6th. Frequent diarrhoea during the night and this morning; pulse weak, 120; gangrene progressing on each side of the knee.

R. Salicinæ, gr. iss.; Conf. Aromat., dr. ss.; Syr. Papav., dr. j.; Aquæ Cinnam., oz. iss. M. Fiat haust. tertiis vel quartis horas capiend. Yeast poultices. Pil. Opii cum Calom. hora somni sumend.

7th. 9. a.m. Skin cold; partial sweats; pulse quick and feeble; has vomited. Turpentine stupes to the stump.

R. Ammon. Carb., gr. x.; Tinct. Opii., m. x.; Syr. Simpl., dr. j.; Aquæ, dr. xi.; statim sumend.; post horas sex semel rept.

3. p.m. Died.

A *post-mortem* inspection the following day (Mr. Cotton was unavoidably absent,) shewed the artery effectually secured by the ligature, the structures adjoining undisturbed. The disorganized state of the knee prevented the point from which the bleeding occurred being detected. *The upper lobe of the left kidney was occupied by a thick cartilaginous-like cyst, the size of a walnut, containing pus.* Nothing else remarkable was observed.

(To be continued.)

CASE OF POISONING BY THE CHLORIDE OF ANTIMONY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I send you the following case of poisoning by muriate of antimony if you have room for its insertion in the Journal.

I am, Sir,

Yours faithfully,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Worcestershire,

December 9, 1846.

I was summoned on the 16th November, 1846, to A.B., a little boy, aged 7 years, who had swallowed two drachms of muriate of antimony given by a druggist in mistake, who immediately discovered his error, and applied to me to see the child. I found him with exoriation of the mouth and fauces; skin cold and clammy; pulse small and accelerated; burning pain in the epigastrium; tumefaction of the bowels and incessant vomiting. I went prepared with the antidotes, and lost no time in administering them. Having dissolved an ounce of magnesia in a quart of water, I made him drink every moment there was a cessation of the vomiting, until I was satisfied at last that a sufficient quantity remained to neutralize the poison. At three p.m., I commenced giving him the decoction of yellow cinchona, and strong tea, and continued it at intervals until eight p.m., when there appeared much less pain in the epigastrium although a good deal of febrile action was going on. The plan of treatment now adopted was the antiphlogistic, tea and mild diluents, and an enema ordered should the bowels not act soon.

17th. Still complains of pain in the epigastric region; bowels have acted; febrile symptoms much the same,

18th. He is evidently better; bowels acted well; febrile symptoms better. Continue antiphlogistic plan.

19th. Continues to improve; there is less anxiety of countenance, and he is inclined for food.

20th. He continues to go on favourably and is out of danger.

For the next few days he continued to improve, and was soon in perfect health again. I should not omit to mention that the child had taken no food on the morning he swallowed the muriate of antimony, a circumstance rather against the chance of recovery, after so powerful an irritant poison.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 23, 1846.

We observe from a paragraph in a respected contemporary, the *London Medical Gazette*, that fever of an infectious kind has been prevailing to a great extent at Upton, a village in Berkshire. The fever is said to have manifested itself about six weeks ago in a cottager's family, and from the time of its first appearance, up to the end of November, no fewer than thirty-two deaths occurred in a population of 150, the disease being at that time still raging. The deaths were chiefly among the labouring class of the inhabitants, and this great mortality is ascribed to "difficulties in procuring medical attendance at such a desolate place of abode."

We have no personal acquaintance with the locality alluded to, but on referring to topographical works, we find that the chapelry of Upton, in Berkshire, which is, we presume, the village alluded to, is distant only four miles and three quarters from East Ilsley, a market town of some importance in the county, where a petty sessions is held once a fortnight. That there should, under such circumstances, have been any difficulty in procuring proper medical attendance, is inexplicable, and if the great mortality of the fever be really attributable to any want of such attendance, gross neglect must have existed somewhere, and the Poor-Law authorities be highly culpable. It is impossible that one-fifth of the inhabitants of a rural district could have been carried off in the short space of a month without its coming under the notice of the parish officers and guardians, and if their arrangements for medical attendance were insufficient to meet the calamity, special provision ought to have been made without delay for procuring such assistance from the neighbouring towns.

It is stated that the cause of this calamity is so clearly manifested that the authorities have not deemed it necessary to institute any inquiry, and that the only mystery is that the contagion should have shewn itself in a situation where the climate