

floor and his fellow workmen carried him to the emergency room, where I saw him about fifteen minutes later. Pulse was 84, skin moist and clammy. The smaller as well as the larger groups of muscles of both upper and lower extremities were affected. The various muscles were not affected simultaneously but at different times so that the patient had no interval during which he was entirely free from the cramp. He continually cried out with pain and begged me to give him relief; 1/12 grain apomorphin was given hypodermically; the cramps ceased immediately. In about two minutes he began to vomit and to sweat profusely. In two hours he was taken home in a buggy and was able to return to work three days later.

This man gives a history of having had attacks of greater or less severity at intervals during the past fifteen years. All attacks, except the one here described, lasted from two to six hours.

CASE 3.—J. W., aged 44, married, American, has been a mill worker for fourteen years. He uses alcohol to excess at times. He has had four or five previous attacks of cramp. He completed the usual eight-hour turn and walked home, a distance of about one-half mile, when the cramps came on in the large muscles of the arms, legs and trunk. I arrived a few minutes later and found the man on the floor. He was a large, muscular man, weighing over 200 pounds, and when the cramps came on they were something terrific. I gave him 1/12 grain of apomorphin, which produced immediate relaxation followed by vomiting. He was able to return to work the next day, thus not losing any time.

CASE 4.—C. S., aged 21, single, American, has worked in mill for past five years. He never had cramps before. He takes an occasional glass of beer. He went to work at 4 p. m. on a hot, sultry evening. About 7:30 he noticed an occasional cramp in the muscles of the arms; these gradually became worse until 8 o'clock, when he had to stop work. A few minutes later they were so severe that he was taken to the emergency room and hot blankets applied. I saw him about 9 o'clock, when he was having cramps every three or four minutes. The flexors of the arms and legs were the only muscles affected. He received 1/20 grain apomorphin. No more cramps developed. In three or four minutes he broke out in a profuse perspiration. No vomiting occurred. An hour later he was able to walk home and returned to work the next evening.

CASE 5.—G. B., aged 32, single, Hungarian, is an employé of the West Leechburg Steel Company. He has been in this country about nine months. He had worked his usual period of ten hours, returned to his boarding house, and finished eating his supper before very severe cramps in muscles of legs, arms and abdomen developed. He screamed each time a spasm developed. The pain seemed to be most severe at the beginning of the cramp, and not more than a minute intervened between the individual cramps. I gave him 1/12 grain of apomorphin. The cramps ceased, but there was great prostration for five or six hours. This man went to work the next day. This is the only case that I have observed in a person of foreign birth, although there are many foreigners working under the same conditions that seem sufficient to produce the muscular cramp in a native-born American.

DARNING-NEEDLE EXTRACTED FROM THE EPIGASTRIUM OF AN INFANT

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Patient.—Baby H., a well-nourished, breast-fed child, 10 weeks old, had always been healthy and good-natured until about Feb. 10, 1909. At this date the mother noticed a slight change in the baby's disposition; also that some positions caused discomfort or pain. No cause was apparent; the bodily functions continued normal. On February 17 I was called.

Examination.—Over the epigastrium was a localized erythema and a slight prominence an inch above and to the left

of the navel. A hard, pointed object, apparently projecting from the stomach, was perceptible on palpation, and a diagnosis was made of the presence of a foreign body—a pin or a needle.

Operation.—A slight skin incision over the prominence revealed the point of a needle, which was easily extracted with the forceps. It was a darning-needle, one and three-quarters of an inch long.

The swallowing of pins, needles, etc., by babies is not rare, but such a case in an infant so young is unprecedented in my experience. I can account for it only by supposing that the needle had been stuck in the mother's dress and had slipped into the baby's mouth during nursing.

A FIBROID TUMOR OF THE UTERUS

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At this time, when there is a discussion as to the advisability of removing the "symptomless fibroid," it may not be inopportune to report the following case:

History.—The patient, Miss D. M., aged 46, came under my care at the St. Francis Hospital on Dec. 28, 1907. Her menstruation had been established at seventeen and had been regular every four weeks with a scanty flow of one or two days' duration. She had some pain the day before each menstrual period. On Dec. 16, 1907, she was taken with pain in the lower abdomen and with difficult and frequent urination. She had a temperature of 102, pulse 100. She complained of an intense pelvic soreness. This was the first sickness she had had for eighteen years. Her menstrual period began the next day, December 17, and lasted one day with a very scanty flow. On December 18 the soreness began to subside and on December 20 the temperature became normal.

