

## POISONING BY ACONITE.

To the Editor of THE LANCET.

SIR,—I venture to send you the following account of a case of aconite poisoning that occurred in my practice some few years ago, and of which I happen to have preserved notes.

On July 18th, 1876, about 10.45 P.M., Miss M. A. H—, aged twenty-four, having pain in her back, went to the cupboard for some “lumbago drops” she kept there, but by mistake got hold of a bottle of linimentum aconiti (B.P.), and having dropped out thirty drops of the liniment took it, and, not discovering her mistake, went back to bed. In about ten minutes she felt a tingling in the hands and fingers, which also “felt as if drawn up,” then felt the same sensations in her lips, tongue, and cheeks, which also “felt as if drawn up,” these sensations being, in addition, accompanied by a feeling of “numbness.” A short time after the tingling and numbness were experienced in the feet and legs. About an hour from the time she took the aconite she “felt queer all over,” also “as if the bed-clothes were a dreadful weight,” and “felt chilled all over,” but “breathed all right.” She also “felt as if she were losing her senses at times,” and at other times “was quite clear.” She did not perspire at all, and there was no desire to urinate or defecate. Gradually she felt so uncomfortable that she got up, but “as soon as she got up she felt inclined to lie down upon the floor;” however, she managed to get downstairs. Feeling “so starved,” she wanted to get by the kitchen fire.” Arrived at the bottom, she fell down insensible. The noise she made aroused her sister, Mrs. B—, who came down and found Miss H— lying on her side, perfectly unconscious. She was icy cold, and there was no circulation as far as Mrs. B— could tell. Her head was thrown back, and the muscles of the neck were strongly contracted, so much so that Mrs. B— “had great difficulty in pulling her head forwards.” Her hands and arms were fixed in front of her chest, her face deadly pale, lips blue, and she was dark under the eyes, the lids of which were half open, the eyeballs twitched. Mrs. B— thinks Miss H— was like this about ten minutes, and then gradually, but rapidly, recovered consciousness and was quite rational. Mrs. B— got her into the kitchen and laid her down upon the floor. Miss H— now commenced being unconscious again, and was much as in the previous attack. As soon as she recovered, which she did in a few minutes, an emetic of salt and water was administered, and this soon brought on vomiting freely. About 1 A.M. I saw her. She was deadly pale, not cold; pulse very quick and irregular, and very intermittent; respiration apparently unaffected; quite conscious. Pupils rather large, but hardly what could be called dilated; in fact, I noticed afterwards that she had rather large pupils when well. She did not sweat in the least. She complained of extreme weakness, and of tingling and numbness in hands, feet, legs, tongue, face, and lips, but nowhere else. I did not take the temperature, but to the touch it did not differ much from normal. She seemed almost moribund, and for some time I expected her death every minute. Sometimes the pulse would become imperceptible, and she half closed her eyes and appeared as if dying. I administered an emetic of twelve grains of sulphate of zinc at once, and then puked with warm water and animal charcoal. This caused free vomiting, after which I continued administering animal charcoal and water, with brandy. In a few minutes I repeated the emetic and soon had the stomach freely emptied, and in about an hour I perceived distinct improvement. She now went to sleep on the floor, and about 3.30 A.M. she was so much better that I left her. Her pulse was still very irregular and intermittent. In the morning she was quite well, with the exception of a little numbness and tingling, and some rather severe bruises she got in her fall. The dose in this case was only about half a drachm of the pharmacopœial linimentum aconiti. She dropped it into a teaspoon, and in the morning showed me about the quantity, and I carefully measured it. This was equal to about 600 drops of the ordinary tincture of aconite, and may be regarded in respect of this particular woman as the utmost dose from which recovery would have been possible. The poison was taken at about 10.40 P.M., and she was not seen by anyone

until her sister, Mrs. B—, found her unconscious about 11.45. She did not have the emetic until about 12.20, and I did not see her until about 1 A.M., or two hours and a half from the administration, at which time she was apparently moribund.

There was not the least smell of the liniment in any of the vomit; and I fancy it must pretty nearly all have undergone absorption, and produced the maximum lethal effect which it was capable of doing upon her. There was no paralysis, but intense prostration of the vital powers, no doubt, I think, due to the extraordinary weakness, irregularity, and intermittence of the heart.

I was much surprised by the complete absence of perspiration, having always regarded this as the first and most constant result of the administration of aconite medicinally. The tingling and numbness, the deathly pallor, and extremely irregular, weak, and intermittent action of the heart, form together, I think, an extremely characteristic assemblage of symptoms.

I am, Sir, yours obediently,

December 29th, 1881.

WM. HARDMAN.

