

bowels resumed their natural functions. It will be observed, that although the intus-susception had been removed on the evening of the 6th, it was the morning of the 9th before there was any satisfactory discharge from the bowels, notwithstanding these organs had been stimulated by the frequent administration of mild aperients. This I am disposed to attribute to the great distention which these parts endured having in some measure paralyzed their muscular power, and that it required a certain time for them to regain their energy.

It is to be hoped that the absurd and irrational practice of giving mercury by the mouth in this complaint will now be forever abandoned; a practice which is as much opposed in theory to reason as I am persuaded it has been fatal in its results.

From the success that has attended this and other similar cases on record, in which corresponding measures have been successfully used, it appears to me that no medical practitioner would be justified in neglecting a method so rational, so easy of application, and, so far as experience has hitherto shown, so safe and effectual in its results, as forcing back the entangled bowel by the weight of a column of water of the required height, in all cases of intus-susception.

Air has been employed for the same purpose; I myself have had recourse to it, and in one case successfully, when other means had failed; but the column of water is so much more manageable, so much more certain in its effects, and so much less distressing to the patient, that until some more effectual method of treating this formidable complaint be discovered, I shall continue to practise it, and would humbly recommend all my professional brethren to do the same.

For the benefit of the younger members of the profession, who may not have had an opportunity of witnessing the practical application of this remedy, permit me to mention that a very efficient mode of procedure is to have a flexible tin tube, four feet in length; fit one end carefully into a glyster pipe, and the other either widened, or, which will be better, have a short piece of wider tube soldered on, and fitted to receive the pipe of a small funnel. This done, bend the tube into the form of the letter S; by this contrivance the funnel for receiving the water can be kept upright, and while the end inserted into the rectum is kept steady by an assistant, the operator can gradually elevate the tube into a straight line, until the weight of the column of water is sufficient to overcome the offered resistance.

August 19th, 1845.

ON POISONING BY OXALIC ACID.

By MICHAEL KEATING O'SHEA, M.R.C.S. Eng., Lambeth.

CASE OF P. LAVERTY, FROM NOTES TAKEN AT THE TIME.

In the year 1839, during my practice in Dublin, I was attracted, late at night, by a woman, in seeming distress, being ejected from an apothecary's door, and on inquiry, I was told her husband had taken poison.

On my arrival at his residence, he complained of a burning sensation about the pharynx and œsophagus. His having had recourse to tepid water, with the view of emetic action, (at his own instigation, before I saw him,) must have tended materially to aggravate his case, by contributing to the solution of the ingesta, (oxalic acid,) and its more extensive application to the surface of the stomach.

His tongue was coated; his pulse was small, quick, and wiry; and an anxious countenance, with complete prostration of strength, exhibited the misery of this infatuated being. The palate was vesicated, and the pharynx highly inflamed; the cardiac extremity of the stomach and epigastrium generally were marked by a degree of exquisite tenderness, and he vomited dark, grumous, and charred bloody matter.

In order more fully to understand this case, before I allude to the treatment, it is necessary to premise that I did not see him for full fourteen hours after he had taken the poison, which he effected at Bray, a village, ten Irish miles from Dublin, and travelled to the latter place without using any remedy saving the tepid water before mentioned.

On his arrival in Dublin, early in the day, he had recourse to the apothecary to whom I have alluded, who gave him some powdered rhubarb and magnesia, of which he took *very little*, and I should have noted, that the quantity of oxalic acid taken exceeded an ounce.

There can be no doubt about the poison. The person who sold it acknowledged to it; the wife bore testimony to its being taken in her presence; and a small portion which remained in his pocket was tested at the University laboratory, by Dr. Barker, of Hatch-street.

With such a case before me, I was alarmed for the result, and first sought for lime as an antidote to the poison. As the vomiting

was free, copious, and constant, I interfered not in this respect with nature, ever sensitive towards relieving herself of any foreign and injurious substance, but as the living machine must have sustained considerable damage, I applied myself to its repair, guided by the symptoms. Following these, my treatment consisted in copious venesection; free exhibition of calomel and opium; mucilaginous mixtures; a large blister on the epigastrium, dressed with nitrate of mercury ointment, terebinthinate enemata, with sulphate of magnesia, and, when the stomach became irritable, effervescing saline medicine. The man was confined for some time, but ultimately recovered, and again entered service as a gentleman's coachman.

I saw him twelve months after his recovery, and he looked very well, but complained of a sense of constriction about the œsophagus, and of being occasionally dyspeptic.

In this case, you will remark, first, the large dose of poison taken, which perhaps contributed, by its excess, to a more speedy rejection from the stomach. Secondly, the neglect, for many hours, of applying any antidote, and when applied, scarcely worth mentioning. Thirdly, the probable erosion and rupture of blood-vessels on the surface of the stomach, as evidenced by the dark, bloody, grumous vomiting. Fourthly, notwithstanding the extreme prostration of strength, the capability of the system to bear active depletion. Fifthly, the ultimate recovery, under all these adverse circumstances, which, though the last, is not the least grateful to my memory.

August 23rd, 1845.

REVIEWS.

The Nature and Treatment of Deafness and Diseases of the Ear, and the Treatment of the Deaf and Dumb. By WILLIAM DUFTON, M.R.C.S. 12mo, pp. 118. London: Churchill, 1844.

WE have perused, with interest and attention, this unpretending, but ably-written and instructive little volume. It is the production of a surgeon, of Birmingham, who is rising into reputation; and, in a manner most honourable to his talents and industry, has lately succeeded in founding an institution for the treatment of the diseases which his work is well calculated to illustrate. That Mr. Dufton is a man of reflecting mind, no impartial reader of the present essay can for a moment doubt; and we hope that the work will acquire a popularity commensurate with its merits, and serve to direct the attention of the medical practitioners of this country to the pathology of an organ, whose morbid affections are as common and distressing as they have been inexplicably neglected. Why, in the name of science and of humanity, should not the diseases of the ear be studied with as much energy, solicitude, and success, as those of the organ of vision? Why cannot acoustic attain the same precise and scientific character as ophthalmic surgery and medicine?

Yet, in general practice, what negligence, apathy, and blindness, are daily exhibited in the treatment of ear-diseases? To squirt a syringeful or two of tepid water, or instil a few drops of almond-oil, or some more irritating and less harmless drug, into the meatus auditorius,—to clap a blistering-plaster behind the auricle, and prescribe, at bedtime, a five-grain dose of that grand Abernethian panacea, the blue pill, constitute the principal resources of the general practitioner in all the varied maladies of the acoustic apparatus. These failing of success, the case is at once pronounced to be hopeless, and abandoned to the ordinarily impotent resources of nature, or, more frequently, to the rude and blundering manœuvres of some impudent and mercenary empiric. Yet there exists, in the animal economy, no organ whose various morbid conditions require greater tact and delicacy for their discrimination, or a wider diversity of treatment, than the organ of hearing.

The work of Mr. Dufton consists of a preface, introduction, and four chapters. The first chapter is devoted to inflammation, acute and chronic, of the external, middle, and internal ear; the second, to diseases of the ear not purely inflammatory; the third, to nervous diseases of the ear; and the fourth, to the treatment of the deaf and dumb. An engraving, illustrative of the construction of a speculum auris, and three forms of catheter for