cyanic acid—viz., rigidity of the muscles, dilatation of the pupils, venous engorgement, fluidity and dark color of the blood, contraction of the left side of the heart and fulness of the right side, and intense congestion of the œsophagus, stomach, small intestines, spleen and kidneys.

This, we believe, is the only case of death from cyanide of potassium reported in this vicinity, in which a *post-mortem* examination was made. In vol. lvi. of this Journal, in the Reports of the Boston Society for Medical Improvement, a case of fatal poisoning from cyanide of potassium is reported by Dr. C. E. Ware. In this case a teaspoonful of a solution, containing seven grains of the cyanide to a drachm of water, was given by mistake. Almost immediately there was a severe burning sensation in the stomach, and a call to stool. The patient began to sink directly and became unconscious. Death took place in less than an hour. There were no convulsions, but a sudden convulsive movement of the body about ten minutes after the heart had ceased to beat. There was no autopsy. In vol. lxxiv. of this Journal, Dr. J. C. Warren gives a case of poisoning from this drug. A porter in a machine shop, two hours after a hearty meal, feeling thirsty, dipped a cup into a jar of liquid which he supposed to be drinking water, and drank about three drachms before he discovered his mistake. About twenty-three grains of the cyanide of potassium were swallowed. Two minutes afterwards he became senseless. About thirty-five minutes after swallowing the draught he came under Dr. Warren's observation. He was then insensible. Respiration was slow and labored. The eyes were open and fixed. The pupils were dilated. The veins of the face and neck were very prominent. The pulse was full, regular and rapid. The stomach was thoroughly washed out with warm water by means of the stomach pump. A solution of ammonia was afterwards injected into the stomach. During this operation there were convulsive movements of the extremities, followed by rigidity. There was some tendency to opisthotonos. The paroxysm continued about a minute. The patient soon began to revive, and in a few hours was completely restored. In the same volume of the JOURNAL, another case is mentioned by Dr. J. C. White in some editorial remarks headed "Poison on Draught." A stranger in Boston, being thirsty, entered a jeweller's shop and asked for water. He was directed to the rear, where seeing a large jar such as is used for holding ice-water, he lifted the

cover and drank about half an ounce of the liquid, which contained about half a drachm of the cyanide of potassium. He became insensible in five minutes, and died in half an hour. There was no autopsy. The remarkable escape from death in the former case, and the prolongation of life in the latter case, were probably owing to the fact that the stomach was filled with food. A dose of five grains has proved fatal in twenty minutes. The medicinal dose is one-eighth of a grain.

The extensive use of cyanide of potassium in the arts affords abundant opportunity for mistaken or intentional poisoning, and it behooves physicians not to assume that every sudden death, which takes place in the community, is a case of heart disease or apoplexy. So available is the cyanide of potassium, and so sudden and quiet is it in its action, that, in Europe especially, it is becoming the fashionable drug which the suicide and the poisoner employ, who wish to do their work surely and quickly.

OPIUM EATING CURED BY BELLADONNA POISONING.

Reported by E. M. WEBSTER, M.D., Kingsville, Ohio.

Mrs. C., aged 36 years, was admitted into the Ashtabula County Infirmary, April 22d, 1869:—Disease, opium eating of eight years' duration.

Apr. 23d, 1869, gave to nurse half an ounce of fluid extract of belladonna, and directed her to give the patient ten minims every eight hours for twenty-four hours. At two o'clock, P.M., was requested to see patient, who was supposed to be dying.

*Found her in a lethargic state, pulse and respiration nearly normal;** muscular system so extremely relaxed as to render deglutition very difficult.

Ascertained that four hours after taking prescribed dose (while nurse's back was turned), patient swallowed one half the contents of the phial (3ij.), which fact was not discovered until the effects of the poison were noticed. Two and a half hours had elapsed since taking the poisonous dose, when I found her in the condition above stated.

