excised nine months later was an anaplastic squamous-cell carcinoma, similar to that in the cervix, situated in the subcutaneous tissues and ulcerating through the skin. The clumps of tumour cells were surrounded by an abundant cellular stroma, and in this, and mingling with the tumour cells, were large numbers of histiocytes containing iron (Fig. 2), while in other areas the iron appeared to be lying free in the tissues. The amount of residual iron was greater than that reported at similar injection sites by Golberg (1960). The fibrous reaction around the carcinoma was unusually exuberant, and a similar reaction was present in the subcutaneous fat, which also contained iron, but there was no evidence that this reaction was neoplastic.

COMMENT

In the experimental animal the injection of large doses of iron-dextran have produced sarcomata at the injection site, but there is no evidence that this occurs in humans, nor is there any indication that the substance was directly carcinogenic in this case. It seems likely that the lesion in the buttock was a metastasis from the carcinoma in the cervix, but it does seem probable that the intense reactive hyperplasia induced in the subcutaneous tissues by the injection of iron-dextran localized this bizarre secondary tumour.

Our thanks are due to Mr. C. H. Gray, Miss G. Hill, Mr. G. Qvist, and Miss P. Wade for permission to publish this case.

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Acute Poisoning with Ethinamate and with Carbromal

Reports of the treatment of acute intoxication from non-barbiturate hypnotics using bemegride and amiphenazole are scanty. von Planta and Klingler (1956) reported the recovery of two patients suffering from acute glutethimide ("doriden") poisoning after treatment with bemegride and amiphenazole; Rowell (1957) successfully used these two drugs in the treatment of a patient who had taken glutethimide (10 g.) and aspirin (4.8 g.).

CASE 1. ACUTE ETHINAMATE POISONING

A Chinese man aged 24 was brought to hospital by the police. He had been found lying by the seashore and could not be roused. On examination he was unconscious and cyanosed, and was breathing stertorously. The skin was cold and clammy, with sand over parts of the limbs and in the hair. His temperature was 97.5° F. (36.4° C.) and B.P. 100/60 mm. Hg. There were no signs of external injury. The limbs were completely flaccid and the tendon-jerks were absent. Plantar responses were not elicited. The pupils were small and reacted poorly to light. Two hours later they became dilated and fixed. The signs suggested poisoning from some hypnotic poison. A Ryle tube was passed into the stomach, and nearly 10 oz. (284 ml.) of blood-stained mucoid material and partially digested rice grains was withdrawn. He was put into an oxygen tent and an injection of 4 ml. of nikethamide was given. There was no response. An anaesthetist was called in and the

upper respiratory passages were cleared. An endotracheal tube was next inserted and mucoid bronchial material was sucked out; the tube was then withdrawn. With the administration of oxygen the cyanosis was partly relieved. An hour later he began to have tetanic spasms which came on at about 10-minute intervals associated with laryngeal spasm. During some of these spasms fasciculation was observed in the pectorales muscles and in those of the upper arm.

Nine hours after admission he remained seriously ill, and intermittent administration of bemegride and amiphenazole was begun. After a total dosage of 150 mg. of the former and 45 mg. of the latter his pupils became reactive and the pharyngeal reflexes returned. Two hours later his coma again deepened and he required a further 100 mg. of bemegride and 30 mg. of amiphenazole to bring him into a "safe state."

He regained consciousness 24 hours after admission, but was still in a confused state and could not answer simple questions. After a further 24 hours he was well but somewhat depressed, and on questioning revealed that he had taken 30 tablets of "valmidate" (1-ethynylcyclohexyl carbamate).

CASE 2. ACUTE CARBROMAL POISONING

A Chinese woman was admitted to hospital with the history from her husband that she had been rather depressed of late and had been in the habit of taking sleeping-pills. On the morning of admission she was found to be "snoring loudly" and could not be roused. On examination she was unconscious, with a temperature of 97° F. (36.1° C.); the pulse was rapid and the respiration stertorous. She was slightly cyanosed; the pupils were small and did not react to light. Her B.P. was 100/70 mm. Hg. All four limbs were flaccid and areflexic. The plantar reflexes were absent. Nearly 12 oz. (340 ml.) of mucoid material drawn from the stomach by Ryle tube was found to contain brominated ureides. After the administration of a total dosage of 150 mg. of bemegride and 45 mg. of amiphenazole her reflexes returned. She regained consciousness 20 hours after admission, but was extremely confused and restless. A day later, in a more rational state, she said she had taken "over 20 'relaxa' tablets" on the night before admission.

COMMENT

Carbromal and bromvaletone are common ingredients in the many proprietary preparations used for inducing sleep which are on unrestricted sale. Acute carbromal intoxication may lead to death. Magnussen (1947) reported that carbromal was the third commonest agent used by patients admitted to the psychiatric division of the Copenhagen Municipal Hospital for acute poisoning. One death resulted from taking 20 tablets, and in another patient a comatose state lasted for nearly a day after taking only nine tablets. Two further deaths from carbromal overdosage were reported in the *Pharmaceutical Journal* (1958). Steel and Johnstone (1959) published a case of addiction to carbromal-containing tablets ("persomnia") leading to death from acute intoxication. Bemegride (with amiphenazole) is worthy of further trial in patients suffering from acute carbromal poisoning.

I thank Professor G. A. Ransome for permission to publish these case reports of the two patients, who were under his care.

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