four hours and a half). Spasms became less frequent, then less violent, and gradually ceased, some paralysis supervening. In the next few days there were occasional spasms, and a slight relapse. Disease disappeared on the eighth day.

Case 40.—Polli.¹⁵ Child aged twelve; attack eighty days after bite of rabid dog. Morphia injections and chloroform inhalations used ineffectually. Under curare (three grains in seven doses in five hours and a half) paroxysms rapidly yielded and were replaced by paralytic symptoms; in two days a slight relapse occurred, cured by another injection of half a grain.

Case 41.—Watson.¹⁶ Male, aged forty-eight, bitten on right forefinger, Dec. 20th, by a rabid dog which bit four other persons, one of whom died of hydrophobia on Feb. 1st. Attack began on Feb. 6th after depression of from seven to ten days. Rigor, vomiting, tightness of præcordia, slow breathing, and attacks of respiratory spasms with much anxiety; any current of air caused shuddering and dread. The only aversion to fluids was shown by refusing cold water; he could drink warm fluids and had a considerable quantity of stimulants. Was treated by strychnia, one-twelfth of a grain every three hours until the fifth day, but grew worse, and was becoming exhausted by the respiratory spasms; then curare was given instead in doses of one-sixteenth of a grain, after which he soon became quiet and rational, lost his spasms, and recovered.

This is not a clear case, though infection was certain; the phenomena were not typical, perhaps modified by strychnia. However, Watson and Austin Flint, who both saw the case, agreed that it might be genuine.

[ERRATUM.—The reference of Case 9 (published last week) should be to *Chambers' Journal*, Feb. 12th, 1881, not 1884.]

(To be concluded.)

TWO CASES OF FATAL POISONING BY CARBOLIC ACID.

BY J. H. DAVIES, M.D.,
MEDICAL OFFICER OF HEALTH FOR MARGAM, ETC.

ON New Year's eve two fatal cases of poisoning by carbolic acid occurred at Margam, Glamorgan, and came under my observation. One of the victims was a farm bailiff (H—) aged thirty years; the other a farm lad (T. D—) aged sixteen. The mishap occurred as follows:—A boy was sent to fetch a jar of beer from the cellar about 7.15 P.M., and in mistake brought up a jar containing a sheep-dip. The bailiff poured some of this into a jug, handed it to the farm lad, who drank a couple of mouthfuls, and exclaimed that he had had coal-tar; then the bailiff himself drank about half a tumblerful of the liquid, and, seeing that there was a mistake, he immediately called on the others not to take any of it. The lad had to be assisted to his home, which was distant a quarter of a mile. I saw the bailiff shortly before 11 o'clock. Owing to the farm being four miles from my house there was an interval of forty minutes between the reception of the message and my arrival. The patient was in bed, moaning, with his legs drawn up; foam and stains of a yellowish colour about the mouth; his pulse could hardly be felt; skin cold and clammy, and the face pallid, and covered with cold sweat; the pupils were contracted, and conjunctivæ congested. There had been free vomiting, and the vomited matter smelt strongly of carbolic acid. The man was in a semi-comatose and hopeless condition, and could only with great difficulty be got to swallow some olive oil. He had frequent convulsive movements, principally confined to the facial muscles and those of the upper extremities. In the case of T. D— the symptoms were similar, but the coma was not so profound; in his case vomiting had occurred earlier, and this was made more complete by the early administration of mustard and water. In both cases the injected and suffused conjunctivæ and the contracted pupils made a very striking picture. The bailiff died in about six hours after taking the poison, and the lad in about eight hours. The fact that both patients were profoundly under the influence of the poison when first seen, that their mouths and gullets were severely burnt by the acid and the knowledge that both had vomited freely, and

milk and oils had been administered, tended to show that the use of the stomach-pump after the lapse of nearly three hours would be productive of more harm than good, so the treatment adopted was the application of warmth, the giving of oil and milk, and a solution of sulphate of soda as an antidote. The boy also had a drachm of ether administered, but its effect was only slight.

A post-mortem examination of the body of T. D— was performed on Jan. 2nd, forty hours after death, and the features that obtained in his case would apply more or less to the other. There was much post-mortem staining of dependent portions of the body; the rigor mortis was passing off. There were yellowish stains around the mouth, and much frothy mucus about the lips and flowing from the nose. The membranes and vessels of the brain were much congested; the lateral ventricles contained about three drachms of fluid each, which had a faint odour of carbolic acid. The choroid plexus was of a deep-purple colour. The mucous membrane of the mouth, pharynx, and œsophagus was corroded by the acid, and peeled off readily. The mucous surface of the stomach was of a deep-red colour, sodden, and detached in places, and coated with tenacious mucus, with hæmorrhagic spots scattered here and there; it contained a little oil and milk and emitted a strong odour of carbolic acid. The small intestine was distended with gas and congested. The liver, kidneys, and especially the spleen, were congested. The bladder contained half an ounce of urine, which was of a greenish colour and had the odour of carbolic acid. The pericardium contained half an ounce of fluid which smelt faintly of carbolic acid. The heart's action had been arrested in diastole, the left side being firmly contracted, and the right full of blood which had not coagulated. The larynx was unaffected, the lungs were emphysematous in parts, and the bases deeply congested. The right lung was almost universally adherent to the chest wall.

