fluid fibrine through a choked and laboring lung, one hundred and twenty times a minute? In such a case give me rather that other Scotchman (Gregory), with his lancet and water gruel. Yet I would be as far from teaching that venesection, antimony, veratrum viride, and other depletants and sedatives were the proper and solely successful treatment in pneumonia as that the stimulant, restorative, or expectorant treatment was always to be relied upon. I know of no specific treatment, especially of no specific remedy, which is equally well adapted to all cases of pneumonia, or which can faithfully promise an invariably fortuitous issue. In my own experience it is a disease of great gravity in the majority of instances. In some cases, in those for instance when the temperature and the pulse range but little above 100, and the respiration not more than 20, the power and the practice of nature may be safely trusted; and a ptisan, an expectorant, a gentle laxative, the warmth and rest of bed, may be all the treatment required. But when the mercury placed under the tongue begins to tell of 103 to 105 degrees, and the respiration runs to 25 or 35 or 40 per minute, though there be not, as there often is not, any corresponding hurry of the circulation, we may as well recognize the storm signals and look out for trouble ahead. Then the doctor must decide for himself, and not on authority of others—taking into consideration all of the patient's conditions and his dynamics, and looking to the grade of the fever and to the type of the disease—whether sedatives, antipyretics, stimulants, or counter-irritants should come into the armamentaria, and the place and the importance that should be assigned to each. In the use of antipyretics, however, whether antipyrin or cold, great caution should be used lest we depress a laboring heart to a point from which it may not be able to rally. And as to the local application of cold, as of ice to the chest or "exposing the patient naked to cold air" (Juengensen reported and rather indorsed by Bartholow), I protest most earnestly against any such practice. I would say to any physician contemplating such an experiment upon a patient, "put yourself in his place." Try it on yourself during your first attack of pneumonia, and then, if you live, you may conscientiously try it on somebody else. How many physicians would be willing to take their own physic? Perhaps it would be better for our patients if we oftener recurred to the pertinent inquiry.

LUPUS OF THE LARYNX.—At a meeting of the Medical Society of London, Dr. Orwin showed a case of lupus of the larynx in a woman, associated with the same disease of face and nose.

Dr. Colcott Fox showed a case of lupus of the larynx, associated with lupus of the face, palate, and scalp, in a boy aged seven years. Kaposi said that autochthonous affection of the larynx with lupus was unknown. Dr. Felix Semon said that papillary excrescences and ulceration of the epiglottis were to be seen. He did not think lupus of the larynx so rare. Chiari had collected forty cases. In perhaps five to eight per cent. of cases of lupus the larynx had been involved.—*London Lancet.*

"MUSCALE BUTTONS"—PHYSIOLOGICAL EFFECTS—PERSONAL EXPERIENCE.

BY J. R. BRIGGS, M.D.,
DALLAS, TEXAS.

I AM wholly unfamiliar with the literature (if there be any) on this peculiar fruit. Learning *first* from my brother, who has spent several years among the different tribes of wild Indians, and subsequently from Mexicans, that both Indians and Mexicans eat (or chew and swallow the juice) this fruit for purposes of intoxication, I became interested in its physiological effects. The Indians use it that they may forget their troubles and see "beautiful visions;" such as "*buffalo and wild horses come up out of the earth*" (?).

In order to learn more of this curious fruit I sent to and procured from Mexico some specimens. The "buttons" are, while green, about two inches in diameter by one-half in thickness, and are covered over with minute thistles, resembling very much several species of cactus. In fact that this is of the cactus family I feel confident. So far as I am aware it is indigenous to Mexico only, and is very valuable, being sent from there to the various tribes of wild Indians throughout the Southwest and sold for a high price. It is regarded by the Indians as a *sacred* plant, and is eaten only by the "medicine men," the chiefs, and other notable worthies. I have never seen those Indians under its influence, but have learned from reliable sources the following: An Indian will eat from six to ten (?) of those "buttons," after properly arranging himself in his "tepee," as does the opium-smoker.

In a short time—two to four hours—he becomes totally unconscious, in which condition he remains for two or three days. After returning to consciousness he will relate to the natives many remarkable adventures in the "spirit world," and the return to the prairies of innumerable herds of buffalo and wild horses. The state of the pulse or rate of respiration was not ascertained, but I am informed they have all the appearances of opium poisoning. The "charm" over, the tribe cluster around to drink in the superstitious recitals of those savage leaders. Such hallucinations are to those superstitious Indians undoubted realities, and is a part of their religious creed. In giving my *personal experiences* I hope my motives will not be misconstrued. On being cut open while green those "buttons" emit a very disagreeable and pungent odor. The color of the cut surfaces is a brilliant green. The fruit is spongy, has a velvety touch, and is quite juicy.

From Notes.—At 10 A.M., June 20th, 1886, I ate one-third of one of those "buttons," or *prickly plants*, and, with pencil and paper and watch before me, awaited results. In fifteen minutes afterward I felt a slight fulness in my carotids, and found my pulse had gone from 60 (normal) to 70. In fifteen minutes more the feeling in my head and throat was becoming very unpleasant—one of over-arterial tension—and my pulse had reached 90. My respirations had gone up to this time from 18 (normal) to 26. The unpleasant fulness of my head rapidly increased until 10.45, when my head began to ache and I felt dizzy.

