tain extent, mechanical. He considered members had not looked far enough for the cause of the obstructions, which must be, he thought, in the blood itself being deteriorated; if so, what was the most useful way of proceeding? All the remedies which had been named were, no doubt, proper remedies, yet could any one of these be said to be a certain cure? Even when mercury was given the practice must be, to a certain extent, empirical; the effect of mercury on the blood was not known. Besides, could mercury be given in these cases without injury? He believed patients with chronic liver affections, who constantly resorted to this remedy, were as frequently killed as cured by it. He thought better remedies than mercurial ones could be employed. Alkalies, it was well known, purified the blood, and rendered it thinner; it was more probable, then, if alkalies or acids were given, the blood might be so influenced in its quality as to cure the disease.

Dr. J. JOHNSON said, that in persons liable to frequent attacks of jaundice, the bile, if the motions were carefully examined, would be found to be tenacious andropy. He agreed with Dr. Clutterbuck, that *small* doses of mercury would render the bile more copious, and of a better character; there was no occasion to go into the theory of the formation of bile in arguing on this question. Regarding alkalies, he had employed them for a long time, with those medicines which act on the secretions, such as iodide of potassium, iodine, nitrate of potash, taraxacum in particular, and small doses of mercury, with the greatest benefit.

Mr. KINGDON believed that the diet, after all, was the chief remedy against the recurrence of biliary calculi. Bile was formed from the blood proceeding towards the liver, in the veins of the intestines, and if veins acted as independent absorbents, as some believed, how necessary was it that the contents of the alimentary canal should be as pure as possible. Regarding the use of alkalies, as they afforded immediate relief, they were great favourites, but the constant use of them was highly dangerous; he had seen purpura and urinary disease result from it.

Dr. J. JOHNSON thought that the last speaker had an unnecessary *alkaliphobia*. Mischief, it was true, might result from the wholesale use of alkalies, given without any determinate reason; but when acids were present in the stomach, the alkalies did not pass into the circulation, but mixed with the acid. He (Dr. J.) had taken alkalies daily for years, and always carried them about with him; they afforded great relief to acidity, and kept his urine clear; indeed, had it not been for alkalies, he should have been dead long ago.

Mr. PROCTER considered that small doses of mercury were beneficial in cases of jaundice, by their effect in equalising and improving the quality of the circulating fluid. In anomalous diseases mercury, by producing an alterative effect on the system, produced a cure; he cared not how it acted so long as it led to the latter result. Every practitioner, of course, carefully watched the effect of mercury; he had seen little of the bad effects said to be the results of the use of this medicine.

Mr. HEADLAND would still contend for the necessity of studying more carefully the remote causes of disease, the neglect of which he believed had interfered with our knowledge of remedies; and hence, as a celebrated writer had justly observed, at the expiration of fourteen hundred years we had knowledge of only two specifics, mercury in syphilis, and sulphur in itch. The nature of the blood was not well understood, and when we looked at the effect of lemon juice in that horrible and loathsome disease, scurvy, we could not too strongly insist on a knowledge of the remote causes of disease. He would refer the members to the valuable lectures by M. Magendie, now publishing in *THE LANCET*, on the blood, for some important facts on the effects of introducing alkalies, &c. into the circulation.

November 5.

A paper on certain improvements made in instruments for extracting teeth, by Mr. GRAY, was read.

Mr. HEADLAND alluded to a case in which a woman had been delivered of twins, attached in a manner similar to the Siamese twins. As further particulars are promised at the next meeting, we reserve our report for the present.

SUPPOSED DEATH

FROM AN

OVERDOSE OF MORPHINE.

THE following is an abstract of facts contained in a voluminous correspondence between Dr. Jackson, of Dorchester, Dr. Wheelwright, of London, and Messrs. Simpson and Cobb, solicitors, which has been forwarded to us for publication by the latter named gentlemen:—

A lady named Tweed, residing at Dorchester, had been attended by Mr. Arden, a general practitioner, also of Dorchester, from the 21st of April last, to within a few days of the lady's death, which took place rather suddenly, on the morning of Sunday, the 6th of May following. For the last few days of Mrs. Tweed's life Dr. Jackson had

attended, in conjunction with Mr. Arden; the latter-named gentleman, however, having been seized with an attack of gout, Dr. Jackson continued to attend Mrs. Tweed alone, the medicines prescribed being dispensed by Mr. Arden.

