

and twenty died. Of ten cases "treated in the usual manner," nine died and one recovered.

Bartholow considers morphia injections "the most serviceable remedy for the first symptoms in cholera, but when cramps occur, and collapse is imminent, morphia must be supplemented by chloral.

The vomiting of pregnancy may be controlled in most cases by a small morning injection of morphia.

Dr. Thos. Johnston (*Medical Times and Gazette*, April, 1869) strongly recommends this injection of morphia over the region of the stomach as a remedy in sea-sickness.

In all forms of colic, I employ the hypodermic syringe in preference to other treatment, on account of the quick relief it secures.

I have derived the greatest benefit in all forms of peritonitis by the early use of the hypodermic syringe.

In cystitis, both acute and chronic, this treatment relieves the expulsive efforts and diminishes the irritability of the mucous membrane. In calculus, the suffering of the patient is much relieved.

Dr. Z. C. McElroy (*St. Louis Medical and Surgical Journal*) has used these injections in epididymitis with the best results. He injects one-half grain under the skin of the scrotum. Constitutional treatment is instituted at the same time. No cases have been treated by him save those of urethral origin.

Dysmenorrhœa and the pain resulting from uterine applications and operations are relieved by the hypodermic injections.

Dr. L. F. Babcock (*New York Medical Journal*, Sept., 1870) relates a case where he prevented abortion at the fifth month by morphia, used hypodermically; also cures of acute rheumatism.

Dr. Korman (*Medical Times and Gazette*, Oct., 1868) uses the hypodermic in labor: 1. During painful dilation and expulsive period, especially in primiparæ and in narrow pelvis; 2. Spasmodic pains; 3. In painful complications of the process of labor in general; 4. In severe afterpains.

Dr. Melvin Rhorer (*Medical Press and Circular*, 1871) has found the hypodermic injection of great benefit in labor, when turning is required.

Dr. F. D. Lente (*New York Medical Journal* April, 1870) has relieved the headache accompanying chills by the subcutaneous injection of morphia.

Prof. Estlander claims great success in the treatment of traumatic erysipelas.

Dr. Thierfelder, of Meissen, strongly recommends this injection instead of chloroform inhalation, as a preparation to reducing dislocations.

Dr. Baroth has, by its assistance, been able to reduce hernia by taxis, after the usual remedies and manipulations had failed.

In conclusion, you will have observed that I have not relied altogether on my individual experience, but I have availed myself of the light that has been thrown upon the subject by the careful study and experience of many eminent and trust-

worthy members of the profession. On this account, I have made this paper much longer than I had intended, but the subject is of such importance that I do not feel justified in curtailing or dropping the reported wonderful cures in diseases where the hypodermic has previously been seldom employed.

The conclusions that I draw, after a careful analysis of the experience of the profession, are (1) that the hypodermic method is invaluable in cases where speedy relief from pain is desired, or where nervous excitement or mania requires to be quieted; (2) that the utmost care and precaution will not prevent the peculiar sensations sometimes experienced by our patients, which effects are seldom more than transitory; (3) in regard to abscesses, they will seldom result, unless there exists some impurity in the drug, or uncleanness of the instrument. In the cases that I reported, I feel confident that there was an excess of acid present in the solution of morphia; (4) that there are a few persons who cannot take morphine in any form, and that the use of the subcutaneous method is contraindicated in these cases.—*Maryland Medical Journal*, June 15, 1881.

TREATMENT OF SPRAINS.

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The frequency with which sprains occur in general practice, and the somewhat unsatisfactory results of the treatment ordinarily adopted, induce me to bring forward a method that I have used in a great many cases with considerable success. Sprains may be broadly divided into two kinds, mild and severe; the former consisting merely of a temporary over-distension of the parts, around a joint, which rest and anodyne applications usually soon cure; the latter involving, as I believe, much more serious pathological results, which the following plan is especially contrived to obviate.

The effects of a severe sprain are that the fibrous ligaments controlling the movements of the joint and binding the tendons in their grooves become overstretched, swollen and softened; the cellular tissue about the ligaments and in the tendon-grooves becomes oedematous; and plastic material is exuded; while, as a consequence of these changes, the tendons are displaced in their beds. If this condition be not actively treated, it may, and often does, lead to continued lameness, due, in all probability, partly to a diminution in the caliber of the tendon-groove, with impaired muscular action, and partly to the torn ligaments and bruised cellular tissue having undergone changes which render them incapable of adapting themselves to the movements of the joint, which are consequently impeded. I believe this result may be prevented by the application of firm, direct, equal pressure, applied manually at first, and kept up and controlled by pads placed in the line of the tendons, and kept in position by properly shaped