

weeks later the swelling and pitting of the leg had disappeared. He had no more pain, his leg was much stronger, and the limp had nearly gone.

Most of the following particulars are well shown in the illustration which represents the actual size of the bullet.



It was nickel-coated, flattened and spirally twisted, and grooved on its long axis. At its base and lower half of one side the leaden core was exposed as a sharp jagged edge such as one finds in a ricochet. The nickel was blackened and had a brownish crystalline substance deposited upon its lower part. It was not a soft-nosed bullet—that is, the nickel coating had not been removed from the tip. I consider the case interesting and so worth recording for the following reasons: (1) that the bullet, though encysted, still continued to irritate; (2) that it caused obstruction to the femoral vein; and (3) that this obstruction was due to the excessive quantity of inflammatory fibrous tissue formed by the foreign body and not to a change in position of the bullet by muscular action owing to the fact that it was encysted.

Hampstead, N.W.

## ARSENICAL IDIOSYNCRASY.

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THE subject of the peculiar susceptibility of certain persons to certain drugs is one with which all medical men are well acquainted and my only apology for bringing the following case of arsenical idiosyncrasy before the notice of the profession is because of the smallness of the amount taken and the excessive severity of the consequent symptoms.

The patient, a married woman, had been under my care for abortion associated with very considerable hæmorrhage which had left her in a weak and anæmic condition and during her convalescence I prescribed as a tonic and hæmatinic the capsular preparation of a well-known and reliable firm, the constituents of each capsule being expressed by the following prescription: pil. Bland, 1; extract. nucis vomicæ, gr.  $\frac{1}{4}$ ; sodii arsen. anhyd., gr.  $\frac{1}{32}$ . She was directed to take one of these three times a day after meals. I saw her in the forenoon of Nov. 14th, 1902. She had then taken one capsule and had no unfavourable symptoms. A second capsule was taken after her mid-day meal and during that afternoon she complained of a feeling of nausea. A third was given after her evening meal and at about 11.30 P.M. she was seized with most violent abdominal pains, vomiting, and purging. Two hours later I was sent for and found her in an alarmingly collapsed condition with all the symptoms of acute irritant poisoning, evidently arsenical. In addition to the vomiting and purging, she complained of thirst with a sense of constriction and burning of the throat together with acute epigastric pain and tenderness. Her features were pinched and pallid. Her skin was cold and clammy and there was tremor of the limbs. The respiration was feeble and associated with frequent hicough and the radial pulse was quite imperceptible. The excessive collapse was the most alarming symptom and as there had already been very free emesis I did not consider it necessary, or in fact safe, to give any further emetic, but proceeded to treat the collapse with strychnine hypodermically, brandy internally, hot bottles externally, and poultices to the abdomen to relieve the pain. Under this treatment the radial pulse gradually improved, becoming fairly full but rapid (128). Subsequently a saline infusion was given per rectum. Castor oil by the mouth and a hypodermic injection of morphia to arrest the retching and pain, followed at a later period by frequent doses of dialysed iron, were given and she ultimately made a good recovery.

The interesting point in the case is that the total amount of arsenate of sodium was less than one-tenth of a grain and this amount had been given in three separate doses with an interval of some hours between each dose, yet this minute quantity was sufficient to cause such alarming symptoms. There was nothing in the diet that could possibly have

caused these symptoms. Moreover only 12 capsules had been prescribed, of which nine remained in the box, and the opinion that it was a case of arsenical idiosyncrasy was proved by the fact that on inquiry I found that some two and a half years previously when under the care of another medical man she had been attacked by somewhat similar symptoms but much less severe after taking one or two doses of a mixture which had contained arsenic probably in the form of liquor arsenicalis.

Southsea.

## A Mirror

OF

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

## FRENCH HOSPITAL AND DISPENSARY, SHAFTESBURY AVENUE.

TWO CASES OF DISEASE OF THE LIVER.

(Under the care of Dr. H. DARDENNE, Mr. EDMUND OWEN, and Dr. G. C. LOUIS VINTRAS.)

FOR the notes of the cases we are indebted to Mr. Jehan M. Barlet, resident medical officer.

CASE 1. *Tropical abscess*.—A Frenchman, aged 36 years, was admitted into the French Hospital and Dispensary on Feb. 7th, 1903, under the care of Dr. Dardenne and Mr. Owen, complaining of dysentery and pain in the back over the area of the liver. He had just arrived from South Africa, having been exploring in Rhodesia and the region of the Zambesi for the last 15 years. With regard to his personal history, he had had many attacks of malaria, and six months ago had an attack of dysentery which had not completely cleared up on his admission into the hospital. His condition on admission was as follows. He was very exhausted, with a temperature of 102° F. and a pulse of 132. There was pain over the region of the liver posteriorly and also at the tip of the right shoulder. He had occasional attacks of vomiting and headache. His tongue was furred. There was a distinct bulging posteriorly over the liver region and there was also some œdema. The irregularity of the temperature suggested septicity and the diagnosis of tropical abscess of the liver having been made it was decided to operate. On the 10th an incision was made in the posterior axillary line, along the course of the eighth rib, and a piece of this being removed the abscess was immediately reached. About 50 ounces of pus were let out. The cavity was irrigated with a 1 in 4000 solution of biniodide of mercury and a large drainage-tube was inserted. The pus was examined microscopically and found to consist of broken-down pus cells mixed with liver cells and fat globules, but no amœbæ coli or pyogenic cocci were found. As is usual in cases of tropical abscess of the liver no amœbæ coli were discoverable in the pus first let out, but on examination of that which was discharged three days after the operation they were found in large numbers. The cavity quickly healed up and the patient was discharged cured on March 21st, having gained 12 pounds in weight.

CASE 2. *Hydatid cyst on the under aspect of the liver; abdominal section*.—A man, aged 45 years, was admitted into the French Hospital and Dispensary on Nov. 19th, 1902, under the care of Dr. Louis Vintras and Mr. Owen, complaining of pain over the region of the liver. With regard to his personal history he said that he had always been healthy with the exception of having had malaria and dysentery in the tropics. He had never had syphilis and he did not drink, though he was a wine merchant by trade. He had noticed the swelling near the pit of the stomach for the past six months and of late it had been gradually increasing in size. He had been steadily losing flesh and the swelling had become increasingly painful. He had been living in Puerto Rico for four years and had been in England four months before entering the hospital. On examination a smooth, rounded swelling was discovered occupying the right lobe of the liver; it was painful on palpation and it gave a distinct thrill, which, however, disappeared after two or three days, the swelling becoming more tense. The diagnosis