

CASES OF COMBINED MORPHINE AND ATROPINE POISONING.¹

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These cases were deemed worthy of report because none like them, so far as I could learn, have been published. They seem to indicate that poisoning with the two drugs combined is especially dangerous, notwithstanding their supposed antagonism.

The first case was reported at the time of its occurrence some years ago. The patient was a nurse, of twenty years, who had taken with suicidal intent, hypodermic tablets each containing one quarter of a grain morphine, and 1-150 grain atropine. Nothing was known of this at the time, and it was only discovered hours afterwards when, after a careful search, some tablets were found under her pillow. It was supposed, judging from the number of tablets remaining in the bottle wherein they were contained, that she had taken about eight of them, but that may have been far from the mark.

She was found to be unconscious at 6 P. M. I saw her a few hours later. At that time she was profoundly unconscious. There was complete flaccid paralysis of all the extremities. The face was expressionless, eyes slightly divergent, the pupils of medium size and irresponsive to light. Pulse was 120 per minute, of fair force and volume. Temperature 100. Respiration eleven per minute, and very irregular. Marked cyanosis, knee-jerks could not be elicited. Urine contained no albumin, specific gravity 1.012.

All efforts at resuscitation were futile—washing out the stomach, introduction of coffee through the stomach tube, hypodermic injections of whiskey and ether, applications of the electric brush, etc. The breathing was the ominous feature throughout, quiet, never stertorous, but irregular, the interval between the respirations becoming gradually longer and longer. The pulse, which was good, though rapid, throughout, could be felt for some time

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after the breathing had ceased. The pupils gradually became more dilated, though never to the degree of full dilatation. She died at 3.30 A. M.

The second case was a young girl of thirteen years, who had chorea for about two weeks. Her restlessness was so great that the physician left for her some hypodermic tablets, each containing morphine gr. one-eighth, and atropine gr. 1-200. She received of these tablets one at 8 P. M., one at 9 P. M., one at 10 P. M., one at 11 P. M., one at 11.30 P. M., and one at 12 P. M.; that is, six tablets within four hours. She fell asleep an hour or two after the last tablet had been taken, and slept soundly until 6 A. M., since which time she was dozing and waking, and when awake delirious, until I saw her. I made a hurried call about 11.30 A. M., the only time I ever saw her. She seemed asleep when I stepped into the room, but soon awoke, and was quite restless. At times she would squirm about and scream, "Oh, that cramp," doubtless on account of abdominal pain. She gave sufficient answers to questions to indicate that she was fairly conscious, those in attendance stating that she was now more lucid than she had been at any time during the day. Her temperature was 104° F. Pulse was rapid and thready. Scarcely to be counted, but about 130. She was very cyanotic. Her heart could not be carefully examined, and her restlessness prevented a satisfactory examination of reflexes. She had vomited everything she had taken that day.

As nearly twelve hours had passed since taking the last of the atrophine and morphine and her mind was becoming more lucid, I thought the prospects for recovery fair, even though her condition appeared critical. Nevertheless I telephoned at once to her physician, telling him she ought to be stimulated and carefully watched. A few hours later he said her pulse was fair, and he thought she was doing well. He did not see her again. Perhaps she was doing well, but about 8 P. M. she was seized with severe convulsions and died within an hour. I have little definite information of her condition subsequent to the time of my visit.

I saw so little of this second case that I can scarcely make a comparison of the two cases. The most striking difference was

in the pulse, which was very good in the one and bad in the other. That may have been due to the fact that the proportion of atropine was much larger in the latter.

I know of but two reported cases of a somewhat similar character, and these I mentioned in my former report.

The first was that of a man of sixty, who took by mistake a tablespoonful of a mixture containing equal parts of liniment of belladonna and tincture of opium. Two and one half hours after swallowing the mixture he was unconscious, pulse 140, breathing rapid, pupils dilated and sluggish. Twenty-four hours later he appeared to be out of danger. Four hours subsequently he sat up in bed to take a drink and fell back dead.

The second case was a woman of seventy-nine, who took by mistake ten grains extract belladonna, ten grains of extract of conium, and eighty minims of tincture of opium. Two hours later she lay in profound coma, breathing hurried and noisy, pupils dilated, pulse 130, feeble and intermittent. The patient was resuscitated to the extent that she took nourishment fairly well, but she died forty-eight hours subsequently of exhaustion.

These two cases are, perhaps, not to be compared with my own, as age and enfeeblement may have led to the fatal termination. But nevertheless so far as they go, they seem to lend support to the view already expressed, that poisoning with a combination of the two drugs is peculiarly dangerous.