

illustrations of the doctrine set forth in this brief article. I make no attempt to explain the deep mysteries of the pathology of this subject. To do so would probably make "confusion worse confounded."

### BROMIDE OF AMMONIUM IN PNEUMONIA.

BY JOHN HASTINGS, M.D.

**CASE 1.** J. C.—, a native of Germany, aged 30 years, tall, stout and robust, but reduced to the last stage of debility by the severity of the attack, was admitted into hospital, on the 10th, February, 1864.

**History.**—A week previously, while engaged in discharging a vessel, he contracted a severe cold, followed by fever, pain in the chest, cough, dyspnea, and utter prostration.

**Condition.**—Upon entrance, his condition was that of a patient in the last stage of phthisis. He was speechless, almost pulseless, and generally lay in a semi-comatose condition, while his short and labored breathing was a constant struggle apparently between life and death. Dulness was evident over the whole upper lobe of the right lung, and a great portion of the left. The sputa was scanty, (evidently from the patient's inability to cough through weakness,) but dull and rusty in color, and streaked with bright arterial-looking blood. The bowels were extremely loose, and the feces were of a dirty yellowish hue, mixed with blood. The treatment was as follows:

Feb. 10th. Ordered sulphas quinine, grs. x, at bed-time, and the following pill to be taken after each passage:

Moss. Hydrarg. grs. ʒ  
Pulvis Opii. gr. ss. Macc. Ft. pil. j.

With a tablespoonful of whiskey and water. Pro re nata.

Feb. 11. The patient's condition but little improved. Ordered:

Quinine sulphatis, gr. v.  
Calomel. gr. j. Macc. Bis in die.

Also:

Mist Catechu. ʒ. iij.  
Kat. Catechu. ʒ. ij.  
Tinct. Opii. ʒ. ʒ.

A tablespoonful after each passage.

A blister to be applied to the chest. And cod-liver oil to be taken three times a day. The diet to be liquid and nutritious.

Feb. 12. The diarrhoea is checked, and the pulse is greatly improved. The sputa is more abundant; the expectoration is, however, extremely difficult, and the severe pain in the chest no better. The cough is more frequent and violent.

Ordered to stop the former remedies, and take

Bromide of Ammonium, grs. x.  
For in die, in aqua.

From the very hour that this latter remedy was begun, a manifest improvement in all the symptoms was visible. The pulse grew fuller and slower. The sputa changed its character from the red, blood streaked and rusty to that of a thin and frothy saliva. The pain in the chest was much ameliorated, and though the cough still continued at times to be quite violent, yet within forty-eight hours from the time that he took the first dose of the salt, the patient was sitting up.

Feb. 17. The patient was up and dressed, and perfectly able to walk about. Against advice, he to day left the hospital, saying that he felt cured.

**CASE 2.**—A. Kelly, native of Nova Scotia, aged 33 years, was admitted Feb. 10. He complained of great pain and soreness over both lungs, violent cough, loss of voice, fever with headache, and extreme depression of spirits.

Percussion gave dullness over the whole upper half of the thorax.

Ordered a blister to the chest; hot bricks to the feet, and to take

Quinine Sulph. gr. v.  
Calomel. gr. j. M.

The diet to be liquid.

Feb. 13. But little improvement since entrance; the former treatment to be stopped, and the following substituted:

Bromide of Ammonium, grs. x.  
For in die, in aqua.

Feb. 14. Had a severe chill, followed by fever. Ordered ʒj grs. quinine, at noon, in addition to the bromide of ammonium.

Feb. 20. The patient much improved. The dullness is rapidly disappearing from the chest. The sputa is lessened; the cough comparatively nothing.

Feb. 26. The patient has now been walking about for several days, and at his own request is discharged as cured.—*Pacific Med. and Surg. Jour.*

### ON THE HYPODERMIC TREATMENT OF UTERINE PAIN.

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During the present winter I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several cases of uterine and ovarian neuralgia, and of facial neuralgia having an uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite, or nausea, which are so frequently the result of the use of opiates in any other way, even by injection into the rectum. This latter mode of administering opiates has hitherto been my anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not so frequently attended by all the above-mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system, the relative result alone has been produced: there has been no subsequent bad effect whatever.

In one case of severe uterine tormina and pain, the result of arrested menstruation from cold, I injected thirty minims of the solution of morphia in half an hour the pains, which had been agonizing for the previous twenty-four hours, were calmed. A good night's rest followed; and the next morning the menses had resumed their course, and my patient was all but well. In another similar case, the uterine pain was accompanied by severe hysterical symptoms. The injection was followed by the same favorable result—ease, sleep, and rapid disappearance of all morbid symptoms.

Owing to the complete control over the element of pain which the hypodermic injection of opiate appears to give, I have been able to carry on the necessary treatment in an interesting case of uterine disease, which I should otherwise have been obliged to treat under chloroform, or at a great disadvantage.