

the least expense of stimulation. The diuretic essential oils and scoparium I object to as being too stimulating. Digitalis is dangerous in two ways; first, because there is a risk of setting up uterine contractions; and, secondly, because digitalis will sometimes kill the fetus *in utero* by producing paralysis of the heart. I have seen this occur. We are not concerned here with the other indication of treatment. The form of diuretic I would use would be the acetate of potassa *largely diluted*, combined with the vinegar of squill, and full doses of tincture of henbane. It was taught by the late Dr. Golding Bird that acetate of potassa was the best diuretic salt in the pharmacopœia; and he especially insisted on the practice of *dilution*. The urine appears to be more readily made alkaline by this salt than by the other salts of potassa; the nitrate passes out of the body as nitrate; liquor potassæ is less diuretic and is apt to throw down the phosphates of the urine while the bladder is still full; and the same is true of the carbonate; the bicarbonate may be used if the stomach rejects the acetate. It should be remembered that it is not diuresis *only* that is required, but a copious secretion of bland urine, at the expense of as little stimulation to the kidney as possible.

Hyperæsthesia of the gastric nerves is a very embarrassing complication of pregnancy. The danger to both mother and fetus is very considerable; indeed, it often happens that one must fall a sacrifice to the other. The vomiting which declares this irritable state of the nerves of the stomach is only, so far as I am aware, capable of being dealt with by two methods of treatment as long as the fetus remains *in utero*. The first is the resolute use of morphia and hydrocyanic acid; and the second is a dietetic system, of which I will speak presently. A radical error is generally committed in the administration of opiates in the gastric irritability of pregnancy, and in other cases also where it is desired to allay vomiting. The *bulk* of the dose is almost invariably too great, the sedative is given too much diluted, and the quantity of fluid is resented by the stomach. It should be borne in mind that a medicine used for the purpose in question is essentially a *lotion* to the coats of the stomach. If the lotion is made too weak the intent is frustrated. The bulk of the dose should never exceed one fluid drachm, and it may be made less with advantage. Half a grain of acetate of morphia, three drops of the dilute hydrocyanic acid, and one of Fleming's tincture of aconite, to a drachm or even half a drachm of water, will not only burthen the stomach less, but will produce a greater *topical effect* on the nerves of the stomach than if given in the usual state of dilution. The food should be given in one of two ways; if taken in any considerable quantity, *i.e.*, if any attempt at a meal be made, it should be eaten soon after the exhibition of a dose of the medicine, and should be soon followed by another; or the diet should consist of single spoonfuls of milk, strong beef tea, or egg-brandy, often repeated; or very frequent doses of protein. The most remarkable case of vomiting I ever heard of was successfully treated by five grain doses of protein given in a teaspoonful of milk every hour; the case occurred some years ago, and was recorded in the journals of the time, but my memory will not serve me for a reference. The dietetic principle seems to be either to overpower the hyperæsthesia immediately before eating; or to give food in small quantities, and in such a form as to pass readily into the duodenum, thus diminishing the offence to the stomach, and throwing the task of digestion mainly on the small intestines. It is of course only possible within these limits to do more than indicate the general plan of treatment or the principles upon which to act. Modifications easily arise when the main principle is grasped.

The last eccentric irritation to which I shall refer is hyperæsthesia of the mammæ. Mere irritability of one or both breasts may obtain, or the altered innervation of the part may be succeeded by great vascularity and induration; and in some extreme cases suppuration takes place. There can be little doubt but that these affections of the breast, which in the first instance derive from the irritation of the ovum contained in the uterus, are again reflected upon that organ. A brisk saline aperient and leeching, followed by the application of a belladonna plaster, will be found the best method of treatment.

The preceding remarks are a mere sketch of *eccentric medication*. In the next paper will be discussed *centric medication*; the properties of the agents used, and the circumstances which call for, or disallow, their exhibition.

[To be continued.]

CASES OF POISONING BY WHITE PRECIPITATE, AND BY POPPY-HEAD.

By W. H. MICHAEL, Esq., Swansea.

[Read before the Monmouthshire and South Wales Branch, July 23rd, 1857.]

