

two cases of pernicious anemia it failed absolutely. He remarks that the use of bone marrow is not to be considered analogous to that of thyroid extract in myxœdema: for in the latter disease the atrophy of the thyroid gland suggests the attempt to supply artificially its defective secretion. In pernicious anemia on the other hand there is rather hypertrophy of bone marrow, a condition more analogous to exophthalmic goitre. Moreover, the formation of red corpuscles by bone marrow is rather a process of cell multiplication than secretion. In cases reported by previous observers of pernicious anemia said to be improved by bone marrow, he remarks that the diagnosis was not clear, and that arsenic was given with the bone marrow. With regard to chlorosis, he concludes that the marrow acts by virtue of the iron contained in it, and it is doubtful if it is of more value than the usual preparations of iron: a conclusion which appears justified by a case quoted where the improvement under Bland's pills compared favorably with that under bone marrow.—*British Medical Journal*.

**The Clinical Uses of Apomorphine.**—In an extended article, J. Boyer and L. Guinard (*Bull. Génér. de Thérapeutique*) write of the physiological action and clinical uses of apomorphine. The authors state that the drug produces two kinds of physiological phenomena, one being characterized by *excitation*, in which spasms, trismus, convulsions, agitation, vertigo, and hyperæsthesia are observed; the other, by *depression*, in which there occur syncope, collapse, hypothermia, general weakness, muscular paralysis, weakness and arrest of respiration, cardiac enfeeblement, and anaesthesia. These various phenomena are the result of the actions of two different kinds of drugs. The writers believe that the crystalline form of apomorphine causes exciting and convulsive phenomena, while the amorphous salts of the drug produce chiefly symptoms of stupor and paralysis. To obviate the production of diverse phenomena, and in order to obtain in the adult a simple and pure emetic effect, the white *crystalline hydrochlorate of apomorphine* should be employed in doses of from 3 to 5 milligrammes ( $\frac{1}{10}$  to  $\frac{1}{4}$  grain). The authors believe that, judging from the results of the principal

researches so far published, and which they review in a careful and thorough manner, apomorphine is a medicament of real value. Its efficacy and the superiority of its action over other emetics have been established. The easy method of its administration by subcutaneous injections and the rapidity of its action make it an excellent therapeutic agent. If employed in a pure form, apomorphine will not cause serious after-effects.—*Therapeutic Gazette*.

**A Case of Cocaine Poisoning.**—The patient, R.N., a man of moderate habits and apparently in perfect health, had been suffering from an ingrowing nail of the left great toe for some weeks, and came to me, requesting an operation. Cocaine hydrochlorate was chosen as a local anæsthetic, and, after a ligature was tied about the base of the toe, 20 minims of a 6 per cent. solution was injected at the matrix and along the left border of the nail. The operation was performed successfully, the patient reading a newspaper meanwhile and feeling no pain. Fifteen minutes after the application of a ligature it was removed and the slight bleeding that occurred was arrested, the wound dressed antiseptically, and a bandage applied. A few minutes later the patient complained of feeling faint, and upon closer examination I found the pupils extremely dilated, countenance pale and haggard, respiration increased in frequency, and the pulse thready and irregular, registering 160 beats to the minute. Patient was immediately placed in a recumbent posture, and 2 ounces of whiskey with 10 drops of aromatic spirits of ammonia were given, with but little improvement following, and in a few minutes the dose was repeated, with the addition of 5 minims of the tincture of digitalis and a hypodermic injection of  $\frac{3}{16}$  grain of strychnine sulphate. The pulse still remained very weak and at one time was almost imperceptible. The great pallor continued, and the respirations were shallow, numbering 36 to the minute. Whiskey was repeated, and  $\frac{1}{100}$  grain of nitro glycerin was given. A few minutes later patient showed some improvement in color, and pulse became 140, with a corresponding decrease in the respiration. During the whole period patient retained complete consciousness, but was greatly impressed with a fear of