

taken, after the evidence we have already before us.

And, lastly, comes the cause of all this, the thing born,—the infant itself. Dr. Duncan said that young organisms are readily poisoned septicæmically. It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil. An animated discussion followed Dr. Duncan's paper.

A case of *opium-poisoning* treated successfully by the subcutaneous injection of atropine has just occurred in the practice of an ex-house-surgeon of the West London Hospital. On the 14th of February, 1878, I had one grain of sulphate of atropia injected subcutaneously into a woman dying of opium-poisoning. On the 13th of February, 1879, a case was admitted into the Leeds Infirmary. In the absence of the house-physician, the house-surgeon took charge of the patient. He has forwarded me the following notes: A man aged 35 was admitted at 9 P. M., who was said to have taken 3 vi of laudanum one hour previously. He was able to answer questions, his pupils were contracted, he was irritable and somewhat excited, saying he wished he had taken twice as much. He refused to have the stomach-pump applied. A scruple of sulphate of zinc was given. At 9.40 there was no vomiting, and the patient was getting worse; the stomach pump was resorted to, and about twelve ounces of brownish-colored fluid, smelling of opium, was withdrawn, and a pint of strong coffee injected. At 11.20 the patient was worse, and could be roused only with great difficulty. Pulse 120; respirations 15 per minute. The pupils were reduced to a pin's point; the patient had been walked about continuously. One-tenth of a grain of atropia was then administered subcutaneously; condition slightly improved till 12.20 A. M., when he became utterly unconscious and incapable of being roused by the most violent means, including faradism, etc., etc.; pupils firmly contracted; pulse feeble and rapid; respiration down to 12. A quarter of a grain of atropia was then injected subcutaneously. At 12.40 A. M. the patient was somewhat better; respiration 18; pulse firmer and 120 per minute. The pupils were dilated; there was no return of consciousness, the extremities were cold, but the sleep was more natural. At 1.10 A. M. the respirations suddenly sank to 12, but rose again to 20 after artificial respiration had been carried on for ten minutes; pulse good; the patient continued to sleep till 8 A. M. when he awoke, was able to answer questions and to take food, and to the present time (16th, 6 P. M.) has con-

tinued to improve. This case illustrates the toxic effect of opium upon the respiratory centres, and also how the paralysis so induced can be met and antagonized by the use of atropine. The only criticism I have to make is that if a quarter of a grain of atropia had been injected at the very first, the serious symptoms which appeared might have been kept off. The case is very encouraging as to the future treatment of opium-poisoning by the subcutaneous injection of atropine. *Philadelph. Med. Times.*

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THE TREATMENT OF CONSTIPATION.

Dr. Robert Smith recommends that in cases of constipation the individual should daily at the same hour make powerful defæcatory efforts. Should these efforts be unsuccessful, he must still be urged to persevere. This daily repetition of the attempt to defæcate usually ends by a daily need for the relief of the bowel at that hour. During the treatment it is sometimes necessary to procure an evacuation. An enema of tepid water, followed by one of cold, will generally be sufficient for this purpose; a suppository of belladonna, or one of ordinary yellow soap, or of honey hardened by heat, is equally efficient. Purgatives are not to be used except under the greatest necessity, and then a pill of colocynth with hyoscyamus is sufficient. Mineral waters are frequently of great service, particularly those of Carlsbad and Cheltenham, a tumblerful taken warm before breakfast being often found to act effectually in keeping the bowels in healthy action. Belladonna in a single dose of one-sixth to one-fourth of a grain of the extract taken fasting by preference in the early morning has also been used with success. Excellent results have also been obtained from the use of sulphate of zinc and strychnia. Much of the success of the treatment will, however, depend upon the directions as to habit and diet. The tablespoonful of cold water at night, the cold bath and cold compresses to the abdomen in the morning, the taking of large quantities of fruit, the use of oatmeal porridge and of bran bread, the cigar after breakfast, the daily walk, have all their influence in bringing about the desired end. For infants, the use of oatmeal boiled in milk, an occasional soap suppository, abdominal friction with the warm hand, combined with small doses internally of codliver oil, have never been found to fail. In all cases of constipation, however, it is absolutely necessary to obtain the confidence of the patients.—*The Lancet.*