Clinical Department.

RECOVERY AFTER INGESTION OF ABOUT THIRTY GRAINS OF MORPHINE.

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The following case is reported for the reason that, although the morphine was retained nearly two hours, it was not a case of morphine poisoning, as no symptoms of the physiological action of the drug were recognized. The writer has known the patient intimately for many years, and knows that he has never used the drug habitually. The pills from the same bottle had been used largely in the practice of the writer, and had been entirely satisfactory. That they were taken is evidenced, not only by the story of the patient and the circumstantial evidence to be adduced, but by the fact that the Chairman of the Board of County Commissioners, a particularly reliable witness known for many years, saw him take them. The pills were masticated before being swallowed, and that they were dissolved is proved by the fact that no pieces were found in the vomitus, although it was carefully examined.

The patient, a man of enormous frame, had been drinking heavily for a month. So near was he to developing delirium tremens that he had not slept for five nights; and, although all right when his eyes were open, he saw fantastic figures whenever he closed them. About 7.30 P. M., he walked into a drug store, and, asking if he might wash his hands, passed behind the prescription case. He shortly went out. The druggist, knowing the patient well, became uneasy, and, going behind the prescription case, noticed that the bottle of eight-grain morphine sulphate pills was missing. It was the one from which he was daily using, and, originally containing five hundred, had been about half emptied. The writer had taken some for a pocket-case used in country practice just before, and can confirm the statement that it was about half full. Two hundred and fifty of these pills evidently would contain thirty-one and one-quarter grains of sulphate of morphine.

Immediate search was made for the man, but it was 9.30 P. M. before he was found. He had broken into his sister's house during her absence, and gone to bed. Here the witness above-mentioned saw him, just before eight o'clock, pour the pills out from the bottle into his hand, then chew them before swallowing. Supposing them to be homœopathic pellets, he offered no objection. Three mouthfuls were thus taken, and washed down with some cold coffee found in the house.

At 9.45 P. M., when the writer arrived, no signs whatever of the action of the drug were found. The patient said that he had taken them in order to get some sleep, and asked us not to disturb him. It was evident that he had no distinct suicidal attempt in view.

He was persuaded to take three grains of tartar emetic at one dose, this amount being given partly on account of his size, and partly because, from the absence of effects of the morphia and the condition of the mouth and tongue, it seemed that his stomach was not in a condition to absorb anything with any rapidity. Enormous quantities of mustard and warm water followed. Within twenty minutes he had vomited about five quarts of fluid, and continued at intervals till midnight, under the use of the mustard. As no symptoms

indicating absorption of the morphine, not even contraction of the pupils, followed, no antidotes to the drug were administered.

Within the next twenty-four hours he obtained some sleep, and escaped the delirium tremens. When asked where the bottle containing the pills was, he produced it from under his pillow. Two only of the pills remained stuck to the bottom on the inside.

The case is reported, because the writer is unaware of any instance in which so large an amount of poison has been retained for so long a time with absolutely no sign of the absorption of any portion of it.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

DECEMBER 14, 1889.

DR. W. L. RICHARDSON read a paper on
CASES OF ECLAMPSIA.¹

DR. H. W. NEWHALL, by invitation, reported
A CASE OF ECLAMPSIA.²

DR. C. W. TOWNSEND reported
A CASE OF ECLAMPSIA.³

DR. EDWARD REYNOLDS said that he was especially interested in one of Dr. Richardson's cases because, although he believes that eclampsia is always accompanied and followed by at least temporary diminution of urine, he has long held, that it is exceptionally but not very infrequently preceded by just such a condition as occurred in Dr. Richardson's case, that is, by the secretion of a large amount of pale urine of low specific gravity. He had seen four such cases, two which he was at present unable to report in detail, one which had been previously reported to this Society, and one which he wished to add to the list of cases to-night.

This case occurred in the Boston Lying-in Hospital, in the service of Dr. Wm. E. Boardman, at the time Dr. Reynolds was house-physician there. The main points of the case were as follows: The pregnancy was normal except for slight headache and some dizziness and moderate general œdema during the latter months. Patient passed a considerable amount of pale urine of specific gravity of 1.006, at 8 P. M., February 24, 1886, and was confined two hours later. Labor normal, but the patient was extremely nervous and irritable and suffering an unusual amount of pain, for which ether was given during the second stage.

February 26th, 6.15 A. M., convulsion; at 8 A. M., another convulsion. Catheter passed, and twenty-six ounces of urine withdrawn; albumen one-half per cent., fine granular casts. Skin rather dry, becoming moist about one hour after each convulsion. Given thirty grains of chloral, and heaters applied. At 2.20, P. M. (February 26th) eight ounces of urine, by catheter; albumen one-half per cent., few brown, granular casts. Twenty-four hours after the convulsions, passed fifty-seven ounces of urine; albumen, a trace; no casts, but some detritus of casts. Later (February 26th) slight trace of albumen; no casts; œdema gone.

¹ See page 121 of the Journal.
² See page 130 of the Journal.
³ See page 129 of the Journal.