a natural color and consistence, and the skin had changed its spots. With a view to combat the debility consequent on so severe an attack, I prescribed as follows:—

Infusion of hops, ten drachms;
Tincture of Calumba, two drachms;
Dilute hydrochloric acid and spirit of nitrous æther,
of each twenty drops. A draught thrice a-day.

The other medicines to be omitted.

I ought perhaps to notice that, from the first, I permitted my patient to have a glass or two of port wine, diluted, daily, together with a plentiful allowance of meat broth, and a moderate portion of salt; I also directed him to use rice as freely as he was able.

The value of the present case arises from its tendency to illustrate, if not to confirm, the truth of the doctrines promulgated not long since by Dr. Stevens,* concerning the strikingly altered condition of the blood in some diseases—for instance, in Asiatic cholera, certain fevers, purpura, &c., more especially with reference to its saline constituents as well as the expedients necessary for restoring it to a healthier state. I am of opinion that much advantage is derived from saline medicines taken at the commencement of effervescence, inasmuch as the somewhat intense chemical changes which they undergo, whilst in direct contact with the gastric surface, must create there very considerable electrical development (the inseparable companion of chemical action under all circumstances); and this becomes a gentle excitant, which is felt throughout the nervous system, and proves particularly salutary in those disorders, such as typhoid fever, &c., where the general vital energy has been much impaired.

MR. SWEETING'S CONTINUATION OF DR. OKE'S CASE OF PARACENTESIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Many of your readers will, doubtless, recollect the interesting account published by Dr. Oke, of Southampton, of the case of Robert Gee, who had undergone the operation of paracentesis thoracis, for the evacuation of a fluid in the left cavity of the chest, the sequela of severe pleuritic inflammation.

The man, upon his discharge from the Southampton Hospital, removed to this his native village, where he has resided about two years. When I first saw him there was a small discharge from the wound, which at times healed, then gave way, allowing an exit to purulent matter, at which times could be distinctly heard the rush of air through the wound, as described by Dr. Oke, showing its communication with the lung. The poor fellow lingered in variable states till the 17th instant, when he died. He became at last very dropsical, and about a month before his death I evacuated four gallons of water from the abdomen. At this time serous fluid escaped from the wound in the chest, but soon after, and up to the close of his life, there was a copious discharge of purulent matter of the most offensive fœtor I ever encountered, except in a case of gangrene of the lungs; and through the last night of his life it poured out of his mouth and nostrils so abundantly as to lead to the supposition that a large abscess had formed in the lung.

* See Dr. Stevens' work on the Blood.

I had no opportunity of examining the body, the offensiveness of which, together with the heat of the weather, obliged his friends to bury it on the 19th.

I remain, Gentlemen,

Your obedient servant,

W. SWEETING.

Abbotsbury, September 19, 1843.

ON

SLOW POISONING WITH LEAD.

By Dr. SHIPMAN, of Cortlandville, N. Y.

On the night of the 8th of January, 1842, I was called to the village of M'Laen, Tompkins Co., to consult with Drs. Hall and Chapman, in relation to some cases of poisoning with lead in the family of Mr. Horace Baker.

The history of the cases, as given by the physicians and family, is as follows:—About six weeks previously some new cider was poured into a wash-tub which had been newly painted with white lead and linseed oil, inside and out, and the family, consisting of the man, his wife, three or four children, from the ages of six to two years, and a hired man, began drinking it. The cider was drunk at meals, the most of it by Baker and his hired man, and the least by Mrs. B. and children. The use of it was persevered in for nearly four weeks. The family remarked that after a few days the cider had a smart, pungent flavor, then became dead and flat, and after a few days more became more lively, but rather hard. The first effects were perceived in the children, particularly a small boy who had taken quite liberally of it, and began about two weeks after first commencing its use. His mother perceived that his gait was awkward, and that he frequently tumbled down in crossing the floor, and that he staggered and complained that it hurt him to walk, and that his feet pained him, especially the bottoms of them. Soon the other children complained in a similar manner; they also complained of feeling sick at the stomach; and cutaneous eruptions made their appearance on the legs, arms, and face, of a vesicular character.

The next taken was Baker, then his man, and next Mrs. Baker; as their symptoms were nearly alike, I shall describe them in common. The first symptom was slight nausea, which continued several days, with a load at the pit of the stomach; then a soreness and tenderness of the soles of the feet when first getting out of bed in the morning, so much so as to be unable to walk without first rubbing them, and then there were pains in the limbs, which they supposed were rheumatic; cutaneous eruptions also made their appearance. The soreness in the soles of the feet disappeared in the course of the day, after taking exercise and getting warm. The next symptom was severe colic pains in the bowels, which took place several days subsequent to the affection of the feet and legs, and from four to five weeks after first commencing the use of the cider. Being now satisfied that the cider caused the difficulty, its use was abandoned, and a physician called, who treated them with bleeding, cathartics, and anodynes. The symptoms were obstinate, and continued so with little abatement for four weeks. The bowels were obstinately constive;

tongue dry, with a dark streak in the centre; abdominal muscles retracted and rigid; anorexia, with little fever, and scarcely any disturbance of the circulation. Mrs. Baker soon recovered, not having taken much of the cider, as did also the children. But Baker and Ladd, his hired man, were a long time in getting well, and even at this time are troubled with colic, and pains in the soles of the feet, with cutaneous eruptions. Venesection and anodynes, with cathartics of Epsom salts and castor oil, constituted the treatment. Alkalies and mucilages were also freely used. A hired girl, who lived in the family, and who did not use any of the cider, was the only one who escaped a fit of sickness.

