POISONING FROM THE FUMES OF CARBOLIC ACID: RECOVERY.

By R. E. UNTHANK, M.R.C.S. Eng., Appleton Wiske.

ON Saturday, October 26th, about 1 P.M., I was called to attend Mr. P., a farmer in this district. On my arrival at his residence, I found him in violent convulsions with trismus, and blood passing from the mouth in consequence of the teeth having wounded the tongue. He was quite comatose; the face and neck were livid; the breathing stertorous; the extremities and surface of the body were cold; the pulse was scarcely perceptible. I had him put into a warm bath immediately. In forty minutes the convulsions ceased, sensibility partly returned, the face and neck had assumed their natural hue, the breathing became quieter, the extremities and body were warm, and the pulse much stronger. He was then removed to bed, wrapped in blankets; a bottle of warm water was put to the feet, cold applications to the head, and a strong mustard stupe to the nape of the neck. I saw the patient again at 7 P.M.; he was then perfectly conscious; the convulsions had not returned; the breathing was calm; the body and extremities had increased in temperature; the pulse was 88; the tongue moist and clean, but sore. He had passed about half a pint of urine, which was more acid than normal urine; but I could not detect in it the odour of carbolic acid. He complained of giddiness, but no pain, in the head; he had pain in the face and neck, with the taste of carbolic acid in the mouth and throat, and a great deal of gastric irritation. I gave him an aperient, and afterwards a mixture composed of nitrate of bismuth, dilute hydrocyanic acid (*P.L.*), acacia mixture and water, a gargle for the mouth of chlorate of potash and tincture of myrrh, and a liniment of equal parts of belladonna and soap liniment, to be applied to the neck and face. At my next visit, on the 27th, at 10 A.M., I found him much better. The mixture, gargle, and embrocation, were continued; and he was allowed a light diet of boiled chicken, sago, and milk. He improved daily, and was quite convalescent on the 30th. Had the warm bath not acted so beneficially in restoring my patient, I should at once have resorted to venesection. Mr. P. told me that on the day he became ill he was engaged in his usual occupation amongst the cattle, and had been exposed for three hours to the fumes of strong carbolic acid; and that as he was going to the house to dinner he was seized with giddiness, stupor, and convulsions. In the case of poisoning by carbolic acid, quoted in the *JOURNAL* October 26th, from Dr. Mosler, the symptoms were similar to those under which my patient laboured.

THERAPEUTIC MEMORANDA.

BLEEDING IN THE TREATMENT OF SCURVY.

ON reading Dr. Cheadle's most interesting clinical lecture on Scurvy and Purpura, I see he doubts the use of bleeding. I may be rash in holding an opposite opinion, but I cannot help thinking there are cases with purpuric symptoms in which the loss of blood does good. Two cases have occurred to me in which neither diet nor medicines did any good, but in both recovery followed most alarming hæmorrhage; in the one case from the nose, and in the second from the nose, bowels, and kidneys. In both, great exhaustion followed, and then a rapid recovery. One case was that of a bricklayer, who said he had fresh vegetables about three times a week; and the other was a boy, who lived fairly well, but whose home was damp and badly drained. These facts make me think that loss of blood may do good.

G. H. SAVAGE, M.D. Lond., Assistant-Physician to the Bethlehem Hospital.

OBSTETRIC MEMORANDA.

MULTIPLE BIRTH.

ON May 30th, 1870, I delivered Mrs. M. of triplets. They are all alive, two years and a half old, and have gone through the whooping-cough. Mrs. M. conceived early in September 1869, fancied she miss carried in October, and was delivered on May 30th, 1870. The first and second were boys at full term, and they shared one battledore placenta; the third, a girl of apparently only eight months, had separate membranes and after-birth. I think my patient probably conceived of twins in September, menstruated profusely (not miscarried), and conceived again in October.

PERCY BOULTON, M.D., Physician to the Samaritan Hospital.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE MIDDLESEX HOSPITAL.

CASE OF POISONING BY ACONITE; DEATH; NECROPSY.

(Under the care of Dr. HENRY THOMPSON.)

THE following case of poisoning by aconite is of much interest. The symptoms presented by the patient verify the observations by Pereira, Headland, Fleming, and others. Although experiments on lower animals tend to prove that in them death ensues from asphyxia, in the present case the fatal issue was apparently from syncope; but this has been shown by Dr. Fleming to be not an unusual mode of death in man; indeed, he is of opinion that syncope is the common mode of death. During the entire illness of the patient, however, the statement made by some observers that contraction of the pupil is more or less a constant phenomenon of aconite poisoning, did not in any way receive corroboration. The pupils throughout were more or less dilated, as Dr. Headland has pointed out to be the rule in these cases, while, immediately before death, the symptom became very marked; a condition, however, dependent probably on the mode of death. The tumultuous action of the heart, and the great mental anxiety and restlessness of the patient, were very prominent symptoms. The maniacal condition of the patient was unusual.

A chemist's porter, aged 21, was brought into the Middlesex Hospital at 5.30 P.M. He had swallowed, half an hour previously, one ounce of Fleming's tincture of aconite, which was being made in the shop at the time. The poison produced immediate vomiting, and two minutes afterwards he was given half a drachm of sulphate of zinc with warm water, followed by a second dose of zinc five minutes later with good effect. Strong coffee was then administered, and he was sent to the hospital. When admitted he was in a state of extreme collapse; his countenance was anxious, and the skin cold. His pupils were of moderate size. He seemed almost unable to articulate, he was retching violently, his pulse was very rapid and almost uncountable, the heart's action was exceedingly tumultuous, and the two sounds scarcely separable. His stomach was immediately washed out by means of the stomach-pump with water and some aromatic spirit of ammonia, and alcoholic stimulants were given him. He was then sent to bed.* At 6 P.M. he was quite conscious; he was very restless and constantly turning in bed, his expression was anxious, and he was apparently suffering pain and great mental anxiety. His face was dusky, and his body was generally cold and clammy. He had apparently great difficulty in swallowing, the fluid running out by his mouth as soon as taken, and he appeared to be unable to articulate. He kept spitting large quantities of frothy saliva. The heart was acting most tumultuously, and in a churning manner, the systole and diastole remaining inseparable to the ear. The pulse was of fair size, uncountable, very weak and unequal. The pupils were of moderate size. Half an hour after this he was able to answer questions; he was throwing himself about violently, and attempted to bite the attendants. The pupils were becoming larger. He passed a motion in bed. He shortly after this became delirious; his pulse left at the wrist, but he became more and more violent and restless, and at 8.30, after struggling considerably, his appearance suddenly changed, his pupils dilated, and his heart ceased to beat, followed by two or three imperfect respirations. He died apparently in syncope. About sixteen ounces of urine were drawn off from the bladder after death, sp. gr. 1023, normal in colour, very acid, and precipitating phosphates but no albumen on the application of heat.

The necropsy was made by Dr. Cayley, seventeen hours after death. The body was well nourished; rigor mortis was very marked; the thorax had universal fibrous adhesions on the left side; the right pleura was normal. The dependent portion of the lungs was much engorged and somewhat cedematous. There was no fluid in the pericardium. All the cavities of the heart contained black fluid blood, and on the right side were some loose black clots. The left ventricle was under the influence of rigor mortis. The small intestines were of a pale rosy colour. The liver was congested; the stomach was empty, the

* The water with which the stomach was washed out, produced scarcely any perceptible impression of tingling on the tongue.