thick and viscid; reaction acid, specific gravity 1.044, and yielding on evaporation nearly half its weight of imperfectly dried solid matter; the alvine secretions were black and scybalous. On inquiry, I found that the child was weaned at two months, after which it became very fretful and restless. To prevent the inconvenience from this source, it was occasionally treated, with what is called in this neighbourhood, "a sugar-teat," *i.e.*, a pinch of moist sugar tied up in rag, and placed in its mouth. This expedient answered so admirably, that the same process was repeated with increasing frequency, until, for some time before my visit, he had consumed in this way from three-quarters to a whole pound of sugar daily, taking no other nutriment, except on rare occasions a draught of milk, sweetened with sugar. Cold water would have been swallowed with avidity at any time, but from the fear of this liquid, so prevalent among the ignorant, was rarely supplied. By way of remedy I suggested, without, I must confess, a hope of success, for the infant seemed to be dying, an immediate abandonment of "sugar-teats," the child to be nourished with milk-and-water, alternating with weak animal broths, the thirst to be fully gratified with cold water, and the following medicines given:—*R. Potass. Nitrat.*, gr. xij.; *Acid. Nitric.*, m. iv.; *Infus. Aurant.*, dr. iij.; *Aq. Distill.*, dr. ix. *M. Coch.*, min. j., *quartis horis adhibend.*—*R. Hyd. cum Creta*, gr. ij.; *Pulv. Aromat.*, gr. ij. *Fiat Pulv.*, *hora somni sumendus.*

24th. On my next visit, about eighteen hours after, the child appeared much the same, had passed a much quieter night than was expected, and although the directions respecting medicine, food, and drink, had been scrupulously attended to, the quantity of urine passed was greatly lessened, and none could be procured for inspection. Ordered to persevere, though still with very little expectation of permanent good.

26th. Unavoidable circumstances prevented my seeing the patient on the 25th, but when I called the next morning I could scarcely think I was looking upon the same child. The face was now thin and pale, wearing an easy though faint smile; the limbs warm, and the general temperature and colour of the body natural; the tongue was paler, the thirst less, and the appetite for wholesome nutriment increasing. The bowels had been considerably purged, five or six motions having been passed, which were first black and semi-solid, but latterly fluid and green; the quantity of urine had again increased, but it had now nearly lost the diabetical character; it was pale, acid, of specific gravity 1.022, and not appreciably sweet, and I could detect no saccharine properties in the solid residuum after evaporation. I can add no more. From this time the infant rapidly improved, and at the end of a month was a fat healthy child, and has ever since remained strong and well. It was my intention to have transmitted a specimen of the urine for strict chemical investigation, but from the circumstances detailed above, I never had an opportunity of procuring another specimen after that which served for my first rough examination; and from the unexpectedly rapid recovery of the little patient, the opportunity was lost for several observations, which have since suggested themselves.

CASES OF POISONING BY THE ACETATE OF LEAD, WITH REMARKS.

By WILLIAM NORRIS, M.D., Stourbridge.

Acute and chronic diseases of the abdominal viscera form a large class of the most violent and dangerous character that come under the treatment of the medical practitioner, and without early and decisive measures, they too often terminate fatally; and any opportunity that may occur to throw the least additional light on their pathology or treatment, should be zealously cultivated. As an awful occurrence has taken place in the towns of Stourbridge and Kidderminster, and the neighbouring villages, from the mistake of a miller's servant, who mixed about thirty pounds of acetate of lead, in the place of alum, with sixty or eighty sacks of flour, nearly a thousand persons having suffered from its poisonous effects, I shall make a feeble attempt to place before the profession anything new or striking, with the hope that it might induce eminent toxicologists to investigate this alarming disease more minutely. The sufferings of the patients being unusually protracted and severe, in consequence of eating the poisoned bread some weeks after the violent symptoms first commenced, the strongest and most robust men, (from long suffering, and from the frequent occurrence of violent paroxysms,) have been reduced to the most emaciated and feeble state.

The persons who ate the bread, after a few weeks complained of a peculiar taste; some compared it to soda, others to rusty needles or copper. The tongue was covered with a darkish cream-coloured mucus, and was soft and flabby; the gums were swollen, with a blue line on the margin, and in many cases the blue tinge extended nearly over the gums, and occasionally on the inner side of the lower lip, and in a faint degree over the mucous membrane of the mouth and towards the fauces; the tonsils were in some cases enlarged, producing soreness of the throat, and in other cases there was salivation, a clear fluid flowing from the mouth many days after convalescence. These symptoms were accompanied by loss of appetite, nausea, vomiting, flatulency, and obstinate constipation, with a sense of constriction in the throat and epigastrium, and a violent spasmodic pain and twisting around the umbilicus, which was retracted; the pain was sometimes increased by pressure, occasionally extending over the abdomen, and when the paroxysms were violent, the muscles of the abdomen were contracted spasmodically, and a most frequent symptom was pain in the loins, about the situation of the lumbar fascia, and in the deltoid muscles. The patients were chilly, with great languor and lassitude; the cutaneous secretion was diminished; the intellect was clear, but there was generally depression of the nervous, sanguineous, and muscular systems; the pulse was low and feeble; the features were sallow, and shrunk; and the muscles felt soft and flabby; the fluid vomited was often mixed with bile, and occasionally coffee-ground secretion; the feces were dark, and highly offensive, with scybala; the secretion from the kidneys was scanty, and of a dark red colour, almost like porter.

