anc. It had a more opaque white, or cream colour, something like lymph, and filled the whole vessel, and was composed, apparently, throughout, of well formed cells, larger, clearer, and less granulated, than pus cells, with distinct nuclei. This cream-coloured portion of the clot was, in the right auricle, on the line where it had been pouring buff, and the part, and could easily be pealed off from it. It had not quite a smooth surface, and adhered slightly to the interior of the cavity, particularly in the appendix; nevertheless, it remained with the clot when the latter was removed from the auricle. In the veins it adhered to the lining membrane of the heart more closely than in the auricles, especially about the edges of the valves, and near the apex. Where the clots of the right subclavian artery were examined, they were very well impressed by the sigmoid valves; but were not adherent to them.

Near the bifurcation of the pulmonary artery the whole thickness of the wall of the vessel had a dull cream colour, and this was the case in the primary divisions of the vessel. In no place were the clots adherent to the walls of the pulmonary artery. Fibrous strings, presenting the usual appearance, extended into the smaller branches of the artery.

In the inferior cava and the iliac veins was some fluid blood, which coagulated on exposure to the air; and mingled with it were numerous small clots, coloured in different degrees, and of some purple tints. They appeared to be free from the vessel walls, as well as from the edges of the valves, but they have a disposition to be arranged in fibres; and it is an unreasonable supposition that this may, under favourable circumstances, cause death. In the left pulmonary artery, were discovered some of the primary divisions of a clot, by it being impossible that, in certain peculiar conditions of the blood, the tendency of the fibrine to separate itself and settle upon the walls of the vessels, on the parts nearer the central parts of the body, may not be manifest in the same way that it often is before death; and may thus lead to peculiarities in the appearance and structure of the clot which render it very difficult, or impossible, to distinguish whether they are acute or post mortem formations.

The mode in which the fibrine and the corpuscular varie-
ties of the fibrine are combined in the same heart, or even in different parts of the same clot, are difficult of explanation. I have on a few occasions observed in the course of decedents, in cases of cerebral and other affections, A.M., 1859.

I was summoned at six o'clock on the morning of February 26th, to go five miles into the country, by a message to the effect that "Mr. F. had swallowed something by mistake, which had made him very sick and ill," but with no more definite statement. I therefore at once proceeded to visit my patient; and, on inquiry, found that he had returned home late on the previous evening from a dinner party. When, according to custom, he had gone to a cupboard where a bottle of Disinfecting Fluid Magnesia was usually kept, for the purpose of taking a dose, as a corrective to his port-wine. Unfortunately, however, on the present occasion, a bottle of Sir Wm. Burnett's Disinfecting Fluid had been placed by the side of the fluid magnesia, resembling it so much in size, shape, and colour of the label, that he at once put it to his lips, threw his head back, and, taking a full inspiration, swallowed a draught, amounting at least to two ounces, before perceiving the mistake. "At once," says my patient, "I felt a burning sensation all down my throat, with great pain and a sense of tightness in my stomach. My wife directly prepared me an emetic of mustard and water; and in less than four minutes I was violently sick, ejecting all the food I had taken, as well as the fluid I had swallowed; and I have been in excessive pain up to the present time," which was about seven o'clock A.M. when I first saw him.

He then had that particularly anxious expression of countenance indicative of irrational poisoning, with a small, quick,
and feeble pulse, and cold clammy skin. The back part of the mouth and fauces were much inflamed, but free from swelling or disintegration of surface, and the slightest pressure over the region of the stomach caused great increase of pain, with tenderness to touch.

I prescribed fifteen grains of carbonate of soda, to be given every hour in a wineglass of water, with total abstinence from food, except the drink, and perfect rest in bed.

In the afternoon of the same day I revisited my patient, accompanied by Dr. Paley of Peterborough. He was much in the same state as when I left him, except that the pulse was now more slow and the surface colder. He had continued to vomit at intervals large quantities of mucus, mixed with a considerable portion of dark coloured blood. He was then ordered ten grains of carbonate of soda with six drops of Battle's solution of opium in water every three hours, with total abstinence from food or drink, and warm fomentations to the abdomen.

Feb. 27th. He passed a restless night, but with a diminution in the amount vomited; the matter being darker and more gummy. The pulse had slightly improved in force, and there was more warmth of surface, but much pain over the region of the stomach. The tongue and mucous membrane of the fauces had assumed a milk white appearance. He was ordered to continue the medicine every four hours, and take half an ounce of castor oil; his diet being limited to milk and bread.

Feb. 28th. He passed a comfortable night without much vomiting; the matter being only slightly tinged with blood. The pain of the hypochondrium had considerably diminished, and his countenance had lost much of its anxiety. He had passed a large amount of dark, evacuation, of the greater part of which was evidently altered blood.

From this date to March 8th, the symptoms gradually subsided, and the character of the medicine being the omission of the opiate and the use of inflamed syrups with alkali. He had commenced to take solid food, and drink beer, contrary to my wish; and on March 8th, diarrhoea set in, which was at first prolific, but yielded in the course of a week to gallic acid and sedative solution of opium.

March 9th. He left home for the Isle of Wight; and after three days, wrote to me, complaining of inability to swallow his food. I therefore advised his speedy return.

