wound, I brought the flaps together, retained them so by means of several sutures, leaving a depending opening at the outer angle. Lint, dipped in cold water, was kept constantly applied over all, including the eye, which appeared to have received irremediable injury. The little patient was placed in bed, an active purgative was given, and he was confined to a milk and water diet, which was continued for a fortnight. On the following day I found he had passed a tolerably quiet night, the medicine had acted freely, and in all respects he was very much better than I expected to find him.

To be brief, the case progressed most favourably, without a single bad symptom; in three weeks the wound had healed, excepting a small opening at the outer angle; and at the end of six weeks he was playing about in his usual health. The sight of the right eye is gone and he is unable to raise the eyelid. After recovery, this boy exhibited the same restless and mischievous disposition as before the accident which caused the loss of a portion of the cerebral substance.

The pieces of bone and portion of brain are in the possession of John Greene Crosse, Esq., Senior Surgeon to the Norfolk and Norwich Hospital.

July 18, 1846.

CASE OF POISONING BY CORROSIVE SUBLIMATE.

By T. MACK, M.D., of Montreal.

Upon my return from the country on the afternoon of the 1st April last, I found a messenger from Samuel Stinson, innkeeper of this town, who stated that Stinson was suffering extreme agony from having swallowed that morning two ounces of Epsom salts, which he had purchased at a grocer's, and requesting my immediate attendance. I accompanied the messenger to Stinson's house.

The patient was about forty years of age, of dark complexion, slightly intemperate in his habits, had been married seventeen years, with issue, and had previously never been affected with any serious disease. He told me that his bowels had been relaxed, and gave me this as a reason for having taken the salts. He expressed his conviction of approaching dissolution, and desired that the salts should be examined. He was constantly moaning, and complained of burning heat at the scrobiculus and stomach and pharynx; his face was flushed, expressive of intense suffering, and swollen; his voice was husky; deglutition painful; constant vomiting of bloody mucus with other contents of the stomach. He had slimy evacuations mixed with blood, and finally dysenteric; complained of dysuria, and the catheter produced a scanty discharge of bloody urine; pain on pressing epigastrium; extremities cold; clammy diaphoresis; pulse small; senses perfect, and heart's impulse weak. Staff-Surgeon J. Mair, M.D., who was in attendance, informed me that at ten o'clock a.m., he found the patient as I have described, and upon inquiring the cause of his illness, he had been told that it was consequent upon taking, a short time before, two ounces of Epsom salts mixed with beer, and a portion of the salts were shown to him and Dr. Carson, who had also been sent for. Tasting and inspecting these, they had considered them pure crystals

of the ordinary sulphate of magnesia of commerce; they had then administered diluents freely, from the impression that the medicine might have produced severe symptoms from having been swallowed imperfectly dissolved in beer; chalk was then given as an antidote to oxalic acid. After my arrival, stimuli were exhibited, upon the grounds that the symptoms might be accounted for from the salts having been taken on an empty stomach, excessively irritable from a recent debauch. These modes of treatment proving ineffectual, we suspected the symptoms to be caused by corrosive poison, and the whites of eggs, with copious draughts of milk, were ordered. The debility, and other symptoms increased, and the patient expired in about twelve hours from the time he had taken the Epsom salts.

Sec tio cadaveris thirty-six hours after death. The body was about the medium stature and muscular; countenance unaltered since death, lips red; the tips of the ears and the nails were livid; abdomen depressed. The thoracic viscera were unaltered, and the heart and its membranes presented no lesion; there was a slight transparent adhesion of the pleuræ at the apex of the left lung. Viewing the contents of the abdomen *in situ*, the liver appeared paler than usual, and its structure was softened; the gall-bladder distended with bile. The peritoneal coat of the stomach was vascular and livid in some places, a dark patch at the greater curvature; the trunks of the vessels here were filled with dark blood. The stomach was diminished in size, and contracted near the pylorus, where it felt much thickened. The peritoneum was much injected; the portion investing the intestines had a pink blush, becoming darker at the sigmoid flexure, with livid spots interspersed upon the ileum, small intestines, and left curvature of the colon. The omentum was vascular; the bladder shrunk. A livid streak extended along each side of the tongue; the papillæ at its base were enlarged; the mucous lining of the labium inferius was darkened, softened, and corroded. In the pharynx at the angles of the cricoid and thyroid cartilages, were dark spots, resembling effused blood beneath the epithelium, which was abraded and easily torn off; the inner surface of the epiglottis and trachea appeared inflamed. The stomach was carefully removed and opened along the lesser curvature; the contents measured about four ounces of a greyish-brown colour. This viscus was much inflamed at the cardiac extremity; the mucous membrane extending from this orifice to the centre of the greater curvature was softened and easily removed, of a bronze hue, interspersed with stellated patches, coloured dark red. At the pyloric extremity of the inferior curvature, we found a space of an irregularly oval shape, about six inches in circumference, very much altered and disorganized, the central part of an ash colour, corrugated, with a dark olive margin. The intestines were cut open and their contents preserved; dark spots were observed in the colon, at the caput coli, and in the ileum. The intestinal mucous membrane was highly injected throughout, and the duodenum inflamed.

