

case of a woman who passed milky urine on rising from bed. Other cases are reported by different writers. The cause is, probably, exposure to external influences, and in the second case mentioned by Dr. Isaacs, perhaps inhalation of spirits of turpentine, while so far as has been observed, it is a disease of hot climates. Dr. Isaacs arrives at several conclusions, founded on recorded cases and opinions:—1. That the disease may continue for months and years without much apparent injury to the general health. 2. That there may be intermissions of healthy conditions of the urine, perhaps in the same day. 3. That there may be little or no emaciation, and the patient may abound in adipose tissue. 4. That, generally, the fatty matter appears in the urine after eating. 5. That astringents, and especially gallic acid, seem beneficial, but that the disease is very rarely under the permanent control of medicine. 6. That in two cases examined, the kidneys were healthy. 7. That there were probably no organic lesions of any other organs.

We coincide with Dr. Isaacs in the remark that the number of cases recorded has been so small that the true pathology cannot yet be readily determined.—  
(*Transactions of the N. Y. Academy of Medicine*, vol. ii. part iv., 1859.)

## INJECTION OF SULPHATE OF ATROPINE ON THE PNEUMOGASTRIC NERVE IN ASTHMA.

By PROFESSOR COURTY.

Professor Courty, of Montpelier, has communicated to the Academy of Sciences of Paris a case wherein he used this novel kind of treatment. The patient was a lady aged fifty-four, who for several years had suffered from very severe fits of asthma. No organic disease of the heart was discovered. Relief was obtained in several fits, which occurred at three and four months interval, by emetics, purgatives, frictions with mercurial and belladonna ointments, opium, valerian, and blisters dressed with morphine, sulphurous waters, etc.

In August of this year, the fit having recurred, M. Courty injected on the internal side of the sterno-mastoid muscle, and on a level with the thyroid body, six drops of a solution of sulphate of atropine (one grain of the salt to one hundred of water,) just on the tract of the sheath which contains the vessels and the pneumogastric nerve. The trocar was introduced to the depth of only three or four lines, for fear of injuring the important vessels of the region. Symptoms of narcotism were observed, but the breathing was freer. The effects of the atropine injection lasted till the next day, when a second and similar injection was made on the right side. The narcotism now persisted during three days, and was combated by purgatives, enemata, tartar emetic, etc.; and on the fourth day, a third injection of seven drops was had recourse to, the canula being introduced a little below the former puncture on the right side, to the depth of eight or nine lines, and moved about to allow the liquid to penetrate. Strong narcotism ensued but it did not last long, and the fit of asthma was completely controlled.—(*Lancet*, December 24, 1859.)

## LARYNGISIMUS STRIDULUS.

By A. JACOB, M.D., of New York.

This is emphatically an infantile disease, and is observed in both healthy and sick, asleep or awake, playing, eating, or singing. The first stage is a sudden and entire apnoea. Respiration is stopped for a few seconds, or even a minute, the face is pale or bluish, the skin cool, the heart's action scarcely perceptible, the muscular system paralyzed. Reaction, or the second stage, is shown by a violent, deep, crowing inspiration. The third stage is that of complete recovery. In severe cases, there may also