CASE OF FATAL POISONING BY NITRIC ACID.

BY WILLIAM MILLIGAN, L.R.C.P.ED., M.R.C.S.

As fatal poisoning by nitric acid is not very common, it is well, perhaps, to place on record such cases as occur.

On Sunday morning, March 26th, at 10 A.M., I was called to see a married woman, aged thirty. I found her in a condition of mental derangement, which appears to have come on very rapidly, as the night before she was assisting in her husband's shop as cashier, and although her manner seemed a little strange and unusual, no particular attention was directed to it. I took her to her room, fastened the windows, removed razors, &c., and gave strict injunctions to the husband that she was not to be left without an attendant. At 6 P.M., seeing that she was sleeping quietly, her sister left her for a few minutes, when she got out of bed, ran down a passage into a back bedroom, and then swallowed some nitric acid from a bottle, and regained her bed before her friends, who heard the noise, could reach her. I found her completely collapsed, body and extremities cold, pulse frequent, irregular, and very small. Frothy mucus oozed from the lips, and occasionally there was violent retching, but very little was evacuated. The lips and gums were chalky white, and on the chin there was a yellow stain; the tongue was covered with pale yellowish coating. The condition of collapse lasted for four hours, during which we were assiduous in applying hot bottles, &c., and ether was injected subcutaneously several times. I then gave an enema of hot spirit and water with two eggs, and in half an hour there was return to consciousness, and the patient made signs expressive of intense pain in the chest and abdomen. Hypodermic injections of morphia gave great relief. Another small nutrient enema was given about 5 A.M., and at nine the general condition was much improved. At 12 o'clock, eighteen hours after taking the poison, the patient suddenly expired. Unfortunately the coroner considered the cause of death so evident that he would not order a post-mortem examination. On inquiry from the chemist, I find he sold half an ounce of nitric acid to a lodger in the house for the purpose of removing corns. This quantity appears to be the smallest fatally poisonous dose in an adult I can find recorded.

South Tottenham.

SUCCESSFUL TREATMENT OF PRURITUS VULVÆ.

BY FRANCIS TAYLOR SIMSON, L.R.C.P. LOND., &c.

MRS. X—, an elderly lady, wife of a wealthy merchant, consulted me some time back complaining of great irritation of the vulva and perineum. She was suffering from diabetes, but although under treatment the specific gravity of her urine decreased from 1049 to 1026, yet the pruritus increased in severity. In spite of all that could be suggested by myself and many of the best London consultants, life became almost unbearable. Directly she became warm in bed the irritation would commence. She would scratch herself "almost to pieces," and would frequently leave her bed half-a-dozen times during the night to sit in a bath of cold water. She tried alkaline baths, hydrocyanic acid, black wash, chloroform liniment, &c., without avail. On July 28th she came up from the country to see me, although she felt it might be in vain. I then gave her the following ointment:—Cocain., 15 gr.; aquæ dest., q.s.; lanolin., $\frac{1}{2}$ oz.; to be used every night, and lotio hydrargyri nigra to be applied in the morning after bathing. Since she used this ointment the irritation gradually decreased, until it entirely left her, and long and healthy sleep returning has made life again worth the living.

Lavender-hill, S.W.

THE BOARDING-OUT OF PAUPER CHILDREN.—The Elham (Folkestone) Board of Guardians, on the 2nd inst., had under their consideration the question of the boarding-out of pauper children. The matter had been under consideration for some time past, the object of the guardians being to bring up children under such a system as should free them from the vice and contamination of life in a workhouse. It was decided to expend £2500 in the erection of three cottage homes in the village of Cherston, a few miles from the workhouse, on the principle of Dr. Barnardo's homes.

A Mirror

OF

HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

AN UNUSUAL CASE OF SCIRRHUS OF THE BREAST; REMARKS,
(Under the care of Mr. FREDERICK TREVES.)

THE form of growth taken by the carcinoma in the case here recorded is, as Mr. Treves remarks, very unusual. The ordinary variety of scirrhous is so well known that the deviation from the typical case is seen on perusal of the account of this one, whilst the remarks appended bring the special points more clearly forward.

A woman aged thirty-seven was admitted in November, 1886, with a remarkable form of scirrhous of the breast. She was emaciated and cachectic-looking, and profoundly anæmic. The mammae were very small. The whole of the pectoral region of the chest was studded with a multitude of small rounded nodules, that stood out like shot under the skin. The centre of the right mamma was occupied by a very hard mass, about the size of a hen's egg, composed of a series of dense round nodules loosely held together. Each separate globe was about the size of a marble, and the nodular character of the tumour was visible through the skin. The integument of the breast was of normal colour, and was adherent to the growth; the nipple was retracted, and the main part of the tumour was fixed to the pectoralis muscle. For a considerable distance round the mamma the subcutaneous tissue was occupied by widely disseminated nodules. The majority of these lay between the breast and the axilla; some extended as high up as the clavicle, others reached the middle line, while some were found scattered over the upper part of the abdomen. All these nodules were hard, round, and free; they slipped about like foreign bodies under the skin, and the integument over them was of normal aspect. The nodules varied in size from a small shot to a bean. The largest were near the heart, and the further the distance from the nipple the smaller the little bodies became. They amounted in number to over a hundred, and some thirty of these were the size of large peas. A peculiar nodular cord ran from the mamma into the axilla, where it was lost. The nodules themselves were roughly grouped along lines that radiated from the nipple. Large veins ran between the breast and the clavicle. There was a slight enlargement of the axillary glands, and also of those in the supra-clavicular region. The left breast was occupied by a precisely similar growth to that on the right side. It was smaller, but its nodular character was even more pronounced. It was free from the skin and the pectoral muscle. Around it were some sixty nodules of like character to those already described. They had not extended so far as those of the right side; none had reached the clavicle or the median line, and neither the armpit nor the abdomen. No enlarged glands could be felt in either the axilla or the supra-clavicular region. The affected regions were entirely free from pain and tenderness. The patient could only remember a slight occasional twinge in the right breast.

There was no history of cancer or tumour in any member of the patient's family, and she had had no injury to the breast. She had had ten children, all of whom are living. She had suckled each child except the last for a period not less than thirteen months. She had always had easy confinements, and had never had any trouble with the breast during lactation. The patient first noticed a small round nodule on her right breast ten months ago. The mass was close to the nipple, and was discovered by accident. She was at the time two months advanced in pregnancy with her last child, and was enjoying excellent health. The first nodule appeared in the left breast eight months ago. Fresh nodes appeared around the original ones, and, partly fusing with them, produced the principal tumours. Fresh crops of nodules, extending from the nipple area, had been appearing ever since. She was confined at full term; the labour was easy, and the child is sound and vigorous. No change