properly been stigmatized as "nothing better than a piece of barbarous empiricism, which causes the infant much pain, and is useless or mischievous in a dozen instances for one in which it affords relief." It may, however, be well to consider shortly whether the absence of danger from lancing is so complete as it is usually represented. And here we may call in evidence the great modern upholder of the practice—Marshall Hall—himself. He was much too consistent an advocate of his own views to ignore the danger of such frequent tampering with the mouth and gums of an excitable infant as he had himself recommended, and he admitted this disturbance as a real and true objection to the use of the gum lancet. Such a course of treatment is indeed well calculated (as an American physician says) to "make your child your mortal foe." But this objection—no trivial one when fully considered—is not all. Local disasters have also happened. Passing by as doubtful any injurious influence on the ultimate growth of the teeth, suppuration and ulceration of the gums, and even gangrene, are admitted by its advocates to have been seen after this operation. Dangerous or fatal hemorrhage from lancing the gums, although not likely to be readily recorded, has been published in several cases. Even M. Baumes admits the danger from hemorrhage in incising the gums when much engorged; and he points out that the swallowing of the blood may conceal the extreme peril of the infant. Hamilton, although he had never seen a death from this cause, heard of one on evidence which he could not controvert. Dr. Churchill admits that bleeding from the wound has sometimes been excessive, requiring pressure, astringents, and caustics. Rilliet and Barthez have known it to require plugging. Dr. B. W. Richardson speaks of having "had two or three very painful lessons of this description," and mentions one death occurring to a country practitioner, and another accident with nearly fatal syncope in his own dispensary practice. Dr. Young, of Edinburgh, narrated a few years ago two deaths whice occurred in his father's practice. Fatal hemorrhages have also been reported by Taynton, Anderson, Whitworth, Des Forges, and Nicol, and in only one of these cases was there supposed to be any special hemorrhagic tendency. Further scrutiny of these cases shows, as we might expect, that nearly all the deaths were reported under exceptional circumstances, so that many more disasters have doubtless occurred, and have been allowed to slip into oblivion. Without laying undue stress on these perils and calamities, occurring as they do amongst such an enormous number of operations, they may well be seriously considered *when the generalization of the treatment is contended for on the grounds of its absolutely innocuous character.*

ON SANTONINE, AS A CAUSE OF URTICARIA.

Dr. E. H. Sieveking, physician in ordinary to H. R. H. the Prince of Wales; physician to St. Mary's Hospital, etc., says in the *British Medical Journal*:

I recently prescribed for a little patient of four years old three grains of santonine with five of sugar, which were given to her with her tea; and the nurse was of opinion that she could not have taken the entire dose, as the cup was not emptied. Very soon afterward, vomiting, accompanied by a severe rash, described as uticaria. and covering the greater part of the body, set in. I saw her soon afterward, and found her somewhat prostrated by the attack, but otherwise presenting no unusual symptoms. As, on inquiry, it appeared that some error in diet had been committed, I was not disposed to attribute the effect to the santonine, and therefore ordered the dose to be repeated on the following day. Almost directly after taking the medicine (and this time, again, it is probable that only a portion was taken), a white wheal appeared on the nose, surrounded by an erythematous blush; and a similar eruption rapidly covered the body. Violent vomiting set in, but unaccompanied by abdominal or other pain, or by purging; and the entire face became swollen. This swelling attained such a height, that when I reached the house, within a quarter of an hour of the commencement of the symptoms, the child's face was disfigured to such an extent as to make her almost unrecognizable. The lips, from which some viscid saliva was still issuing, were swollen to an enormous size, glistening from the œdematous distention. The nose—at other times a delicate feature in a sweet little face—was enlarged to the size of a negro's and the eyes were almost closed by the same condition of the lids. The intellect was unimpaired; and there were no spasmodic or other symptoms referable to the cerebro-spinal centres. I at once placed the child in a warm bath, which soothed her; and within an hour the œdema and the rash had for the most part disappeared. No further bad result followed; but, on the contrary, although no vermifuge effect was noticed, the child's appetite and general condition were improved on the following day, after a night of sound sleep.

It naturally suggested itself that the power had not been properly made up; and that some ingredient, for or besides those ordered, might have been introduced. But an analysis, kindly made for me by Mr. Squire, satisfied me that there was no ground for this assumption, and that the result could be attributed solely to the santonine. The analogy presented by the symptoms occasionally resulting from the use of copaiba, the consumption of honey, of shrimps, of mussels, of strawberries, assist us but little in the explanation of the occurrence; but it seems clear that the effect resulted mainly from a peculiar irritation applied to the pneumogastric and sympathetic nerves. The vaso-motor nerves were evidently largely implicated; but I do not remember ever seeing an instance in which so large an effusion of serum took place with the same rapidity, or disappeared as quickly.

ON SOLUTIONS OF MORPHIA FOR HYPODERMIC INJECTION

Mr. C. T. VACHELL suggests (*Lancet*, Nov. 29, p. 797) the desirability of fixing a standard strength