

Dr. O. J. Wolff (*Archiv. für Psychiatric und Nervenkrankheiten*, Band ii) considers the state of the arterial tension to be the guide to the use of morphia. "If there be a low state of the arterial tension, with slow pulse, small doses are indicated. When the pulse is quick, and tension high, large doses may be given. Caution should be used in administering large doses to the obese and the aged. It may be used in both curable and incurable cases."

Kraft-Ebing (*Bulletin of General Therapeutics*, 1870) has used morphia subcutaneously in lypemania, with excellent results, also in the treatment of "moral hypochondriasis, and all forms of neuralgias."

Radcliff (*Reynold's System of Medicine*, vol. ii) treats cerebro-spinal meningitis with the hypodermic syringe. Bois and Niemeyer have had favorable results from this treatment. Dr. A. Arnold coincides with the above.

Bartholow speaks of having witnessed wonderful cures from this treatment, especially in the stage of irritation, and considers it to be useless when paresis occurs.

Dr. Hutchinson (*Pennsylvania Hospital Reports*, vol. ii) has secured almost instant relief by the injection of one-quarter grain of the sulphate of morphia in cases of sunstroke, rapid recovery following.

In all forms of convulsions the hypodermic method is indicated. I use it even in infants, and consider that I have saved life where different treatment would have failed.

In all varieties of hysteria this is a dangerous remedy to make use of, on account of its producing a craving for this form of stimulation. I doubt whether there is a single member present, who has not regretted administering the first hypodermic to a hysterical patient. The infatuation amounts to something terrible, and the physician is called upon at most unreasonable hours to administer the injection.

Brown-Sequard treats epilepsy most successfully by a combination of morphia and atropia.

Bartholow considers that "the hypodermic injection of morphia is preferable in those cases where the paroxysms occur at night, and in convulsive tic. He does not consider it proper, as a general rule, in cases dependent upon cerebral lesion. When the paroxysms succeed each other rapidly, and are violent, the injection may be made during an attack.

Scanzoni, Landër, Lehmann and Hermann, use this method successfully in eclampsia.

Prof. Loomis gives one-half grain doses in the convulsions of albuminuria, repeating the dose if required, having given as much as two grains within a few hours.

Hunter and Levick, of Philadelphia, have found this treatment successful in chorea. Bartholow limits it to very violent cases of chorea. The hypodermic syringe has been experimented with in the relief of tetanus and hydrophobia; it has given

sleep and diminished spasm, but without permanent effect or arrest of the disease.

Eulenberg has relieved the muscle spasm succeeding amputation of the thigh.

Bartholow considers this treatment very successful in the relief of the painful jerkings of the muscles which occur in cases of fracture.

J. Russell Reynolds reports relief of "writer's cramp" for a certain period, but no permanent cures.

Wm. Roberts (*Reynold's System of Medicine*, vol. i) has had the most successful results in relieving the pain associated with "wasting palsy."

In the treatment of neuralgia, the hypodermic method cannot be superseded by any other. The most brilliant results have been achieved by this means.

Dr. F. E. Austie (*Reynold's System of Medicine*, vol. i) considers that the invention of the subcutaneous injection has thrown a new light on the capabilities of opium as an anti-neuralgic. "It may be confidently said that, in the right use of this remedy, we possess the means of permanently and rapidly curing very many cases, and of alleviating the most inveterate forms of neuralgia."

Bartholow has a very elaborate article on this affection treated hypodermically, to which I refer you.

In a number of the affections of the respiratory system, the hypodermic method is every efficacious.

The paroxysms attending asthma are quickly relieved. Vulpian, Hirtz, See and Bartholow, commend this treatment.

Dr. J. Keith Anderson (*Practitioner*, Nov., 1875,) gives one-sixth grain of the hydro-chlorate of morphia with great success.

Dr. Leslie West adds his testimony as to the value of this treatment in asthma.

Pletzer, Waldenburg, Lorent, Kirkes and Jarotzy, testify to the relief of the dyspnoea of emphysema.

Pleurisy and pleurodynia are much benefited, and the pain relieved.

Bamberger, Bartholow, Eulenberg, Erlenmeyer and Lorent, consider this method indicated in the cardiac neuroses.

Dr. C. H. Fagge (*Reynold's System of Medicine*, vol. ii) has often relieved the paroxysms arising from disease of the valves of the heart, by subcutaneous injections of morphia.

R. Douglas Powell considers this to be the best remedy to relieve pain in aneurism of the aorta.

Dr. Wm. Murray adds his testimony as to the efficiency of this treatment.

Allbutt and Bartholow advocate hypodermic injection of morphia in nervous dyspepsia with intolerance of food; also for relief of gastralgia and gastric ulcer.

Dr. Patterson presents wonderful results in the treatment of cholera. Of forty-two cases treated by morphia subcutaneously, twenty-two recovered,