

peat the touching once a week for a month or two, carefully seeking out every fresh spot. After that the patient should still see you once a month, in order that the cure may be kept up. The acid thus used does not leave larger scars than the spots would themselves do.

In acne rosacea the use of the caustic will again serve an excellent purpose. You may not only touch the spots themselves, but also pencil out the stray vessels which add so much to the patient's disfigurement. He, or more usually she, will gladly exchange a few slight and scarcely perceptible scars for the angry and very suspicious-looking redness of face which the disease causes.—*Medical Times and Gazette*.

THE USE OF DIGITALIS AND STRYCHNIA IN DISEASES IN WHICH DEATH TAKES PLACE BY ASTHENIA.

A Case in Illustration. By S. G. ARMOR, M.D.

The relation of local to constitutional states has long been a subject of fruitful speculation to the pathologist. To the therapist these relations are of equal interest, and may be studied, perhaps, with even greater profit. I submit the following case as a brief contribution bearing upon this point.

Miss J., a maiden lady, aged about 35 years, was attacked on the 14th of December with what seemed to be intestinal obstruction. She came under the care of Dr. Geo. K. Smith, of this city, to whom I am indebted for most of the facts of the case.

At an early period an abdominal enlargement was detected to the left of the median line. It was doughy on feel, tender on firm pressure, and disappeared after full evacuation of the bowels. The inference was that it was a faecal tumor. Following the evacuation of the bowels, the tenderness increased rather than diminished. It gradually extended, the bowels became tympanitic, pain was increased by deep inspiration, by coughing, by all bodily movements, and there was more or less elevation of temperature. The symptoms, in brief, were those of peritoneal inflammation, and the patient was at once put on opium in full and repeated doses, and the bowels kept quiet. The diet was at first mainly milk and lime-water.

December 21st, Dr. C. H. Giberson was called in consultation. Symptoms as above described. Temperature, 102° ; pulse, 112. Opium treatment continued and quinine added.

December 25th, the twelfth day after the attack, I first saw the case in consultation with Dr. Smith. I found temperature $103\frac{1}{2}^{\circ}$, pulse 125, with very low blood pressure; mind clear, local tenderness measurably gone, tongue moist and clean, stomach retaining nourishment well. But notwithstanding the liberal alimentation, in addition to the quinine, opium and stimulants which the patient was taking, the circulation was evidently failing.

In consultation we agreed to continue the treatment, giving the morphine hypodermically in smaller

doses, and at regular and shorter intervals, for its sustaining action on the nervous system. We added, also, to the brandy, aromatic spirits of ammonia; and agreed, in addition, to give her tablespoonful doses of the infusion of digitalis every two or three hours.

On the 27th (about twenty-four hours after commencing the digitalis, and apparently the result of it), the temperature fell to 102° , and the pulse to 100.

I saw her again on the 28th, at which time the pulse was 80, and the temperature 101° ; capillary circulation good, tongue moist; but, for the first time, patient inclines to reject both nourishment and medicine. Regarding the stomach as of vital importance in the critical condition of the patient, we decided to withhold all medicine, continuing only the stimulants, nourishment, and morphine hypodermically administered. At no time did the patient exhibit any symptoms of opium poisoning.

On the 29th, stomach better, patient retains food and well; pulse, 95; temperature, $101\frac{1}{2}$.

On the morning of Jan. 1st I was hastily summoned to see her again, and learned that during the after part of the night the temperature suddenly rose, without any apparent cause, to $103\frac{1}{2}^{\circ}$, and her pulse, when I saw her at nine o'clock, was 156, "thready" and uncertain. There was also general "atonic congestion" of the capillaries; the face presented a dusky hue, the skin was bathed in cold, clammy sweat, respiration was superficial and feeble, the eye dull, listless, partly closed and fixed, the mind aroused to consciousness with difficulty, and the reflex function of the spinal so greatly depressed that liquids were scarcely recognized when placed in the mouth. The patient had, in brief, the physiognomy of approaching death.

With this condition of things we administered, as a *dernier ressort*, the forty-eighth of a grain of strychnia, according to the following formula:

Strychnia sulphat., 2 grains;

Aqua destil. (warm)—1 ounce. Mix.

Five minims contain one forty-eighth of a grain. This dose was repeated every two hours hypodermically during the day and following night, continuing stimulants, milk and beef-juice as the patient could be induced to swallow, supplementing deficiency of stimulants by the mouth by occasional hypodermic injections of brandy. Stimulating frictions were also applied externally, and everything was done to rouse the flagging condition of the nervous system.

Very remarkable improvement almost immediately followed. The dusky hue of the face disappeared, the eye became brighter, the mind clearer and more cognizant of surrounding objects, deglutition less difficult, the perspiration warmer, and the temperature once more came down to 102° , and the pulse from 156 to 120.

This condition of things did not last many days, however, until another class of symptoms, more alarming to the friends than the first, manifested themselves—namely, delirium, with greatly increased