

colour, the pupils were equal and moderately dilated, the pulse was 70 and was full and regular, the temperature was normal, the sphincters were relaxed, and the evacuations were passed involuntarily. The urine contained neither sugar nor albumin. Complete unconsciousness gradually developed, the respirations became stertorous, and on the second day the face became injected and the temperature reached 101° F., the pulse being 110. The fundi oculi were examined and appeared to be normal. There was little or no change until the fifth day, when the breathing assumed the Cheyne-Stokes rhythm, the coma deepened, the temperature reached 103°, and he succumbed without having regained consciousness. I was informed that a week previously to this fatal seizure he had premonitory symptoms, being attacked with headache, vertigo, and syncope.

When the action of strychnine is considered it is not unreasonable to suppose that in this case it was the actual exciting cause of the rupture. Strychnine increases the blood-pressure in several ways. It is a cardiac tonic, making stronger the contractions of the cardiac muscle. It is also a vaso-motor stimulant. Experiments have shown that strychnine is a great stimulant to the respiratory centre. Then it has a general tonic action, greatly increasing reflex sensibility and strengthening people generally,<sup>2</sup> so that the patient may be tempted to undue exertion and thus overstrain himself. It is also a gastric tonic, and, being one of the bitters, is hunger-producing, so that the patient may eat more and the overloaded viscera will also tend to raise the arterial tension. There is, however, another action of the drug which is dangerous—namely, that when strychnine has been taken for some time there may appear the so-called cumulative action,<sup>3</sup> when the full physiological effect of the drug may suddenly develop. It is, then, conceivable that if in this patient there was a cerebral vessel on the point of rupturing the strychnine might have so raised the pressure within the artery as to cause the weakened wall to give way.

From the above it is apparent that older patients should be warned against drugging themselves promiscuously with tonic syrups and tabloids containing preparations of the seeds of *strychnos nux vomica*, remedies which are largely sold by druggists nowadays. By comparison with other prescriptions it has been found that strychnine in the form of *nux vomica* is more used than any other drug whatever in this country.<sup>4</sup> It is evident, however, that great care should be taken in administering this stimulating drug to patients who have arrived at the degenerative age, and especially in all cases of cirrhotic Bright's disease, chronic gout, and syphilis, or where a patient has thickened and tortuous blood-vessels, or even where there has been an hereditary tendency to apoplexy. In many of these cases it should only be given when absolutely necessary, as in cardiac failure, to endeavour to tide the patient over his threatened dissolution.

Isle of Skye.

## ON THE VALUE OF ABDOMINAL DISTENSION AS AN INDICATION FOR EXPLORATORY LAPAROTOMY IN INTESTINAL OBSTRUCTION.

By JOHN J. WADDELOW, F.R.C.S. ENG.

A MAN, aged 54 years, who had hitherto enjoyed good health with the exception of some attacks of diarrhoea, was attacked suddenly with giddiness and an aching pain in the chest about midday on April 1st, 1900. After a time this passed off but there was a slight return in the evening. The bowels were opened on that day. At about 2.30 A.M. on April 2nd he was attacked with a violent pain under his right ribs over the gall-bladder which woke him. The paroxysms increased and caused him to sweat and writhe about. I was sent for and I saw him about 11 A.M. and administered a hypodermic injection of morphia and prescribed ten-minim doses of solution of morphia every four hours with a rhubarb mixture. The colic was accompanied by bilious vomiting. The pain subsided suddenly about 5 P.M. On the 3rd he was more comfortable but very sore and tender over the gall-bladder and discomfort was complained of in the umbilical region. The urine was bile-stained but there was

no jaundice. On the 4th he complained of more pain about the umbilicus and the mixture was repeated. He was sick occasionally. On the 5th he was still sick and the tongue was becoming coated. Abdominal distension became marked, coils of intestine being visible through the skin. On the 6th, as the bowels had not been moved, I gave him a mixture of sulphate of magnesia, carbonate of magnesia, and peppermint water. In the evening faecal vomiting set in. The pulse remained good all the time. On my arrival on the 7th the faecal vomiting was more marked and the vomit contained some solid masses of faeces. He had had no sleep. The distension of the intestines remained the same. I gave a copious enema of soap-and-water and brought away some scybalous masses. Nothing was detected per rectum. I explained the gravity of the situation and said that I should come on the following day to perform laparotomy. On the 8th I went down prepared to open the abdomen, but finding the patient no worse and the distension unchanged I postponed operation and gave another copious enema. The tongue by this time had become dry and brown and the man assumed an anxious expression. The sickness had ceased on the 9th and a better night had been passed; the pain was less but the distension was unchanged. I injected about half-a-gallon of warm soap-and-water per rectum, and brought away some scybalous masses and there was a suspicion of flatus. This was the first passage of flatus since the illness began. The pain was less, there was no vomiting, and the patient slept well. On the following day he had a very copious pultaceous motion spontaneously and there was an abundance of flatus. This occurred four times during the day. The abdomen subsided and the patient felt much better. On the following day he began to eat a little solid food and the bowels acted naturally and since then he has made an uninterrupted recovery.

The great point of interest in the case is the spontaneous recovery after seven days of complete obstruction and two days of faecal vomiting, and the important feature, to my mind, which prevented my operating was that suggested recently by Mr. W. H. Bennett—namely, the progress or not of the distension. As to the real cause of the obstruction I was in grave doubt. The onset of the case was undoubtedly biliary colic. The man was said to have been losing flesh for the last six months and the idea that the cause might be carcinoma either by itself or with the assistance of an impacted gall-stone suggested itself. I should think it highly improbable that a gall-stone of sufficient size to block the bowel by itself could pass through the various ducts, and the question of ulceration of a big stone into the duodenum seemed untenable considering the short duration of the attack. Lastly, was the obstruction due to the amount of morphia given to deaden the pain? If so, the effect must have lasted from April 5th to 10th, as he had no morphia after the 5th.

I feel quite convinced that if this man, instead of being in an out-of-the-way country cottage, had been under observation in a London hospital nine out of ten surgeons would have operated and with probably perfect justification in so doing. My delay in operating and the treatment I followed may be opened to criticism, but the end justified the means; and, moreover, a laparotomy in a country cottage is not to be undertaken as it is in a hospital with all appliances at hand and plenty of trained assistance, for in a country cottage, with the sole assistance of an anaesthetist and a respectable country matron not trained in matters surgical and sublimely ignorant of the principles of antiseptics, the difficulties and dangers are naturally enhanced.

Whittlesea.

GATESHEAD MEDICAL ASSOCIATION. — At the April meeting of the above association the honorary secretary was instructed to write to Mr. T. P. O'Connor, Mr. Lloyd George, and Sir George Pilkington, Members of Parliament, expressing the warm thanks of the association for their attitude of opposition to the registration of midwives and to the Bill at present before the House of Commons. Also to ask them to continue their opposition to the principle of the Bill and, failing its rejection at a later stage, to support the amendments of the British Medical Association. The secretary was also instructed to send a statement of the attitude of the association on this question to Mr. W. Allan, M.P. for Gateshead, also to Mr. Heywood Johnstone, M.P., and Mr. L. Atherley-Jones, M.P.

<sup>2</sup> Lauder Brunton: Action of Medicines, p. 282.

<sup>3</sup> Lauder Brunton: Materia Medica, vol. i., p. 42.

Lauder Brunton: Action of Medicine, p. 282.