

omentum had a dirty appearance and a rough gritty feel. Coats of the stomach healthy, kidneys healthy.

Case of Poisoning with Opium. By A. B. Shipman, M. D. of Cortlandville, New York.—Major Herrick, ætat. 80, a revolutionary soldier, took through mistake a wine glassful of laudanum at 5 o'clock in the morning of the 15th of February, 1838. He was in bed at the time and a domestic in the family brought it to him supposing it to be tincture of aloes. Soon after taking it he arose, went to the barn, staid about half an hour, returned feeling "very strangely" as he expressed it, and immediately threw himself upon the bed. As it was customary for him when unwell to sleep in the morning the family were not alarmed until about 10 o'clock, when on attempting to wake him he was found insensible: I saw him at 12; at that time he was in a profound stupor, pulse slow and feeble; stertorous breathing; cold extremities, and unable to swallow. On finding the mistake, at 10 o'clock, they had given him some vinegar, which he swallowed with some difficulty, but soon became incapable of swallowing any thing else. I carried my stomach pump with me, and on arriving at the place (a distance of three miles from my residence,) I ordered a strong infusion of coffee to be immediately prepared while several assistants placed the patient in an arm chair. I introduced the tube and injected a quart of warm water into the stomach, and quickly pumped it out again; and repeated this several times while the coffee was preparing; there was but little of the smell of opium from the water returned from the stomach. I next threw in a quart of strong coffee and let it remain half an hour when it was withdrawn and the same quantity injected again; this process was repeated half a dozen times, when a strong infusion of tea was substituted for the coffee and suffered to remain; and the stomach tube was withdrawn. Respiration was now nearly suspended, and the pulse not to be felt at the wrist; the lower jaw was fallen; the mouth wide open, and a cold clammy perspiration covered his body.

I ordered him to be placed in bed, and brisk frictions used with hot bricks to his feet, sinapisms of mustard to his wrists and ankles, cold water poured upon the top of his head, and after a perseverance of this course of an hour, he began to show some signs of returning sensibility; he would move his eye-brows, and flinch when scratched upon the soles of his feet. About 7 o'clock, he was seized with strong convulsions, which affected the muscles of the trunk and extremities, to such a degree as to make him as stiff as a frozen corpse; these spasms would continue from ten to fifteen minutes at a time, and then partially relax for two or three minutes, recurring several times, and finally at about half past 8, ceased altogether, a warm perspiration breaking out over the body. The pulse began to be felt distinctly; the breathing more natural; a spoonful of tea poured into his mouth excited coughing, and the patient for the first time opened his eyes with a wild and vacant stare; the experiment of pouring a teaspoonful of liquid into his throat was followed by coughing and strangling which had the effect to rouse him most effectually; and he was able to sit up in bed and converse by 9 o'clock, P. M. and remained awake the remainder of the night.

The next day he was able to walk about his room and quickly recovered his health and strength, and is, at this time, as well as he has been for many years.

The coffee and tea in this case I think were the means of saving his life, and without the use of the stomach pump they could not have been introduced into the stomach.*

Observations on Facial Neuralgia. By G. B. FUNDENBERG, Dentist, Pittsburg.—Although I am not prepared to assert that all instances of facial neuralgia, are referable to organic lesion, I have no hesitation in saying that at least two-thirds of them are caused by pressure or other local irritation of the nerve; and that a large majority of the cases, believed to be constitutional, and treated accordingly, will be found, on dissection or other evidence, to proceed from the above mentioned causes. It is true this local irritation will often be beyond the reach of surgical assistance. Yet, it is of some importance for correct views of the disease to be entertained, so that the medicines usually given under the supposition of its constitutional origin, may be regarded rather as palliative than curative.

There are, however, many cases, whose local causes are within the reach of surgical aid, and it is in these that the importance of correct views is most obvious; for without a reference to the possible existence of such a cause, medicines may be given for years, which at best can only serve as palliatives, when perhaps the disease might be cured by the simple operation of opening an obturated foramen, or by the yet more simple extraction of a tooth. The following cases selected from many of frequent occurrence, will serve to show that the above views are not entirely theoretical.

Case I. In the year 1838, Mr. N——, a gentleman of Pittsburg, called on Dr. S. P. Hullihen of Wheeling, with whom I was then engaged in business. Mr. C. stated that he had been afflicted with tic douloureux for the last fourteen years; that the pain during that time, had been gradually increasing in intensity and frequency; that he had consulted many physicians, but had received little or no benefit. He described the pain as being of a severe and excruciating character, occurring at irregular intervals, darting along the course of the facial nerves, through his upper and lower lip, his temple, forehead, scalp and lower jaw. When asked if there was any particular spot to which he could refer the pain, he placed his finger on the lower jaw, exactly over the anterior maxillary foramen, and replied, that the pain predominated there, and that it often appeared to him as though that were the centre from which it radiated. There was a scar on this spot, which had been caused by the breaking of an alveolar abscess externally.

Here then was sufficient indication to warrant an operation. Dr. H. at least was satisfied. He made an incision an inch in length down to the bone, and having ascertained that the foramen was closed to such a degree as to prevent the introduction of a fine probe, he proceeded to open it with a drill made for the purpose. The usual dressings were applied, and the patient has not had a symptom of the pain since.

Case II. A lady, *ætat.* 40, called on me at Louisville, complaining of a pain in her face, head, neck, arms and hands. She felt at irregular intervals a darting pain along the courses of the different branches of the fifth pair of nerves, which extended down her neck and shoulder, along

* The agency of the cold water douche to the head in the cure of this case appears to us to be undervalued by our correspondent. It is among our most efficient remedies for narcotism.—Ed.