

immersed the whole body of the child, first in one, then in the other. This had the effect of momentarily arousing it, the child uttering a faint cry. This treatment was continued for more than an hour, toward the last with no effect. Artificial respiration was then resorted to, and kept up for some time.

Believing that the little patient would inevitably die unless soon relieved, I determined to try belladonna, having shortly before that time seen articles in several medical journals, going to show the antagonistic action existing between opium and belladonna. Fifteen drops of the tincture of belladonna were given, and repeated in fifteen minutes; still no effect. In ten minutes gave same dose, and soon thereafter could notice the characteristic action of the belladonna in dilating the pupils. From that time onward it was kept up in smaller doses, and longer intervals. After the administration of the fourth dose, the child's condition perceptibly improved.

I should add, that during all this time the child was kept in constant motion; flagellation, and every means I could think of being employed to arouse it.

The recovery was gradual, and unmarked by anything particular, save the extreme prostration, which was overcome by the free use of brandy. No injurious effects were perceptible from the use of the tincture of belladonna, of which two drachms were used in the course of four hours.—DR. MATTHEW L. ALEXANDER, in the *Nashville Jour. of Medicine*.

#### TREATMENT OF STRUMOUS OPHTHALMIA.

Mr. Henry Power, Senior Ophthalmic Surgeon to St. Bartholomew's Hospital, finds that general treatment is by no means sufficient to cure the patient, and amongst the many local remedies he has used he gives the palm to atropia, in a two or four grain solution, Pagenstecher's yellow ointment, and calomel. With one or the other of these most cases, he says, may be cured.

Cases, however, occasionally occur, in which all these plans of treatment fail; and the question comes, what must now be tried? It is then that I claim attention to the value of extract of belladonna given internally. I have repeatedly found that it rapidly diminishes the intolerance of light, and by its power of relieving the spasm of the muscles closing the lids, enables the child to obtain an amount of benefit from air and exercise that was previously impossible. I can entertain no doubt that its good effects are attributable to its action as a stimulant upon the sympathetic system of nerves, and through this upon the smaller vessels. It is further of use in doing away with the necessity for purgatives, as even in small quantities it acts efficiently in clearing the bowels. I have usually prescribed it in doses of one-eighth to one-quarter of a grain. It is perhaps scarcely necessary to add that, as it is a potent remedy, its effects must be watched, and its administrations should be suspended as soon as the child complains of thirst, or when the rapidity of the pulse is observed to be increasing. I have only noticed these symptoms in one or two instances. I have also found the extract

of belladonna serviceable in cases where the affection was rather a limited keratitis than phlyctenular ophthalmia; that is, in which a small segment of the cornea was hazy and vascular near the margin, even though the intolerance of light may not have been very intense. I consider the seton, though recommended by so good an authority as Mr. Bader, a *pisaller*; and find the treatment mentioned by Dr. Swanzy as practised by Von Grave, though it was originally suggested by Jungken, of dipping the whole head for a few seconds in cold water, not persistent in its effects—*The Practitioner*, Oct., 1872.

#### PUNCTURE OF THE BLADDER ABOVE THE PUBES.

Dr. James I. Little records (*New York Med. Journ.*, Nov., 1872) a case of retention of urine from enlarged prostate, in which he punctured the bladder fourteen times with a capillary aspirator. Subsequently a catheter could be introduced by the urethra. "No tenderness followed the punctures, and in a few days all traces of them had disappeared. The patient at last accounts was passing the greater portion of his urine without the catheter. No cystitis had taken place. During the time the aspirator was being used, he was free from all constitutional disturbance.

Dr. L. suggests the following rules for this operation:—

"1. The patient should lie on his back, and, if the bladder is not much distended, the operation will be facilitated by slightly elevating the patient's hips by means of a pillow placed beneath them.

"2. The punctures should be made on or near the median line, from one inch to one inch and a half above the pubes, and should be made each time in a different place. In the case described, the punctures were about a line apart and extended over an area about half an inch in diameter. Mr. Watelet recommends the No. 2 capillary trocar, but, in cases where cystitis exists and the urine is loaded with pus, mucus, or the phosphates, one of the larger trocars may be used with safety.

"3. The bladder may, when necessary, be washed out by filling the cylinder with water from the basin, and reversing the action of the instrument without withdrawing the trocar from the bladder."

Another case of retention of urine from enlarged prostate is recorded (*Med. Record*, June 1, 1872) by Dr. H. K. Clark, of Geneva, in which six or seven punctures were made above the pubes with a trocar and canula *one-twelfth* of an inch in diameter. Each puncture was made without regard to the point of previous punctures, and the canula withdrawn as soon as the bladder was emptied. No unpleasant effect followed these operations.

#### TREATMENT OF SYPHILIS BY HYPODERMIC INJECTION OF CALOMEL.

Drs. Pireghi and Porlezza have contributed a very important paper on the above to the *Giornale Italiano delle Malattie Veneree*. The authors have recorded fifty-five cases in which they made use of