Examination.—This revealed a hard, symmetrical fixed mass in the lower central abdomen, and a diagnosis was made of fibroid tumor of the uterus. The patient had not been aware of any enlargement in the lower abdomen.

First Operation.—On Jan. 2, 1908, a non-continuous longitudinal median incision was made above the symphysis and the omentum and intestines were seen to be closely adherent to the tumor mass. When the adhesions were separated and the tumor delivered through the incision it was seen to be a large fibroid of the uterus which had become so tightly twisted on its pedicle that the circulation was cut off and the tumor was of the greenish-yellow color of gangrene. The pedicle was clamped and the tumor removed. The uterus contained a large number of smaller fibroids, so a supravaginal hysterectomy was done. All raw surfaces in the pelvis were covered with peritoneum. There were so many abraded places on the intestines due to the adhesions to the tumor that no attempt was made to do anything to them. The patient's recovery was uneventful.

In June, 1908, she had an attack which resembled obstruction of the bowels, but the family succeeded in relieving it. On Oct. 29, 1908, her bowels became obstructed again. On October 30 she began to vomit. On October 31 she began to vomit fecal matter and was placed on the train and brought to the St. Francis Hospital.

Second Operation.—An incision was made around the old scar. There were no adhesions to the floor of the pelvis. Several coils of small intestine were found adhered to each other. The cecum had slipped through a loop formed by two coils of small intestine which were densely adhered together. The cecum was greatly distended because of the pressure at its distal portion by the tight loop, and it in turn pressed tightly against one of the limbs of the loop. The small intestine above this compressed limb was greatly distended and had a few small dark-colored spots on its surface. The adhesions were separated and the cecum released. As the obstruction had been relieved it was thought that the intestine might regain its

vitality. The patient was put to bed, and two hours afterward her pulse became very rapid, she grew cold, and died six hours after the operation.

It was very evident that the abraded surfaces left on the intestine by the separation of the adhesions to the gangrenous fibroid had become adherent to each other and thus formed the adventitious opening through which the cecum had slipped.

Is it assuming too much if one concludes that if the fibroid had been discovered and removed before it became twisted on its pedicle the patient might be alive to-day?

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ATROPIN POISONING IN A CASE OF INTERSTITIAL KERATITIS

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In the literature to which I have access it is stated that poisonous symptoms rarely occur with the instillation of 1 per cent. solution of atropin sulphate.

Patient.—A boy, aged 8, blond, fairly well developed and nourished, had been under treatment for interstitial keratitis since November, 1908. This was complicated with a posterior synechia in the left eye. Treatment consisted of instillations of one drop of a 1 per cent. solution of atropin sulphate five times daily with the administration of biniodid of mercury and potassium iodid internally. Six weeks ago the instillations were reduced to one drop three times daily. The general health and sight were improving.

Poisoning.—On Feb. 25, 1909, I was called at noon and told that the boy was acting very queerly. It was also stated that there was muscular incoordination of both lower extremities and that articulation was difficult and incoherent. I saw him within an hour after these symptoms began. Rectal temperature was 98.2 F., pulse 104 and respirations 22. The pupils were widely dilated from the instillations of atropin, the face was flushed, the lips dry, the tongue moist, the throat dry, but normal in color, the mucous membrane of the nose dry, no nausea or vomiting. There was considerable mental excitement with illusions, delusions and hallucinations. The patient seemed to become momentarily rational at times. During these rational moments he would protrude his tongue when asked and also stated that nothing pained him. Reflexes were exaggerated. The patient refused to take anything to drink. A tepid sponge bath was ordered and an enema given. The patient passed a small unformed stool and about a half pint of amber-colored urine which contained no albumin. The diagnosis of atropin poisoning was made and all medication discontinued. Six hours later the only change noticed was decidedly clearer articulation. The patient had passed a large quantity of urine during this time. Chloral and bromid were administered and about 10 p. m. the patient passed off into a normal sleep, not awakening until 7 a. m. the next morning, perfectly rational, with a good appetite and anxious to be up and at play.

