OBSERVATIONS ON THE DEATH OF THE LATE LIEUTENANT-GENERAL DICK.

By EDWARD BLACKMORE, M.D., Bath.

General Dick entertained company at dinner the day before his death, and appeared quite well. On the morning of his death, March 13th, 1844, at the age of eighty, he is said to have complained of slight nausea, flatulence, and giddiness, so that on reading the family prayers, "the letters seemed to turn round." For this some peppermint water was given by his daughter. At eleven o'clock his butler took a cup of chocolate to him, when he appeared as well as usual, and had smoked his cigar. About a quarter of an hour after mid-day, the servant observed him to be rather pallid, leaning back in the chair, his mouth a little open, the eyes dim or drowsy. On a visitor being announced, he replied, "*I will go and see him*," but he did not stir. A few minutes afterwards the servant was summoned, and found his master on the floor, *on his hands and knees*, and his grandson attempting to lift him. He was thought to have a fit, but the butler saw no spasm. On his being placed on the knees of the servant who was seated in a chair, he gave a long sigh, and his head fell back lifeless. Not fifteen minutes had elapsed from the time of the visitor's being announced to his death.

Seventeen months after the burial the body was exhumed, in order to a Coroner's inquest being held. The body was marvellously little changed, (it had been interred in lead;) the brain was in a pulpy state, the ventricles held no serum; the thoracic viscera were sound; the abdominal organs were so free from decomposition as to admit of perfect investigation. The stomach exteriorly presented a purplish red appearance; it contained only some chocolate; its mucous coat was generally soft, and at the cardia very vascular, the vascularity extending also up the œsophagus; the intestines were, exteriorly, natural, and loaded with fat; the mucous coat of the duodenum, in its first portion, exhibited a large spot of intense inflammation, (so called,) with an appearance of extravasated blood, and of a deep yellow colour, which yellow staining had penetrated to the exterior of the gut; another portion, also, near the jejunum, presented a similar appearance, without the yellowness; the interior of the last portion of the jejunum also exhibited, for several inches, marks of (supposed) intense inflammation. The large intestines were natural, and full of greenish fæces. The liver was shrunk, but firm; the pancreas natural; the spleen degenerated into a cheesy fatty mass.

Mr. Herapath, of Bristol, ascertained *that no mineral poison existed, and that the yellow staining was from the bile.*

The jury returned a verdict of "*Death from inflammation of the stomach and intestines; the cause of which there was no evidence to show!*"

Concluding, as I do, that the facts of the case absolutely exclude the possibility of poisoning, I shall simply inquire, with a scientific object, *What was the fatal disease?*

Two experienced medical men, who saw the case the moment after death, certified to the Coroner, from what they heard of the symptoms merely, that it was death from *serous apoplexy*: and this opinion is held by one of them after attending the posthumous inspection

and the inquest. The opinion of the jury was however, as I have said, opposed to this idea. In favour of the first view, it is contended, that the state of the brain does not disprove the existence of serous apoplexy, for the serum might be absorbed after death, and that the giddiness and nausea complained of, on the fatal morning, point to the head as the seat of the disease. On the other hand it is maintained, that the history of the case *during life*, does not give even presumptive evidence of apoplexy, but indicates rather a state of *leipothymia* passing into syncope;—that whenever death, so sudden as in the present instance, arises from apoplexy, and is attended with syncope, there is, almost universally, effusion of blood in the brain;—moreover, that serous apoplexy in the aged, is almost invariably preceded by unequivocal symptoms,—for example, lassitude, dulness of feeling, sleepiness, a change in the power of speech, tremors, disturbing dreams, pallid languid watery eyes, deprivation of sight, giddiness, sickness, easily disturbed breathing, &c.;—also, that serous apoplexy is never so suddenly fatal as was the cause of death in this case; at least, in my personal experience, I cannot remember one similar death from this disease. Doctor Abercrombie's volume does not contain one such, in all his cases, either of simple or of serous apoplexy; the patients lay for some hours in a comatose state. I can find only one case on record, of sudden death from apoplexy with serous effusion,—that quoted by Van Swieten, from Wepfer:—

A man, aged 64, who during the whole morning had been engaged in his work and in conversation, as in health, stricken at midday by sudden apoplexy, and instant death. A large quantity of serum was found betwixt the membranes of the brain, in the ventricles, and in the spinal canal. No premonitory symptoms showed disorder in the head; the man was however of an unhealthy habit of body, "*cachecticus et humidus*"; had indulged his appetite more than usual shortly before his death, and being at times thirsty, he had drunk largely of cold water.

In disputing the opinion that General Dick died of apoplexy, I would not appear to reflect on the judgment of the very respectable practitioners who signed the certificate. It is a common practice to refer sudden deaths in the aged to apoplexy; and where well-marked head symptoms have existed some time previously, or the habit of body or habits of living have been such as are known to favour apoplexy, it is not wonderful that a medical certificate is given on a view of the symptoms merely, without subjecting the surviving relatives to the annoyance of an anatomical inspection and a coroner's inquest.

From remarking, however, the extreme infrequency of sudden death in the aged from apoplexy, I am determined never to certify of such a cause of death, unless I shall have been allowed to verify my opinion by an anatomical inspection.

In regard to the other assigned cause of the death, the first question to be solved is, whether the morbid appearances in the alimentary canal, conclusively establish the existence of a severe disease during life? Most of the members of the Association will remember the striking evidence adduced by Dr. Yellowly, of the fallaciousness of such appearances. Pathologists who cultivate morbid anatomy, are continually being surprised at the want of proportion observed in the slight

symptoms of disease during life, and the great organic changes seen on dissection; we are amazed and perplexed at the discovery of what we regard as latent disease.

