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*AN ANALYTICAL RECORD OF CURRENT LITERATURE RELATING TO
THE THROAT AND NOSE.*

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HYPODERMIC TABLOIDS.

LONDON.]

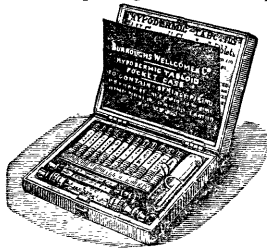
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HYPODERMIC TABLOIDS.

Authorities on Hypodermic medication hold that the use of ready-made solutions of the alkaloids is the cause of a large proportion of the accidents that have occurred from injecting medicines under the skin.

Reason how we may, the alkaloids are at best unstable things, and to assert that in solution or on exposure they will not undergo change is to disregard facts entirely. To hold that none of them are affected by light is equally far from remark. That microscopic organisms develop as a rule in alkaloid



solutions has been proven over and over again, and to the presence of these germs abscesses, indurations, etc., have been frequently attributed by the highest authorities. Time and again does the injunction occur throughout the

pages of the works of *Materia Medica* that this and that (each), 15s. tive principle should be freshly dissolved for use. The most cursory observer must notice that with time his solutions undergo a very marked change, and it is hardly philosophical to at once conclude that the change is nothing. The most stable solution that has ever been introduced throws down a sediment after a little time, and the manufacturer of this solution deems it prudent to recommend that it be filtered, after standing awhile, before it is injected. Yet filtering does not remove all irritating foreign matter as has been proved. Some of the ready-made solutions undergo such a change as to produce, when injected, effects contrary to those desired. A notable example of this, is a solution of *Pilocarpine*, which has been known to change into *Jaborine*, allied in its action to *Atropine*. After it had undergone this change, *Pilocarpine* would of course dry the skin instead of bathing it with profuse perspiration.

But some one may say: "I have used standing solutions without ill effects." The majority have not; and, as the patients have to take the bulk of the risk, should not the most scientific and safe method be employed in subcutaneous injections? A fact indisputable, that has been proved up to the hilt, is that the alarming accidents, which are particularly liable to occur from the use of "ready-made hypodermic solutions," are not likely to happen, when the Hypodermic Tabloids are used.

If there is one time more than another when a medical man needs an agent which he can rely upon with implicit confidence, it is when he resorts to a subcutaneous injection; it is, perchance, in cases of emergency, where there is hæmorrhage, or syncope, or poisoning, or delirium, or pain, and, where reliability of action, accuracy of dose, and freedom from local after-pain and abscesses, are as far as possible secured.

One reason, no doubt, why hypodermic medication is not more widely resorted to is because of the bulkiness of solutions, and their use being confined very largely to morphine—that potent, subtle, and dangerous drug, a comparatively small dose of which has been known to produce death in a few minutes. A case of solutions must necessarily be more or less bulky, or else contain very few drugs. With the Hypodermic Tabloids the circumstances are different. The B. W. & Co. No. 7 Hypodermic Tabloid Pocket Case contains 144 carefully apportioned, accurately made Tabloids of compressed alkaloids and active principles. Such an array as this constitutes an armamentarium never before placed in the hands of a medical man. It constitutes an emergency case adapted to a very wide range of usefulness. No matter where he may be, the physician will find it almost daily of service, for the Hypodermic Tabloids are not restricted in their uses to Hypodermic injections, but may be given by the mouth, and used in other ways as well. The case complete contains a little pestle and mortar, a correctly graduated syringe, needles, wires, &c., and a highly condensed monograph on Hypodermic medication, containing notes outlining the uses, doses, and dangers of each drug, with full tables for treating cases of poisoning. It may be carried in the waistcoat pocket.

DOSE LIST of HYPODERMIC TABLOIDS.

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- Aconitin*.—Dose, 1-260 gr., externally in neuralgita, shingles, etc. [poisoning, etc.]
- Apomorphine*.—Dose, 1-10 gr., as an emetic in catarrh.
- Atropin*.—Dose, 1-150 gr. to 1-60 gr. in pelvic pains, sciatica, etc. [ache, dropsy.]
- Caffein Sodio-Salicylate*.—Dose, 1-2 gr. in neuralgia, headache.
- Cocaine*.—Dose, 1-6 gr. to 1-2 gr., in all minor surgical operations. [pain of cancer.]
- Codein Phosphate*.—Dose, 1-4 gr. in diabetes, cough.
- Colchicin*.—Dose, 1-100 gr., in gout, rheumatism, etc.
- Cornutin (Active principle of Ergot)*.—Dose, 1-60 gr.
- Curare*.—Dose, 1-12 gr., in hydrophobia, convulsions, tetanus, etc. [dropsy.]
- Digitalin*.—Dose, 1-100 gr., in cardiac and renal disease.
- Ergotinin*.—Dose, 1-150 gr. to 1-300 gr., in hæmorrhage, etc.
- Eserin*.—Dose, 1-100 gr. in ophthalmic practice, constipation, etc. [etc.]
- Hydrocyanic (prussic) Acid*.—Dose, 1-250 gr. to dilate pupil.
- Hydrocyanic Acid*.—Dose, 1-60 gr. to 1-30 gr., in syphilis, carbuncles, etc. [trembling, convulsions.]
- Hyoscynamin*.—Dose, 1-80 gr. to 1-20 gr. in insomnia, nervous.
- Hyoscine*.—Dose, 1-200 gr. to 1-75 gr., as a powerful cerebral sedative. [1-3 gr.]
- Morphine Bi-Meconate*.—Dose, 1-3 gr., 1-6 gr., 1-4 gr. to Morphine Sulphate.—Dose, 1-12, 1-8, 1-6, 1-4, 1-3 to 1-2 gr.
- Morphine and Atropine combinations.*
- Pilocarpine*.—Dose, 1-10 gr., 1-3 gr. to 1-2 gr., as a powerful diaphoretic. [fevers, etc.]
- Quinine Hydrobromate*.—Dose, 1-2 gr. in sunstroke, tropical Sclerotic Acid.—Dose, 1-2 gr., to excite contraction of uterus. [dropsy.]
- Strophanthin*.—Dose, 1-500 gr. in dyspnoea, with cardiac Strychnine.—Dose, 1-150 gr. to 1-60 gr., in paralysis and gastralgia.

Hypodermic Tabloids of the principal drugs and alkaloids supplied to the medical profession in tubes, containing from 12 to 20 Tabloids each, price 1s. per tube.

Burroughs, Wellcome & Co., Snow Hill Buildings, London, E.C.,

Will be happy to supply trial Specimens to Medical Men free on request.

Fig 1. Tongue seen from above.



Fig 2. Tongue seen from below.



A Case of Acute Hemorrhagic Glossitis.

