Shock caused by Surgical Operations.—Mr. Christopher Heath, F. R. C. S., pleads for greater rapidity in getting through with surgical operations, as much so as is consistent with carefulness. He fears that many patients suffer from shock because of the too long exposure to the unaccustomed surroundings of the operating table, the nakedness of the skin and flesh, the manipulations of the operator, the anaesthetic, loss of blood, &c. He quotes Dr. David Cheever, of Boston: "Do we realize what this prolonged cutting, pinching, and dissecting means to the nervous system after anaesthesia is past."

In feeble subjects the lack of nourishment which precedes an operation, desirable on account of safe anaesthesia, is much aggravated by their inability to retain food after the operation. This has an important influence in bringing about collapse. Lowering of the bodily temperature is constant after an operation under anaesthesia, The thermometer frequently falls to 97° and 96°, and, after severe and prolonged operations, to 95° F. This is a very serious matter, and has a marked influence in delaying re-action from shock.

This chilling of the vital heat is induced first by anaesthesia, which, if prolonged, ends in a dripping sweat; next, by careless exposure during an operation. Then also it is largely due to antiseptic irrigations, to vapour douches of similar agents, to applications of cloths wet in corrosive or carbolic solutions around the site of the operation.

In order to guard against the shock of large operations, on weakly patients, Mr. Heath has, for some years now, adopted the procedure of injecting into the rectum with a long tube, two ounces of brandy with four of hot water, half an hour before the operation. This acts as a reserve of power which can be absorbed at leisure. The injection can be repeated during the operation if necessary, and may be combined with the subcutaneous injection of ether.

Mr. Heath also strongly advises the subcutaneous injection of gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$ of morphine, combined with gr. $\frac{1}{120}$ of atropine before the patient leaves the table, believing that not only is pain thus relieved, but that sickness is materially kept in check by the combination of drugs.

British Medical Journal.

Prof. A. L. Loomis in a lecture on the *treatment of acute lobar pneumonia* last week, recommended the following: Counteract the shock of the first few days with opium (morphine hypodermically); keep the temperature down with quinine; when the heart begins to fail, *and not before*, use your stimulants, giving brandy at first. If this fails, sustain the heart and carry it past the crisis with citrate of caffein, in five grain doses every five or six hours. It acts on the nervous system rather than on the heart muscle itself, and is not diuretic. Digitalis he thought contraindicated in an uncomplicated case, and convallaria and strophanthus too unreliable for use. If pulmonary œdema comes on, relieve it with dry cups. Calomel, to unload the portal system, is dangerous because of its depressing effects. Counter-irritants are also bad, and he uses instead the flannel and oil-silk jacket or a hot mush or flax-seed poultice that completely encircles the thorax This should be applied as hot as can be borne every two hours, and will give much better satisfaction than a poultice over only a portion of the lung. Expectorants are of no service unless the mucus is very tenacious, when small doses of the muriate of ammonia can be given. Large doses are contraindicted, as they upset the stomach, while as a heart stimulant the drug is inferior to champagne, The use of cold is likely to do harm. To this treatment he adds absolute rest, a diet of milk, eggs, broth, etc., and uses the ordinary remedies for cough and other symptoms that may arise.—*Medical and Surgical Rep.*

RESULTS OF REMOVAL OF THE THYMUS.

Dr. Awtokratoff, in a communication given to the Psychiatric Society of St. Petersburg, ("Neurologisches Centralblatt," No. 24, 1887,) detailed some experiments upon removal of the thymus gland. Of twelve dogs only one survived the operation for any length of time. Most of them died in nine or ten days—one in sixteen days—after the operation. Two or three days after the removal of the gland there was a remarkable dullness and slowness in their movement, and a peculiar alteration in their gait. After this came on tremblings, which began in the hind legs and spread gradually over the whole body. The temporal muscles and the tongue were most affected. The tremblings were gradually succeeded by clonic and tonic convulsions. Some of the dogs had epileptoid attacks, and died in the status epilepticus. There was also diminution of the bodily weight, while the temperature remained normal. There was considerable increase of the galvanic excitability in the peripheral nerves, and in two dogs there was found to be an increase in the electrical irritability of the motor centres in the brain.

In several cases there was acute catarrhal conjunctivitis.

From the time which elapsed till the appearance of the convulsions, the author supposes that a poisonous substance is produced in the organism by the removal of the thymus gland, which has a cumulative action.—*Journal of Insanity, Jan'y, '89.*

The relative value of Opium, Morphine and Codeine in Diabetes Mellitus. Prof. T. R. Fraser, of Edinburgh University, than whom we cannot name a more trustworthy authority on Pharmacology and Therapeutics, carefully observed the effects of the above drugs in diabetic cases. The results were read before the Glasgow meeting of the B. M. A. Association, and are recorded in a late number of the journal. He concludes:

"A consideration of these averages seems to show that under a daily administration of one grain of hydro-chlorate of morphine, the quantity of fluids drunk, and of urine, urea, and sugar voided, was rather less than when three grains of opium, and decidedly less than when fifteen grains of codeine were being taken. In three other cases in which I have instituted a comparison between these substances in diabetes mellitus, morphine also showed a marked though not so great superiority over codeine."

"After this note had been prepared I have seen a recent paper by Dr. Bruce, of London, in which similar results were obtained in two very carefully observed cases. So far as I know also, the favour with which codeine is regarded in this disease, has not been supported by any observations calculated to show its value relatively to opium or morphine so clearly as in the cases to which I have referred. The evidence therefore, seems to indicate that codeine is a less powerful, remedy in diabetes than either opium or morphine, and to confirm the view that in its therapeutic value it ranks as a weak or diluted morphine. The conclusion receives an importance (no doubt a subsidiary one) from the circumstance that codeine is about three times as expensive a substance as morphine. When we consider the large doses that are