March 26th. I saw him again, and examined his throat; but found no stricture whatever, and soon discovered that the symptoms were entirely a nervous one. I ordered him to abstain from all solid food, but to take the most nutritious liquids, prescribing the mineral acids with bitter infusion three times a day. He continued this plan until April 30th, being then free from all complaints, and gradually resuming his accustomed food and active occupation.

I met my patient a few days since, when he declared himself well in all respects, and free from even the least discomfort after meals, having quite resumed his natural robust appearance and sound health.

Remarks. On reviewing this case, I consider it almost miraculous that my patient should have escaped after taking so large a quantity of such a noxious poison, amounting (according to my patient) to more than six drachms of chloride of zinc; and can only attribute his recovery to the full state of the stomach at the time, and the speedy removal of the poison by the domestic emetic. With regard to the drug employed as an antidote, I do not look upon the stomach as a purely chemical laboratory, I will not presume to say that the carbonate of soda acted by converting the chloride into a carbonate of zinc; but most certainly it is, that its administration proved most beneficial; and I would earnestly recommend its use in any similar catastrophe. Since such a close resemblance exists between the bottles and labels in which these two highly useful and much used preparations are supplied to the public, I greatly fear that and in this misadventure is very liable to recur—this not being the first case of the kind which has come before the public. I believe that, if means could be adopted to render poisonous articles in general more conspicuous by each one having some peculiar mark, or form in which it could be retailed, the sale of them would be fraught with much less danger than is at the present time unluckily the case.

My patient, I may state, that he is invariably an abstemious man, and when that this peculiarity occurred was entirely sober. I may also mention the coincidence, that his mother swallowed a large quantity of liquor potasse, and died, after living out a miserable existence for two years from stricture of the esophagus.

Transactions of Branches.

LANCASHIRE AND CHESHIRE BRANCH.

STONE IN THE BLADDER OF A FEMALE: FISTULOUS OPENING FROM THE BLADDER INTO THE LEFT GROIN: OPERATION. RECOVERY.

By William McEwen, M.D., Chester.

[Read June 6th, 1858.] I am indebted to my friend Mr. J. E. Moreton, of Tarvin, near Chester, for the following report.

"Miss M. M., aged 24, in the middle ranks of life, came under my observation on the 19th of May, 1858.

"When a child, she had disease in the right hip-joint, which is now ankylosed in a slightly flexed position, causing the leg to be shorter than its fellow, and giving a lame gait in walking. Upon the whole, she has never enjoyed good health, but cannot give any well defined or specific account of her ailments, which have rendered her weak and delicate-looking.

"She evidently avoided in any way alluding to her sufferings, which must have been present, more or less, for some years; for I remember casually calling her attention to any pain or difficulty she might have in passing urine.

"When I first saw her (May 19th, 1858), she had a small abscess in the left groin, in the region of the superficial glands of the neighbourhood. The abscess opened spontaneously in a few days, presenting very much the character and appearance of a small searcoculous collection of matter, and was, indeed, so considered.

"Her health had suffered considerably; during the last few months she became much emaciated, with a dark feeble pulse, at 120; no appetite; indeed, she had a hectic appearance. Cod-liver oil with iodide of iron were administered internally; and iodide of lead was applied to the groin. Four days after the abscess opened, urine came out with the matter. I thought she might be mistaken; but, on careful examination, I found that such indeed was the case; and to satisfy myself as to the condition of the bladder, on the 5th of June I passed first an elastic catheter, then a silver catheter, through which no urine came, but which struck against a calculus of very large size, blocking up the bladder and internal meatus.

"Again and again I asked her whether she had any previous symptoms of disease of the bladder; but all I could glean from her was, that four years ago the same train of symptoms had accompanied the bursting of an abscess in the same groin; and that urine had then passed through the opening for some weeks, and then ceased of its own accord, leaving her in a very poor state of health.

These are the circumstances under which Mr. Moreton did me the honour to call me in consultation; and I must confess they were all appearances of the patient's condition by no means favourable for an operation. There she lay, helpless, destitute of ambulatory, hectic, with a pulse running upwards of 120 per minute; great pain along the region of the bladder; and all the urine, as it were, retained in an irregular saccular sac, through which Nature had made to the groin. The skin around the opening was red and tense, from the perpetual flow of urine; none apparently was passing, or had passed for some time; through the meatus, which was filled with pus from the bladder.

The patient was very pressing that something should be done to relieve her from pain and her loathsome condition. Upon carefully examining the bladder as far as it could be done, it became obvious from the position of the stone, and its great size, completely filling the bladder, which was much altered both in structure and position, that dilatation or crushing was impossible, leaving, as the only alternative, incision, which was performed on June 11th. She was placed on a mattress, and tied up in the usual manner, and chloroform administered. Mr. Moreton held a straight grooved staff, the point being in contact with the stone. With a probe-pointed knife I cut first a little laterally, and a form in which it could be retailed, the sale of them would be fraught with much less danger than is at the present time unluckily the case.

My patient, I may state, that he is invariably an abstemious man, and when that this peculiarity occurred was entirely sober. I may also mention the coincidence, that his mother swallowed a large quantity of liquor potasse, and died, after living out a miserable existence for two years from stricture of the esophagus.

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