

of vital energy, a pulse hurried and feeble, and occasional vomiting of stercoraceous matter, with rather obstinate constipation. Such was her condition at the time I first saw her, now five weeks since, previous to which time she had been under the judicious management of my friend Mr. Gardiner, a highly respected practitioner in these towns. I prescribed a laxative enema, to be used as occasion might require, with the internal use of a mixture composed of the *Ammon. Carbon.* and *Coaf. Arom.* in camphor julep. With this treatment she rallied somewhat, and I determined on trying the effect of the *Potass. Hydrid.*, under the use of which she certainly improved; the abdomen from being greatly distended reacquired its natural dimensions, the vomiting ceased, and the bowels became more regular. She continued to progress apparently well until within three days of the period of her death (which occurred on the 24th of last month), when a profuse diarrhoea came on, under which she sank.

I learnt from her mother that the motions had latterly passed through the vagina, as well as an amazing quantity of flatus. I was struck on receiving this intelligence, but seeing that her death was fast approaching, I thought fit to await the issue of a post-mortem inspection of the body.

Autopsy.—On opening the abdomen the intestines were found much distended with flatus; there was no fluid in the peritoneum, on examining the small intestine, which for the most part occupied the brim of the pelvis, there were discovered very numerous adhesions between them, and these again adhered to the omentum, and the peritoneum lining the internal parietes of the abdomen. On separating one very firm adhesion existing between the ileum and abdominal parietes, there escaped through an ulcerated aperture in the intestine several ounces of sero-purulent fluid, mixed with fecal matter; proceeding on I found the uterus much hypertrophied, and its upper and lateral part, near to its fundus, was occupied by a firm adhesion to the caput cæci, presenting a fistulous passage between the two organs, of the size of a common writing quill; the fundus uteri was firmly adherent to a portion of ileum three inches in length, the intestine having a communication to the same extent, through a large ulcerated fissure with the cavity of the uterus; the mucous membrane was in a state of sloughy ulceration; the vagina was normal; the rectum and the whole of the colon were filled with hardened feces, as in Mr. Thurnham's case, from which fact the same inference may be drawn. I am, Sir, your obedient servant,

JAS. GEO. DAVEY, M.R.C.S.L.
3, Mile End Terrace, Portsea, Hants.,
May 4, 1836.

RELATIVE QUALITIES OF BARK AND QUININE.

To the Editor of THE LANCET.

SIR: In No. 659 of *THE LANCET* there is a report of the proceedings of the *Westminster Medical Society*, on the 26th of March, wherein I am represented as expressing my astonishment, "that Dr. Thomson should say that the great objection to the use of bark was its bulk, when a more weighty objection was its frequent adulteration. In the West Indies, where his (*my*) experience lay, the bark was almost always adulterated, and seemed mixed with something like brick-dust, whereas sulphate of quinine was comparatively pure." Perhaps you will allow me to correct the above statement, by remarking that my observation was not directed to the *adulteration* but the *deterioration* of bark, as effected by the climate, if kept for any length of time, especially when a bottle or parcel of it has once been opened for use; and I added that, if then not speedily used, it became as inert as brick-dust. From such liability to change, sulphate of quinine is free, and on this account very superior to bark. It is very true that Dr. Webster said that sulphate of quinine was as liable to adulteration as bark, and in reply I stated my ignorance of the relative liability to, or the degree of adulteration in, these medicines; but this was a fact, that since the introduction of sulphate of quinine into the West Indies, not only were intermittent and remittent fevers more easily, but more permanently cured, and a gentleman sitting by me, who had been in the East Indies, told me that such also was the case there. I am, Sir, your most obedient servant,

P. BALLANTINE FERGUSSON.

Bath, 26th April, 1836.

I would observe that my remarks were elicited in consequence of Dr. Thomson having spoken of his experience in China, and though, for my preference to the sulphate of quinine, the cause assigned has more force in warm climates, yet in a degree it is applicable to all.

LARGE DOSES OF EMETIC TARTAR.

To the Editor of THE LANCET.