We carefully secured the stomach, contents of the stomach, and of the intestines, in bottles sealed and labelled for further examination, and an inquest, which had been summoned, returned a verdict of death by poison.

The bottles with their contents were sent with a trustworthy person, furnished with letters of transmission, to be minutely examined by the Professor of Chemistry in the University of King's College, Toronto, who, after a careful analysis, was enabled to obtain globules of mercury. Coupling this with the appearances *post-mortem*, he, with his colleagues, certified that death was caused by corrosive sublimate. Upon the receipt of this document, a second inquest was summoned by the coroner, Dr. Raymond, and after three days deliberation and investigation, the jury promulgated the following verdict:—The deceased, Samuel Stinson, died from the effects of poison, administered to him in a dose of Epsom salts, by his wife, and that Henry Byron *alias* Holmes, was an accessory before the fact.

The parties suspected, were tried at the Niagara district court-house, and acquitted, from insufficient evidence of the fact of the poison having been mixed with the draught by the female prisoner. On the trial it was proved that Stinson's wife had been living in adultery with Byron for some years. Portions of salts had been taken by several individuals from the same package, without causing any unpleasant consequences, and it was shown that no one but his wife had access to the dose from the time it was purchased until it was taken.*

[The foregoing case, as the Editor of the *British American Journal* justly observes, certainly portrays in a vivid manner, the imperative necessity of a knowledge of chemistry to every medical practitioner. The vacillating and uncertain practice followed in the dark, until almost the last moments of the unfortunate patient, when the nature of the poison swallowed might have been so readily detected and the appropriate treatment thereby indicated, is calculated to afford an impressive lesson. If from ignorance or other cause we are unable in cases of this nature to do good, we should at least abstain from inflicting positive injury by acting at random upon mere conjecture.]

* *British American Journal* in *Dublin Medical Press*.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 29, 1846.

The confusion introduced into the general business of the country by the recent change in the administration, must necessarily for some time to come, impede the settlement of questions connected with the state of our medical institutions. For our own parts, looking to the unsettled nature of opinions which even yet exists upon many points of importance, the opposite views which are entertained on some, and the difficulties to be overcome in influential quarters on others, we have great doubts as to the early attainment of any general measure which shall realize the expectations of the great mass of the members of the profession.

But though a genuine and comprehensive reform

may be beyond immediate or early attainment there is no reason why some improvements of our existing position, in the propriety of which, all, or nearly all, are agreed, may not be sought for, and, even under existing circumstances, obtained. True medical reform is a comprehensive measure, involves the consideration of many general and public, corporate and individual interests, is connected with questions of revenue and the domestic policy of the country, must necessarily interfere with chartered and patented privileges, embraces also questions on which there not only is, but probably ever will be, much difference of opinion; and after some years of discussion and agitation, we still find various parties in the profession itself, whether associated together by corporate and legalized ties, or only provisionally for special purposes, clinging tenaciously to opposite modes of thinking and acting. To obtain a satisfactory settlement of the entire question under such difficulties, is too much to look forward to with any degree of confidence; and the repeated failures of a statesman by no means deficient in acuteness, at the very time when he was a member of an united and powerful Government, do not afford much encouragement to the future mover in this complicated matter.

Still, though difficulties of no ordinary description may surround the entire question, it by no means follows that a very great amount of good may not be obtained by taking up portions of the subject on which there is less room for difference of opinion, and in which the propriety of adopting some measure is unquestioned and unquestionable. We have before advocated this mode of proceeding, and have pointed out various parts of the great measure which might thus admit of immediate settlement. One of these is the registration of the qualified members of the profession, in which we would be understood to include the Fellows and Members of the Colleges of Physicians and Surgeons of London, Edinburgh, and Dublin; the Licentiates of the Society of Apothecaries; and the Graduates in Medicine of the British Universities. It is with considerable satisfaction, therefore, that we have noticed that there is some prospect of the subject being thus introduced into Parliament. Some days ago the honourable member for Finsbury took occasion in the House of Commons to draw the attention of Lord John Russell to the question, stating "that he was anxious to embrace the earliest opportunity of reminding the noble Lord who had just taken his seat at the head of the Government, that in previous years several bills had been introduced for altering the laws relating to the medical profession, but that not one of those measures had been enacted. He now wished to seize on the first moment, for inquiring of the noble Lord