poisoning, was independent, and continued after all symptoms of belladonna poisoning had disappeared, but subsequently greatly improved under treatment.

CASE OF CHLORODYNE POISONING, WITH RECOVERY.

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C. H., a Parsee lad, aged 18, was found one morning by his parents lying unconscious in his bed. They stated that he was perfectly well about 8 o'clock that morning, and when, about 10 o'clock, they happened to enter his room they found him breathing laboriously. They tried to awake him; failing in their effort they immediately sent for me.

On my arrival, I found the lad lying unconscious in his bed, drenched with profuse perspiration. The whole body was quite cold to the touch, the pulse imperceptible at the wrist, and the breathing embarrassed, the respirations being shallow and quick.

On auscultation, the heart sounds were found to be very feeble and fluttering, without any rhythm, and the heart's impulse was quite visible about an inch outside the left nipple line.

I immediately injected over the cardiac region a syringe of ether, followed soon by another injection of ether and tincture of digitalis $\text{m} \times$. After this the pulse could be felt at the wrist, and though at first very frequent and soft, in about twenty minutes it became full and slow. After the injections I had applied mustard plasters to the nape of the neck and over the cardiac region, and also fomentations of hot carum ajowan seeds were applied all over the body.

On auscultation over the lungs, air was heard to enter quite freely, no adventitious sounds being heard excepting the stertor. Respirations were shallow and about 45 per minute. Breathing in the beginning was of the snoring character, but after the injections it became quiet and regular. The pupils were equal, regular, in a state of moderate contraction, and they responded well to light. The tongue was dry, and appeared white and shrivelled as if some acid had been taken.

On inquiry being made of his parents, and on searching the room for an empty bottle or a drug, not the slightest clue could be obtained about the cause of this sudden unconscious condition, and, when the possibility of his having taken some poison was hinted, they persisted in stating that the boy was so sensible and of such good behaviour that he was incapable of doing any such act. Under these circumstances I provisionally diagnosed this case as one of syncope form of insolation, wherein I was strengthened by the statement that he had roamed about a good deal the day previously without any head protection.

About half an hour after the second injection, the pulse at the wrist became frequent and soon was scarcely perceptible. The heart sounds also became weak and irregular and fluttered so much that I feared it was about to come to a standstill. So I again injected ether and digitalis; soon after which, the pulse was felt at the wrist and it gradually became full and less frequent till it reached 110 per minute and was of good tension. On percussion the heart was found to be in a state of acute dilatation and the impulse was still visible outside the nipple line. The heart sounds were heard to be regular and stronger than before, but occasionally the contractions failed to produce the sounds in the intervals; though the pulse beat was regular.

Stertor also disappeared, the respirations became full and deep, the whole body was now warm to touch and the sweating also became less. The patient's general condition by this time was much improved, but I had kept on feeling the pulse, which soon began to increase in frequency till it reached 160 per minute. I had already ordered hot coffee to be prepared and when ready I injected about 8 oz. per rectum. The pulse soon resumed its former condition, becoming full, of fair tension and 100 per minute.

About twenty minutes later I again felt the pulse rising in frequency, and it soon began to flutter under my fingers. The heart sounds were like those in a case of tachycardia. I gave another rectal injection of coffee with 2 oz. of brandy, after which the pulse and the heart again became quiet. Soon after the patient became a little conscious; he would draw up his legs when hot fomentations were applied to his feet, and on trying to open his eyelids he would now resist the

act, whereas in the very beginning touching the cornea did not elicit any reflex. His name being shouted to his ears he would utter a little grunt, then turn on his side and would snore away as in deep sleep.

Now the patient, instead of gradually coming round, appeared to become more and more drowsy, as if he had taken some narcotic drug. I continued rectal injections of coffee, and tried to awake him by flapping him on his face with wet towels. About 2 p.m., four hours after my arrival, the patient threw his eyes wide open, and was able to recognize his parents. As he became quite conscious, I gave him a drachm of spt. ammon. arom. with little water to drink, a few minutes after which he vomited, the vomited matter consisting of bile, mucus, and little phlegm, but no odour of any drug could be detected in it. Now he was practically out of danger, talking rationally, and when asked denied having taken any drug or poison.

As I had to see another patient of mine, I sent for my friend Dr. J. R. Vakil, and, having explained to him all the particulars of the case, entrusted the patient to his care. Within an hour after my departure Dr. Vakil noticed the same fluttering condition of the pulse as described before. So he gave a hypodermic injection of brandy, and, as the patient was now conscious, gave him hot coffee by the mouth. Soon the pulse resumed its normal condition.

Meanwhile the patient's brother came home, and, opening his cupboard, found a bottle of chlorodyne unpacked. He brought it to Dr. Vakil, stating that he had left that bottle in his cupboard in a packed condition, and consequently his brother must have opened it, which the patient afterwards admitted to be true.

During his stay there Dr. Vakil had noticed that the heart's impulse was gradually receding, and when I arrived there—at about 5 o'clock—it had nearly resumed its normal position. He was now quite conscious but still drowsy, and his heart sounds being very feeble he was enjoined strictly to keep the recumbent position.

I directed them to keep him awake through that night, and a mixture containing digitalis, strychnine, caffeine, citrate, and spt. aetheris was prescribed. Since then no further trouble ensued excepting severe constipation. The chlorodyne bottle was a half-ounce phial, in which a drachm and a-half was still left, and so the patient must have taken two drachms and a-half of the fluid undiluted. On the label attached to the phial, besides the directions for use, the only statement given about its constituent parts was that it contained one-eighth of a grain of morphine in 30 minims. No proportion of hydrocyanic acid was given.

CASE OF ACUTE ALCOHOLIC POISONING IN A CHILD AGED 4 YEARS: TREATMENT BY SALINE INJECTION: RECOVERY.

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I was sent for hurriedly a few weeks ago to see a young child who "had been poisoned." On my arrival I was told that the child—a boy aged 4 years—had, three-quarters of an hour previously, swallowed 2 oz. of neat whisky. His father, who was a potman, had left the whisky—a measured quantity—in a small corked flask, and the child had removed the cork and drank the contents, telling his father, who came in a few minutes later, that he had "drank it all."

This was taken about 8 a.m. on an empty stomach. As the child soon "began to lose himself" I was sent for, and when I saw him at 8.45 a.m. he was lying insensible on a sofa; his temperature was 97°, his skin cold and clammy, the respirations shallow and sighing, and the pulse irregular and uncountable, his general condition being one of profound collapse. The corneal reflex was absent, the pupils being dilated and slightly reacting to light—a sign which is regarded by Luff as favourable. There was a strong odour of alcohol in his breath. There had been no vomiting.

After giving a hypodermic injection of strychnine sulphate ($\frac{3}{8}$ gr.), I proceeded to siphon out the stomach. The siphonage smelt strongly of alcohol, and the father volunteered the statement that the whisky was of "extra special strength." The child, though wrapped in blankets, with hot bottles round him, and cloths constantly rung out in hot water placed on the chest, was as deeply comatose as before, and