In the present case, however, I am led to believe, from attested facts by competent observers, that gastro-enteritis did exist in a minor degree, probably for some days, disguised and obscured by the combined influence of old age and tobacco smoking, and that it was rapidly increased on the morning of the fatal event.

That inflammation, particularly of the mucous coat of the intestines, does spontaneously arise in old persons of an insensible or enfeebled constitution, and exist in a latent state, and then, under the influence of ordinary causes, rapidly increase, and become suddenly fatal, is well known to the experienced members of the profession. Physiology and bed-side observation do show and explain the depressing influence of gastritis and enteritis on the vital powers: and we can understand their rapidly fatal consequences in old persons, independent of any violent extensive shock to the nervous system.

Is it extraordinary, that in a person of eighty, fatal syncope should be readily induced by the stomach derangement, which the inspection shows, after all allowances for after-death organic changes, to have subsisted in General Dick. I admit that so sudden a death from abdominal inflammation, unattended by more severe symptoms, is extremely rare. I have indeed had one case of sudden and extreme tympanites intestinalis, in a very aged lady, fatal in four hours, where the chief symptoms were remittent pain and fainting. If medical men had more frequent opportunities of anatomically inspecting very old persons, dead after a sudden and brief illness, I am persuaded that the disease and the death in the present sad case would have excited less perplexity, and the jury would have been enabled to return a less equivocal and less distressing verdict; one that would have excluded the shadow of a suspicion that other than ordinary causes were in the least degree involved. And it would have been more conducive to the honour of the profession in the Bath Coroner's Court, if the medical men present could have given a decided judgment on the bearing of the facts deposed to, both those occurring before, as well as after the death, so as to dispel the mystery which evidently enveloped the minds of the Coroner and the jury, and so as to fix a persuasion that the death was a natural event.

Bath, August 28, 1845.

CASE OF POISONING BY ARSENIC: EMPLOYMENT OF THE HYDRATED PEROXIDE OF IRON: RECOVERY.

By WILLIAM ALLISON, Esq., East Retford.

About half-past five p.m., December 2nd, 1844, I was desired to visit M. J.—, aged thirteen, residing three miles off, a girl of violent temper, who, having been warmly reproved by her father on account of misconduct with a young man, had swallowed arsenic. Before four o'clock, a large teaspoonful, and before five o'clock, about a like quantity was taken: each portion was mixed in water; and she had suffered violent spasmodic pain, according to the messenger's,

(her brother's,) account, "writhing," "twisting about," "moaning," and "making strange faces."

On arriving at the house with a stomach-pump, castor oil, magnesia, and hydrated peroxide of iron, she was found vomiting, and more free from pain, but complaining of a sensation of burning heat in the throat and stomach, with a feeble pulse and a cold skin. After a little resistance on her part, and on my part, after having both coaxed her to swallow a heaped table-spoonful of the iron mixed in water, and threatened to overpower her and to use the stomach-pump, the iron was swallowed. About ten minutes afterwards, when thin gruel, containing magnesia, was just cool enough to inject into the stomach, effectual vomiting occurred. A second quantity of iron was swallowed, and on my going up-stairs a second time with the liquid for injecting, free vomiting again led to the administration of a similar dose of iron: about ten drachms had been then swallowed. After waiting half an hour, the girl, complaining of violent pain, drank an ounce of castor oil, which soon returned, with a part of the iron. I then went home, having promised to send something to relieve her pain.

Mitte pil. opii, (gr. j.) No. iij.

R. Rhei pulv., Magnes. carb., Sacch. alb., sing. dr. ij., Aquæ, oz. vj. Fiat. mistura.

R. Magnes. carb., Pulv. acaciæ, Sacchari albi, sing. dr. iij., Aquæ puræ, oz. vj., Fiat mistura.

A pill to be taken when in much pain; two table-spoonfuls of each mixture alternately every hour.

December 3rd. Several motions, evidently containing the preparation of iron.

4th. No motion during the night; pulse becoming natural; pains slight.

R. Rhei pulv., scr. ij., Magnes. carb., gr. x., Syr. papav., dr. ij., Aquæ, dr. x., pro. haustu. Mitte ij.

R. Magnes. carb., dr. iss., Magnes. sulph., Sacch. alb., utrque oz. ss., Tinct. hyoscyami, dr. ij., Aquæ, oz. vi. Capt. partem quartam ter iadies.

10th. Recovering. Aperients necessary, and she begged for pills. R Pil. hydr., scr. i., Ext. coloc. co., scr. ij. M. et divide in pilul. xij. j. capt. ij., subinde.

A question naturally arises—"Did the girl actually swallow the specified quantity of arsenic?"

No one saw her drink it; but her parents and brother told me that they had no doubt about it; and that they believed her temper would lead her to commit any act. Her mother found a mug with some milky liquid at the bottom, in which she had no doubt her daughter had mixed arsenic, from a packet labelled—"arsenic, poison," which had been procured for the purpose of mixing amongst seed wheat. The arsenic had been taken from a hole made through the paper and was not to be found. The girl did not say what she had done, until she confessed to a favourite brother, at the time when she was in violent pain, at half-past four o'clock. The girl was but thirteen, and was not likely to know the symptoms which arsenic would produce, and which she described—burning pain in the throat and stomach, the pain at times much more violent, &c.

To-day (Jan. 28th, 1845) I met her accidentally, and in private conversation begged, for my own instruction, she would tell me whether or not she really did swallow the alleged quantity of arsenic, as I wanted to know how much might be swallowed without produc-