It seems a pity that the public generally are not better informed as to the fatal properties of carbolic acid, since it is in such general use at present. The remark was made at the inquest that the reason medical aid was not called in sooner was because the patient's friends were not aware that carbolic acid was poisonous, and no wonder, for the liquid was kept in an ordinary spirit jar without any label indicating its poisonous nature. The schedule to the Pharmacy Act still excludes this potent and deadly poison from its official list in spite of remonstrances, and until this state of things is remedied we can only expect to meet with more and more fatalities of a kindred nature to this.

Port Talbot, Glamorgan.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A FRENCH CATHETER IN THE MALE BLADDER REMOVED BY SUPRA-PUBIC LITHOTOMY.

BY JAMES E. TREVOR, M.R.C.S., L.S.A.

THE history of the following case may prove of interest, showing the possibility and danger of a catheter, when carelessly used, escaping from the urethra into the bladder.

A. R—, aged sixty-five, was admitted into the Ashburton County Hospital, New Zealand, on Oct. 15th, 1889. He had had difficulty in passing his urine for the last eleven years, often finding the use of a catheter necessary. He said that he had never suffered from gonorrhœa or syphilis. In June last, directly after an attack of influenza, he experienced great pain in the region of the bladder, with increased difficulty in voiding his urine, symptoms which continued till his admission into the hospital, with the addition that in the latter part of July he began to pass gravel, and continued to do so almost daily. The urine, which was discharged in a small stream, or by the aid of a catheter, was alkaline, contained a large quantity of pus and mucus, sometimes blood, and on standing became highly offensive. There was a stricture in the membranous portion of the urethra, which prevented the passage of the catheter beyond a No 3 soft or No. 5

¹⁵ *Le Paris Médical*, May, 1877, quoted from MacNeill.

¹⁶ *Amer. Journ. Med. Sciences*, 1876.

silver. On first sounding I only obtained negative results, but afterwards distinct evidence of calculus. Drs. Leahy and Tweed, of this place, afterwards examined the patient with me, when we all distinctly felt something in the bladder, more like a hard ridge than anything else, whilst we failed to obtain characteristic evidence of calculus. Nevertheless, as we were certain there was something in the bladder, and his pain and other symptoms were severe, an operation was decided upon, and I chose the supra-pubic, because, having just previously extracted a very large calculus by that operation, I had learnt the great command it gave over the bladder—an important point when, as in this case, I was uncertain respecting its contents.

On Nov. 18th, the patient having been placed under chloroform, I operated in the usual manner, and at the bottom of the bladder found a number of calculi of various sizes, and, on turning my finger round, a stick-like substance coiled upon itself, hard and rigid, which, on attempting to remove, appeared to be rather firmly attached to the surface of the bladder, and proved to be a small French catheter, to which was attached a considerable quantity of phosphatic calculus, much of which fell back into the bladder during withdrawal, and was afterwards removed by the scoop and irrigation. The after history of the case was uneventful. He passed all his urine per urethram on the tenth day, and the external wound is now (Dec. 30th) nearly healed. He is free from pain, in good health, and urine normal. I received valuable assistance in this case from Drs. Tweed and Leahy.

The mystery of the catheter is, I think, easily solved. My patient is not a total abstainer; in fact, he freely confessed that he often drank "not wisely, but too well." In July last, when suffering from influenza, he came in from the country to one of the hotels, went to bed with some hot grog, most likely used the catheter, left it in and went to sleep, and, forgetting all about it, it became drawn into the bladder. At any rate, the pains dated from that night, and the passing of gravel a short time after.

Ashburton, Canterbury, N.Z.

A CASE SIMULATING PEMPHIGUS.

BY ARTHUR J. MOSS, M.B., CH.B., &c.

THE case recorded by Mr. Clarke in THE LANCET of Jan. 4th last leads me to describe a case which occurred recently in my own practice.

