

flabby; the cavities, especially the right, were dilated. On the anterior wall of the œsophagus opposite the bifurcation of the trachea was an oval-shaped ulcer of the size of a florin. The centre was depressed and ulcerated; the margin was raised, indurated, and nodular. This proved to be epitheliomatous. Growing from the anterior wall above this and separated by an inch of healthy mucous membrane was a whitish globular tumour of the size and shape of a hen's egg. Over this protrusion into its lumen the œsophagus was tightly stretched, the bulging at this spot appearing before the tube was opened as if some body—as an egg, say—had lodged there. The mucous membrane of the anterior wall passed without interruption over the growth. It seemed almost impossible for even liquids to have passed this obstruction. The growth also involved the posterior wall of the trachea, projecting into its lumen as a nodular mass 1 in. above the bifurcation. The obstruction here was considerable, equal to two-thirds the calibre of the tube. The egg-shaped growth when cut into showed patches of softening. Microscopically the cells were identical with those of the ulcer. There was a large amount of small cell infiltration around the vessels. This growth also spread laterally, involving the apex of the right lung. This had the microscopical features of the tumour in the œsophagus. The left recurrent laryngeal nerve lost itself about the middle of the neck in an enlarged and probably infected gland. Unfortunately this escaped examination. The right nerve was quite normal.

Warrington.

SYMPTOMS OF POISONING FROM A SMALL DOSE OF TINCTURE OF CANNABIS INDICA.

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It is well known that different samples of the tincture of Indian hemp vary much in strength and also that many people are unduly susceptible to the action of the drug. In the following case the amount ordered was 12 minims every fourth hour till the pain complained of was relieved. The symptoms of poisoning showed themselves shortly after the second dose had been taken. The druggist who compounded the mixture assured me that no mistake had occurred and I took a dose of the mixture myself without any results—not a prudent course to follow, as has been more than once demonstrated.

In June, 1897, I saw a patient, aged thirty-three years, who complained much of an attack of migraine. She had at different times tried various methods of treatment without much benefit in alleviating the attack. I ordered her a mixture containing 10 gr. of strontium bromide and 12 minims of the tincture of Indian hemp in each dose, one to be taken every fourth hour till the pain was relieved or until four doses had been taken. After the first dose she felt much better and went out to make some purchases. On returning, about four hours after taking the first dose she took a second dose; within a few minutes she felt a strange feeling and an inclination to jump down the stairs. This she knew was absurd, so she clung to the bannister; she then went into her room and to bed, when I was sent for. I found her in bed in an excited, joyous state, quite conscious but, as she said herself, unable to control herself; she talked incessantly and assured me that she had such a good story to tell me, &c. Her eyes were brilliant and the pupils were slightly dilated but they reacted to light; her pulse was full and soft. She mentioned that she had a creeping sensation in her arms and legs. As it was more than an hour since she had swallowed the medicine and the symptoms were not urgent I did not administer an emetic but gave her some strong black coffee and assured her that she would be quite well in a short time. In about half an hour she became quiet and she then slept for an hour, on awaking being quite herself.

The case is perhaps worth recording. I find that Taylor mentions a case recorded by Mr. J. Roche Lynch¹ where the

symptoms of poisoning were marked after a dose of 7 minims and Dr. John Attlee² has reported a case in a boy, aged twelve years, from a dose of 10 minims.

Dublin.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE RÔLE OF SYPHILIS IN THE ETIOLOGY OF SIMPLE ULCER OF THE STOMACH.

By W. A. MACKAY, M.D., F.R.C.S. EDIN.

IN English medical literature syphilis is not given a very prominent place as a factor in gastric ulcer. Yet ulceration occurring anywhere else is looked upon with so much suspicion that specific remedies are almost invariably tried in doubtful or rebellious cases. Why not also in gastric ulcer? It would almost appear as if the ancient demon still presided at the cardiac orifice. Fournier cites the following cases. Case 1. About thirty years ago a young girl, a public singer, was treated for syphilitic rupia and was rapidly cured. Ten years later Fournier found this patient nearly moribund and at her side a basin well filled with blood. For more than three months she had been vomiting blood at intervals notwithstanding the administration of the usual remedies. Fournier prescribed iodide of potassium. He remarks that the cure was so rapid as to be quite theatrical in effect. Six years later this patient again presented herself in a critical condition suffering from hæmatemesis. She stated that she had returned from Italy, where on the onset of symptoms she had asked for the iodide, but her medical man refused it as being a dangerous drug in hæmatemesis. Fournier again prescribed the iodide and describes the effect as being little short of a resurrection. Case 2. A Russian suffered severely from syphilis, later he was attacked by hæmatemesis which gave way to specific treatment. Leaving off treatment this man suffered from rupia and hæmatemesis alternating, both of which readily yielded to treatment. It may be objected that these cases were markedly syphilitic and diagnosis and treatment appear easy and rational. I shall, however, now give an account of two more cases in which the history was not so clear and yet the treatment was equally satisfactory.

CASE 1.—A youth, aged fifteen years, was seized with pain and swelling of the ankle. Tuberculous disease was suspected and for this the patient was treated for some weeks. I then saw him and, recollecting that I had treated successfully his mother some time before for specific disease of the nose (the only manifestation she ever showed), I put the youth on blue pill and iodide. The joint recovered rapidly and completely. Ten years later this youth began to vomit blood and got steadily worse, although dieted carefully and given the usual remedies. Recollecting his former illness mercury and iodide were given with immediate good effect. I lost sight of this patient for three years. Meanwhile he married. His wife had an abortion at the third month and now he himself is under treatment for general paralysis of the insane which is temporarily benefited by the iodide.

CASE 2.—A man, aged twenty-four years, in a condition of complete collapse from loss of blood and fear of further vomiting, was put on mercury and iodide of potassium as a last resort although there was no history obtainable of syphilis. Within forty-eight hours improvement was marked. The treatment was continued and the patient completely regained his health.

It appears to me to be an extremely interesting fact in this connexion that bichromate of potash, introduced some years ago by Professor Frazer of Edinburgh and found so useful in cases of indigestion accompanied by pain, should prove to be the very drug which a century before in Spain and France was considered almost equal to mercury in the treatment of syphilis.

Huelva, Spain.

¹ THE LANCET, Sept. 30th, 1871, p. 493.

² Brit. Med. Jour., Oct. 3rd, 1896.