A CASE OF
SUICIDAL POISONING BY CARBOLIC ACID;
OVER ONE OUNCE OF NINETY PER CENT. STRENGTH
STATED TO HAVE BEEN TAKEN; RECOVERY.

By JAMES R. GREENWAY, M.D.

THE somewhat frequent occurrence of serious results, and the fatal instances occasionally reported in the daily papers, from a much less quantity of carbolic acid than above stated, render the following case of interest. No more valuable or widely used disinfectant probably exists, while its cheapness combined with efficiency serves to further enhance its value and extend its use. There may be those disposed to consider that the use of such poisons should not be encouraged in the home and its more immediate surroundings; but if such views were generally acted upon, our resources for the prevention or mitigation of infection or disease would be largely curtailed, our intentions and efforts often inefficiently carried out or less promptly realised, and the expense of other substitutes probably beyond the means of many, especially in the homes of the poor. Only the previous day to that on which the event to be related occurred the writer advised a well-known preparation of carbolic acid labelled No. 5 to be bought and carefully used, owing to much unpleasantness from exposure and repair of the drains connected with a dwelling-house into which a patient had removed before such repairs had been known to be necessary or completed. The acid was purchased in the usual dark-blue half-pint bottles, properly labelled, and also with "Poison" in red letters thereon.

Soon after noon on Easter Day I was sent for to see E. P—, a cook, aged twenty-one. The messenger stated that her fellow-servant was lying insensible on the kitchen floor, but having before had occasional similar attacks of fainting and insensibility, her state did not for a time cause any particular anxiety; but on the bottle of carbolic acid bought on the previous day being asked for, it was, after search, found in the kitchen, and over an ounce missing therefrom since last used for the drains, and a two-ounce gallipot smelling strongly of it was found hidden behind plates on the shelf of the kitchen dresser. When first visited the patient was lying on her back on the kitchen floor in a state of total insensibility. The body was well nourished, with strong muscular development, and there was a slight tint over the cheeks. The eyes were closed; pupils normal, or rather contracted, and insensible to light. The limbs were supple, and immediately fell on being raised; no sensibility to a pinch of the arm, to the puncture of a needle, or to galvanism; no movements; breathing very quiet, and at times scarcely perceptible; pulse imperceptible; no sickness; no involuntary action of the bowels or bladder; no marks of violence, injury, or bruise, as might have resulted from the fall on the floor. There was no smell or mark of acid about the lips or mouth, the absence of which seemed to add to the difficulties of positive diagnosis, as well as the attendant peculiarities. The lips and mouth appeared dry, pale, and bloodless. There was utter inability to swallow, and the absolute palsied or passive condition, and the difficulty and risk in passing the stomach tube, gave additional interest to the features of the case. A hypodermic injection of five minims of apomorphia was first used and repeated in twenty minutes; a warm covering placed over the body and warmth applied to the cardiac region; with artificial respiration, inhalation of ammonia and camphor, and galvanism to chest and nape of neck. No effects nor even the slightest effort to vomit followed the use of the apomorphia, but the respiration became deeper and fuller from artificial aid and galvanism, and the pulse became slightly perceptible. In the meantime my friend Dr. Elliott was sent for to meet me on the case, and he kindly and promptly responded to my request. Under our joint attention, while one held the tongue well forward with a tractor, a soft rubber tube was, after several futile attempts, successfully introduced into the stomach, and a quantity of fluid, exhaling carbolic acid strongly, was withdrawn, and evidently beef-tea made for an invalid had been taken. The stomach was afterwards well washed out with warm water containing carbonate of soda. Then warm milk with a wineglassful of cognac was injected, and after a time a similar portion given as enema,

and both repeated at intervals. As more than five hours had elapsed since the poison had been taken, recovery seemed hopeless; the features were deathly pallid, breathing slight and feeble, pulse scarcely perceptible; total insensibility and inability to swallow continued. After the repeated hypodermic use of ether (five minims) the first signs of rallying were observable, but more than six hours elapsed from the suicidal attempt before there were any movements of the limbs perceptible, followed by looking around her, restlessness, and efforts to vomit. Warm milk, raw eggs well beat up in tea or cocoa, corn-flour and milk, with the addition of a little brandy, mixture of carbonate of soda, camphor, &c., were ordered to be given as agreeable, and about 8 P.M. consciousness was fairly restored; the patient answered questions, though with some confusion and hesitation, but had to be almost forced to take nourishment or to swallow fluid food. The accouchement of the lady of the house being near, the patient was carefully removed about 11 P.M., and under careful attention and strict diet made a rapid and complete recovery. The following afternoon she insisted on going by train to her friends, some twelve miles distant, and about thirty hours after her suicidal attempt; she walked over a mile to the station, has not experienced any untoward symptoms since, and has in every respect progressed satisfactorily.

Complete recovery after so large a dose is certainly unique, and that without any lingering sequelæ. The quantity of carbolic acid taken may possibly be open to question, but every care has been taken to ensure truth and correctness on this point. The makers of the acid, in response to written inquiry, have kindly stated the strength of the acid as 90 to 95 per cent. The lady who had charge of the acid immediately before the casualty, and also a nurse, verified the quantity missing. The patient, since recovery, declared that she filled the gallipot before named three parts full and then diluted it, and expressed suicidal intent. All the evidence available supports the particulars given, and there is nothing traceable contrary thereto. The acid being freely diluted, and much beef-tea therewith, may account for there being no local corrosive action about the mouth, as well as the quick recovery. The extreme gravity of the case, the utter helpless and prostrate condition, the large quantity of acid withdrawn from the stomach, and the efficiency of the means used, are alike testified by Dr. Elliott and myself. The weary hours which elapsed, with such long-continued efforts before there was any encouragement towards or signs of recovery, should stimulate perseverance in the most desperate conditions. The failure to induce vomiting by the hypodermic use of apomorphia may serve to convey a lesson of its probable uselessness in such insensitive and prostrate conditions without the early aid of the stomach tube and restoratives, the free use of diluents, &c. The great benefit derived from the repeated hypodermic injection of ether was strongly evident in this case, as I have witnessed in other cases of absolute prostration and paralysis, the effects of poisons, and from other causes.

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Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

BLISTERS IN THE FIRST STAGE OF PNEUMONIA.

By J. MURRAY SMITH, M.B.

DR. LAUDER BRUNTON, in his address on Medicine at Bournemouth, after considering some of the problems regarding poisonous albumoses, the neutralisation of poisonous albumoses, and immunity, was led to make certain speculations regarding blisters and bleeding. Now, those remarks seem to me to show that the theory of counter-irritation is not a settled one. Take, for instance, a case of pneumonia. No doubt the tendency of modern practice is restricted to blistering in chronic inflammation, but, as an assistant some years ago to an M.D. and F.R.C.S. Lond., I saw the practice carried out of using a blister in the early stage of pyrexial inflammation in cases