I. POISONING BY WHITE PRECIPITATE.

Miss P., a schoolmistress, aged 37 years, on December 27th, 1856, bought, at three druggists' shops, fourpennyworth of white precipitate, for a suicidal purpose. She obtained, as it would appear from the statement of the tradesmen who supplied her, 140 grains of ammonio-chloride of mercury, two samples of which, when analysed at the shops, were found to be absolutely pure. At or about 8 o'clock in the evening of the same day, she ate a large portion of the powder spread on bread and butter. About ten grains, adulterated with sulphate of lime, were found on the plate which she had used, and on some portion of the bread and butter she had been unable to eat, and had thrown away. Judging from her own statements upon several occasions, and from the foregoing facts, it appears probable that not less than one hundred grains were swallowed. She was seen by me about three hours and a half afterwards, and was then lying on the floor of a bedroom, complaining of great pain in the region of the stomach, and severe intermitting cramp of the left side and lower extremities, which came on at intervals of two or three minutes. The pulse was very rapid, weak, and thready; the surface cold, and covered with a clammy perspiration; the countenance was pale, drawn, and anxious; the tongue very red; the pupils were dilated, and contracted but slowly under the stimulus of light. She had vomited very freely a thick tenacious mucus, of a white colour, with white sediment. This I was unable to examine, as it had been thrown away previously to my arrival. About half an hour afterwards, the bowels were very freely acted on, an enormous quantity of fetid faeces passing, sufficient to fill two chamber utensils. Several pieces of white precipitate were picked off the tongue, which had apparently been left there by the action of vomiting, which was kept up by diluent drinks for two hours. Great prostration continued for several hours, and the pain in the stomach continued for three or four days, when it gradually subsided. On Dec. 28th, reactionary fever set in, which, however, was never severe, the pulse seldom ranging beyond 120, and the head remaining unaffected: indeed, it appeared as though the thorough unloading of the alimentary canal had been productive of great benefit to the general health; the appearance of Miss P. after her recovery, which took place in a fortnight, being better than it had been for some years. *No salivation occurred*. The treatment adopted consisted of emetics, diluents, and sedatives, with counterirritation and application of external heat until reaction set in, when ordinary salines, etc., followed by quinine, were employed.

The features of interest in the case are, the large quantity taken, and the comparative immunity from alarming symptoms, which may probably have been owing to the vehicle (butter) shielding the coats of the stomach, and disarming the poison of some of its noxious effects.

II. FATAL POISONING BY A POPPY-HEAD.

On February 27th last, two children, twins, about three months old, were brought to me about 11 A.M., evidently suffering from narcotism. It appeared, upon inquiry, that the mother had the night before, with the view of procuring sleep, boiled a poppy-head in a small saucepan, and given each child one or two teaspoonfuls of the decoction. Stimulants, coffee, etc., were administered; but one child died the same evening, seven or eight hours after it was first seen. The poppy-head was shown me, and a few drops of the remaining decoction, which had the characteristic opium smell. No tests were applied.

CASE OF CONCEALED ACCIDENTAL UTERINE HÆMORRHAGE.

By JOHN AUDLAND, Esq., Tintern, near Chepstow.

On Sunday afternoon, August 30th, I was sent for to visit Mrs. M., aged 42, who expected her tenth confinement in three or four weeks. I learned on that and subsequent visits, that on the previous Wednesday night, soon after getting into bed, she became very faint and cold, and had a severe fit of shivering. Some gin was given her, and she gradually rallied. The next morning she got up, but felt very weak and giddy,

and her limbs could scarcely support her. On Friday, she was obliged to go out, and walked with some difficulty a distance of about a mile and a half. About 2 A.M. on the Sunday morning, she was suddenly seized with vomiting, and became faint, and felt, to use her own words, her burden fall down. She continued weak and faint, and vomited at intervals during the morning; and between two or three o'clock in the afternoon, I saw her. She was then extremely low and weak, with pale face, sunken eyes, contracted features, and a weak and fluttering pulse. She had had no regular pains, but felt a fulness about the loins and hips, and a constant bearing down. The uterine tumour was large and prominent, and remarkably hard and tense. On making an examination, I found the os uteri dilated to about the size of a crown-piece, the membranes unbroken, and the head presenting. There had not been the slightest discharge. I administered stimulants; and before I had decided what other means to adopt, a severe pain came on, by which the membranes were broken, the child (of course dead) and the placenta, followed by large clots of blood, were expelled. I bound up the abdomen, gave a large dose of tincture of opium, administered brandy and other stimulants, and the woman gradually rallied. By nutritious diet, a course of iron, etc., she slowly recovered, and is now, although still weak, able to go about.

