

was not made by myself, but supplied to me, I am not quite certain of its strength; I have good reason, however, to think that its strength is what I have stated above. The first patient took some of a diluted solution, and it is worthy of notice that she suffered from anorexia, &c., for three weeks after; while the second patient, who took a much larger dose, recovered his usual appetite in much less time; probably, from his having administered to him the proper antidote, while the other did not apply at all for advice.

As chloride of zinc has great deodorizing power, I took the opportunity of observing, in the second case, that the matter vomited had no odor, which probably arose from the chloride of zinc. I was careful to observe if the stools were fetid, and their being so, was perhaps some proof that none of the chloride had passed lower than the stomach.

ANTIDOTES.—Some time ago, on washing my hands with soap, after having had them in chloride of zinc solution, I observed that decomposition took place; and I thought, in the event of any one swallowing in mistake, or otherwise, an overdose of the chloride, that either soap, or carbonate of potash, or carbonate of soda, would be the proper antidote.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of soda; carbonate of zinc was precipitated, and chloride of sodium, or common salt, remained in solution.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of potash; carbonate of zinc was precipitated, and muriate of potash remained in solution.

To a clear solution of chloride of zinc, I added a solution of soap; the oil, or fat, in the soap, became free, and floated in the mixture in round and oval pieces; carbonate of zinc was precipitated, and muriate of potash remained in solution.

With regard to the requisite *quantity* of the antidote:—as soon as an overdose of chloride of zinc enters the stomach, one of its first effects, fortunately, is an emetic one; but perhaps cases will occur where, from an overloaded state of the stomach, or some other cause, vomiting will not have occurred by the time the physician reaches the patient; in such cases, for a drachm of chloride of zinc, the proportional antidotal dose is either a drachm of the carbonate of soda, or a drachm and a-half of carbonate of potash, or as much soap as contains the above quantities of soda or potash. (In soap there is generally from six to ten per cent of either soda or potash.) In nearly all cases, it will probably be found, that vomiting will occur immediately after taking the poison, so that much less than the above quantities of antidote will suffice. It is exceedingly convenient to possess an antidote in soap, which is always to be had in houses without delay. Even when soda or potash is at hand, as well as soap, the last seems preferable, as its oily part is useful either as an emetic, or to soothe the irritated or abraded mucous membrane. Castor-oil may be prescribed to carry off any of the chloride which may have passed the stomach. Olive-oil, for a day or two, is soothing to the mucous lining of the œsophagus and

stomach, and sinapisms or a blister to the epigastrium appear to be all that is required.

Chloride of zinc, in medicinal doses, is useful in chorea, neuralgia, epilepsy, &c.; in surgical practice it is used as a caustic and escharotic, and applied externally in a weak solution, it possesses stimulant, alterative, and deodorizing powers over certain ulcers, where it has the great advantage over arsenical, mercurial, and lead preparations, of never giving rise to constitutional disorder from absorption. A peculiar solution of it (Sir William Burnett's Disinfecting Fluid) is largely used to preserve timber, canvass, and cordage, from decay, and to preserve anatomical preparations, and for its deodorizing and disinfecting properties, and for various other hygienic purposes; and this solution, used in the manner directed, is perfectly innocuous.

I have looked into seven or eight of the latest works on *Materia Medica* and *Toxicology*, and have not found mention made of any antidote for chloride of zinc; in one of these works, there is, in parallel columns, a list of poisons and their antidotes, and that for chloride of zinc is left blank; so that, as far as I know, I am the first who has pointed out, and who has used the proper antidote for this poison.

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ART. LIX.—CASE OF ACUTE CEREBRO-SPINAL ARACHNITIS, THE PATIENT HAVING PRESENTED DURING HIS WHOLE LIFE, AN IRREGULAR INTERMITTING, AND SLOW PULSE: WITH OBSERVATIONS.

By ROBERT L. MACDONNELL, M. D.,

Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland, Physician to the Montreal General Hospital, Lecturer on the Institutes of Medicine, University of McGill College.

Notwithstanding the great progress of pathology of late, it must be admitted, that the diagnosis and treatment of many nervous diseases, remain still enveloped in much obscurity, which has not been diminished by the efforts of some zealous investigators to establish distinctions between the inflammations of the different membranes of the brain and cord, and of the different parts of the brain itself.\* I believe I am correct in stating that, as far as the spinal cord is concerned, we have made little advance since the views of Ollivier were first promulgated—yet if we examine carefully the detached essays that have since appeared, and read with care the accounts of the epidemics of cerebro-spinal meningitis, that have lately been published, we shall collect from all, an amount of information which will enable us to form a correct diagnosis, even in cases as perplexing as that which I am about to describe; and it is with the hope of directing attention to this obscure department of medical science, and of adding a remarkable case to our scanty knowledge on this subject, that I have laid its particulars before the profession.

\*Professor Albers, of Bonn, has taken much pains to establish the diagnostic signs of inflammation of the Dura Mater, the Arachnoid, and Pia Mater, as separate affections, a task of extreme difficulty, from the simple fact, of inflammation never being confined to one of these structures.