

The following case tends to confirm the observations recorded in the first three cases:—

CASE 4.—The patient was a male aged 47 years. When I first saw him he was in a very weak condition suffering from advanced tuberculous disease of both lungs. The pulse was irregular and slow. He was very cyanosed and was constipated. On the third morning the nurse informed me that he had not passed urine. The bladder was distended; I passed a Jacques rubber catheter quite easily. The urine was high coloured, of specific gravity 1025, acid, with no albumin or sugar. There was no paralysis of the abdominal muscles and no enlarged prostate. Kernig's sign was present, also tache cérébrale. That evening he had a more or less typical Jacksonian fit. These fits continued with intervals until he died the following evening. Respirations increased; temperature normal every morning. The first day I saw him his evening temperature was 99° F. On the following evening it was 99·2°, on the next evening 100°, and on the night on which he died 103·6°. His death was due to tuberculous meningitis, secondary to tuberculous disease of the lungs.

Necropsy.—I only examined the brain and found the usual tuberculous signs which one would expect.

Case 4 is especially interesting, as there was ample evidence of tuberculous disease elsewhere, and therefore no doubt about the diagnosis. The retention of urine was present without any cause, and the patient himself did not mention the fact that he had not urinated and seemed to have no pain or discomfort in consequence. The diagnosis can nearly always be clinched by lumbar puncture, but this is a procedure which is often inadvisable or inexpedient.

The laity always want to know what is wrong with the patient, but they do not always appreciate the difficulties that beset the physician's path. I hope, therefore, that this sign of retention of urine, which, I think, one is justified in calling "pathognomonic," will help in forming a diagnosis in those difficult cases of so-called primary tuberculous meningitis. I have searched the literature on the subject, but I have not read of this sign being quoted before. It would be interesting to hear what the leading physicians have to say.

A FATAL CASE OF "DOPE POISONING."

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CASES of "dope poisoning" are so recent in origin and so few in number that it is desirable to make the record of each one as complete as possible. The one here recorded is the fifth fatal case, and occurred at a large aeroplane works at Kingston.

The patient, a male aged 60, a "tapist," went to Mr. Isaac Coalbank, of Teddington, on Nov. 19th, 1915, complaining of diarrhoea, vomiting, and weakness, which was so great that he could hardly walk a distance of less than half a mile to the surgery. He was sent to bed, and stayed there until his death on Dec. 2nd. The diarrhoea continued, the vomiting altered in character, becoming less frequent, and a very much larger amount coming up at each time. Jaundice came on three days later—i.e., on Nov. 22nd—it became more intense and continued throughout the illness. Petechial hæmorrhages appeared and increased in number until the body was covered almost as with a measles rash. He became somnolent, and this deepened into coma, in which he died.

Necropsy.—A post-mortem examination was made on Dec. 3rd by Mr. R. A. Clarke, of Teddington, at which Dr. T. M. Legge, of the Home Office, Mr. Coalbank, Mr. H. Davidson, Dr. E. G. Gibbs-Smith, medical officer of health of the district, and myself were present. Externally the body was well nourished, with ample subcutaneous fat.

There was general jaundice of moderate intensity, slightly paler on the legs than elsewhere. On opening the abdomen the liver was not seen until the overlying stomach and intestine had been lifted up. There was a large amount of free bile-stained fluid. The gall-bladder was large, had many adhesions round it, but contained no gall-stones, and none were found in the ducts. The liver weighed 39 oz.; its surface was wrinkled and it lost its shape when laid on the table. The capsule was obviously too large for the contents. The right lobe was almost normal in size and the left very small. The right lobe was stained a bluish-green colour, quite unlike that seen in post-mortem decomposition. The left lobe was bright yellow. On section very little blood escaped; it was hard to cut, firm to the touch, and the lobules very prominent. The kidneys were large, the capsule stripped readily, the cortex was very narrow, and the pyramids were swollen. The spleen was shrunken, congested, and friable. The heart weighed 15 oz.; the whole endocardium was smooth, deeply stained a dark-red tint in uneven patches. The heart muscle was similarly stained for a quarter of an inch below the endocardium and friable. The stomach and intestines were normal. The lungs showed some emphysema. The aorta was stained in a similar way to the heart.

Past history.—The patient had been in the Royal Navy for many years, taking part in the West African and other expeditions. He had then been a painter until Oct. 23rd, 1915, when he started work in an aeroplane factory.

The following points are of interest. The taping room where the man worked is not regarded as being so dangerous as the painting room, where the whole fabric is painted with "dope" in six coats, 24 hours being allowed to elapse between each coating. Taping is putting on strips of fabric 2 inches wide over the fabric seams after dipping them in "dope." There is a good deal of vapour in the taping room, but not so much as in the painting room.

The composition of the "dope" is important; it consists of acetate of cellulose or celluloid dissolved in tetrachlorethane, with amyl alcohol and benzene.

The treatment of the case was tartrates, citrates, and alkalies, with saline injections, plenty of water to drink, and stomach lavage.

"Dope poisoning" is a new disease. The first case occurred in November, 1914, and there have been three other fatal cases besides the one reported here. A very full account of the first outbreak was published in THE LANCET of March 13th, 1915, by Dr. W. H. Willcox, with an account of the microscopical appearance of the tissues. The small size of the left lobe of the liver has been noted in other cases and seems to be characteristic of the disease. An outbreak occurred in February, when several girls were the subjects; fortunately they all recovered. The first fatal case was in a male, the next three in women, and the one now recorded in a male. The average age of the fatal cases is much greater than the average age of the cases which have recovered. The disease is now a notifiable industrial disease under the Disease Section of the Workmen's Compensation Act.

An action was brought by the widow of the first victim claiming that her husband had died as the result of an accident. This was decided against her, and the Aircraft Company paid her a sum of £150 on condition that she did not appeal against the decision.

In conclusion, I have to express my hearty thanks to Mr. Coalbank for his kindness in supplying me with the clinical history of the case and allowing me to publish it.

Finsbury Pavement, E.C.