Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

GASTROTOMY FOR REMOVAL OF A FORK.

By J. A. LOWRY, M.B., B.Ch. R.U.I.,
ASSISTANT MEDICAL OFFICER OF THE CITY OF LONDON ASYLUM,
DARTFORD.

On Sept. 15th a male patient, not previously suspected of suicidal tendencies, pushed a fork, handle foremost, down his throat whilst at dinner. Medical assistance was at once summoned and the fork was easily detected lying in his stomach. On the following day the patient was anaesthetised. A four-inch incision was made in the middle line of the epigastrium and the handle of the fork was drawn gently into the abdominal wound; the stomach wall was caught with forceps and an incision made over the foreign body which was then extracted. The gastric wound was closed with two layers of silk sutures; there was little hæmorrhage and the patient made an uninterrupted recovery. The fork was eight inches long and one inch broad. It is interesting to note that the annual report of the Commissioners in Lunacy for this year contains an account of the death of a patient through having swallowed a fork five and a half years previously. I was assisted in the operation by Dr. R. H. Steen, the medical superintendent, whom I have to thank for permission to publish the above case.

Dartford.

NITRITE OF AMYL IN GYNÆCOLOGY.

By C. F. A. MOSS, M.D. EDIN.

Two cases have occurred recently in my practice which illustrate the efficacy of nitrite of amyl in internal hæmorrhage.

CASE 1. Secondary hæmorrhage.—The patient was a female from whom bilateral parovarian cysts had been removed on Nov. 19th, 1904. On the right side oozing was troublesome during the operation but it had been apparently quite checked before the abdominal parietes were sutured. However, the pulse, which at the end of the operation was 96, rose during the evening to 132 and was very weak, so that there was no doubt as to the fact of hæmorrhage having occurred. On reopening the abdomen, by which time the pulse had risen to 150, much dark blood with many clots gushed out but no active hæmorrhage was detected anywhere. A gauze plug was inserted. The pulse fell to 124 but before long there were again symptoms of hæmorrhage and a renewed rise in the pulse-rate. I decided to give inhalation of nitrite of amyl, the effect of which proved to be magical. In less than five minutes the pulse had gained in force and the patient had become stronger and calmer. Two capsules were used, after which she went to sleep, and there was no return of hæmorrhage. The change from a condition of apparent hopelessness, with the improbability of life being prolonged an hour, to one of fresh vigour was marvellous. The patient said that she had no recollection of anything until "something exploded"—the breaking of the capsule—but from that moment she felt life returning. The eventual recovery was good. The patient appears to be the subject of hæmophilia.

CASE 2. Extra-uterine gestation.—A patient was brought on April 22nd, 1905, with marked symptoms of internal hæmorrhage. The pulse was very small, with a rate of 132, and the heart beat was barely audible. Preparations were immediately made for operation but a capsule was given with a view of checking the hæmorrhage and of increasing the strength in the necessary interval. A certain improvement took place in the strength of the heart and the firmness of the pulse, and the operation was performed without further increase of symptoms. The gestation sac was found in the inner third of the right Fallopian tube and was of the size of a pigeon's egg. The rupture was very minute but the peritoneal cavity was full of blood. Of course, it was impossible to postpone interference in the hope of the

nitrite stopping the hæmorrhage as the patient's state was already desperate. The recovery was satisfactory.

Antananarivo, Madagascar.

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.

WESTMINSTER HOSPITAL.

A FATAL CASE OF POISONING BY ACETIC ACID IN A CHILD.

(Under the care of Dr. PURVES STEWART.)

FOR the notes of the case we are indebted to Mr. J. R. Rigden Trist, house physician.

A child, aged one year and ten months, was taken to Westminster Hospital at 10.30 A.M. The mother said that the child had "swallowed some strong acid used for making vinegar." The child was breathing noisily and with some difficulty, the mouth and tongue were white and frothy, and the breath had an odour of acetic acid. Beyond this there were no signs and the child's general condition was fair. One and a half ounces of magnesia were given forthwith and the patient was admitted; she was put to bed and a steam kettle and tent were put up. There was some stridor, the posterior wall of the pharynx appeared to be œdematous, and the mouth was full of frothy mucus. The child could not swallow and rectal feeds were ordered. About 1 P.M. the stridor was much increased and the dyspnoea was more marked; there were cyano-is and inspiratory recession. A low tracheotomy was performed. The dyspnoea was relieved but the pulse was feeble, the colour was earthy, the eyes were sunken, and bronchitic sounds were heard all over the chest. Five minims of brandy were given and the general condition improved for some hours. Towards 4 P.M. the patient stopped breathing. Artificial respiration was employed, two minims of liquor strychninæ were given hypodermically, and the child was put in a mustard bath. Respiration returned and she improved again. About 7.30 her appearance was much worse; the colour was earthy, the eyes were sunken, and the respirations became shallow and frequent. Brandy was given and 20 grains of bicarbonate of potassium in sterilised water were run into the axillæ with a view to neutralising any acid absorption that might have taken place. Henceforward the child grew gradually worse and towards 10 P.M. was becoming so restless and feeble that $\frac{1}{4}$ grain of morphine was given with $\frac{1}{80}$ grain of atropine sulphate. About 10.30 the child stopped breathing; the pulse was imperceptible. Artificial respiration was employed and ether and strychnine were injected. A shallow respiration returned but the child rapidly sank and died at 11 P.M.

Necropsy.—A post-mortem examination was made by the coroner's order and took place 40 hours after death. There were rigor mortis, hypostatic lividity, and putrefaction. The body was that of a well-nourished female child, and beyond the tracheotomy wound and needle marks presented "no visible sign of external mechanical recent injury." The whole interior of the buccal cavity, the pharynx, and œsophagus showed superficial necrosis; they were covered by a whitish membrane which, in the œsophagus especially, could be readily stripped off, leaving a hyperæmic raw surface beneath. The stomach was not affected beyond a few white puncta present on the cardiac mucosa. There was œdema of the glottis and larynx. The left lung showed signs of recent acute bronchitis, the right of collapse; the latter condition was probably due to a pneumothorax consequent upon the tracheotomy. All the other organs were examined and found natural.

Remarks by Mr. RIGDEN TRIST.—This case has seemed to me to be of interest in that poisoning by acetic acid is an uncommon accident. The acid swallowed was not glacial and the child appears to have swallowed but a single mouthful. Three of the jurymen at the inquest told the coroner that it was no uncommon thing to use diluted acetic