### “BRIGHTON AND THE REGISTRAR-GENERAL'S MORTALITY STATISTICS.”

To the Editor of THE LANCET.

SIR,—All my spare time having been taken up by the Health Congress recently held in Brighton, I did not see your article of Dec. 17th until it was too late to have my letter inserted in the number for Dec. 24th. I now wish to make a few observations, to which I trust you will kindly give a prominent position in your journal.

In my letter to the *Standard*, I never for a moment intended to imply that I considered an injustice had been inflicted on Brighton by the Registrar-General; on the contrary, I feel greatly obliged for the courteous and considerate attention given to my communications by the head of the Statistical Department.

Some little time since, I wrote to Dr. Ogle and pointed out that the introductory remarks in the weekly report were vague in stating that the highest proportional mortality from scarlet fever had shown itself in Hull, Nottingham, and Brighton, and that unless the number of deaths and the rate per 1000 were given the public would take an exaggerated view of the mortality, and imagine it to be much greater than it really was. After some correspondence, Dr. Ogle kindly intimated to me that a portion of my suggestions would in future be adopted in the introductory remarks of the weekly report and the rate per 1000 given, but that he did not see his way to giving the number of deaths without also giving the population, and that to do so would be cumbersome, space being limited.

I can assure you that I was as much astonished as yourself at the false inferences drawn by the Doctor of Divinity and the Fellow (and Gold Medallist) of the Royal Society, that a rate of 1.0 per 1000 from “fever” meant 107 deaths reckoned on the gross population of 107,934; and my letter to the *Standard* was written with the intention of showing how the rates in the Registrar-General's Weekly Report were likely to be misunderstood by the public, of whom I now believe not one in a thousand knows how the death-rates are obtained, or that they are made on an annual basis, and are annual death-rates. It appears to me that the statements and figures in the introductory remarks of the Registrar-General's Weekly Reports are read in the most careless manner, and conclusions jumped at without any consideration. Of course, if people would only take the trouble to put the figures on paper, as you have done, and find that the general death-rate of 21.0 per 1000 taken on the gross population of 107,934, would give 2292 deaths instead of 44, possibly their eyes would be opened to the false conclusions which they formed from a casual and careless reading.

When I wrote to the *Standard* (which quotes many of your articles), I gave instances of two highly educated men who did not properly understand the figures in the introductory remarks of the Registrar-General, although the latter distinctly states that the rates are annual rates. Since then I have made numerous inquiries, and I find that the misconception is very general, not only among the public, but also among medical men. While writing this letter I have had an opportunity of asking an intelligent medical

practitioner what his impression was on the subject, and he informed me that it was identically the same as that of the Doctor of Divinity and the Fellow of the Royal Society.

More than one medical officer of health during the recent Health Congress told me, in answer to my inquiries, that their experience went also to show that the rates are misunderstood by the public. I may venture to say that not even the members of the medical profession as a rule, who are not engaged as medical officers of health in making out death-rates and estimating populations, know anything about how death-rates and populations are estimated, simply because their attention is not given in that direction (the subject until lately has not been taught in the medical schools). I firmly believe that the general death-rate is as carelessly read as is the "fever" death-rate, and the same hazy notions entertained, for whenever the weekly rate is, say, for instance, by way of comparison, twenty-six or twenty-seven in one week, I receive numerous and anxious inquiries and letters on the subject, but when the death-rate is as low as eleven or twelve, no one appears to see it or take the least notice, and I draw the inference therefrom that the weekly reports, which should be read one week with another for several weeks, are misunderstood. I maintain that the public do not understand the weekly reports of the Registrar-General as conveyed by the newspapers. I draw a great distinction between saying that the reports mislead or that they are misunderstood: the first I should not dream of, the second I boldly assert.

Your article concludes with the hope that I have ascertained the cause of the recent outbreak of typhoid fever in Brighton; my answer is, that I think I have. I have reported on the subject to my sanitary authority. I believe I succeeded in tracing the outbreak to the propagation of the disease through the medium of milk, having had a few scattered cases previously, and even those cases, I fancy, we were mainly indebted to London for, as in the case of Lord Cadogan and others. Were it not for the importations of infectious diseases from London, Brighton I think would remain pretty free from that class of diseases.

The number of deaths from zymotic diseases given in the tables of the weekly report; but very few see the reports, and only take their information from the newspapers, in which the introductory remarks of the weekly reports, and not the tables, are given.

If the Registrar-General could be induced to give the weekly population on which the rate is struck, the number of deaths, and the rate per 1000, then, unless the reader is very obtuse indeed, the statements and figures would be understood.—I am, Sir, yours truly,

R. P. B. TAAFFE, M.D. Lond.

Dec. 26th, 1881.

Medical Officer of Health for Brighton.