Treatment.—The bowels were in general so obstinately costive, that large and frequently repeated doses of the strongest cathartics were often necessary. Sometimes I began with a large dose of calomel, followed by sulphate of magnesia or castor oil; when these did not produce sufficient effect, croton oil, and voluminous enemata, were used with manifest advantage. Croton oil frictions were useful when vomiting was excessive. To allay the sickness, hydrocyanic acid, or a few doses of calomel and opium. By the omission of the daily purgative, the symptoms would, in many cases return. The patients were directed to take light nutritious food and milk during convalescence. Some cases were so slight, (although the gums were blue,) that the patients would not take medicine.

In violent cases, when other remedies had failed, the warm bath relaxed the spasms very speedily. Opiate frictions, and bran poultices, were useful in milder cases. The soothing effects of the warm bath, in some instances, were quite astonishing, and in violent cases it should never be omitted, for it not only relieves the abdominal pain, but allays the spasms and irritation in other muscles of the body. When there was tenderness in the abdomen on pressure, leeches were beneficial; and in one case venesection was absolutely necessary.

A young woman, Phœbe Welch, aged 22, who had suffered severely from peritonitis three years before, had been ill from the effects of lead more than a week, when the pain in the abdomen much increased, with great tenderness on pressure, feverish excitement, and rapid pulse. Venesection and leeches were used, and the sufferings were mitigated; the symptoms returned with increased violence, and bleeding and other antiphlogistic remedies were repeated. The blood was buffed and cupped. As the inflammatory symptoms subsided, she became almost maniacally hysterical on several successive nights, and yet she recovered many weeks sooner than any of the family, so that I am inclined to believe, in strong subjects venesection may be useful.

In very severe cases there was great exhaustion, and a slight leaden hue in the countenance; then stimulants became absolutely necessary.

In one of the last numbers of the *Provincial Journal*, I found iodide of potass recommended in small doses, as a remedy for the poisonous effects of lead and mercury, by forming a soluble salt, which is readily eliminated. The experiments were performed by M. Natalis Guillott, read before the Academie des Sciences, Paris. I have tried this remedy in several cases; and certainly, gums that had been blue for months, in a few days changed to a more natural appearance, and no symptoms of severity have since occurred; in fact the patients appear now quite convalescent.

GENERAL REMARKS.—It was melancholy to observe ten or twelve patients, in poor families, all suffering at the same time, and scarcely able to assist each other, without funds and without necessaries.

The poison of lead appears to exert its deleterious effects mostly on the muscular system. One of the most frequent symptoms was an acute or chronic pain

in the muscles of the loins, and perhaps also in the fascia lumborum; and in many cases the larger muscles of the body were affected with pain. Probably the abdominal pain is occasioned by the spasmodic constriction of the muscular fibres of the larger bowels, thus diminishing their contractility of tissue; and this may, in part, be the cause of the constipation, though in some cases the pain may be confined to the abdominal muscles.

In a youth, 18 years of age, with blue gums, the pains were confined to the muscles of the arms and legs, and he suffered most severely from violent contractions in all the extremities, without pain of abdomen or loins.

In this neighbourhood we have numerous glass houses, and many hundreds of men are constantly employed in the fumes of lead, and we know them by a sallow, thin, unhealthy aspect, with soft and flabby muscles. The relapses in some constitutions were very frequent and very severe, sometimes after several weeks had elapsed, and patients thought themselves well.

Mr. Segar, aged 47, an irritable man, of nervous temperament, had suffered from several severe paroxysms, the pains began gradually to return a month after the onset of the disease, and increased like the pains of labour, every ten minutes or a quarter of an hour; there was great difficulty in relieving his bowels, (which, in many instances, were locked up for a week or nine days); when the bowels were cleared, large and repeated doses of laudanum only mitigated his sufferings, till at length, at the end of thirty-six hours, the pains were returning very frequently, and became more and more violent, in the abdomen, back, and various parts of the body, somewhat similar to the last pains of childbirth, with the pulse excited, and the face flushed; he was almost maniacal, biting and tearing anything before him. An immersion in the hot bath acted like a charm; in a few minutes the pain subsided in the bath. He went into a profuse perspiration, and slept all night. At the end of two months the case terminated with severe diarrhoea.

Sarah Welch, aged 20, a strong robust woman, had more than a dozen severe paroxysms for six weeks, and was confined to her bed, and at the end of seven weeks had an attack more severe than any that preceded. The pains intermitted, being sometimes moderate, then succeeded by agonizing torture. The warm bath gave great relief in this case, but there was a slight return from irritating scybala; and so long as scybala remain, there is no safety. In these cases the lower bowels were often freely opened, still much irritating matter remained in the upper bowels, and perfect ease from the paroxysm cannot be ensured till all irritating secretions are removed. All ages suffered, even children at the breast; also rabbits and birds. Some persons were affected very slightly, having only a slight griping pain in the bowels, with muscular pains, dyspeptic symptoms, and a half-jaundiced appearance. Many of these chronic cases went on two or three months without any violent paroxysm.

