

To tap through solid lung and adherent pleura does not seem so very serious a matter, and if a gangrenous cavity is advancing towards the surface of the lung surrounded by so feeble a zone of inflammation as not to set up adhesion of the pleural surfaces, tapping would seem only to hasten by a little what would inevitably soon occur of itself, with this compensatory advantage, that, instead of a closed empyema, an open one would result; the incision which caused the empyema being also the most essential thing for its relief.

I think, then, that, although many observations are required before the indications for the operation of incision in gangrene of the lung can be definitely laid down, it is probable that the following will be found a fair tentative proposition:—That when (1) the opening through the bronchi seems to be inefficient as an exit for the fluid, or the passage of the gangrenous ichor seems to be setting up irritation in the bronchial mucous membrane, (2) the patient appearing to sink rather than to rally, and (3) auscultatory evidence of a cavity can be heard, an incision with a view to drainage is justifiable.

Halifax, Yorkshire.

A CASE OF POISONING BY DRINKING "CAMPHORATED OIL."

By H. BENDELACK HEWETSON, M.R.C.S.

My object in reporting the details of the following case is to draw attention to the sale of a decidedly poisonous and frequently used liniment, in *ordinary bottles*, without any other label than that which states what the bottle contains, without regard to its poisonous properties; besides the interest attaching to the relation of the clinical aspects and symptoms of a rare kind of poisoning.

On Sunday, November 23rd last, at 2.30 A.M., I was called to attend Miss B—, aged twenty-five, whose violent cries and wild delirium had already roused the neighbours, she having retired quietly to bed at 11.45 on Saturday night with the intention of taking a dose of castor oil. On reaching the house a quarter of an hour later, I found the patient in bed delirious and vomiting, her eyes staring wildly around, without power to recognise even the nearest relative, whom she accused of doing her injury. Her only occasional complaints were that she felt sick and cold, and that her cheeks tingled very much. These expressions were given vent to at intervals. In the meantime the breathing appeared laboured; pulse 104, firm and good. The extremities did not feel cold to the touch. The vomit and breath smelt strongly of camphor, and a corked, two-ounce, clear-glass, medicine bottle, upon the dressing-table, out of which she was supposed by her relatives to have taken her intended dose of castor oil, also smelt of camphor. I quickly gave her the only emetic at hand, strong hot mustard and water, which made her vomit considerably, after which there was no further vomiting; and by 3.30 she had almost regained sufficient consciousness to enable me to talk to her, and corroborate the evidence (which she did) given by the relatives in the following story.

On Saturday evening she and a younger sister called at a chemist's shop, taking with them a two-ounce bottle, which the family were accustomed to keep filled with castor oil. Both the patient and her sister assert that they asked for castor oil. On getting outside the shop the patient noticed that what was in the bottle, half filling it, "did not look like castor oil"; "it was thinner." Making no further remark, and not noticing the new white label with the name of the chemist, and simply "Camphorated oil" printed upon it, she retired to bed at a quarter to twelve, and took half the bottleful of what she understood to be castor oil. She says that she noticed the altered name upon the label, but in her ignorance thought that because it did not say "Not to be taken" upon the bottle, or "Poison," it was all right, and that this was only a new name for a "*better kind*" of castor oil. In answer to my question as to the taste, she replied that that confirmed her idea that it was a dose of "*improved* castor oil," because it "*felt sharp*." After taking the dose she appears to have gone to bed and slept until 1.30, at which time she roused a sister, who slept with her, by her delirium and wandering conversation. For the next half hour the delirium increased, rousing the neighbour-

hood by her shouts and violence, but she did not endeavour to get out of bed, merely throwing herself about in bed. The delirious symptoms were distinctly diminished by the vomiting until 2.40, when I saw her myself.

By 4 o'clock she had become quite clear-headed and rational, only complaining of headache and feeling cold and sickly. During the day she became convalescent, and the improvement continues, although she is still confined to bed.

In consequence of this case I was led to look through the Pharmacy Act relating to the sale of poisons, and found that "camphor liniment" does not come under the head of *poisons*, and that it can be sold with an ordinary label, without even the warning "not to be taken." From this it would appear that, although this accident is of rare possibility, yet as the law now stands an ignorant person may be supplied with "camphor liniment" without a warning as to the nature of the drug or any hint that, should they feel so inclined, it may be swallowed with impunity. Doubtless the risk is rare, but so long as it exists it would be wiser to provide against the possibility of its occurrence, which may lead to the production of symptoms of an alarming, if not absolutely fatal, nature.

Leeds.

CASE OF DYSMENORRHEA, ACCOMPANIED BY FITS OF A TETANIC NATURE.

By JAMES LATTEY, L.R.C.P., &c.

THE following case may be interesting as showing how severe painful obstruction will sometimes yield to perseverance in treatment.

The subject of this note, Mrs. H. R—, aged twenty-one, a well-developed brunette, arrived at Southampton from Natal on the evening of December 19th, 1878, and came up to London the next day, when I was sent for to see her. She had been very well during the passage home. She commenced to menstruate on the 19th. I found her sitting doubled up on the bed, with a large hot-water tin pressed as closely as possible to the lower part of the abdomen, the only arrangement, she said, that gave her relief. The discharge was scanty, light-coloured, and mixed with small clots and shreds like membrane. The pain was intense—agony she called it—especially when a clot was passing. I ordered her twenty grains of chloral, with an equal quantity of bromide of potassium every four hours till the pain stopped; and I am bound to say it did her no good whatever. I may as well mention here that, although I tried all kinds of sedatives by the mouth and even by the rectum, when she was menstruating, they seemed to have no effect.

The next morning I heard the following particulars. She was born and lived in Natal. Had been married two years and eight months; never been pregnant; menstruated first when fourteen and a half years old, and always suffered severely for the first two or three days. Once she had a slight fit, similar to those I saw later on; this was when she was unwell during an attack of measles; otherwise she is always healthy and strong, and laughs at the idea of hysteria, and indeed there is nothing in her appearance or manner suggestive of that peculiarity; she has not suffered from fever of any kind. Since her marriage the symptoms have been increasing in severity. At the beginning of last year she became much worse, and went to Pretoria, to see if she could get some relief. She was under a medical man there for several months, who dilated the os uteri with tents, having to use chloroform and subcutaneous injections of morphia very freely; he wished to make incisions, but she was so weak she could hardly stand, and could not make up her mind to bear it. Just at this time she had to leave for England.

On Dec. 21st she was turning and twisting herself, on and off the bed, in extreme pain. I injected half a grain of morphia and one-eighth of a grain of atropine under the skin; and she commenced inhaling chloroform till the sedative took effect, but before she could have taken more than a few drops her eyes turned inwards, a horrible grin came over her face, and her body was strongly arched backwards, her head being so turned under her shoulders as to be resting almost on her forehead; no amount of pressure would get her body down, and I was obliged to hold her up, for fear she should get smothered in the bedclothes. She re-