that not one medical certificate in six coming to me is filled up according to the directions plainly set forth on the forms.

This necessitates the return of the certificates from the Commissioners to the asylum; from the asylum to the medical men for correction; they have then to be returned to the asylum and again sent up to the Commissioners. It may be said that they are often returned for trivial omissions, such as the want of the number of the street, but to the legal mind such trivialities are very important.

Again, in filling up the "facts indicating insanity," the directions should be carefully observed; as the law requires that not only shall the medical man be convinced in his own mind that the patient is insane, but he must put on paper facts observed on the day of examination, sufficient to convince anyone who has only the written document to go upon. It is always well, if a distinct delusion can be found, to state it clearly, and it is a very good plan to call it a delusion in the certificate; whenever I can, I use the form recommended by my old teacher of medical jurisprudence in Edinburgh, Dr. Littlejohn, as follows: "He or she has delusions, for example—"

It is also well to record any tendency to violence or destructiveness, and where peculiar, or parsimonious, or extravagant habits are set down as proofs of insanity, it ought always to be stated that these are at variance with the patient's usual habits when in mental health. Here I might point out that great advantage would result from what I advocated in an earlier part of this address, namely, consultation with an asylum physician before the patient is sent to the asylum, as not only could he advise as to the proper cases for asylum and home treatment, but could say whether the evidences of insanity obtainable were sufficient to warrant certification.

NOTE ON A CASE OF APPARENT POISONING BY INGESTA OF OYSTERS.

By SIR CHARLES A. CAMERON,

Professor of Hygiene and Chemistry, R.C.S.I.; President of the
Public Health Medical Society.

In a recent number of the *BRITISH MEDICAL JOURNAL* I gave an account of four fatal cases of poisoning by mussels. I have now to place on record cases—fortunately not fatal ones—of apparent poisoning by oysters. On Saturday last, September 6th, twelve persons in Dublin had luncheon consisting of oysters, chicken and bacon; nine partook of oysters, chicken and bacon, two of the chicken and bacon and one of oysters only. The person who ate only the oysters, and eight of the nine persons who had eaten oysters and chicken and bacon subsequently suffered severely from nausea, vomiting, diarrhoea, and abdominal pain. In some the prostration was very great. In some the symptoms appeared on Saturday night, in the others on Sunday morning. At present (September 10th) the majority are still ill, and confined to their rooms. The oysters seemed to be quite fresh. There was a great scare about oysters in Dublin last winter; very many persons attributing to their use attacks of typhoid fever, diarrhoea, etc. The sale of oysters almost died out in Belfast; it was a common impression that typhoid fever had been caused by eating oysters.

At the meeting of the British Medical Association, at Cambridge, I read a paper entitled *Sewage in Oysters*, in which I pointed out that oysters growing in estuaries and other places to which sewage has access must often contain sewage in their juice. Indeed I found this to be the case with oysters collected near Dublin.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF CHOLERA BY BLISTERING OVER THE VAGUS.

CHOLERA having made its appearance again in Europe, and much interest attaching to all that belongs to it, I desire to make known a method of treatment which I adopted nearly three years ago in India with very remarkable success.

While I was stationed at Neemuch, Central India, in 1887, cholera of a very virulent type broke out amongst the European troops there, and all the cases were at first fatal, collapse setting in in a very few hours, and death speedily following. They were all attended with violent abdominal cramps, and constant vomiting and diarrhoea—even a single mouthful of milk, or milk and soda-water, being immediately rejected. Of course, under these circumstances, all medicines given by the mouth proved useless: given *per anum*, nothing was retained more than a minute, and those administered hypodermically produced no lasting impression.

Being convinced that no treatment could be of any avail till the vomiting was restrained, I considered it possible—all other means having signally failed—that I might attain that result by acting through the nervous influence of the pneumogastric (bearing in mind the distribution of this nerve to the stomach) by stimulating it by blistering along its course in the neck, from the styloid process to the clavicle.

An opportunity was afforded me very soon of putting my theory to the test, a man being brought to hospital with unmistakable cholera, who was attended by two of his comrades, who volunteered for that purpose. The usual methods of treatment, which were adopted at first, having failed to go any good, and the vomiting being incessant, I painted the right side of the neck, along the course of the vagus, with liq. epispasticus, and found, to my great satisfaction that, in from ten to fifteen minutes, the vomiting ceased, and he could now retain whatever was given him, food or medicine. This result lasted some hours, and whenever vomiting recommenced, however slightly, I applied the blistering fluid again, putting it on each side of the neck alternately, as by this precautionary measure nothing more than redness of the skin was produced, and the discomfort of a blistered raw surface was avoided. This amount of irritation of the skin, I found, was quite sufficient to prevent vomiting, and the patient being now able to retain milk, brandy, etc., and a mucilaginous astringent mixture with tr. nuc. vomice, he made a rapid recovery, being out of danger in twenty-four hours. So marked was the effect of the application of the blistering fluid, that his comrade attendants repeatedly voluntarily remarked to me on my going into the tent to see him, that the "stuff" I put on his neck always stopped the vomiting almost immediately.

Surgeon-Major Waghorn, M.S., now stationed at Newport, Mon., who was in charge of the hospital at the time, and who has had very great experience in the treatment of cholera during a residence of nearly twenty years in India, was much impressed with the good effects of my treatment, to which alone he believed the man's recovery was due.

I used the tr. nuc. vomice to brace up the nervous system generally, having observed in all the cases how severe and protracted was the nervous depression which always set in very early. It had also a very good effect on the diarrhoea, indeed, the vomiting being absolutely under control, the diarrhoea became easily manageable.

Since then I have not had a chance of further using this treatment, but I hope this note may obtain for it a trial by all who may have the opportunity. D. V. O'CONNELL, M.D., M.Ch.,
Aden. Surgeon, Medical Staff.

RECTAL OBSTRUCTION IN A CHILD.

I WAS requested to visit T. E., aged 10 years, said to have obstruction of the bowels. Though quite well the day previous, he complained of severe pain in the abdomen, also in the region of the seat when at stool, to which he had frequent and ineffectual calls. Aperients had been administered without effect.

The lad lay in bed in a semi-knee-elbow position, the knees drawn up under the belly, the buttocks being raised and the chest and shoulders low. On examination the rectum was found blocked with a mass of wheat grains, which the bowel was powerless to eject: this was scooped out, with instant relief. An aperient was ordered. Next morning I found the child crying out with the severe abdominal pain and bearing down in the pelvis, and lying in the same position as the day before. The aperient had had no effect, but liquid continually oozed from the bowel; the urine dribbled away. The sphincter ani was seen dilated to the size of a shilling, and a wheat-grain mass could be seen filling the bowel. Immediate relief attended its removal. This second mass of grains had come down from higher up the bowel, aided by the aperient.

It was interesting to note (1) the inability of the bowel (*plus*