\* \* Dr. Taaffe is undoubtedly right in asserting that even the more educated portion of the general public are grossly ignorant of the true meaning and construction of annual death-rates. Annual death-rates are, however, so essential to those initiated in vital statistics, for comparative purposes, that so long as the figures only mislead the uninformed, we cannot afford to surrender such a convenient standard for comparison. It appears to us, moreover, that Dr. Taaffe's proposed remedy, the publication of what he calls the "weekly population," by means of which the annual death-rate in a week is calculated, would still more effectually bewilder the uninitiated, rather than assist them to understand the construction and meaning of an annual rate.—ED. L.

### SWALLOWING ARTIFICIAL TEETH.

*To the Editor of THE LANCET.*

SIR,—Your impression of December 10th contains the report of a case in which a plate with two artificial teeth was swallowed, and passed per anum without difficulty. The following case is still more worthy of record:—

On the 6th May, 1871, I was asked to see a tradesman's son, who told me he had swallowed some artificial teeth unconsciously during the previous night. He was, I knew, subject to epileptic fits, and I thought that the occurrence might have taken place during one of these. He complained of pain in the stomach, and had taken a dose of castor oil before I saw him. I advised him to eat suet-

pudding, rice, and other "stodgy" forms of nutriment, and to take no more aperient medicine. His bowels acted freely in the evening, but the motion contained nothing unusual. The following day he was free from pain, but on the 8th his bowels again acted, and immediately afterwards he felt sharp pain in the lower part of the back. On examining him per rectum I could just reach the foreign body with the tip of my finger. I administered a large enema of gruel and salad oil, and this was immediately discharged into the night-stool, together with the teeth. My patient, after cleansing the latter, returned them to his mouth, and went out to supper. Now comes the remarkable part of the case. On the 24th May, 1880, I was again asked to see him, and found that during a violent epileptic fit he had once more swallowed the *same* plate and teeth. His wife was with him when the accident happened, and did all she could to prevent it. He was free from pain, and had no tenderness in any part of the abdomen. I recommended the same diet as before; but nothing was seen of the teeth till the 25th of June, more than a month after he had swallowed them, when he passed them with a motion without pain.

The plate was of gold, and had three teeth attached to it; it was in shape very similar to that described by Mr. Palmer, but was about one-third of an inch wider, having a ring at one end and a sharp hook at the other. I regret to say the plate has been destroyed, but I have the model of the mouth from which the plate was made, and which shows its exact size.

I am, Sir, your obedient servant,

Norfolk-crescent, Dec. 1881.

JOHN EASTON, M.D.

### FARMAR AND SEALEY FUND.

*To the Editor of THE LANCET.*

SIR,—With reference to my letter which you so kindly inserted in THE LANCET of October 15th last, in which I mentioned the fact of a subscription being in progress for a testimonial to Corporal Farmar, V.C., and Private Sealey, of the Army Hospital Corps, for their gallant conduct at the disaster of Majuba Hill, and gave a short account of the wounds by which they had been disabled for further military service, I have now the pleasure to state that £170 have been subscribed, and that this amount, equally divided, has been presented to the two men by Sir William Muir, the Director-General of the Army Medical Department. The sum named includes a generous donation of twenty-five guineas from the family of the late Surgeon Landon, A.M.D., under whose directions Corporal Farmar and Private Sealey were acting at the time that lamented young officer received his fatal wound. The presentation has been notified by a circular from the Director-General to the officers and men of the Army Medical Department.

I am, Sir, your obedient servant,

THOS. LONGMORE,

Surgeon-General, H. P., Professor of Military Surgery.

Netley, Jan. 3rd, 1882.

### NERVE-STRETCHING.

*To the Editor of THE LANCET.*

SIR,—The stretching of the ischiatic nerve in cases of tabes has been frequently performed of late in this country, and has been a subject for discussion in medical Societies; but the latest phase into which this operation has entered recently on the Continent seems to be as yet unknown to the profession in England. I think therefore that the following abstract from a letter, which I received a few weeks ago from Munich, might interest your readers:—

"The newest thing out now is the stretching of the ischiatic nerve without the use of the knife, or, as it is termed, subcutaneous nerve-stretching. The patient is placed on his back, deeply narcotised, and his femur is then, with a sufficient amount of force, flexed against his abdomen. The theory is that by this procedure the ischiatic nerve is stretched round the neck of the femur. The results in the cases treated in this way by Professor Nussbaum in Munich, and by Professor Billroth in Vienna, are said to be satisfactory, and there have been no evil results, as luxation or laceration, as might be expected to occur in connexion with such violent manipulation."

I am, Sir, truly yours,

Finsbury Pavement, Jan. 2nd, 1882.

G. LUGWIG, M.D., &c.