

POISONING BY SUB-CUTANEOUS INSERTION OF NUX VOMICA.

By S. C. CHATTERJEE, B.A., M.B., *Azingunge*.

LATE one evening, some days since, I was called to see the daughter of a gentleman who was said to have become suddenly insensible without any apparent cause. In an instant I started, and saw my patient lying in evident distress. She was found in a semi-conscious state, and hardly able to give utterance to her sufferings in articulate speech. Occasional tremor of the muscular system was noticed, but no actual tetanic convulsion was present. The muscles of the neck were felt rigid. The woman could half-open her mouth. The pulse was very frequent and respiration hurried.

On making inquiries as to the probable cause of this suspicious malady, the father of the patient answered that for some time past she had been placed under the treatment of a quack for the cure of a chronic intractable sore in the loins, which had baffled all sorts of treatment, and that this morning the quack came and inserted some nux vomica seed made into a pulp, and mixed with sulphate of copper, into the sore, and then went away. Within eight hours of this treatment the present symptoms manifested themselves, and I was sent for, the quack having absconded.

This previous history gave me the clue to the mystery, and from that I concluded that the symptoms were due to the absorption of strychnia from the sore. A bottle of ammonia, held before the nostrils, excited moderate opisthotonic contractions, which gradually passed away on withdrawal of the cause of excitation. The sore was found covered with a slough, very angry looking and extremely painful.

Extract of belladonna was applied all over the spine, and a quarter of a grain of the same given internally, in combination with 15 drops of chloric ether, every three hours. I had no nicotine with me, otherwise I would have injected a little of the solution hypodermically, and tried its alleged antidotal properties; but, unfortunately, none is to be had at this place.

When I saw the patient early next morning, she could speak, though not very distinctly; she told me in a half-suppressed voice that a sensation like that of electric shocks running through the spinal column was felt by her, which rendered her extremely uneasy, and that if it could in any way be relieved she would find herself almost right. I then re-applied some belladonna, mixed up with a couple of grains of atropia, and continued the mixture prescribed the evening before: milk and sago were also ordered.

The sore was washed with belladonna lotion, and then a poultice put over it.

This plan of treatment gradually brought her round, and on the fourth day she felt all well.

REMARKS.—The importance of the case, and the rarity of its occurrence, are my only justification for dragging it to the notice of the medical profession. This poor woman would have fallen a victim to reckless quackery had not the saturation of the system with the poison been too slight to cause death, leaving out of consideration the plan of treatment adopted at the time when scarcely any consultation was available.

The one important feature of this case seems to be the length of time that elapsed between the insertion of the poisonous pulp and the development of the symptoms of systemic intoxication. It was applied in the morning about 8 a.m., and the first symptoms were manifested in the afternoon at 4 p.m., that is to say, after an interval of eight hours. To what was this delay due? Probably to the slow absorption of the poison, and gradual contamination of the blood to the extent necessary for causing nerve excitation.

Had the nerve filaments been primarily involved, the effect would have been instantaneous; but the symptoms set in after an interval of eight hours. It seems to me therefore probable that the blood was primarily affected by the poison, and through it the nervous centres, especially the spinal cord, were thrown into disorder, and then the symptoms of poisoning manifested themselves. The rapid circulation of contaminated blood within the spinal canal, and the consequent excitation of the cord, were the causes of the sensation of electric sparks running through the spine, so painfully felt by the patient.

The semi-consciousness was due to shock communicated to the brain. Belladonna, by its well-known anti-spasmodic properties, gradually soothed this excitation, and thereby restored healthy function to the cord. The known action of this drug solely prompted me to its administration without any

reference whatever to the published experience of learned authors, as no such reference was available at the time. I should feel much obliged if any member of the profession be inclined to throw additional light on this important subject.

September 19th, 1872.

CASE OF FOREIGN BODY IN THE ŒSOPHAGUS, CAUSING DEATH BY PERFORATION OF THE AORTA.

By Assistant Surgeon J. O'BRIEN, M.A., M.D., *43rd A. L. I.*

THE following case came under my notice while officiating in charge of the station of Gowhatty during the absence of the chief surgeon:—

L—, a stout Cacharee, aged 26 years, was brought by the police to the dispensary at Munguldye at 7 o'clock in the morning of 30th August, and placed under the care of the hospital assistant in charge of the sub-division. He complained that six days previously he had been beaten by some men about the back and shoulders with their fists; up to that time he stated that he had enjoyed his usual health, with the exception of a pain in the chest which had lately caused him some uneasiness. No distinct or accurate history of this pain was obtained, nor was it referred by the patient to any particular cause.

