STRYCHNIA POISONING DURING THE FIFTH MONTH OF PREGNANCY; RECOVERY.

By ALBERT S. MORTON, M.R.C.S.

AT 11 P.M. on Feb. 5th I was hastily summoned to Mrs. H—, who was said to have taken poison. On my arrival, at 11.20 P.M., I observed the following symptoms: Convulsions, risus sardonicus, opisthotonos, redness of face, dilatation of pupil, scratching the body and limbs, free perspiration, bleeding from the mouth, and a bitten tongue. The pulse varied frequently and suddenly, being sometimes normal as to beat, sometimes slower than normal, and at times nearly twice as fast as normal; it varied also as suddenly and remarkably in volume, being at times almost imperceptible, and at others normal or very full.

The convulsions came on five minutes after taking the poison, and continued during the space of two hours. During the first hour they occurred with more or less regularity every four or five minutes. Their strength may be judged from the fact that there was marked opisthotonos, and the tongue was bitten through. During the second hour the convulsions became less frequent, and at the end of the first hour and a half they appeared to have entirely ceased. Half an hour after this (that is at the end of the second hour) the patient asked for a glass of cold water, which I gave to her. On attempting to raise the glass to her mouth she had another severe convulsion, and dashed the glass out of her hand. During the intervals the patient was clear and collected, and then told me she had taken the whole of a large packet of Battle's vermin-killer dissolved in a tumbler of water (probably about three grains of strychnia).

The treatment consisted in the administration of twenty-grain doses of sulphate of zinc dissolved in eight ounces of warm water, and followed by warm water alone, until vomiting occurred. As soon as the sickness ceased the same treatment was pursued until four doses had been administered in all. I was obliged to pour the emetic down with a tablespoon, as the attempt to drink from a tumbler or cup appeared at once to induce a convulsion.

The patient told me during the intervals that her face felt stiff, that she could not swallow well, as her throat was also stiff, that she itched all over, that she had a burning sensation in her throat, and that she would not have taken the poison at all if she had known how painful it would be.

She has not yet had any signs of a miscarriage, and has made a most perfect recovery.

Kennington-park-road, S.E.

CASE OF REMOVAL OF LARGE CYSTOMA OF OVARY, FOLLOWED BY DISAPPEARANCE OF A UTERINE MYOMA.

By LAWSON TAIT, F.R.C.S.

THE following case was under the joint care of Mr. Badley and Mr. Messiter of Dudley, with whom I saw the patient in consultation upon July 24th, 1879.

E. D—, single, aged thirty, had severe uterine hæmorrhage and had been noticed to be rapidly increasing in size. A tumour had been discovered by Mr. Badley about a fortnight previous to our consultation. At the time I first saw her we resolved the condition into the presence of two tumours, one cystic and the other, down in the pelvis, solid. On July 31st I performed abdominal section and removed without much difficulty the cystoma. The solid tumour in the pelvis proved to be a myoma in the posterior wall of the uterus, which I could not remove. She recovered from the operation without a bad symptom and went home on Aug. 15th. I saw her on October 10th of the same year, and found the myoma reduced to less than half the size it was at the time of the operation. She was married in December, 1879, and in October, 1880, came to me to know if she was pregnant. There was no difficulty in determining that she was about five months pregnant, and not a trace of the

myoma was to be discovered. I am informed by Mr. Messiter that she has recently been confined without any trouble.

This is one of a number of cases from which evidence is accumulating in my hands to show that uterine myoma depends very frequently upon disease of the ovaries, and that removal of the diseased glands cures the myoma. In this case it is remarkable that removal of one ovary was sufficient to secure this desirable end, whilst the other remained sufficiently healthy to enable her to become a mother.

Birmingham.

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.

ST. BARTHOLOMEW'S HOSPITAL.

[OPHTHALMIC DEPARTMENT.]

SYMPATHETIC PTOSIS, PROBABLY FROM DECAYED TEETH.

(Under the care of Mr. POWER.)

E. C—, an unmarried woman, aged thirty-three, formerly a domestic servant, was admitted on Dec. 5th, 1880. She was the subject of marked ptosis in both eyes, the ciliary edges of the upper and lower lid being in complete and even apposition on both sides. There was no wrinkling of the skin or other sign of spasm of the outer portions of the orbiculares. She was quite unable to open her eyes, and when pressed to try to accomplish this there was usually marked spasm of the orbicularis oculi, together with contraction of the anterior bellies of the occipito-frontales muscles and horizontal wrinkling of the forehead. On opening the lids with the fingers considerable orbicular spasm ensued; but when this resistance was overcome the condition of the globe was found perfectly natural, its movements being more free, of normal extent, and visual acuity $\frac{2}{20}$. There was no sign of paralysis. The spasm of the orbicularis was most marked when the patient knew she was being observed, and when her attention was directed to it. She, however, complained of a "nipping" sensation coming on at irregular times, and referable to this spasm. This condition had only come on a fortnight before, but she stated that in 1879 the left eyelid was in the same condition, and got well in a short time. Her general health was good; catamenia regular, but painful. It was considered at first that this was a case of hysterical ptosis, and in support of this it was found that the patient did occasionally, when she thought herself unobserved, partially raise her upper lids. She was one day placed under the influence of chloroform, having been previously informed that on coming to herself she would find herself able to open her eyes. While under chloroform her eyes were bandaged. When she recovered consciousness she was assured that she was cured, and the bandages removed. On telling her to open her eyes, she did so widely for a moment, and then relapsed into her old condition. She was ordered shower-baths and tonics, and afterwards valerianate of zinc and assafoetida without any benefit. Her forehead and eyelids were then faradised for ten minutes every morning. This was continued for about ten days, and then abandoned because she refused to submit. The actual (benzene) cautery was applied momentarily to the superciliary eminences without effect. Strips of plaster were attached to her lids and forehead, and covered with collodion. This kept her lids open for a time, but the strapping becoming loose, the ptosis recurred, though to a trifling extent less than previously, for there was now a palpebral fissure of about one-sixteenth of an inch. Thinking the irritation of the stumps of numerous decayed teeth might be the cause of her complaint, Mr. Power ordered them to be extracted. This was accordingly done at two sittings, the patient being under the influence of gas and ether. The ptosis thenceforward steadily diminished in