REMARKS. The presumption is, that from some cause or other blood was, on the Wednesday night, poured out between the uterus and placenta, where it was confined; for, on examination, a portion of the placenta (about one-sixth of the surface) was much more condensed than the remainder, and had clotted blood firmly adhering to it; and that, perhaps, on account of her exertion on Friday, more blood was shed, which caused the whole placenta to be separated on the Sunday morning when she was suddenly seized with vomiting, etc., and felt her burden fall down. It was very fortunate that the woman had a capacious pelvis, and had always rapid labours, for had any delay taken place in the birth of the child, she would probably have sunk.

In an interesting paper on "Concealed Accidental Uterine Hemorrhage", by Dr. Oldham, in the *Guy's Hospital Reports* for 1856, it is stated that only three cases occurred in that institution out of 22,498 deliveries, and that all three were fatal. One successful case, a private patient, is reported.

Such being the rarity and fatality of the occurrence, perhaps the above case, where nature herself successfully effected the delivery, may be worthy of record.

British Medical Journal.

SATURDAY, OCTOBER 31st, 1857.

THE CHOLERA AT WEST HAM.

THE outbreak of cholera at West Ham has, we are glad to say, ceased. The six deaths which took place in "Abbey Row," together with the decease at Horsleydown, will, therefore, we trust, include the amount of the scourge for the present year. It was at first stated that in several of the cases there was no premonitory diarrhoea; but Dr. MacLoughlin has since carefully investigated the whole of them, and has arrived at the conclusion that diarrhoea was present in every case.

Dr. Snow, whose ideas respecting the transmission of choleraic poison are well known, asserts that the evacuations of the seaman who died of the cholera on board ship at Horsleydown were thrown into the Thames, and that the poison was in this manner transferred to the well, from which the people in Abbey Row drank, the well being subject to the overflows of the river Lea, which is several miles from the place where the organic choleraic evacuations were discharged into the Thames. If it be indeed possible to impregnate the immense mass of water in such a river by such apparently homœopathic doses of

choleraic matter, it seems to us that every person who drinks of that water, and not only every person who drinks of it, but every person who breathes the air on its banks loaded with its vapour, should be subject to an attack of the epidemic as well as the unfortunate people of Abbey Row, who at least had the advantage of receiving the affected water filtered through the earth.

Dr. Snow would perhaps argue that, inasmuch as the minute particles of cholera seed would become widely dispersed in the water of the Thames, the chances are that only a few of them would come into contact with the human stomach. This would indeed be one manner of explaining the difficulty; but we confess we can scarcely imagine one of these particles so perverse as to sail up the Lea, and actually seek out a certain pump through the very earth that lay below it, and the sewer it was supposed to have entered; for, be it remembered, it is not at all proved that the Lea water finds its way in any other manner into the well, if, indeed, it finds its way there at all. It is much more easy to believe that the cholera evacuations would float up and down the main stream, than that they should enter a small well, as they must have done, according to Dr. Snow's hypothesis. Of course it is impossible to disprove that gentleman's explanation; but we must confess, with Dr. Lankester, that he does not, in our opinion, at all succeed in proving his case. What has become of all the other cholera seeds? Are they still floating about the Thames, and only waiting for the accidental dip of a bucket to introduce the disease at any point between the North Foreland and the place where the tidal influence ceases? If, indeed, these death-dealing germs are always laying in wait for us in the river, what guarantee have we that they may not be taken up by the pipes of the water company, and thus be distributed to us any morning as we wash our teeth? Dr. Snow may object, indeed, that the filters interpose between us and "pure death" in the form of this unfortunate seaman's floating dejecta, but he has already managed to percolate it through the earth at Abbey Row in order to get it into the well.

This theory is, we confess, a very alarming one, and calculated to keep Londoners from trusting water in any form. And why Londoners only? The cholera germs may escape out to sea, and ultimately poison somebody at the Feejee islands—for the germ, according to Dr. Snow, would appear to be indestructible. We trust Dr. Snow will pardon us for thus carrying out his theory to an absurd conclusion, and beg to assure him that it is far from our wish in any way to depreciate his labours with respect to cholera; they have been unsparing and able, and entitle him to the respect of his medical brethren. We fear, however, that he is carrying his theory of the manner in which cholera is propagated too far, in thus attempting to clip and shape any new outbreak so that it shall fit the Procrustian bed he has made for it. That cholera evacuations may be conveyed from one person to another by means of water, and thus spread the disease, is most probably, under certain circumstances, the case; but Dr. Snow should scarcely have floated his cholera germs with such unerring accuracy for two miles up a great tidal river and its tributary, into a sewer, and thence into a well, in order to account for the deaths of six people from cholera in Abbey Row.