

increases the sensitiveness of the vesical centres to reflexes from the bladder walls. For a boy of fourteen, who had resisted all treatment for years, he ordered the following :

R Liq. atropinæ sulphatis. . . . . ʒiiss.  
 Liq. strychninæ hydrochloratis. . . . . ℥xv.  
 Syrupi aurantii. . . . . ad. ʒj.

Of this mixture he was to have five drops in a tablespoonful of water at 9 p.m. No drink was to be taken after 6 p.m., and at 10 p.m. the boy was to go to bed after emptying his bladder. He was to be awakened and made to pass water at 12 and 6 a.m. After three nights he was to increase the dose to ten drops, and after other three, to fifteen drops, and so on. This treatment was carried out, and the drops were increased until at last he was taking sixty at a time. The dose was then diminished steadily by ten drops every three days, and after nine weeks the treatment was discontinued. The cruresis ceased and never returned.—*Practitioner*.

### The Question of the Communicability of Leprosy.

—Dr. Beaven Rake, after a careful analysis of all the literature bearing on the subject in recent times, thus sums up his conclusions :—  
 1. Bacteriological evidence. Leprosy is probably due to a bacillus, and theoretically we must admit the possibility of its inoculation. 2. Inoculations of animals. The experimental inoculation of leprosy in man or animals has never succeeded beyond the possibility of doubt. 3. It has not been proved that vaccination has conveyed leprosy. 4. While practical experience points to a possible communication of the disease from one person to another, the weight of evidence shows that this must be extremely rare, and under very exceptional conditions. 5. Leprosy has steadily decreased in many countries without any attempt at compulsory segregation, while in other places it has increased in spite of isolation of lepers. 6. The immigration of lepers into leprosy-free countries has not, in recent times, been followed by any appreciable spread of the disease. 7. For practical purposes leprosy may be regarded as less dangerous to the community than tuberculosis, and as requiring no greater precautions than those taken against the spread of that disease.—*New York Medical Record*.

**Atropine and Morphinism.**—Koch (*Therap. Monats.*, November, 1893) records the case of a patient who frequently indulged in morphine, and to whom on five occasions he administered subcutaneous doses of atropine as an antidote. It always quickly arrested the profuse secretion from the skin, air passages, and intestine, also considerably diminishing unpleasant results due to the abstinence from morphine, and thereby assisting gradual discontinuance of the narcotic. One three-hundredth part of a grain of the sulphate should be given at first, the patient being watched for several hours. A second dose may be administered if necessary.—*British Medical Journal*.

**Methyl-violet in the Treatment of Diphtheritic Conjunctivitis.**—Hilbert (*Memorabilien*, xxxviii., 3, 138) has reported a case of diphtheritic conjunctivitis successfully treated by the application with a brush thrice daily of a 3 per cent. aqueous solution of methyl violet, in conjunction with warm fomentations. Subsequently, instillations of a solution of duboisin sulphate were practised, and the conjunctival sacs were frequently irrigated with tepid, sterilized water.—*Medical News*.

**The Effects of Antipyrin on Certain Forms of Atrophy of the Optic Nerve.**—Valude (*Annales d'Oculistique*, September, 1893) contributes an article on the effects of antipyrin in the treatment of optic nerve atrophy, and believes that this drug, by reason of its peripheric vasomotor action, may have a favorable effect in certain forms of this disease which arise from a vascular change in the connective interstitial tissue which constitutes the stroma of the optic nerve. The drug, therefore, will act in atrophies consequent upon ascending or descending neuritis, excepting in tabetic grey atrophy, atrophic from compression, where the nervous fibre is radically degenerated. He thinks that subcutaneous injections are the least apt to cause gastric troubles, and uses a strong solution—1 gramme of antipyrin to 2 grammes of distilled water, to which he adds a little cocaine. Every two days he administers 1 gramme, then 2 grammes,—that is to say, 2 or 4 grammes of the liquid. He has never seen, with proper precautions, inflammatory symptoms follow this treatment.—*The Therapeutic Gazette*.