I attended a painter, who had suffered severely from paroxysms nearly a week, when some scybala came away

of very curious appearance, of oval shape, the size of marbles; they were fatty substances, rather hardened, like suet, with a green tinge. The patient told me that for weeks he had been eating fat mutton, and had been very much employed mixing green paint. The symptoms now subsided; he had no return.

The extensive blueness in the gums was a very characteristic feature in this disease. I saw 120 cases, and I witnessed this peculiar change in most of them. There were very few exceptions. Those patients with the gums most tinged did not always suffer the most acute symptoms, but they continued more or less indisposed till the gums assumed their healthy aspect; but I do not consider any patients safe, if they have suffered from severe paroxysms, while this unnatural appearance remains, for many have followed their avocations for weeks, and have then been doomed to fresh, and perhaps more severe attacks. I ate the poisoned bread myself, but the symptoms went off very lightly. In convalescence I always enjoined strict attention to the bowels, very warm clothing, and a milk and light diet.

No case of paralysis of the arms has yet occurred. Some violent cases were followed by mild typhoid symptoms, others by slight jaundice, anasarca, and diarrhoea. One diseased old woman, subject to pyrosis, I think must have died from exhausting diarrhoea if she had not been well supplied with laudanum, brandy, and other stimulants.

Some are easily affected with small doses of lead, whilst others I have seen since the last few months have resisted its effects most wonderfully. I knew a man take half an ounce of Liquor Plumbi in mistake, without any ill effects.

I have endeavoured to give a faithful narrative of the cases, taken from the bed-sides of the patients, and it is gratifying to be able to state, that we have not lost a single patient, though all will admit that they never saw before such violent and long-continued cases. This differs from Andral's computation, who states that one death generally occurs in every hundred. This success is very satisfactory to the medical men, who attended the patients most diligently and zealously, and I feel much obliged to them for frequent discussions on their cases during treatment.

The miller was also a paper maker, and used acetate of lead for bleaching his paper.

Stourbridge, May 25, 1849.

FIBROUS TUMOUR OF THE UTERUS, &c.: CASE AND REMARKS.

By EDWARD BALLARD, M.D., East Retford,

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The following recital can scarcely be denominated a *clinical* illustration, but as it illustrates some interesting points in connection with the progress of a very common disease, I do not hesitate to submit it to the readers of the Journal.

CASE.

Abdominal Tumour; Fluctuation, &c.: Fibrous Tumour of Uterus; Perforation and Inflammation of the Peritoneum, &c.

About six years ago I was requested by Mr. Garland, of Islington, to examine the body of a patient of his, an old lady, who had for many years been the subject of an abdominal tumour. The only history of the case I could obtain, either then or subsequently, was that for a short time before her death the abdomen had been increasing unusually in bulk, and, without making any complaints which led him to suspect an inflammatory disease in that cavity, she had gradually sunk.

The body generally was stout; the abdomen was very much enlarged; and there was a very distinct fluctuation perceptible, with dulness on percussion everywhere but at the epigastrium; no solid tumour could be felt; there was much œdematous thickening of the abdominal walls in depending parts; and the legs were also swollen.

The abdomen was tapped, and about four gallons of an opaque, reddish-brown, turbid liquid was drawn off, specific gravity 1.018; it appeared to contain fine floating particles. As the cavity of the peritoneum became emptied, the abdominal tumour stated to have been present during life became perceptible to the hand, large and circumscribed, occupying a considerable part of the abdomen, hard over a great part of its extent, but in some parts yielding to pressure; it was capable of being lifted by insinuating the hands behind it. On opening the abdomen the tumour was found to be connected with the uterus, occupying the inlet of the pelvis, and projecting ten or twelve inches above it, and more towards the right side than the left; it had evidently formed in the fundus of the organ, since the broad ligaments and ovaries were in their natural position, the Fallopian tubes not laid along the sides of the uterus as when the entire body is enlarged. There were no morbid adhesions. The size of it was that of a large adult's head; the peritoneum which covered it was rough, corrugated, dense, and thickened, and attached to it were loose shreds of brownish-red lymph, especially on the anterior and superior parts. The right side of the tumour was hard, but the left presented a more globular protuberance, containing fluid. At the upper and lateral part of this softer portion was an opening, about the size of a large pea, through which a liquid might be pressed, similar to that in the general cavity of the peritoneum. The weight of the entire tumour was between four and five pounds; its solid portion consisted of fibrous matter. The cavity was about the size of a child's head; its contents were a liquid, such as was discovered in the peritoneum; and a large quantity of a reddish brown shreddy lymph attached to the wall, and lying loose in the interior. The wall measured three lines at its thinnest part; it was lined by a softer substance, of a red colour, and capable of removal by scraping with the scalpel, varying however in density and in thickness from a line to half an inch. This cavity was separated from the true uterine cavity by a tissue, of about an inch or more in thickness. The cervix uteri had disappeared, the vagina