prepuce divided up to the corona glandis; if it be quite closed, an opening must, of course, be first made into the cavity.

6. *Calculi in the Urethra* is another cause of retention of urine; and there are other causes peculiar to women, such as excrescences about the meatus urinæ, prolapse or retroversion of the uterus, prolapse of the vagina, and accumulation of the menstrual fluid in cases of imperforate hymen, all of which are to be treated according to their respective requirements.

Rupture of the Bladder.—Both sexes are liable to this sad result. When it takes place from the pressure of the cervix uteri on the neck of the bladder in cases of retroversion, there must, necessarily, be great inattention on the part of the practitioner. There may be, certainly, some difficulty in introducing the catheter, but this may generally be accomplished, and if it cannot, the bladder may be punctured.

Rupture may be also produced by pressure of the child's head in a labour which has lasted many days; when, therefore, but little water is passed, whatever may be said by the nurse in attendance to the contrary, it is probable that the urine is accumulating in the bladder, and the catheter ought to be introduced without delay.

[The young practitioner, when conducting a tedious labour, ought frequently to examine the state of the bladder, otherwise it may gradually become distended without his being at all aware of it, and suddenly burst into the abdominal cavity.]

The bladder generally ruptures near the fundus. The symptoms indicating the event are a sudden sensation of something having given way, severe peritonitic pain, tension of the belly, and constant vomiting of a dark-coloured fluid, and if the catheter be introduced, no urine, or else a very small quantity of turbid and fœtid urine will be evacuated.

Patients in general die in three days after the rupture. The abdominal viscera, as well as the peritoneum, are found after death highly inflamed from the irritation of the acrid urine.

Rupture of the bladder may be occasioned by falls, and such a result may be suspected by the pain and tension of the abdomen, and by there being no desire to make water. Death always follows this result in a few days.

It seems rather extraordinary that after rupture has taken place, a patient shall void a few ounces of urine through the catheter; but as the rupture usually takes place at the fundus, it may easily be supposed that a small quantity of urine may remain towards the neck of the bladder.

The bladder is sometimes ruptured from a stone in its cavity. Whenever the bladder is in a morbid state and retention of urine comes on, mortification often takes place in forty-eight hours.

In the treatment of this case, no especial good can

be done. Pain may be alleviated by the warm bath and opium; but no particular advantage would be derived from puncturing the abdomen to evacuate the water.

[I cannot agree on this point with Mr. Pearson. Puncturing the abdomen and evacuating the effused urine, and washing out the peritoneal cavity by means of a stomach-pump, at the same time keeping a catheter in the bladder would, at the very least, give the patient the possibility of an escape from death, which must inevitably follow if no attempt be made to evacuate the urine from the peritoneal cavity. If the stomach can be cleared of a poison by this means, through a natural channel, why should not the peritoneal cavity be cleared of the poison of urine through an artificial one?]

If the bladder has been wounded by a ball near the pubes, the water may be evacuated through the wound, and the patient might recover.

Cystocele.—This is a displacement of part of the bladder, and was not understood by the ancients, except Lanectus, who gave a good account of it. It consists of a partial prolapse of the bladder, either through the abdominal rings, or into the vagina.

The part recedes under pressure, which causes a desire to pass the urine. This protrusion may be incarcerated as an intestinal hernia, but in its incipient state it may generally be remedied by the application of a proper truss or pessary.

[Some years ago I met with a case of vaginal cystocele, in an elderly lady, which for a long time passed unnoticed, and became extremely difficult of management.]

(To be continued.)

CASE OF POISONING BY YEW BERRIES.

By JOHN LLOYD, Esq., Surgeon, Bath.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association.)

I was requested a few days since by your Honorary Secretary, Mr. Bartrum, to present to this meeting the particulars of a case of poisoning by yew berries, and as but few cases are on record, and this being the only one in sixteen years of extensive practice I had met with, I did not hesitate to comply with his desire, and considered a brief history of the tree and its qualities would not be uninteresting to this Society.