My pulse had then reached 120 and respirations 30. Soon after the forty-five minutes had passed a *sudden* and *alarming* jump in my pulse occurred—reaching 160. The peculiar and dazed feelings I then experienced, together with *alarm*, prevented my taking notes on respirations, and therefore don't know the number, but they had certainly still further increased. It seemed to me my heart was simply *running away with itself*, and it was with considerable difficulty I could breathe air enough to keep me alive. I felt intoxicated, and for a short time particularly lost consciousness. Automatically I rushed to my able friend, Dr. E. J. Beall, of Fort Worth—my residence at the time. After giving him an idea, as best I could, of the trouble, he prescribed aro. spts. ammonia and whiskey, in large doses, every few minutes. This I took, if I remember right, one hour after having taken the "muscale button." It seemed necessary for me to walk in the open air in order to breathe. In about half an hour I felt some relief, and my pulse and respirations gradually became less until in about six or eight hours they were about normal. No bad consequences followed. I did, however, feel much depressed for about twelve hours—a feeling of malaise. The recollection of such experience is vividly impressed upon my mind. I believe if prompt aid had not been given me I should have died. After this I immediately sent some of the fruit to Dr. Otto Wall, of St. Louis, requesting him to make an extract of it, but it was lost by him in some way, and I am cut short in my experiments until I procure more. Whatever may be the ultimate constituents of this poison, it certainly is the most *violent* and *rapid* of all fruits, or even medicines, known to me—manifesting its first effects in less than fifteen minutes. I know of nothing like it except opium and cocaine. The most notable point is the rapidity with which it increases the heart's action. Next, the intoxication and subsequent depression. I think it well worth the trouble to investigate the matter. One man's experience is worth but little, and it is to be hoped some enterprising experimenter will carry out the research. As to *myself*, I must admit I feel somewhat abstemious on the subject.

WHAT TO DO IN CASES OF POISONING.

BY WILLIAM MURRELL, M.D., F.R.C.P.,

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[Continued from p. 257.]

PHYSOSTIGMA—CALABAR BEAN—THE ORDEAL BEAN OF WESTERN AFRICA.

How taken.—Beans left about and eaten by children.

Symptoms.—Giddiness, faintness, prostration, loss of power in the lower extremities. Muscular twitching. Contracted pupils. Mind clear to the last. Death from asphyxia.

Treatment.—1. STOMACH-PUMP or an EMETIC of mustard (a tablespoonful of the powder in water), or of sulphate of zinc (twenty grains in water), or of ipecacuanha (a scruple of the powder in water). Apomorphine (five minims of the 1 in 50 solution hypodermically) may be used as an emetic.

2. ATROPINE. A hypodermic injection of gr. $\frac{1}{30}$ of sulphate of atropine (two minims of the B. P. solution), or fifteen drops of the tincture of belladonna by mouth or rectum. To be repeated every quarter of an hour for an hour, or until the pupils dilate, or the pulse is quickened.

"The exhibition of the antidote should be persevered with in repeated doses until the pupils are fully dilated and the pulse rate increased, and probably also until the hypersecretion of bronchial mucus, which greatly impedes respiration, is checked."—*Fraser.*

3. CHLORAL. Should the above fail, give ten grains of hydrate of chloral (one tabloid) by mouth or rectum, every quarter of an hour.

4. STRYCHNINE. In very bad cases, a hypodermic injection of gr. $\frac{1}{50}$ of sulphate of strychnine (two minims of the B. P. solution), or gr. $\frac{1}{12}$ of nitrate of strychnine (four minims of the 1 in 50 solution), or twenty minims of tincture of nux vomica by mouth or rectum.

5. STIMULANTS freely; brandy, chloric ether, sal volatile.

6. ARTIFICIAL RESPIRATION.

PICROTOXINE.

The active principle of COCCULUS INDICUS.

How taken.—Used as a fish poison, to adulterate beer, and as a medicine. Sometimes employed to "hocus" people for commission of crimes. Said to be active principle of "Barber's Poisoned Wheat," for killing birds. For account of its physiological action and uses, see *British Medical Journal*, January 17th, 1880.

Symptoms.—Nausea, vomiting, muscular debility, somnolence, and sometimes convulsions. Scarlatinal eruption in some cases.

Fatal Dose.—Not known. A rare poison. Probably two or three grains would be a poisonous dose. Ordinary medicinal dose for checking night-sweating of phthisis is gr. $\frac{1}{60}$, not gr. $\frac{1}{6}$, as misprinted in early copies of article on Phthisis in Quain's *Dictionary*. The Liquor Picrotoxine Aceticus of the Westminster Hospital Pharmacopœia, containing *two grains* to the ounce will, I fear, give rise to accidents, as there are no directions as to dose.

Treatment.—1. STOMACH-PUMP or EMETIC of sulphate of zinc (twenty grains in water), or of mustard (a tablespoonful in water), or of ipecacuanha (a scruple in water).

2. CHLORAL. Twenty grains in water, with ten grains more in a quarter of an hour, if necessary.

3. BROMIDE OF POTASSIUM. If tetanus, may be given in two-drachm doses every quarter of an hour, in addition to the chloral.

PILOCARPINE.

For account of action, etc., see *British Medical Journal*, December 4th, 1880, and January 18th, 1881.

Treatment.—ATROPINE. The hypodermic injection of gr. $\frac{1}{50}$ of atropine (two minims of the B. P. solution of sulphate of atropine) will at once arrest