SIR: In the last No. of your invaluable journal, to which I have been a subscriber from its commencement, I observed a case of delirium tremens, which appears to have been treated with such large doses of Antim. Tartariz., and so frequently repeated, that I

consider the patient fortunate in having escaped its poisonous effects. However, it is probable that a considerable portion of the preparation never entered the stomach. If your correspondent will take the trouble to refer to Beck, or any other author on forensic medicine, he will find that cases of poison are on record where less quantities of emetic tartar than he prescribed to his patient had been swallowed. In No. 76 of the *Edinburgh Medical and Surgical Journal*, which periodical it would appear your correspondent is in the habit of perusing, a case is related where a physician by mistake swallowed from twenty to twenty-five grains Ant. Tartar., and, although in combination with carbonate of soda, a considerable period elapsed before he perfectly recovered from its effects. Perhaps your correspondent will be kind enough to explain the *modus operandi* of the remedy (?) which he employed. In *justification* of this treatment he may say that there is great *morbid insensibility* (rather fortunate in his case) of the stomach; but even granting that, would not the effects usually produced by the administration of mineral poisons be likely to result in similar cases to the one he has reported?

In conclusion I will quote the words of Dr. Copland (whose "Dictionary of Practical Medicine" I would particularly recommend to his notice), when speaking of the large doses of medicines which sometimes are prescribed in this affection:—"Feats of hardihood in medicine are too often the consequence of clinical and practical ignorance, and they may be allowed to meet their own rewards, so long as they are not obtruded into the annals of our science, and thereby set forth to the inexperienced as examples to be followed &c." I am, Sir, your constant reader and well-wisher,

G. BURROW.

Poplar, April 27th, 1836.

SELF-CASTRATION.

To the Editor of THE LANCET.

SIR: I have read the remarks of your correspondent in THE LANCET of April 23, on the case of Morgan in *St. George's Hospital*. I saw the man very shortly after the mischief, and he was perfectly cool and collected, indeed he was so cool as to have wrapped up the excised parts in an old handkerchief, and placed them in his pocket. I could scarcely credit the fact until I saw the scrotum and testicles, and which at "one fell swoop" of the razor he had excised most adroitly, by placing a piece of cord tightly round near the base of the penis. He was much exhausted by loss of blood and want of nourishment, and I expected every pulsation would have been his last. A little brandy and water, with occasional renewal of

the stimulus, aroused him, and I thought it better, as he was *houseless*, to send him at once to the hospital. The syncope was so great at the outset, that I had felt disposed to allow the handkerchief which he had pressed upon the wounded parts to remain, as the clotted blood effectually stopped the mouths of the vessels, and temporarily restrained hemorrhage. However, the parochial surgeon came, and, upon consideration, it was thought better to tie the vessels, and, most fortunately for the man, it was readily accomplished without much loss of blood; a few more ounces lost, and the equilibrium had been destroyed. No one could have been more attentive than the parochial surgeon (Mr. Martin), for, fearing any secondary hemorrhage, he went up himself with the man to the hospital, and then left him safe.

It appears that Morgan had been allowed to go out on Easter Monday, and that he came home half intoxicated. There was a patient (a young girl) in the workhouse, half idiotic, or, which is more likely, troubled with nymphomania. She went into the man's room, and the temptation overcame him. He has been, however, a very troublesome man, but it would have been more advisable to have dealt with him legally. A man guilty of murder, in Newgate is housed and fed, and, however heinous the crime, it should never be forgotten that the malefactor has a stomach, and that the gastric juice is an unpleasant secretion, unless it have somewhat to act upon. If the man recovers (and I saw him doing well on Saturday), the operation for castration is a mightily simple one. Yours very faithfully,

THOMAS LITCHFIELD.

Twickenham, April 27, 1836.

The Physiology of Digestion, considered with relation to the Principles of Dietetics. By ANDREW COMBE, M. D., Edinburgh. Maclachlan, 1836. London. Simpkin. pp. 332.

DR. COMBE has rightly considered the favourable reception which his "Principles of Physiology Applied to the Preservation of Health" obtained, as a proof of good appetite in the reading public, whose probable hunger after more food prepared by the same hand he has therefore here attempted to satisfy, according to promise expressed in the preface to his former supply. The medical writings by which Dr. Combe is best and most generally known, are characterized by perspicuous views of the structure and functions of the body, well adapted for the comprehension of non-professional readers, and at the same time so