I was sent for hurriedly late on the night of Dec. 27th last to see a boy aged nine who had been ill all day. The previous day he had been quite well. On arrival I found him restless, and suffering from slight cough, pains in the legs, and bad headache. The temperature was 100.2°. On examination of the legs I found over the anterior tibial region of both an irregular reddened patch some four inches long, on which were scattered numerous small vesicles about the size of a pea. The general appearance of the patches looked exactly like herpes, if such a thing as symmetrical herpes were possible. The bowels being loaded and the tongue foul, I simply ordered a purgative. The mother informed me that she was quite sure the eruption was not present in the morning. At my next visit the boy felt much better; headache and cough had disappeared, and the bowels acted freely. The eruption on the legs had altered in character, the reddened base had faded, but the vesicles had run together to form large bullæ, some of them of the size of walnuts, tensely filled with a clear serous fluid. I now prescribed a little arsenic, and ordered the eruption to be dusted with zinc oxide. In a few days the boy was quite well in general health; the large bullæ collapsed from reabsorption of their contents, and disappeared, leaving a slightly reddened surface to mark their position.

I subsequently found out that the boy on the day of my first visit had been sitting close to the fire all day, and had most probably scorched his legs. But if this be the correct explanation of the eruption, is it usual for the blisters caused by heat to increase so enormously in size after removal of the cause? At first the case was very puzzling on account of the raised temperature, cough, and headache coincident with the eruption. There has been no recurrence of the eruption, and at the present time the patient is perfectly well.

Penarth, Glamorgan.

ALBUMINOUS URINE INDEPENDENT OF KIDNEY DISEASE.

BY HENRY LEE,

CONSULTING SURGEON TO ST. GEORGE'S HOSPITAL.

CASE 1.—An eminent engineer when comparatively young met with a serious accident. Many years afterwards it was found that his urine was albuminous. A consultation took place between Sir B. Brodie, Dr. Owen Rees, Dr. Seth Thompson, and myself. The general opinion was that the best chance of prolonging his life was to send him to Egypt. I ventured to remind Sir B. Brodie that when I was his clinical clerk at St. George's Hospital notes had been taken of cases of albuminous urine in which no disease of the kidneys was found after death. The patient went to Egypt. After his return he engaged in a most arduous undertaking, which taxed his energies to the uttermost. This at last he accomplished, but within a very few days he was seized with an attack of apoplexy, of which he very shortly died. Dr. Seth Thompson, Mr. Charles Hawkins, and myself were present at the post-mortem examination. The kidneys were small, but not diseased. There was an intussusception of the right ureter. The invaginated portion was as large as a walnut and as red as the reddest cherry. This intussusception was subsequently supposed to have occurred at the time of the accident above referred to. The source of the albumen in the urine was now no longer doubtful.

CASE 2.—A gentleman who had had syphilis was under the care of the late Dr. Cumberbatch and myself. He had suppurating caries of one of his ribs; the urine was highly albuminous. Under a mild but sustained course of calomel baths, with a pint of the simple decoction of sarsaparilla daily, he completely recovered; the albumen entirely disappeared from his urine, and he got married.

CASE 3.—A gentleman contracted syphilis early in life. From this he was apparently cured. Later on he had a second attack, and for this the treatment was not properly carried out. For some years he had occasional eruptions of pimples on different parts of the body. For these he took mercury irregularly both in England and abroad. At length he appeared to have been quite cured. Last year he came home from abroad in a great state of alarm, saying that a medical man had sent him home on account of his urine being albuminous. The urine was frequently tested with heat and acid, and there was always a thick white deposit extending half-way up the fluid in the test-tube. The patient seemed much depressed, and had lost considerably in weight. He was ordered nitro-hydrochloric acid and iron. To my great surprise I found after some time that there was no longer any albumen in the urine. I subsequently learnt that this patient had had a most severe family affliction, involving a lawsuit, which had been satisfactorily settled. After the settlement of the lawsuit there was no more albumen in the urine.

Savile-row, W.

CENTRAL RUPTURE OF PERINEUM.

BY A. E. WELLS, M.D. LOND.

MRS. T—, a strong, healthy woman, aged twenty-four, was confined of her first child on Feb. 12th, at about the end of the eighth month. Labour was rapid till the head reached the perineum and the occiput presented at the vulva. The pains then lessened, and no progress was made for three hours, although the perineum appeared soft and easily dilatable. I then gave a drachm of liquid extract of ergot, and in twenty minutes moderate pains began and completed the birth in another half hour. On examination, there was found to be a tear of the perineum extending from midway between the anus and fourchette forwards and to the left, just superficially notching the left labium a quarter of an inch in front of the fourchette. At its posterior extremity the tear penetrated into the vagina, there being a hole just admitting the forefinger; but anteriorly the laceration was crossed by a band consisting of the lower part of the posterior vaginal wall and some perineal tissue. Behind and above this was a second very slender band crossing the tear from side to side, and consisting apparently only of mucous membrane. The fourchette was not torn, and the only injury to the vulva was a slight superficial notch on the left labium. No sutures were used, and by the fourth day the laceration was quite healed and the patient subsequently did well.

Cuckfield, Sussex.