

stages of, say, plastic iritis, or to tear down posterior synechia, but where more prolonged and gradual effect is desired atropine is preferred. This clinical difference of effect of drugs otherwise indistinguishable no human ingenuity is likely ever to be able to explain. Let us leave the facts and the problem to the scientific acumen of the un-Christian Anti-Scientists who revel in the maunderings of Mary Baker Eddy, C.S.D.

The first important communication on the subject of hyoscine was made to the German Chemical Society, in 1880, by Professor Ladenburg.

Hyoscine is not used, the writer thinks, so frequently as its merits, in properly selected cases, would justify. The salt commonly employed is the hydrobromide in doses usually of $\frac{1}{100}$ grain. The profession at large are aware that it is used in the asylums for the insane, in maniacal cases, but are not aware of the valuable service it can render in general practice. The writer has, within the past five months, used it with marked benefit in several cases widely differing in character, and has been impressed with its good results.

CASE 1 was one of acute senile decay in an old lady of upwards of eighty years, who had been in excellent health till severely shocked by the violence of a relative who had appeared in an intoxicated condition and made noisy and threatening demands for money. She fell rapidly into a state in which death seemed imminent, very slow and irregular pulse, dry, brown tongue, obstinate wakefulness and night-terror, long fits of screaming, with almost total suspension of assimilation and excretion. Hyoscine hydrobromide $\frac{1}{100}$ gr. by mouth in the evening, repeated in two hours when necessary, with another $\frac{1}{100}$ gr. in the morning, controlled this cortical activity excellently and promptly whenever given, and in two weeks or so, with nux vomica, and proper attention to feeding and excretion, with the occasional use of a mixture containing digitalis, nitroglycerine, and ammonium bromide, she made an excellent recovery.

CASE 2.—A. B., female, aged 67, after successfully rounding the corner from severe lobar pneumonia, developed meningitis. The delirium of this condition, whether violent and noisy, or low and muttering with plucking at the bedclothes and incontinence of bladder and bowel, was most favorably influenced by $\frac{1}{100}$ gr., repeated if needed in two hours. The main danger, cardiac depression, which one might have feared in each of these cases, was not apparent at all. Indeed, in the second case the heart, which had behaved abominably before the crisis of the pneumonia occurred, behaved admirably during the meningitis, in spite of the hyoscine.

CASE 3 was one of mild hysteria in a young married