

bowels.* If morphia be given, the muriate or sulphate are the best to use, and the acetate when fresh; the initial dose being, for an adult man from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain, and for an adult woman from $\frac{1}{8}$ to $\frac{1}{6}$ of a grain. If the dose be continued and increased, it should not go beyond $\frac{2}{3}$ of a grain. Atropia acts upon the eye by dilating the pupil, the best preparation to use is the atropiæ sulphas, its initial dose being, for a woman, 1-80th of a grain, for a man, 1-60th of a grain; in severe cases larger doses may be administered with safety, but the largest dose should not exceed 1-10th of a grain, an aperient should also be given at bed time. The effects of atropia remain longer in the system than any medicine of its class. If we compare it with the narcotics, we find that they are all eliminated from the system in a quicker time than atropia. If we compare it with the sedatives, we find the same result. Medicinal doses of atropia of 1-20th of a grain, will produce effects that will not subside in less than twenty-four hours, and frequently they last for double that time. Caution, therefore, needs to be used in administering this remedy, and doses must not be repeated too often, otherwise the system may be overwhelmed by the accumulated influence of one dose given before the previous doses have sufficiently passed over. Unless patients can be very closely watched, it is better not to repeat the doses oftener than once in twenty-four hours.†

Neuralgia faciei may also depend upon a local affection; that is, it may be caused by periostitis, exostosis and the presence of necrosed roots in the alveoli, the two latter diseases producing inflammation of the periosteum by constant pressure, inducing an irritation of the fifth pair of nerves and giving rise to neuralgic pains, which will not be relieved until the proper treatment is adopted for the cure of the local affection, or by the removal of the cause. It very frequently happens that a patient when suffering from neuralgia faciei will point to a perfectly sound and healthy tooth, as what he or she thinks is the primary cause, for the pain is felt as if originating from that organ; however, we must not listen to what the patient says, but proceed to determine whether there are any of the teeth affected with periostitis or exostosis, or if there are any necrosed roots present in the mouth. If we find a case of periostitis, the tooth or teeth affected should be cured by antiseptic treatment. But if on the contrary

* U. S. Dispensatory.

† New York Medical Journal.