and a half. Dr. Simpson, in making a comparative estimate of deaths in the two operations, gives one death in fourteen cases, in which the placenta has preceded the birth of the child. But in this calculation he includes all the cases he could find recorded, in which the placenta has been expelled by the natural pains without proving fatal to the mother. As such cases can only prove the extraordinary constitutional vigour of the patient, which enabled her to resist the exhausting influence of the hæmorrhage, which in the generality of persons proves fatal, they are not just data for the formation of statistical calculations.

Statistical records of death are often formed without sufficient reference to the details of practice in each case. Before we can place great reliance on them, we should ascertain how many deaths recorded as having occurred from placenta prævia, treated by turning, were owing to *avoidable causes*, and how many were purely the result of the operation. Calculations formed with these precautions would, I have little doubt, prove the practice of turning in these highly dangerous cases to be entitled to the entire confidence of the profession as an established general rule, the *exceptions to which are exceedingly rare*.

CASE OF POISONING BY OXALIC ACID: RECOVERY.

By CHARLES BARHAM, M.D., Truro, Physician to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16, 1847.)

Mary Sampson, aged 37, married, had been complaining of violent headache and debility for some weeks, which were treated with tonics and leeching, with some relief. On July 29th she purchased of a druggist about an ounce of oxalic acid, for the purpose of destroying herself, the whole of which she dissolved and swallowed. In about ten minutes she vomited copiously a fluid of a dark bloody colour; the bowels were also purged; the fæces of a natural colour. She lay in bed exhausted, and in a state of insensibility, for four hours. On our visit we found her with senses returned, and able to converse. She told us she had taken oxalic acid, the quantity she had purchased, and the manner of mixing it. She lay supine; face extremely pallid; extremities cold; and the body covered with a cold clammy perspiration; the fingers semiflexed, rigid, and the thumbs bent into the palm of the hand; the pupils natural; the pulse scarcely perceptible at the wrist; heart's impulse much diminished, but both the sounds perfectly distinct. Respiration very slow; tongue brown and dry; converses when roused, but immediately lapses into a sleepy state. Complains of no pain. Ordered chalk mixture freely, with stimulants. On searching, we found no traces of the poison, nor of the vomited matter, the latter having been thrown away, and the vessel washed.

30th, 9 a.m. Remains in much the same state with respect to extremities, pulse at wrist, and heart's action; respiration very quick; face and lips blue

complains only of headache; the contraction of the fingers almost gone off; bowels open early this morning, stools of the natural colour; tongue brown; no vomiting.

11 p.m. Complains of much tenderness over the abdomen, and has been somewhat delirious in the former part of the evening, but is sensible now; bowels not open; other symptoms remain as they were this morning. She has vomited once a small quantity of fluid, with a deposit, which the analysis of an experienced chemist proves to be carbonate and oxalate of lime. Ordered to continue the chalk mixture, stimulants, and poultice to belly.

31st, 9 a.m. Extremities warmer; still covered with a clammy moisture; pulse more perceptible at the wrist, and impulse of heart stronger, but its action exceedingly quick; contraction of fingers gone; face less pallid; bowels open three times in the night; stools of the natural colour; still very drowsy, but perfectly sensible; complains of headache, and pain on pressure over the abdomen.

11, p.m. Has been delirious since 6 p.m., with paroxysms of violent struggling; extremities warm; face flushed; pulse much fuller, 120. She is now perfectly rational; complains still of headache, and pain on pressure over the bowels, which have been relieved twice this morning, stools of natural colour. Omit stimulants; chalk mixture less frequently; poultice to belly.

August 1st. She has passed a comfortable night, with intervals of sleep, without any return of delirium; the face is flushed; she complains of headache, pain on pressure over the abdomen, and intolerable thirst. Bowels moved twice; stools mixed with blood. She has vomited some fluid of a yellowish colour; has some slight cough, with soreness of chest; respiration quicker than natural; pulse soft, 110; tongue dry and brown. To have gruel and other nourishment, and a mustard cataplasm over the abdomen.

August 2nd. She is much better to-day; all tenderness of abdomen gone, as well as the vomiting, and there has been no return of delirium; sleeps comfortably; still complains of headache, and excessive thirst; pulse 84, good; bowels open twice, stools of natural colour; she is extremely weak and emaciated; tongue cleaner. To have mutton soup frequently, and to take ammonia and tonics.

9th. Since the last report she has been gradually recovering; she is now able to get down stairs and walk about a little; is extremely weak. Two days since an eruption appeared over the body similar to the maculæ of typhus, which has now completely disappeared. She complains still of intense headache, and has a very desponding look.

This poisoning occurred about seven years ago: no ill consequences have remained. I am indebted to Mr. Slyman Michell, the surgeon with whom I attended this case, for the above narrative.