POISONING BY SULPHATE OF ATROPIA.

By Christopher Johnston, M.D., Professor of Surgery in the University of Maryland. Read before the Baltimore Medical Association.

Mrs. R. M., aged 56 years, having a cataractous eye, became the subject of the modified linear operation for extraction by the hand of Dr. George Reulng.

To secure the happy result which a successful surgical procedure promised, a solution of sulphate of atropia was instilled into the eye at each inspection of the organ, and a small bit of linen cambric moistened with a few drops of the same. For convenience, Dr. R. left in the room of the patient a half ounce of the solution, which contained two grains of the salt, and with a proper caution. On the 11th of February, at 11.30 P.M., I found a message urging me to repair "in haste to Mrs. M., who had poisoned herself by taking wrong medicine."

With a stomach pump under my arm, I hurried to the patient, met the doctor at the door—for he had obeyed a summons like that which I had received—and when the door opened, a word from the servant, and the exclamation, "atropia," from Dr. R., explained the alarm of the family, and the necessity for prompt measures of relief.

About twenty minutes had elapsed since the poison had been swallowed. As I ran up stairs, I determined upon the course to be pursued, and acting upon the assumed antagonism of morphia and atropia, injected hypodermically 15 minims (all we had) of Magendie's solution of morphia, sent out for a further supply of it, and without delay introduced a tube into the stomach.

The patient at this time was profoundly insensible, breathing heavily and slowly, and was cold and damp at the extremities. The mouth and pharynx were exceedingly dry, and the tongue as hard as "the way of the transgressor;" the pulse feeble and rating at about 90, and the pupil of the uncovered eye largely dilated.

We quickly pumped the stomach full of warm water, and reversing the instrument withdrew with it a quantity of dark matter, including powdered ipecacuanha, which, in the first moment of agitation, a friendly hand had administered. Again water was introduced, and then promptly withdrawn discolored, and so on, until the warm water returned without a stain; upon which half a tumbler of rye whiskey, properly diluted, was injected, whereupon the tube was removed.

In the meantime, at about twenty minutes after our arrival, we were able to employ hypodermically twenty-five additional minims of Magendie's solution, which made a total of forty minims.

For more than an hour the patient seemed to improve slowly; subsequently the pupil began to diminish, and there were indications of a relapse into her former unconscious state. Fearing the possibility of narcotism by morphia, we provided ourselves with sixty grains of caffein—all that could be obtained—and, accordingly, at this juncture, readjusted the tube, injected the caffein, made soluble in water by acetic acid, and followed it with some very strong, hot coffee. We also refreshed the bowel with the same infusion.

All this took time, and as the case halted we set our battery in operation, to accelerate the languishing respiration, applying one pole to the sides and back of the neck successively, and the other to the epigastrium and along the margins of the ribs and the lower intercostal spaces. Soon the pulse rose a little, respiration became at first stertorous, and then deep, regular and more frequent, and the patient finally revived from her lethargy with the skin warming by sensible degrees.
Our efforts ceased at about 4.30, A.M., and finding Mrs. M. conscious and in safety, at 5, A.M., I retired.

Dr. Reuling remained in charge of his patient, who, at 10, A.M., the same day, was doing well, though a “little uncomfortable.”

It was ascertained that on the mantle beside the half-ounce bottle of atropia had stood a half-ounce solution of hydrate of chloral in a similar bottle. Mrs. M. asked her servant for her medicine, which she had taken from time to time before Dr. R. saw her. “How much shall I give you?” asked the maid. “All of it,” said the mistress; and, accordingly, about two-thirds of a grain of sulphate of atropia in the unused solution were estimated to have been swallowed by Mrs. M., who immediately recognized the error and despatched her attendant for professional succor.—Baltimore Medical Journal.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. R. GREENOUGH, M.D., SECRETARY.

April 10th, 1871.—Partridge Poisoning. Reported by John Homans, M.D.

Mr. W., aged 40, ate about half a roasting partridge at 1, P.M.; at quarter-past two, went down town in the horse-cars. At about 3 o’clock, when near “Scollay’s Building,” he suddenly lost his sight and fell ill. His vision partially returned, and he was able to reach the horse-car station, at Montgomery Place, though with difficulty. Everything appeared as in a thick smoke. When the car reached Boylston Street, Mr. W. felt so wretchedly that he went into the hack stable, there to get a carriage. He was found by the stable-people, who were out at the moment of his entrance, seated in an arm-chair, in a state of the most complete collapse. At this time I saw him. He was huddled in the chair, perfectly limp, no muscular contraction, whatever, being exerted. The color of his face was ashy pale, except that a part of the forehead and the lips were purple; he was unconscious, his skin was cold, frothy mucus was hanging from his nostrils and mouth, and his breathing was just perceptible, and so feeble that it seemed as if the air only entered the trachea; there was no pulse at the wrist, and there was that peculiar odor of clammy perspiration which is so commonly noticed just before death; in short, Mr. W. looked exactly like a person moribund with phthisis.

He was roused a little and swallowed about a teaspoonful of brandy and ammonia with water, and at once vomited a brownish tenacious fluid, with several cranberry skins. While he was vomiting, the mucus in his nostrils and throat nearly strangled him.

As soon as possible, he was taken home, put to bed and surrounded with as many bottles of hot water as could be procured.

As the vomiting seemed to relieve him, mustard and ipecacuanha were given. He vomited several times, and complained of an intense pain in the small of his back. At 5, the pulse was just perceptible at the wrist, was 36 and regular at the carotid; the surface of the body was warmer, and his consciousness perfect. At 6, P.M., body warm, pulse 40, nausea still present. Emesis of hot milk and whisky. At 7, slight dejection. At 7½, was helped to the water-closet and had a free dejection. At 8, P.M., pulse 56. Up to 10, P.M., had several attacks of vomiting, mostly mucus; also several loose dejections at closet. At 10½, pulse 56—warmth good.

The next morning, at 8, A.M., pulse 72. Vomited only twice in the night. Feels pretty comfortable, but languid.

When questioned, he said the partridge tasted quite bitter, but not otherwise remarkable. There was snow on the ground at the time. For other cases and some of the theories in regard to the poisonous element in the partridge, the Society is referred to the very interesting paper by Dr. Jacob Bigelow, in the volume entitled, “Nature in Disease,” and other writings. The un-eaten half of the partridge was given to me, and, so far as I could see, it resembled perfectly any other cold roast partridge.

April 10th.—A Case of Sudden Death.—Dr. Swan reported the case.

Mr. M., aged 66 years, formerly a sea-captain, but now employed in running a stationary engine, and exposed very much to gas from burning coal; when a seafaring man, had been exposed to many hardships. At one time, he was shipwrecked, and remained for four days upon the wreck, both legs having been broken just below the middle of the tibia; he floated about in the bottom of the wreck for several hours, and when brought on deck, he was exposed to the lashing of the waves, which kept the broken legs constantly in motion, was taken aboard a schooner, fourteen days before reaching Charleston har-