necessity of perseverance in certain remedies such as mercury, strychnia, counterirritants, etc., is obvious. In a medico-legal aspect, such cases are neither prepossessing nor exceptional. All forensic medicine should be reformed and systematised. The public good, the dignity and interest of our profession, alike require the establishment of some professional authority whose opinion upon medical subjects should be in a sense judicial, and, like a judgment, might be subject to revision. Such an institution would relieve judges and juries from the difficulty of reconciling contradictory medical opinions; counsel would be spared the necessity of resorting to the fallacious and opprobrious argument that "doctors differ"; and we, as brothers of a noble and learned profession, would become more united, and be more respected by mankind.

Mr. President and gentlemen, I now beg to thank you sincerely for your kind attention to my contribution upon the important subject of accidents. The originality of the cases may perhaps clothe with some freshness ideas of the fathers of our art. I shall consider myself honoured and rewarded if my small but willing effort add but one grain to that mighty island of surgical knowledge which, like a coral isle of the ocean, has been accumulating from age to age.

WOUND OF THE HEART BY A NEEDLE: DEATH.

By FREDERICK WRIGHT, Esq., Stamford Bridge.

On Tuesday, August 17th, S. V., a boy five years old, stuck a common sewing needle in the front of his dress. During the dinner hour, when cutting a stick, he drove the needle into his thorax. The boy endeavoured to extract it by pulling the thread, but, unfortunately, broke the needle, and threw away the upper portion which was attached to the thread. He told his mother of the occurrence; she examined his chest and saw a slight mark, but no bleeding. As he complained of no pain, she allowed him to return to school, thinking that the whole of the needle was extracted. In the afternoon he was pale, and sleepy, but remained free from pain. On Wednesday, he complained of pain in the chest, which was relieved on fomentation, and afterwards troubled him only when he coughed.

On Thursday morning he had pain in his chest, neck, and shoulder. His mother again fomented him, and applied a mustard poultice to his chest. After this, he was so much better that he played and looked as cheerful as usual. On Thursday night he walked up stairs, and went to bed. Soon afterwards his mother, hearing him call, ran upstairs, and found the child getting out of bed. She carried him down and sent her husband for me. The boy died in half an hour; he was dead before I arrived.

On Saturday an inquest was held. At the autopsy, I found a slight mark over the cartilage of the fifth rib, and about one and a half inch from the middle of the sternum. On pressure, I could detect a portion of the needle projecting about one-sixteenth of an inch from the surface of the cartilage. On removing about an inch of the cartilage, I found that the needle had passed about three-eighths of an inch beyond it, perforating the pericardium, which was enormously distended with dark fluid blood. On removing this, I found around the heart a firm clot of blood, about one-eighth of an inch thick; this being removed, I found that about a square half inch of the surface of the heart was so much lacerated that only a network, consisting of a few shreds of muscular fibre, remained. This gave way under very slight pressure of the finger. The rupture was very near the apex of the right ventricle. There was not a drop of blood in any of the cavities of the heart.

How was it that the boy, with a needle in such a position, could live about fifty-eight hours, and experience such slight inconvenience? Is it not possible that in the first instance the needle ruptured a small vessel in the heart; and this, bleeding slowly into the pericardium, formed the firm clot which I found around the heart, and protected it from further injury except when the boy was placed in such a position as to allow the heart to fall upon the needle, or the rib to be pressed near the heart? If so, the pain was not relieved by the fomentation, but by the position necessary to that operation. When the boy went to bed on Thursday night, probably he lay upon his left side, and more or less upon his face; if so, the two forces, gravitation of the heart and pressure on the rib, would bring the point of the needle into the closest possible contact with the heart, and hence the sudden cry of pain, the rupture, and gradual filling of the pericardium with blood. I think that the fact of the boy living half an hour afterwards may thus be explained. The rupture not being complete, the blood would have to be gradually squeezed through a network of muscular fibre.

It is to be regretted that surgical aid was not applied for at an earlier date, as the needle could have been removed, and, perhaps, a life saved. The complete absence of blood in any of the cavities of the heart leads,

I think, to the supposition, that the external pressure of the blood in the pericardium had so completely closed the right auricle, as to prevent any more from entering the heart, and, in the absence of this, its natural stimulus, it would cease to act at the moment when the last drop of blood was squeezed through the network into the pericardium or into the pulmonary artery.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

A TEASPOON THIRTY-SIX HOURS IN THE GULLET.

By R. C. TODD, Esq., Staff-Surgeon Royal Army, Netley.

THE interesting case of the impaction of a tooth-plate in the oesophagus, recorded by Mr. Dearden in the last number of the JOURNAL, reminds me of a case in which I was concerned some years ago in Dublin, and which may be of sufficient interest to publish even at the eleventh hour.

About nine o'clock one evening, as I was on the point of going out to an evening party, a gentleman called upon me and asked me to come and see his wife, who had swallowed a spoon. From the account which he gave of the matter, I was disposed to look upon the case, at first, as one of hysteria; however, to make sure, I took with me the instruments which I thought might be needed, in the event of the story proving true.

I was conveyed to the house in one of those abominable vehicles, now happily extinct, called an Irish "covered kyar", and, on entering the lady's bed-room, I found the patient, calm and collected, seated in an arm-chair beside the fire, with a cup of cocoa on the table "fore-nest" her, as they say in Ireland. She at once motioned to her husband to leave the room, and, having made signs to me to be seated, walked over and locked the door, which, I confess, made me feel a little nervous. She then explained that she had pushed a teaspoon, with suicidal intent, down her throat, and that it had been there for thirty-six hours. She spoke in a whisper, had no pain or choking sensation, and swallowed fluids easily, but did not attempt solids.

On introducing my finger into her mouth and tickling the fauces, the effort at retching raised the spoon against the tip of my finger; and, after three or four attempts, I at last hooked the spoon in the top of the bowl, and out it came.

It was a small-sized teaspoon of Britannia metal, and, fortunately, had been pushed down handle foremost, and with the concavity of the bowl looking backwards. I attended for two or three days subsequently, but no bad symptom followed.

The circumstance was brought to light by the lady having sent for her priest, to whom she confessed the deed, and who insisted on her at once informing her husband.

TOXIC ACTION OF QUININE.

By W. B. HEMMING, Esq.

A CASE similar to that related by Mr. Garraway in the JOURNAL of October 9th, illustrative of the occasional idiosyncratic intolerance of quinine, has very recently occurred to me. It is the first time in twenty-five years' practice that I have seen such effects follow its administration; and, so far as my reading extends, I am not aware that they are mentioned by any writer on therapeutics as among the toxic qualities of that drug.

I prescribed for a lady, advancing in life, who was recovering from a very severe accident, a mixture containing one grain of quinine in each dose. The next morning I received an urgent request to visit her, as she had "passed a sleepless night, and a rash had shown itself all over the body." I found this to be the case. The rash was as vivid as in scarlatina, and attended with intolerable and incessant itching; there was slight puffiness of the face, but no œdema elsewhere; a white tongue, and slight uneasiness in the præcordia. My patient immediately said, "I know this is the quinine, as it occurred twice before, and more severely, when I took it in France, some years ago." A made minute inquiry as to her diet, etc., but could not discover anything to account for the rash. A highly intelligent and cultivated friend who was with her at the time confirmed what had occurred on the former occasions; and she said she had a clear recollection of having seen such an effect mentioned by a French author, accompanied by a theory as to its cause,