

## THERAPEUTICS.

## CASE OF POISONING BY STRYCHNINE SUCCESSFULLY TREATED BY ATROPINE.

Mr. J. Buckley recalls (*Edinburgh Medical Journal*, Sept.) a case of strychnine poisoning in the adult, with strong tetanic convulsions. The case is interesting, in the first place, on account of the well-marked antagonising effects of atropine over the tetanic spasms produced by strychnine; in the second, that large doses of so poisonous an alkaloid produced no ill effects, it being remarkable that no less than one grain and one-sixth of atropine (140 minims of the liquor of atropine B. P.) was given during the case, and that one-sixth of a grain is known to have proved fatal in a case of poisoning by atropine. That the favourable results now related were due to the atropine solely was evident from the immediate diminution, after each injection, in the number, duration, and intensity of the spasms, and in the gradual regaining of their strength after the lapse of a certain interval, each interval becoming longer as the case progressed. Although chloroform was almost continuously administered during the earlier paroxysms, mitigation of the symptoms only showed itself upon the injection of the atropine, the former appearing to have no effect whatever beyond the alleviation of the mental distress by the production of a partial unconsciousness.

The history gathered from the patient's friends showed that she had twice previously attempted suicide, and had been in a low state of mind for some time, taking no interest in domestic affairs, and being perfectly regardless of surrounding circumstances, at the same time having an aversion to her children, husband and all closely connected. Mr. Buckley has since been requested to bear testimony that she was a proper person to be confined in an asylum.

Hence the question may arise from the above history, 'Is a person in a state of melancholia less susceptible to the action of poisons in general, or of those in particular?'

## ON THE INJECTION OF IODINE INTO INFLAMED TISSUES.

In a communication to the *Gazzetta Medica Italiana-Lombardia* (July 19, 1873), Dr. Menzel says that he used local injections of iodine during a severe and fatal epidemic of diphtheria which lately prevailed in Trieste, and resisted the operation of caustics, chlorate of potash, sulphur, hypermanganate of potash, carbolic acid, &c. He believed that the injection of iodine into the parenchyma of the tonsils would not only arrest the progress of the disease, but act beneficially by its absorbent effects.

The first case in which he tried this plan was a child aged six, who had been ill two days. The tonsils were enlarged, lay in contact with each other, and were ulcerated. There were two or three enlarged and painful glands at the angle of the jaw on each side. Four drops of Lugol's solution of iodine were injected into each tonsil, by means of Pravaz's syringe; the next day, the tonsils were found reduced to their normal size,

and the glandular swellings could scarcely be recognised. The child soon recovered.

This result encouraged Dr. Menzel to employ iodine-injections in seven other cases of diphtheria in children. The solution was injected by Pravaz's syringe daily for three or four days, into the tonsils, the palatine arches, and the tissues of the velum palati. Of the seven children, three recovered, two died, and the fate of the other two was not ascertained; though, considering the severity of the symptoms which they presented, they probably died. Dr. Menzel says that this result cannot be considered the most unfavourable, while it would be presumptuous to call it favourable.

In a case of malignant pustule affecting the lower lip, Dr. Menzel used iodine-injection many times. The patient, a girl aged eighteen, died of venous thrombosis and metastatic deposits in the lungs.

In the case of a man, aged twenty-four, with a diphtheritic phlegmon of the cheek and sloughing of the mucous membrane of the mouth, repeated injections of iodine, and a free incision into the infiltrated and indurated tissue, were followed by a cure.

Dr. Menzel confesses that, in no case but one, was the injection of iodine followed by a retrocession of the inflammatory process within twenty-four hours. But it is important to note that in none of these cases did it produce suppuration or sloughing. In the milder inflammatory non-diphtheritic affections, the best results, he believes, may be obtained from the injection of iodine or of carbolic acid, quinine, bromide of potassium, ergotine, &c. In any case, it may be presumed that therapeutic agents will act with more efficacy when in immediate contact with the tissues than when applied externally only.

## NECROLOGY.

## AUGUSTE NELATON.

The greatest of French surgeons has just passed away. Auguste Nélaton was a native of Normandy, where he was born on June 17th, 1807. He has therefore died at the early age of 66. He was the son of a captain in Napoleon I's Imperial Guard, and who was killed at Waterloo. His mother was left in possession of a good income, and Nélaton received a thorough education, and was brought up in ease. His fortune helped him on effectively through life, and he had not to deal with the many material difficulties which hinder or afflict so many students of medicine in Paris. Even as a student he was therefore commonly known as "Wealthy Nélaton."

At the age of ten he entered the College of Bourbon, where he met with other fellow-students who since have gained distinction in the profession—for instance, Voillemier, of the Hôtel Dieu, and others. He always got the best places in his form, and made himself the reputation of a patient, painstaking, talented worker. It is said that even at school the qualities of his mental disposition, which afterwards became more fully prominent, manifested themselves in a marked degree.

It appears that he early manifested a peculiar liking for the study of medicine. Without any previous professional relationship or connexion, and with the pecuniary means which he commanded he might have aimed at some other pursuit or profession, leading to some prominent position in the Government, for instance. Nothing is more common in France than to see youths of "family or fortune" take to the bar, or seek places in the Administration, in view of future preferment or political success, whilst few enter the more arduous paths of a medical or scientific profession. Nélaton, however, who, it seems, was led to follow the study of medicine by a young friend (afterwards distinguished in the profession), Dr. Requin, adhered to his determination in favour of medicine, and devoted himself to its study with real enthusiasm. This was in 1830.

Many anecdotes are related of the zeal and labour and indomitable perseverance which he exhibited during his studies; for instance, his lying on a narrow board fixed on two chairs, so as to study during the greater part of the night and steal time from sleep. When he fell asleep through sheer fatigue, he would fall with the board, pick himself up, and set to work again. Of course there is the usual share of exaggeration in all this. There is no doubt, however, that he got on brilliantly and pleased Dupuytren, of whom he had become the favourite scholar at the Hôtel Dieu.

It is said that the very day following that on which he passed his thesis he married a young lady who brought him a large fortune. This, however, did not in the least diminish his desire to practise his profession and to get appointed to the hospitals and School of Medicine. He was very successful at the *concours* or examinations by public competition, and was successively appointed vice-professor to the School of Medicine and surgeon to the Paris hospitals. Among other marks of contemporary recognition, he was chosen (1836) member of the Paris Academy of Medicine in the pathological section, member of the Academy of Sciences, and president of the General Association of Medical Men of the Seine. He was also surgeon to the Imperial family, and was nominated to accompany the Emperor during the war, on the disastrous termination of which he was made head surgeon to all the civil ambulances organised by the Society of Help to the Wounded. In addition to offices of trust and marks of scientific acknowledgment, he was promoted in 1848 to the Legion of Honour, made an officer on June 16th, 1856, and commander of the same on January 24th, 1863. In 1868 he was made a Senator of the Empire, a deed at once honourable to him and to the Emperor, who gained much credit for the initiative he then took in calling a surgeon from the domain of practice to assist in Imperial affairs.

Nélaton wrote but little. His "*Recherches sur l'Affection Tuberculeuse des Os*" (1837), his "*Traité des Tumeurs de la Mamelle*" (1839), his "*Éléments de Pathologie Chirurgicale*" (1844-59), his "*Parallèle des divers Modes d'Opérations dans le Traitement de la Cataracte*" (1850), and