action ceases, and it would seem probable (from the contracted state of this cavity of the heart) that a constriction of it continues. The supply of blood to the brain ceases, its vivifying principle is lost, and death ensues.

It would appear then that death *commences* in the lung. The consequence of this is the supply of an improper fluid to the left side of the heart, which sets up an action that at once checks the arterial circulation. The brain is deprived of its blood, of its vivifying principle, and dies. And, lastly, the action of the right side of the heart ceases, first, because it cannot overcome the congestion which exists in the lung and left side; and secondly, because it is deprived of its nervous influence by the death of the brain.

I cannot, in any way, conjecture why the lung should thus show a tendency to sympathize with the alimentary canal, unless, perhaps, we allow to arsenic the elective power for mucous surfaces, to which I have alluded above. It seems to me a legitimate analogical conclusion to infer, when a predilection is shown by any poison for organs characterized by some peculiarity (such as is seen in those lined by mucous surfaces), that the predilection is caused by the peculiarity of structure. When, therefore, an organ, thus peculiarly constructed, comes under the influence of a drug possessing a peculiar predilection or elective power, we may safely conclude, that it is owing to the structure of the part that it becomes influenced by the medicine. Knowing arsenic (even when introduced through the skin) to exert a peculiar influence on the intestines and urino-genital organs (both which are lined by mucous membrane), I conclude, when I find the lung attacked, that it is owing to the same peculiarity of structure, and hence I infer that asphyxia is set up by some unknown action of this poison on the lining of the lung.

Allowing such an explanation of the phenomena of death by arsenic, we must see, that there is a species of asphyxia depending on none of those circumstances which generally give rise to it, namely, a deteriorated state or poisonous quality of the air, or an impediment to its admission into the lung,—a species of asphyxia depending on the vital principle of the pulmonary system, which being lost gives rise either to an inability to receive or else to make use of the air which is presented to it.

There are other circumstances connected with these experiments to which I would willingly direct attention were I not apprehensive of trespassing on the pages of this Journal. For the present I

shall confine myself to these remarks, and as I intend prosecuting inquiries of this nature still further, I shall defer more minute communications till such time as I am able to draw more legitimate conclusions from a more extended range of observations.

2, Charlton-place, Dover-road,
Nov. 1st, 1834.

CARBONATE OF IRON.

To the Editor of THE LANCET.

SIR,—If you dare have further communication with a man who does not write his name legibly, you will oblige me by giving a place in your very useful Journal to the following case. I am, Sir, yours respectfully, WM. JEAFFRESON,
Surgeon, &c.

Framlingham, Nov. 1, 1834.

A lady, aged 86, applied to me in Jan. 1832 to be relieved from severe forcing pain in the lower bowel, of which she had suffered daily paroxysms for more than fifty years, and during this period had consulted many medical men, and tried various remedies without benefit.

Believing the disease to be proctica spasmodica, or syncronic spasm of the lower bowel and adjacent muscles, and having seen the good effect of large doses of carbonate of iron in several cases of chorea (as recommended by Dr. Elliotson), I prescribed a drachm to be taken thrice daily mixed in treacle. My patient had taken this remedy only four days, when the pain was completely removed; but as it had existed so many years, I thought it right to persevere for several weeks. This old lady, on the 31st of last July (in her eighty-ninth year), had a severe attack of herpes zoster, and while convalescent, had for a few days a return of the pain, which, however, was again quickly removed by the carbonate.

TRUSS-PADS.—*To the Editor.*—I beg to offer the following suggestions for the improvement of the common truss. Let the pad, instead of the usual material, be made of thin caoutchouc or Indian rubber, and afterwards filled with water and closed. As a force exerted on a fluid is equally distributed throughout it, a truss of this description would, I conceive, produce the same, or nearly the same, pressure upon every part to which it might be applied, and would, consequently, be better adapted for the relief of hernia than that at present in use. I have the honour to be, Sir,
9th Oct., 1834. W. H. O.