

drachms of distilled water; the strychnia is to be thoroughly dissolved by means of a little diluted hydrochloric acid, and rectified spirit is to be added to make ten drachms. This solution, like that of atropia, is uniform in strength, passes readily into the circulation, and the dose can be apportioned with accuracy. The commencing dose is ten minims, and contains one-thirtieth of a grain of strychnia. When employed for its *tetanic* action, the solution should be taken in the morning, half an hour before breakfast, and in half an ounce of water, and the dose increased two or four minims daily until a slight degree of its physiological action, such as stiffness about the jaws or neck, or spasmodic movements in the paralysed muscles, is manifested, when no further increase should be made. It should be given only once daily, to avoid the risk of cumulative action; it should be taken in the morning, so that its action may be over before bedtime, and the sleep be not disturbed; and it should be given on an empty stomach and diluted with water, to ensure its prompt and easy absorption. Strychnia should never be given in pill, for it is hard of solution in the weak acids of the stomach, and several pills may remain unchanged and accumulate there, or in the bowels. When the strychnia is employed as a *tonic*, the dose of the solution is five minims, and it may then be exhibited twice daily with safety and advantage.—*Edin. Medical Journal*.

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#### CASE OF PYÆMIA SIMULATING ENTERIC FEVER.

WITH ACUTE NECROSIS OF THE ILIUM, STERNUM, AND ACROMION, AND A PULSATING ABSCESS IN FRONT OF THE STERNUM.

BY CHARLES MURCHISON, M.D., F.R.C.P., Physician to the London Fever Hospital; Assistant-Physician, Middlesex Hospital.

Henry A—, aged 18, was sent to the London Fever Hospital, as a case of "fever," on November 22nd, 1863. His history and symptoms on admission bore a close resemblance to those of enteric fever. He had been ill about nine days; he had suffered much from diarrhœa before admission, and a few hours after coming to the hospital he passed a light watery motion. The abdomen was tense and tympanitic, and there was considerable tenderness on pressure over the cœcum. The tongue was red and fissured, with the papillæ rather enlarged, and there was occasionally a circumscribed pink flush on both cheeks. Pulse 120; no headache or delirium; pupils dilated. Still, neither on admission nor at any time subsequently was an eruption discovered on the skin resembling that of either typhus or of enteric fever. On the other hand, from the first day that the patient came under observation the respirations were quickened—36 in the minute; there was a dry cough, and