

"Your old patient died at last (July 28) very suddenly. He was seized with a fit of dyspnoea, followed by the expectoration of several mouthfuls of blood. The difficulty of breathing rapidly increased; and he died, I think, about four hours after the commencement of the attack."

Dr. Bell also informs me, that a large tumour appeared some weeks before his death in the abdomen; it pressed on the rectum, and caused much pain, diarrhoea, etc. I very much regret to add that no *post mortem* examination could be obtained.

REMARKS. I have preferred to give an incomplete account of this case, to allowing all record of symptoms which appear so uncommon to be lost. An elderly man lives from April 1852 to July 1853, with a pulse averaging about 32; and at last dies, more apparently from the effect of some of the evident symptoms, than from the obscure cause of the disease. The physician, Dr. Bell, under whose care Mr. S. placed himself in May 1852, believes that he had suffered for some years from hypertrophy of the heart; that the run in April ruptured the *chorde tendineae* of the mitral valve; and that the alteration in the number of pulsations depended either on some effusion about the origin of the eighth pair of nerves, or on obscure brain disease. My own opinion coincided with Dr. Bell's, except that I thought there was some pericardial effusion, though not to any great extent. The treatment was very simple. The points chiefly attended to were, the avoidance of all excitement, simple diet, and a warm dry air, with ample clothing.

Altrincham, Cheshire, September 10, 1853.

FATAL POISONING FROM ARSENIC TAKEN TO INDUCE ABORTION.

By THOMAS BROWN, Esq.

On Monday, October 21st, 1850, I was requested to see Sarah Weston, at the Lock, Weston-on-Trent, a single woman, aged 24 years. On my arrival, I ascertained that she came from her situation as domestic servant at Alvaston, a distance of seven miles, on the Saturday evening previous; and that during the journey she suffered from pain and vomiting, the latter continuing on her arrival at home, where she was prematurely delivered (by a midwife) of a male child. It was not until Monday morning that the friends with whom she lived thought it necessary to send for a surgeon; and, in the meantime, all traces of the matter ejected from the stomach had been removed. I found my patient delirious and unconscious, with a cadaverous countenance, and feeble rapid pulse. The abdomen was tender on pressure, and somewhat distended: there was urgent thirst and constant jactitation. Leeches to the abdomen and an opiate were at once ordered; but no alleviation of the symptoms took place; and death occurred within seven hours from the time I first saw her. In two hours afterwards, the infant of which she had been delivered also died.

Being called in after every actual symptom of poisoning was absent, I attributed the death to peritonitis: and the bodies were speedily interred, without, however, any medical certificate from myself or any other medical practitioner. On the second day of interment, some rumour prevailed that the subject of our case had been the victim of foul play; and this report gaining ground, the coroner for the county at once ordered the body to be exhumed. This was done on the 28th of October, 1850, just three days subsequent to interment.

In company with a neighbouring surgeon (Mr. John Smith), I proceeded to the barn where the body was exposed for examination. On carefully inspecting the œsophagus and cardiac portion of the stomach, there was no appearance of poisoning; but as we traced downwards near the pyloric orifice, we at once perceived erosion or ulceration of the mucous membrane, with a well defined line of demarcation.

I conveyed the stomach to my surgery, and the contents were tested by Marsh's apparatus, as well as by some of the more simple or uncertain modes; but having regard for the stomach (as a specimen of the action of arsenic, which was forwarded to the museum of the Sheffield Infirmary), I forbore subjecting the same to strict analysis, particularly so, as in the evidence adduced at the inquest it was clearly proved that the deceased had procured arsenic, and had taken it for the purpose of procuring abortion. The verdict was in accordance with this evidence.

September 22, 1853.

PERISCOPIC REVIEW.

PRACTICE OF MEDICINE AND PATHOLOGY.

DEGENERATION OF MUSCLES: MICROSCOPIC EXAMINATION.

The *Union Médicale* for May 7th, contains an account given by Dr. DUCHESNE, of an examination made by him of the right arm of a man who had died with muscular atrophy.

The subject was a man, aged 32, a mountebank, who had been under the care of M. Cruveilhier, labouring under general atrophy of the muscles, with loss of power of motion. Deglutition, speech, and respiration, gradually became impeded; and he died during an attack of influenza, from inability to dislodge the mucus which accumulated in the bronchial tubes.

A very full account of the case, and of the *post mortem* examination, is contained in an essay read before the Academy of Medicine by M. Cruveilhier, and published in the *Gazette Médicale* for April 16th, 1853.

All the muscles, although much atrophied, had almost preserved their normal colour; these muscles had undergone no change of structure. The brachialis anticus alone presented a pale grey colour. Several of the muscles on the front of the fore-arm were only tendons, having some muscular fibres attached to them; these fibres were for the most part of good colour, and of normal structure. There were no traces whatever of the pronator teres; more deeply, there were found some remains of the muscular fibres belonging to the superficial and deep flexors, and to the pronator quadratus. These fibres varied in colour from yellowish to pale grey. The fibres having the latter colour had the appearance of gelatine more than of muscle. All the muscles of the palmar surface of the hand were in the last stage of depraved nutrition, except some muscular fibres of the hypothenar eminence.

The muscular fibres were examined under the microscope by Dr. Duchenne and MM. Aran and Mandl. Their volume and texture were normal in those muscles which had preserved their colour, and which had been ascertained during life to be obedient to the electric or the voluntary stimulus.

Fig. 1. Fig. 2 Fig. 3.

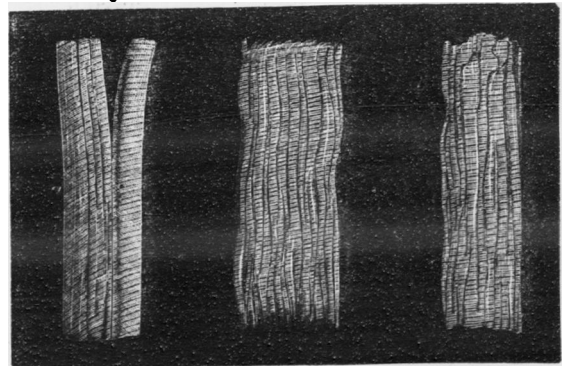


Fig. 1 represents healthy fibre with transverse striæ. Some longitudinal fibres are seen.

Figs. 2 and 3 represent the first degree of degeneration. The transverse striæ are less distinct; they are frequently interrupted, are lost here and there, and at last are altogether displaced. The longitudinal fibres become more distinct.