On the evening of the beating he vomited blood in large quantity, and "fever" set in. Soon after it was noticed that his stools were black and highly offensive in smell. During the succeeding days blood was vomited at intervals, and the stools retained their dark color. He was brought to the dispensary in a dooly, and looked so weak and prostrate on admission, that the hospital assistant thought it advisable to administer stimulants of ether and ammonia. When he learnt the nature of the case more fully, he gave gallic acid in solution every two or three hours, and enjoined perfect quiet. The patient was kept in the recumbent posture, and cold milk, soup, &c., given for drinks. He dosed a good deal during the afternoon, and seemed better towards evening. Early in the morning of the 31st, however, he vomited several mouthfuls of fluid blood, mixed with clots, and passed two stools composed almost entirely of blood. The gallic acid was again administered in increased doses, and cold applied to the chest. Despite these efforts, he began to sink rapidly, and died quietly at 2 in the afternoon.

As the case appeared to be one of a suspicious nature, the body was immediately sent in charge of the hospital assistant and some constables to this station for examination. The post-mortem was made 20 hours after death. No mark of violence was discovered upon the body; the usual signs of death from hæmorrhage were found, viz., the muscular substance was dry and bloodless, the mucous membranes pale, and the large vessels at the root of the neck almost empty. The respiratory apparatus was normal; the heart and pericardium both healthy. The latter sac contained about 1½ oz. of yellow serum. All the cavities of the heart, excepting the right auricle, were empty; but this cavity contained a loose clot, giving an exact mould of its shape and having fibrillæ extending into the large vessels. In fact, it would seem as if the circulation had ceased directly at this point. The liver and spleen were healthy. The left kidney was enlarged and congested, and its capsule morbidly adherent. The right kidney was much smaller and very pale; a small abscess containing about a thimbleful of pus was found beneath the capsule, near the hilum. The peritoneal surface of the stomach and bowels was of a dark-brown color, almost black over the colon. About 4oz. of fresh blood were found in the stomach, and the whole tract of the bowel contained blood, deepening in color as it approached the rectum.

On ripping up the œsophagus, a ragged opening with dark greenish edges was discovered in its left wall, about 4 inches below the pharynx. A small curved fragment of bone 1¼ inch long—apparently a portion of the rib of a pigeon—was found sticking in it. Corresponding to this opening, but much smaller, a ragged orifice was found in the right wall of the descending portion of the arch of the aorta, below the origin of the left subclavian. The connective tissue between the œsophagus and aorta in this situation was found much thickened. But, owing to the curve of the bone, the concavity of which was directed upwards, it would appear to have ulcerated a passage through with great facility, as solid food coming up on it from above, so far from dislodging it, would tend to fix it more firmly in its position. The orifice in the œsophagus was oval in shape, and about three-fourth of an inch in length from above downwards; that in the aorta not more than one-third the size. The passage

between the openings was almost an inch long. It appeared strange that the little bone should not have been dislodged by the frequent gushes of blood which took place; but such was not the case, as it was found deeply imbedded in the wound after death.

It was not ascertained how often the hæmorrhage occurred; but as the first discharge of blood took place seven days before death, we may conclude that the orifice was closed for long periods by coagulum. The size of the opening, its sloughy condition, and the fact of the foreign body remaining fixed in it, precluded all possibility of even a prolonged delay of the fatal issue: still we can see from a case of this kind the great danger of hastily administering stimulants in internal hæmorrhage (as was done in this instance), for their first effect would probably be to disturb the clot upon which even the temporary safety of the patient depended.

It will be observed that the foreign body in this as in most recorded instances, lodged in the left wall of the œsophagus—a fact which may be accounted for in the present case, at least, by the curve which the tube takes in passing to the right of the aorta.

As the diseased parts are in excellent condition, and interesting from the rareness of the lesion, I have preserved them for transmission to the Pathological Museum at Calcutta.

Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only ON ONE SIDE of each sheet of paper.

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the Publishers, MESSRS. WYMAN & CO., and all professional communications to the Editor, direct.