The stomach responded feebly to sulph. zinc and mustard seed. Only what was administered was ejected, and that only when lying on the face. Each effort to vomit was followed by slight tetanic spasm, to which there appeared a persistent ten-

* Italics are ours.—ED.

dency. I then tried friction with capsicum and aqua ammonia along the spine, and one grain of the sulph. of morphia internally. Three o'clock, tetanic symptoms subsiding; muscular relaxation as before; retching with some subsultus; pulse weak and unsteady. Ordered one grain of morphia in whiskey.

3.30 o'clock; less relaxation, moves her arms and picks at the bedding. Gave her another grain of morphia in whiskey.

4 o'clock; makes some effort to answer questions, but no intelligible answer obtained. 4.30 o'clock; answers rationally at times, and is gradually improving. She took nothing but milk and coffee, preferring it to food for five or six days; during that time, the pupils remained dilated, and the skin moist and clammy.

On the 20th of May she was discharged as cured of the habit of opium eating. On recovering from the effects of the belladonna she had none of the distress complained of by opium eaters after being deprived of that drug. Her own words were, "I should not think of opium or morphia unless spoken to about them."

Sept. 16th.—Her husband writes, "Mrs. C. is as free from the habit or influence of opium as ever she was or any other person is, and she has gained twenty-five pounds since she came home. The greatest quantity of morphia taken in eight days was three drachms." Her friends had reduced it to half an ounce of opium each week, but were unable to limit it farther when she was received into the Infirmary. She was not herself, so much was the suffering for want of more of the drug, until after taking the belladonna.

Selected Papers.

THEORETICAL AND PRACTICAL MIDWIFERY.*

[We take this synopsis from the *British and Foreign Medico-Chirurgical Review*, because of the great amount of condensed instruction it contains.—ED. B. M. & S. JOUR.]

After ten years' interval we again bring to notice the most complete treatise of the day on midwifery. The seventh edition of Cazeaux, revised and annotated by M. S. Tarnier, is the fifth translated edition of

* Theoretical and Practical Midwifery. By P. Cazeaux. Revised and annotated by S. Tarnier. Fifth American from the seventh French Edition, by Wm. R. Bullock, M.D. Pp. 1124.

Dr. Bullock. The work is, of course, well known to writers on obstetrics, but we think it ought to be placed in every hospital library within the reach of the student.

M. Tarnier has fairly accomplished his task of bringing the original work up to the present time, and without altering the felicitous style of Cazeaux he has, by retouching the text where necessary, given a new direction and meaning to the original ideas.

Some alteration has been made in the plan of the old edition, and M. Tarnier has availed himself of recent researches as to the structure of the uterus and ovary. Thus he refers to M. Rouget's memoir, and describes the erectile tissue of the uterus, the muscular layers in the broad ligament, and in the stroma of the ovary. Following M. Sappey he tells us that—

"The ovary is composed of a central portion and of a superficial, which he calls the ovigenic layer, and which alone contains Graafian vesicles. These M. Sappey calculates are over 300,000 in each ovary, making near 700,000 for the individual. If, therefore, all the ova existing in the surface of the ovaries of a young woman were to be fecundated and undergo all their phases of development, it would require but two women to furnish inhabitants for a capital like Paris, containing 1,600,000 souls. * * * There are as many ovisacs in the fœtus as there will be at puberty."

In the description of the chorion, M. Robin's essay in *Le Journal de Physiologie*, 1861, is largely made use of; and his views regarding the placenta are also given in detail.

Three theories are offered as to the cause of the position of the fœtus in uterô—the oldest, viz., that of gravitation, has been lately reasserted with additional evidence by Dr. Duncan. M. Dubois's theory is that—

"The vertex presentation is a consequence of the instinctive will of the fœtus itself; and Cazeaux suggests that, as the uterus being developed during the first six months at the expense of its fundus is spread out superiorly, but, on the contrary, is much contracted below, it is evident that the pelvic extremity which from the folded condition of the lower limbs is much more voluminous than the head, must naturally lie in the largest cavity, that is, toward the fundus, and consequently that the cranium will descend to the cervix. There can be no doubt that the inferior part spreads out in the last three months nearly as much as the fundus, but then the fœtal vertical diameter is too long to permit it to traverse