

the contents of the phial, and his being seen by Dr. Sewell, I can see no necessity for referring the tolerance of the poison to two of the supposed causes, namely, "irritation of the mucous membrane of the stomach," and "digestion of the opium having commenced."

That the tolerance of opium in *delirium cum tremore* had been explained by the fact (?) that digestion is more than ordinarily strong in that disease, had escaped my notice up to the time of Dr. Sewell's observation to that effect. I have no doubt, however, that Dr. Sewell has good authority for making the statement, and I will, therefore, have much pleasure in being further informed regarding it. An extract from the author who has advanced this fact will perchance enlighten many of your readers who are as ignorant as myself on this subject, and may point out an analogy, hitherto unknown to us, between the process of digestion in the human subject in this disease, and the ordinary process of digestion of certain of the herbivora.

Respecting the treatment of Dr. Sewell's patient I may ask, why were emetics given and continued to the exclusion of the use of the stomach pump? What symptoms were there after vomiting to contra-indicate stimulants? And whether if coffee, tea, ammonia, or stimulants of a like nature had been given instead of two ounces of vinegar every half hour, there would have been as high a degree of that increased speechlessness and augmented drowsiness, which Dr. Sewell reports as having existed under the vinegar plan of treatment.—"Vinegar," says Dr. Christison "is undoubtedly one of the best remedies that can be employed as an antidote, for the alkalies and alkaline carbonates, because it converts them into comparatively inactive salts. But in poisoning with metallic compounds, vegetable narcotics, and very many vegetable irritants, where it was once almost invariably used, it does harm for the most part instead of good, because it aids the solution of the active parts of the poisons." The United States Dispensatory, by Wood and Bache says, "vinegar has been supposed to be a powerful antidote to the narcotic poisons, but this is a mistake. In the case of opium the best authorities unite in considering it worse than useless, it rather gives activity to the poison than neutralizes it."

If, then, vinegar be repudiated as an antidote for opium, while the opium remains in the stomach, because it aids the solution of the active part of that poison, what is its *modus operandi* as an anti-narcotic after the opium has been rejected from the stomach? and, moreover, supposing it to be an anti-narcotic, are two-ounce doses of undiluted vinegar, as prescribed by Dr. Sewell, preferable to weak vinegar and water combined with

coffee, as recommended by Orfila? Again, if it be admitted that vinegar will increase the action of opium, if it should meet with it in the stomach or bowels, is it not necessary that the opium be evacuated from the *primæ viæ* before the vinegar be prescribed? And was the circumstance that "the water swallowed come up clear," a certain indication of this in the case of Dr. Sewell's patient? Farther, will it not be better to discard vinegar altogether from practice, in poisoning with opium, if its remedial action be doubtful, and give place to therapeutical agents more powerful, and with whose physiological actions in narcotic poisoning we are better acquainted?

In asking this last question I am quite prepared for the answer that Orfila, Paris, Pereira, and others of the greatest celebrity, although, they denounce vinegar as an antidote to opium have nevertheless recommended it as an antinarcotic. I ask, however, if it is not the sheet anchor as an antidote in the British Hospitals? In reading the recent reported cases of the British Hospitals, of poisoning with opium, I do not recollect of seeing vinegar mentioned. Taylor, a late and extremely good authority, does not even notice it. What do the late editions of Orfila and Christison say with regard to it?

I am, Sir,

Your obedient servant,

JOHN S. STEWART,

Licentiate of the Royal College of Surgeons, Edinburgh.
Kingston, July, 1845.

ON A SOURCE OF ERROR IN SUPPOSED INFANTICIDE.

SIR,—I beg to forward to you for publication in your Journal (if you deem fit) the following case, which occurred a few days since in my practice.

It is I conceive interesting in a medico-legal point of view, particularly when taken in connexion with the Coroners Inquest lately held at Isleworth, England, on the body of Ann Pendry's child; the particulars of which are reported and ably commented upon by Wm. Ryan Esq. M. R. C. S. E., in the *Lancet* for June 21st, 1845. I may merely here mention for the benefit of those who have not seen the report, that the above-named Ann Pendry, was delivered of a child in a privy,—that the child was shortly after found dead at the bottom of the privy, and that a verdict of wilful murder was returned by the Coroners jury against the unfortunate mother.*

* On the 28th of February, Ann Pendry was known to be about ten minutes in the water-closet. From appearing in a weak state on her return, and being seen to wipe her hands in her apron, the suspicions of Mr. Wapsholt were excited, (the girl having previously been suspected of being *enceinte*,) and he immediately went to the water-closet, and saw something dark lying in the