a verdict of accidental death was given, instead of one more appropriate. Was this a case really demanding an inquest? Did a shadow of doubt exist as to the causes of death? What praiseworthy economy!

I shall fatigue my readers with only two cases more. On the 30th ult., two inquests were held in Richmond-street; one on Mr. P—, late of George-street (ætat. 57) who died of asthma, having been previously attended by the parish surgeon and given over; the poor man being *in articulo mortis* previously to his wife going on an errand, was found dead on her return. The surgeon was summoned, and although a post-mortem inspection took place without the direction either of coroner or jury, a fee of two guineas was given. How liberal! How courteous!! Was this in accordance with the new Act?

The other inquest was on a child named Birt, late of Clandon-street (ætat. 4), who was accidentally scalded in the bosom by a cup of tea, was attended by the parish surgeon for thirteen days, and died of a deep sloughing ulcer. The surgeon was allowed to give evidence and received his fee. Was not this, also, an instance of favouritism? And, permit me to ask, in the name of common reason, if the slightest necessity existed in either of these cases for the assembling of a jury? Did there exist the smallest doubt or mystery?

In the foregoing cases it were but too evident that, the line of conduct pursued, was bottomed on partiality and pique towards the medical attendants, and for no other reason, I feel convinced, than that, on a certain occasion, I respectfully submitted my opinion upon inquests being held without sufficient proof as to necessity, so as to add largely to the parochial rates. On the other hand, judging from their frequency, Coroners and their dependents do not, generally speaking, lose sight of their own interests, although they very often evince such scrupulous economy in the exercise of their pitiful power of excluding the medical attendant. When an inquest is really required, is it not just and right to admit, that to promote the ends of public justice, medical evidence should be invariably had recourse to? But with respect to the holding of inquests, Blackstone very clearly defines the authority of the Coroner in these words:—"To inquire when any one dies in prison, or comes to a violent or sudden death, by what means he came to his end; and this he is only entitled to do, *super visum corporis*." Rely upon it, Sir, there is too much jobbing in these matters (I could say much were I to be personal), and, without some restrictive influence, coroners' inquests will in time be stripped altogether of the solemnity due on such occasions. Indeed, I think it may safely be

asserted, that at least half the inquests held are positively uncalled for.

The following is a quotation from a letter I received a short time since from a Coroner, in reply to one from me, in which certain grievances were stated:—"My general instruction to the constables or summoning officers is, that unless it should appear absolutely necessary for a medical gentleman to be summoned by my authority on a case, they are by no means to do so, but let the jury say whether or no they require such evidence."

Experience now, Sir, places it beyond a doubt that there is a defect somewhere, either in the law itself, or in the application of it, and, consequently, that an alteration is become an important desideratum; therefore, in pursuance of that object, I beg permission to offer the following suggestions, viz.:—1. When death occurs under the slightest suspicion, that one of the overseers of the parish and the medical attendant should consult and decide upon the propriety of an application to the Coroner for an inquest; and that the medical attendant should always be summoned, as furthering the ends of public justice. 2. Beadles and summoning officers, having salaries from their parishes, should, perhaps, act without inquest fees, by which, under the present system, the great abuse of useless inquests would be principally obviated. 3 As regards jurymen, they should be better paid; this would be but an act of common justice, as time is almost everything to an industrious tradesman. Surely, therefore, 2s 6d., or even 3s. 6d., could not be considered exorbitant (even a witness is allowed 2s. 6d.); and I am assured they would feel better satisfied with their own manner of its appropriation.

The preceding is a hasty and imperfect statement, but it embraces objects of much importance to the profession, as well as to the community in general; and, whilst medical gentlemen, one and all, must thankfully acknowledge the boon already gained by your exertions in Parliament, yet they will, I am satisfied, hail with further gratitude any other advantages you may achieve for them. I remain, Sir, your very obedient servant,

W. D. DRAY, Surgeon.

Walworth, Feb. 14, 1839.

SULPHATE OF MAGNESIA AS AN ANTIDOTE TO LEAD.

To the Editor of THE LANCET.

SIR:—If you think the enclosed case sufficiently interesting and important for insertion in THE LANCET, pray make use of it. I am, Sir, your obedient servant,

ROBERT CROSS, Surgeon, &c.

21, Leicester-square,
Feb. 12, 1839.