On the evening which preceded Mrs. Tweed's death, she was seen by Dr. Jackson, about eight o'clock, who, finding his patient in a very irritable and restless state, considered that an opiate was required. Dr. Jackson immediately repaired to the house of Mr. Arden, and, without writing a formal prescription, mentioned to that gentleman, whom he found sitting up, near the fire, that he should wish to administer to his patient a dose of morphia. Mr. Arden proposed a quarter of a grain of the acetate of morphia; but Dr. Jackson remarked, that the patient had better take "half a grain at once, and have a second draught, also containing half a grain, to take in three or four hours afterwards, if the first did not procure sleep." Mr. Arden immediately sent for the requisite materials, weighed out *one* grain of acetate of morphia, mixed it with twenty drachms of camphor mixture, shaking it carefully together several times, and then divided the whole into two draughts. Mr. Arden, it appears, also wrote the labels for the bottles, but it is not stated whether he corked and prepared them likewise himself.

The first dose of morphia was administered to Mrs. Tweed on the evening of the 5th of May, and the lady expired on the morning of the 6th, about six or seven hours after having taken a single draught. The circumstances under which death took place are not detailed in any part of the correspondence before us. Mr. Henry Lynam, a medical friend of Mr. Tweed's family, asserts that the patient's dissolution was sudden; that she fell into a state of stupor almost immediately after taking the draught, from which she never recovered; and that no pre-existing disease was present sufficient to account for Mrs. Tweed's death. On the other hand, Dr. Jackson affirms to have been informed by Mr. Tweed, that he sat up with his wife until four o'clock in the morning; that she "fell into a calm and quiet sleep," and that he retired to bed, fully satisfied at the time with the effect of the opiate. Hence we conclude that Mrs. Tweed was found dead in her bed. Be this, however, as it may, the unexpected dissolution of Mrs. Tweed seems to have excited the suspicion of her friends, and on the morning of her death the "second draught," supposed to contain half a grain of morphia, was sealed up by Mr. Tweed, transmitted to London, and, after the lapse of some time, examined by Messrs. Battley and Heathfield, who delivered the following certificate:—

"May 25, 1838.

"A bottle of liquor, containing a draught, was examined as follows, viz.:—The liquor (about two ounces) was evaporated to dryness, and two grains of brown, bitter, saline matter were the product; the addition of concentrated nitric acid to this produced a deep red colour, characteristic of morphia.

"For R. BATTLEY,
W. E. HEATHFIELD."

It appears to be clearly established that the bottle was delivered to Messrs. Battley and Heathfield, exactly in the state in which it came from the house of Mr. Arden. The analytical chemists affirm, that it contained *at least* two grains of morphia. Mr. Arden contends that it could not possibly contain more than half a grain of the acetate, a dose which is certainly not too great a one, notwithstanding the opinion of Mr. Phillips, and the authority of his Pharmacopœia. We have thus published, at the request of the friends of Mrs. Tweed, the circumstances attendant upon the death of that lady, so far as we have been enabled to gather them from the correspondence with which we have been furnished. Considering the doubts which seem to exist in the minds of Mr. Tweed and of some of his friends, the proper course to have pursued would have been to have held a coroner's inquest on the body of the deceased; the whole facts of the case might then have been arrived at. For our own part, we may express an opinion that, from the present state of analytical chemistry, Messrs. Battley and Heathfield are more likely to have fallen into error than Mr. Arden.

SUPPLEMENTARY OBSERVATION ON AMAUROSIS.

To the Editor of THE LANCET.

SIR:—In discussing, in my paper of last week, the subject of the continental practice—emetics in amaurosis, I forgot to mention a very curious fact, which corroborates my views. Not only, as I have proved, do emetics aggravate congestions in the eye, but, *conversely*, injuries of the retina and ciliary nerves are frequently *accompanied with violent vomiting*. This symptom may attend contusion of the ciliary nerves and retina, even without any wound. This fact is attested by sufficient authority, that of the truly eminent Beer, of Vienna, and its application to the subject of the emetic practice will be obvious to the attentive reader. I have the honour to be, Sir, your obedient servant,

CHARLES EDWARDS, A.B., M.R.C.S.
Cheltenham, Nov. 6.