Taxus baccata is the Latin name of the tree; derived from *taxōv*, an arrow. The common name yew is derived from the Celtic word *rw*, meaning green, its leaves being persistent. It is of the coniferous order. It and the savin, I believe, are the only two poisonous plants of that order in this country. It was planted by our ancestors in churchyards, as a place of security, on account of its furnishing the best bows; and I see in "Castle's Botany," that by a statute of the 5th of Edward the 3rd, every Englishman was directed to have a bow

of his own height, and the supply of them being too scanty, it was ordered that all ships trading to Venice should be obliged to bring home ten bow-staves. It is very long lived, and grows to a very large size. In the neighbourhood of Bath there are a great many trees, mostly of small dimensions. It has for ages been deemed poisonous. The physician Dioscorides, in Nero's time, (who, for that age was a learned toxicologist, and wrote on the *Materia Medica*), Galen, and Pliny, also attribute the most poisonous effects to it; and Cæsar, in the sixth book of his *Gallic war*, speaking of the defeat of Cativolcus, king of part of the Eburones, mentions that he poisoned himself. His words are—"taxo, cujus magna in Gallia Germanique copia est, se examinavit." Virgil, in his *Georgics*, expresses himself—"Si fugeant examina taxos."

Dr. Loder states the extract to have narcotic properties, and to be useful in rheumatism, and some other diseases. Dr. Percival relates that the fresh leaves were administered to three children for worms. Yawning and listlessness soon came on; the eldest vomited a little, and complained of pain, but the others expressed no pain. They all died within a few hours of each other. Gerard, in his "*Herbal*," speaks of its poisonous qualities; and a very interesting case is related by Mr. Hurst, of Mansfield, which resembles my own in some particulars, and both were induced by the nuts of the drupe.

Experiments.—From my time being limited, I was only able to perform a few experiments on fishes, which I now lay before you.

1. I procured some perch, and put three in six gallons of river water, and mixed with the water three ounces of the macerated drupe. Two of the fish died in twelve hours, the other is now living.

2. Three fish were put in six gallons of river water, and two ounces of leaves, previously macerated, were mixed in it. They lived eight hours.

3. One ounce of the nuts of the drupes, not bruised, were macerated, and placed in six gallons of river water; three fish were put in. They lived seven hours.

4. Three fish were put in six gallons of river water, and one ounce of the bruised nuts, previously macerated, mixed in it. They lived two hours.

Now, the effect of the drupe on the three fish, was not well marked; one lived, the others died, and were, after death, flaccid, their pigment remaining unimpaired. Not so on those of experiments 2, 3, and 4; they all died, and were very rigid, more so than is generally found in dead fish, for it is well known in their natural state their skins are tensely stretched over, and closely adherent to the muscular substance underneath; this rigidity was accompanied with their pigment, losing some of its brilliancy.

In speaking to a gentleman of the effects of the yew poison, he related the circumstance of a man, coming with a donkey to sell sand, when the animal ate of the leaves for some time, and after it had finished, in half an hour it died.

I now purpose giving you the history of the case occurring to myself.

On the 22nd of August last, a fine boy, 4 years old, ate many of the berries and nuts of the yew; two hours after he vomited, and was seized with convulsions,

coma, and purging; dilated pupils; respiration frequent; lungs engorged; tongue excoriated; countenance pale and depressed; pulse small and wiry; extremities cold. This was the state I found him in. An emetic was given, which cleared his stomach. Leeches were applied to the head, with abatement of the convulsions. Purgatives were given, to assist the natural efforts, and a teacupful and a half of drupes and nuts were voided; convulsions still continuing; leeches during the first day were again applied, with marked relief. Forty or fifty mucous evacuations, with many nuts in them, were passed for several days, accompanied with tormina and tenesmus of the most excruciating kind; these continued, with great prostration, for seven or ten days, allowing only of castor oil and anodynes, with wine, and a farinaceous diet, to be administered, at which time the evacuations began to contain vast quantities of pus, and petechiæ made their appearance on the fingers and toes, also ecchymoses. The vital powers from the beginning were so depressed, as to baffle anything like an active curative plan from being used, notwithstanding violent gastric and muco-enteric inflammation existed. There was pain to the last, before and after each evacuation, with prolapsus ani. He died nineteen days after eating the drupes and nuts.

I have much to deplore, notwithstanding the utmost endeavours of the Coroner and myself, that no *post-mortem* examination could be obtained.

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We have received a letter on the subject of the gross injustice done to the medical profession in the appointments made under the Public Health Bill, to which it had been our wish to direct the attention of the Members of the Association in the present number at some length. The desire, however, of giving insertion without curtailment, to the admirable, and at this crisis, vitally important, lecture of Dr. C. W. Bell, on the nature and treatment of the epidemic cholera, together with some other considerations, which it is unnecessary now to enter into, has interfered with our purpose, and we have been in consequence compelled, not only to defer this subject to another, though we hope not distant, period, but also to make other alterations in respect to some communications intended to have been inserted in the present number of the *Journal*, which we trust their respective authors will excuse. All omissions of this kind it will be our study to remedy as early as opportunity and attendant circumstances will permit; but there is one point which we trust