The pain and soreness in the soles of the feet were peculiar, and were the first and prominent symptom in every case, and the cutaneous eruptions were also peculiar. The above is an example of the slow and gradual introduction of lead into the system, and its effects were in proportion to the quantity imbibed.

I fear that acetate of lead is not used by medical men as an internal remedy in hæmorrhages and other complaints, where it is recommended in books, with that caution which the nature of the article requires. By many it is a kind of cure-all for hæmorrhages of every kind, diarrhoea, &c. It is a remedy which may induce a worse train of evils, if used without proper precautions, than the disease for which it is prescribed. A deplorable case fell under my observation some years since, which I am induced to believe was wholly caused by the injudicious use of acetate of lead. A lady, aged about thirty-five, mother of five children, and of a good constitution, suffered abortion in the third month. The placenta was retained three or four days, and some considerable hæmorrhage followed. To restrain it, the acetate of lead was given freely every two or three hours. I was called on the fourth day, and removed the placenta, when the hæmorrhage ceased, and although she had not lost blood enough to sap the foundations of life, yet she never recovered. Complete prostration of the powers of digestion; obstinate constipation, and spasms of the bowels and abdominal muscles, with colicky pains; the gums became spongy and ulcerated; and before she died vibices and spots like purpura hæmorrhagica made their appearance. She lingered three months, and died a painful and miserable death.

The past summer a young lady, aged sixteen, of a delicate constitution and nervous temperament, had been troubled with profuse menstruation, at times amounting to menorrhagia, for many months; I had always been successful in controlling it with the persesquinitrate of iron and kino; being absent when she was taken, a young practitioner was called in, who gave her Dover's powder and acetate of lead. After taking several doses, the hæmorrhage ceased, but violent pain in the bowels came on, attended with obstinate vomiting, spasms in the arms and legs, constipation, and fever, with most exquisite tenderness of the bowels, which continued several days. Large doses of morphine and fermentation to the bowels, with mercurials, finally relieved her, but she has nearly recovered her accustomed health.

In 1838 I was called to attend a lady, forty-seven years of age, who had been troubled for three years with uterine hæmorrhage, and had been taking the

acetate of lead and opium for the last two or three months; the hæmorrhage had been less since the use of the remedy, but severe and constant pain in the bowels, with much tumefaction and prostration of the digestive powers, was the result; a discontinuance of the lead and a substitution of the persesquinitrate of iron, with laxatives of the syrup of rhubarb, restored her to comfortable health, and she has remained so to this time.

In an alarming hæmorrhage, where it is necessary to use prompt and efficient aid, a dose or two of the acetate, well guarded with opium, may be advisable, and is probably the best means we possess. But where the case is not urgent, I believe, from what I have witnessed, that it should not be employed.—*American Journal of Med. Sci.*, July, 1843.

* * * We are fully inclined to agree with Dr. Shipman, that lead is used far more frequently and incautiously, and in much larger doses than it ought to be. During the last summer a poor woman consulted us for menorrhagia, and said that she had been lately under the care of a physician, but that she was afraid to apply to him again, as one dose of the medicine he had ordered her had taken away the use of her arms for three days. We asked to see the prescription, and were not surprised to find that it ordered two grains of acetate of lead, and a quarter of a grain of opium, every six hours.—Ed.

VILLITIS INTESTINALIS PUERPERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In your Journal of September 23rd I perceive an account of two cases, by Dr. Oke, which he terms "Villitis Intestinalis Puerpera." I am led to make the following remarks from the fact of the Doctor's statement, that he cannot find this malady accurately laid down by writers in midwifery:—

I myself lately witnessed a case at the Dublin Lying-in-Hospital precisely similar to the first of Dr. Oke's, in which the patient was seized with a rigor, followed by fever, with nausea, furred tongue, diarrhoea, a pulse of 120, and slight pain on pressure over the uterus; and I classed it under the "gastro-enteric form," so ably described by Dr. Robert Ferguson, in his learned dissertation on puerperal fever.

"This form," he says, "assumes the general characters of mild typhus, accompanied with intestinal irritation. There is either no peritoneal affection, or it is very slight or transient, so as soon to be lost in the mass of constitutional symptoms which endure during the whole of the illness. The malady rarely lasts less than seven or more than twenty days. It is ushered in by rigor, succeeded by a hot fit, which frequently, though not always, gives place to peritoneal tenderness of a mild character and short duration. From the very onset of the disease there is some marked irritation of the mucous membrane of the intestinal canal, with vomiting, nausea, or diarrhoea, in which the evacuations exhibit every kind and grade of vitiated secretion, varying in color, consistency, offensiveness, and frequency."