DYSPNEA AND URTICARIA FOLLOWING INJECTION OF ANTITOXIN IN DIPHTHERIA

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Patient.—On Sept. 20, 1908, a young man of 28 presented himself complaining of a sore throat and giving the history of exposure to diphtheria three days previously. An examination of the throat showed a typical membrane on the right tonsil, a culture from which gave the Klebs-Loeffler bacillus. Externally the throat was tender to pressure and the cervical lymph

glands were enlarged. The patient was nervous; temperature 100 F. and pulse 95. The examination was otherwise negative.

Reaction from Antitoxin.—At 11:30 a. m. 2000 units of antitoxin were injected in the back with no especial discomfort to the patient. In about ten minutes the patient became restless, the face cyanotic and the respirations difficult. Gradually the respiratory distress became marked, the patient lying in a slightly raised position, with head extended, face cyanotic, expression agonized, nostrils dilated, the body limp and covered with cold sweat—the picture of suffocation. The pulse was rapid and weak, 120 a minute; the respirations were noisy, 30 to the minute. A hypodermic injection of morphin, gr. 1/4, and atropin, gr. 1/150, was administered. A cold towel was applied to the head, the extremities were rubbed and the patient fanned. After twenty minutes the urgent dyspnea gradually left and a fine general urticarial rash was noticed. This rash was white and raised, itched only slightly and persisted for four hours. When the patient could be moved he was taken home and put to bed.

Treatment for Reaction.—As it was feared that another injection might be necessary, the dry antitoxin was telegraphed for, and calcium lactate given by mouth every two hours in 5-grain doses. A gargle of hydrogen peroxid was ordered and strychnin, gr. 1/40, was given every four hours. A few drops of antitoxin were dropped into the nostrils every hour, in the hope that some might be absorbed and retained. At 11 p. m. the patient experienced a slight attack of dyspnea, which was readily controlled by morphin and atropin by mouth. In the morning the membrane had increased, covering parts of both tonsils, and the patient's general condition was not so good. After waiting several hours, the dry antitoxin not arriving and the patient's condition growing worse, we thought best to renew the injection in the hope that the calcium lactate would control the unfavorable action of the antitoxin. A hypodermic injection of morphin, gr. 1/8, and atropin, gr. 1/150, was administered and a few minutes later, at 3 p. m., the injection of antitoxin was begun. In the next twenty minutes 4000 units of antitoxin was given; then the patient again became restless and cyanotic, the difficulty of breathing reappearing as on the previous day, though with hardly the same severity. A second hypodermic injection of morphin, gr. 1/8, with strychnin, gr. 1/40, was administered. The urgent dyspnea lasted about fifteen minutes, and as the patient's breathing became easier the urticaria returned. This time also it was general and white but the wheals were larger, persisting for twenty-four hours and the itching was marked. The next morning the throat was nearly clear. The recovery was complete and uneventful. At no time in the disease did the temperature go above 101.5 F. and the pulse ranged between 90 and 110 except in the dyspneic attacks, when it was about 120.

History.—Later a history was obtained of attacks resembling hay fever when the patient was around horses, especially when they were sweating. These attacks began by itching of the eyelids, and a feeling of rawness in the nose, and were followed by a coryza, which persisted for about two hours. The attacks were so oppressive that the patient always avoided a livery stable. During previous years he had had several asthmatic attacks not at all associated with hay fever. Since these injections of antitoxin the attacks of asthma have disappeared. The patient had received hypodermic injections of morphin previously, so that was not the cause of the urticaria. The association of dyspnea from the use of horse serum and the attacks of something resembling hay fever from the odor of horses is at least an interesting coincidence, if not showing a causal relationship.

One might be censured for administering the second dose of antitoxin when the first was so fraught with danger; but at that time it was regarded as the less of the two dangers. So far as an opinion can be formed from one case, it seems that the calcium lactate lessened the bad effects of the serum, which were lighter and of less duration after its administration, although twice as much of the serum was given. Sixty grams were administered between attacks.

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