The following case is offered briefly in testimony of the value of sulphate of magnesia as an antidote in poisoning by lead. The addition of sulphuric acid I considered rendered the decomposing the carbonate into a sulphate more certain, whilst the sulphuric ether acted as an antispasmodic and stimulant, and thus contributed to make the treatment more complete in every point. Mrs. Green, aged 33 years, had been six weeks pregnant, and suffered exceedingly from retchings in consequence. On the 27th Dec. last, feeling more than usually unwell, she took what she thought to be a dose of magnesia, but which was afterwards discovered to have been carbonate of lead, or, as she called it, white cerus powder, in quantity from six to eight drachms (a pennyworth). Its effects only, after some time, led her to suspect the mistake, and she then, at nine o'clock in the evening, sent for me, five hours having elapsed. I found her with a most anxious countenance, in a cold perspiration, respiring heavily, constantly vomiting, her pulse hard, small, and quick, and complaining of dryness of throat, heat of stomach, and very painful colics. I administered immediately,—*Castor oil*, one ounce, with forty drops of *laudanum*, and sent for the following mixture:—

Sulphate of magnesia, $1\frac{1}{2}$ ounce;

Dilute sulphuric acid, 3 drachms;

Spirit of sulphuric ether, 3 drachms;

Water, 5 ounces. Take 2 ounces every half-hour.

The oil was rejected, and, at first, the mixture also, but the latter being promptly repeated, was at length retained, and continued every half-hour alternately with brandy and water warm. The whole set of extensor muscles had become paralysed in a measure, and the flexors contracted so rigidly, and there were such excruciating colics, that the patient generally fainted after each paroxysm. These, however, gradually decreased in intensity, and at twelve o'clock the relief was so decided that I ventured to leave her, returning at two, when I found the pulse more free, the skin warm, the spasms much less severe, and the bowels well relaxed. Half the quantity of sulphate of magnesia was ordered to be left out, and the mixture then continued every hour. At six o'clock I visited her again; she was evidently very much relieved and had slept a little; the bowels were still open and the motions very dark. She was desired to continue as usual until ten o'clock, when I found her so much improved that the same dose was directed to be repeated only every three hours. During the rest of the day (28th) she complained only of occasional gripings, some heat of stomach, nausea, and passing faintness now and then; she enjoyed some comfortable sleeps between, and passed a tolerable night afterwards. On the 29th she had mended con-

siderably. The quantity of sulph. mag. was again reduced one-half, and the bowels remained still relaxed; the stools dark as previously, doubtlessly from the action of hydrosulphuric acid gas in the intestines upon the lead. They continued more or less throughout the 30th and 31st, gradually resuming their natural hue, and the patient, with a little tonic medicine, became convalescent within that time.

CASE OF
PERFECT ANCHYLOSIS
 OF THE
FIVE SUPERIOR CERVICAL VERTEBRÆ TO EACH OTHER,
 AND COMPLETE DISLOCATION BACKWARDS OF THE
 FIFTH FROM THE SIXTH, WITHOUT FRACTURE.
By STEPHEN S. STANLEY, *Assistant-Surgeon*
of the Royal Hospital, Haslar.

GEORGE WELDON, æt. 37, seaman, lost his footing yesterday evening, the 20th of July, 1838, about nine o'clock, and fell backwards, on his head, on the deck. Immediately afterwards he complained of a severe pain in the back part of his neck and between the shoulders, and of pain and numbness in the arms; his face was pale, and his pulse weak; five grains of carb. ammoniæ, in an ounce of camphor mixture, were administered, after which he rallied. He is worse this morning, complaining now of numbness, not only in the arms, but also in the legs; of the pain in the back part of the neck being more severe, and of inability to turn or move in any direction.

He was admitted into the Haslar Royal Naval Hospital on the 21st of July, 1838, in a state of perfect consciousness; no wound, no external appearance of bruise; both arms are commencing paralytic, the left the most so; he has not passed urine, nor have the bowels been opened; the pulse is slow, weak, and oppressed; pupils unaffected, nor does he refer to any complaint, save about the muscles of the neck and shoulders.

His breathing is undisturbed; catheter introduced; senna draught at one; enema. Evening: a free evacuation from the bowels; pulse up, and sharp. Repeat enema; bleeding to 20 oz.

22. Respiration is hurried; the pulse is weak; there are continual attempts to expectorate a frothy mucus, but the attempt is ineffectual; is most anxious to inhale air; he desires to be raised higher—higher still—this is accomplished with facility by the rude yet excellent apparatus of Borthwick. Repeat enema; *calomel*, six grains; *jalap*, twenty grains; to be taken at once; urine to be drawn off by the catheter. Noon: he is easier; he breathes more uninterruptedly,