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H. C. CUTCLIFFE, Esq.; S. C. CHATTERJEE, B.A., M.B.; Assistant Apothecary ALFRED A. WRIGHT, Mysore; Assistant Surgeon J. O'BRIEN, M.A., M.D., 43rd Assam Light Infantry; Surgeon W. COLLIER, The Buffs; Surgeon H. CAYLEY, Civil, 24-Pergunnahs; Assistant Surgeon R. G. MATHEW, Civil, Midnapore; Assistant Surgeon J. KELLY, M.D., 1st Punjab Native Infantry; S. C. CHUCKERBUTTY, House Surgeon, Medical College Hospital; Sub-Assistant Surgeon OPENDRO NATH SEN, Palamow; Surgeon W. J. MOORE, Rajpootana; V. RICHARDS, Esq., Civil, Balasore; Surgeon F. ODEVAINE, in Medical charge, Mussooree; Sub-Assistant Surgeon BENY MADHUB BOSE, Officiating Civil, Maldah; Assistant Surgeon R. H. STEVENS, Resident Surgeon, Medical College Hospital; DR. C. F. TONNERRE; DR. T. S. HEWLETT; and MR. G. H. ROSS.

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Medical Times and Gazette, Nos. 1155-1158; Lancet, No. 6; Medical Press and Circular, Nos. 1750-1753; British Medical Journal, Nos. 607-611; Gazette Medicale de Paris, Nos. 34 to 37; Edinburgh Medical Journal, Sept.; Chemical News, No. 688; Canada Medical Journal, Sept.; Report on the Meteorology of the Punjab for the year 1871.—By A. NEIL, M. R. C.S.I.; Medical Hints for the District.—By a Bombay Army Surgeon; Report of the Sanitary Commissioner for Madras, for 1871, with Appendices.—By Surgeon W. R. CORNISH.

The Indian Medical Gazette.

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THE BURDWAN FEVER.

IN an article which appeared in the *Indian Observer* of the 28th of September, upon "The Burdwan Fever, and Lord Northbrook's Prize," the writer is severe in his criticism regarding the scientific work accomplished by the medical officers employed in the fever-stricken districts.

The *Observer*, in the first place, complains of the Sanitary Commissioner, because he is obliged to fall back upon the science

of a century and half ago, and to reason upon the assumption that Burdwan is a fenny region, having a soil water-logged and exhaling malaria. Our contemporary then makes an onslaught on the "Medical Department," which, he thinks, has not yet vouchsafed to the public one iota of information regarding the epidemic; but, we are told, it is probable that its knowledge is neither more nor less than what appears to be in the possession of the executive government and the Sanitary Commissioner. "Its reticence has, however, the appearance of wisdom, and may imply that facts are being collected, surely though silently, and with much delay. We have not yet seen an account of the epidemic in any of the local medical journals."

In truth, according to the *Observer*, the Government, Medical Department, and the public, are equally ignorant as to the nature, causes, and preventive treatment of this terrible fever. For instance, our contemporary remarks, with reference to the contagiousness of this fever, that Indian physicians are strangely averse to perceive or acknowledge the existence of this property in the fevers which occur epidemically in this country. Opinions have been expressed that the disease is contagious. "Should facts and circumstances justify this inference, we trust that no reasons whatever will suppress them. It is not for the good of the community that an important and most pernicious character of a serious disease should be withheld from the knowledge of the medical profession or the general public."

The medical profession are not expected by the writer of this article in the *Observer* to be capable of "close argument" regarding the cause of the Burdwan fever, and as he agrees with the magistrate of the district that "theory has failed to suppress the fever," there would, according to his account, be only a very faint chance of further light being thrown upon the subject. Fortunately, this gloomy aspect of the question, so far as medicine and science are concerned, is inaccurate; we only wish that the opinions of the leading medical authorities on the matter were fully recognised, and that it were in the power of Government to initiate measures which the profession believe would stop the ravages of this terrible pestilence.

With reference to the remarks above quoted regarding the contagiousness of the Burdwan fever, we should have imagined that a person writing on the subject would have taken into consideration the fact that Calcutta is at the present moment, and has for the past three or four years been, receiving numerous Burdwan fever-stricken patients into its population; not a day passes that we do not see cases of the kind,—some of them the inmates of private families, and many more among our hospital patients. Nevertheless, we venture to say no one ever heard of an instance of the Burdwan fever spreading among the people residing in the houses or hospitals inhabited by the fever-stricken persons, which evidently would have been the case had the fever been of a contagious type.

And so, again, with regard to the nature of the disease; supposing the medical men in Burdwan have not had leisure to record its symptoms, pathology, and treatment, there is abundance of material of this kind among Calcutta hospital records, and if the writer in the *Observer* is really anxious for information on the subject, we shall be glad to provide him with any number of accurately kept cases of the Burdwan fever, which he may possibly study with advantage; but, unfortunately, records of the kind are too numerous, and their features too well recognized by Indian medical practitioners, to render it necessary for them to add to the published medical literature on the subject.