

tested as control by the Stas process yielded only 4 mg. of non-crystalline ether extract.

The crystals were dissolved in alcohol and a drop allowed to evaporate on a microscope slide. (Fig. 1.) A rough quarter of a tabloid was then dissolved in 1 oz. of normal urine, which was put through the same process; 53 mg. were recovered and crystallized from alcohol. (Fig. 2.) A single large crystal of veronal was also photographed. Fig. 3 shows sulphonal crystals from

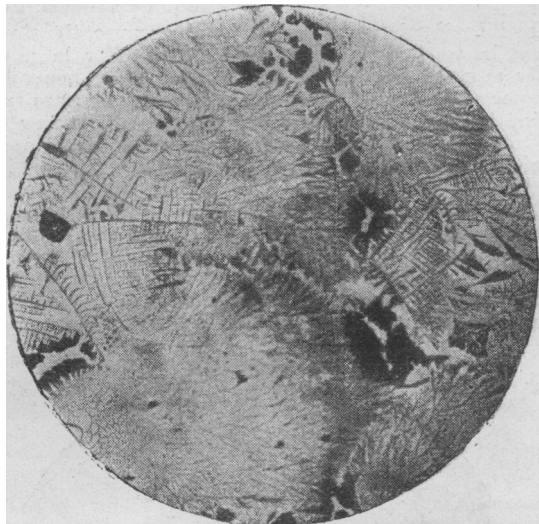


Fig. 3.—Sulphonal from alcoholic solution.

alcohol; the distinction between it and veronal is easy, as they belong to different crystalline systems, and, whether in single crystals or arborescent forms, could not be confounded together. Sulphonal appears to crystallize in the rhombic and veronal in the monoclinic system. Dr. L. C. Davis, Lecturer in Chemistry in the University of Bristol, has been kind enough to point out to me his ingenious method of identifying even small quantities of veronal and other crystals by taking advantage of the fact that when two bodies of similar melting point are mixed the melting point of the mixture is lowered; thus veronal melts at 191° C. and aconitine at about the same temperature, whilst a mixture of equal quantities of the two melts at 160° to 175° C. He also tells me that veronal was synthesized as far back as 1882.

REFERENCES.

- ¹ BRITISH MEDICAL JOURNAL, 1913, i, 566. ^{1a} Ibid., 1913, i, 752. ² Cent. f. Psychiat., 1904. ³ BRITISH MEDICAL JOURNAL, 1913, ii, 312. ⁴ Ibid., 1913, ii, 20. ⁵ Chitty. ⁶ BRITISH MEDICAL JOURNAL, 1913, i, 287. ⁷ Cent. f. Psychiat., 1904. ⁸ BRITISH MEDICAL JOURNAL, 1912, ii, 72. ⁹ Ibid., 1913, ii, 663. ¹⁰ Arch. exp. Path. Ph., 1911, 66, 241, 296. ¹¹ Biochem. Zeitschrift, 1911, 31, 131. ¹² Arch. exp. Path. Ph., 1910, 63, 228. ¹³ BRITISH MEDICAL JOURNAL, 1913, ii, 664. ¹⁴ Ibid., 1908, ii, 832. ¹⁵ Ibid., 1903, ii, 1154. ¹⁶ Ibid., 1909, ii, 1320. ¹⁷ Ibid., 1910, ii, 375.

A CASE OF VERONAL POISONING.

BY

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IN view of the ease with which veronal has been procured in the past by the general public, the following notes may be of interest.

Miss B., aged 40, had been suffering for some weeks with severe facial neuralgia accompanied by headache, and had been unable to sleep. For this she had on her own initiative taken at times 5 or 7 grains of veronal. On the night in question, her face and head being very bad, and having tried to sleep without avail, she got up and took the box, which contained five capsules containing each 7 grains of veronal, down to the kitchen, and sat down by the fire. She has a confused memory of taking the first capsule, and later on finding the empty box in her hand and throwing it in the fire.

