man was active enough to present himself for enlistment and the hardships which necessarily fall to the lot of a soldier.
4. There was no pain in the extremities, nervous irritability, persistent headache, progressive loss of sight or muscular strength, which are usually associated with the disease.
5. There was no enlargement of the thyroid gland, and the persistence of the thymus gland which rests upon the slender evidence of increased dullness in its normal area, could not be made out. I do not, however, attach much importance to these, as I am inclined to think that when they do exist they may be looked upon as accidental occurrences.