It can therefore be reasonably assumed, in view of the effects to be described, that she took all five capsules—a dose of 35 grains altogether, taken on an empty stomach, and almost immediately absorbed. She does not remember returning to bed.

Her father, on hearing her snoring, which was not her usual habit, got up and found that she could not be roused.

When I saw her she was breathing quietly, the pulse rate was

normal, and she looked like a person in a natural but very profound sleep. The pupils were normal, and reacted to light. On pricking her hands or her feet with a pin she drew them away. She could be sufficiently roused by flicking her face with a wet handkerchief to turn her head away and screw up her face. Further efforts resulted in no conscious response, and on leaving the patient alone she relapsed almost immediately into the same profound sleep. She continued in this state for fully fifty hours, when the nurse succeeded in rousing her sufficiently to drink some tea, but she seemed thoroughly dazed, saying nothing, and at once dropping off to sleep again. After seventy-two hours she roused herself, but was able to speak only in a very hesitating and incoherent manner; she complained that everything "looked funny," some of us having three eyes, others four heads, etc. At this time she was quite unable to stand or walk, but could use her arms naturally.

From this time onwards she gradually improved, though she slept more or less thirty-six hours more, and it was not till then that her brain seemed to clear.

In this case there was neither burning nor itching of the skin, nor swelling, such as has been reported in similar cases, and there was no erythema and no vomiting.

THE RESULTS OF NEPHROPEXY.

BY

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SOME years ago I published a description of a method of performing nephropexy,¹ which subsequent experience has proved to be simple, safe, and efficient. This was followed by a second paper upon the indications for the operation;² both appeared in the BRITISH MEDICAL JOURNAL. Having now operated upon upwards of 500 patients and fixed in position more than 800 kidneys, the operations being spread over a period of nearly nine years, a review of the results obtained is interesting and instructive.

The results of nephropexy must be considered from two standpoints, mechanical and therapeutic. This is important, for only when operative success has been obtained is it fair to estimate therapeutic effects. Many failures as regards general benefit are really due to failure to secure successful mechanical results—that is, they must be classed as surgical failures. No one expects a man with a recurrent hernia to have benefited by the operation; and equally, benefit from nephropexy cannot be hoped for unless the kidney has been successfully and permanently restored to its normal position.

Surgical success in operations upon movable kidneys means (1) permanent restoration of the kidney to a position as nearly normal as possible, and (2) absence of unpleasant sequelae such as pain, sinus, and weakness of scar.

Judged from this standpoint, the surgical results in my series of 515 cases have been most satisfactory. There have been 4 deaths, 2 of which were due to pulmonary embolism, 1 to acute dilatation of the stomach and 1 to exhaustion from mania. This gives a mortality of less than 0.8 per cent., which must be considered low in view of the facts that the condition of many of the patients was very unsatisfactory at the time of operation, and that in about two-thirds of them both kidneys were dealt with at the same time.

To my knowledge, in only one instance has the kidney acquired fresh mobility after having been anchored, though almost all the patients have been repeatedly examined by myself and other competent observers. In a few instances there has been pain in the loin due to implication of a nerve in the scar. The pain comes on some weeks after operation, and when severe has been relieved by excision of a length of the affected nerve. In one case a small hernia developed in the scar as the result of a severe strain within a few weeks of the operation, and necessitated a slight further operation. In no case has a sinus resulted, and in no case has any subsequent trouble arisen in the kidney itself. The following extract from the report of a practitioner who performed a *post-mortem* examination upon one of my patients (death being due to a cause unconnected with the operation) seven months after nephropexy indicates how firmly the kidney becomes anchored: "The right kidney was very firmly attached to its moorings, and I could not separate it at all, so did not disturb it." These results compare very favourably with those obtainable in any other branch of surgery, and the operation described in 1907 has proved so satisfactory