

convulsions occurred in the right arm, the head turned to the left, and the patient died in ten minutes. A solution of peroxide of hydrogen must have been injected cold, and the quantity was too small to have had a mechanical effect. The value of the evidence it affords is, however, somewhat diminished by the fact that the injection was not the first but the seventh. It must also be admitted that there is one fact that seriously militates against this view of the pathology of the accident. Were the view correct, one would expect the hemiplegia to bear a constant relation to the position of the empyema. Although the hemiplegia is nearly always upon the same side of the body as the empyema, in one case recorded by M. Berbez it was on the opposite side.³ In the case recorded in this paper the hemiplegia was also, curiously enough, on the opposite side of the body. One is obliged to admit, therefore, that the above view as to the cause of the accident rests upon somewhat insufficient evidence, yet when necessity arises for washing out an empyema cavity it would be well to pay careful attention to the temperature of the fluid.

Clifton, Bristol.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A LARGE QUANTITY OF MORPHIA (TWELVE GRAINS?) TAKEN HYPODERMICALLY WITH SUICIDAL INTENT; RECOVERY.

By PERCY POPE, M.R.C.S. ENG., L.R.C.P. EDIN.

I THINK the following case of attempted suicide by hypodermic injection of morphia is worthy of record, not from any novelty in the way of treatment, but on account of the enormous dose (estimated at twelve grains) that was taken, and from which recovery ultimately resulted. I was sent for one evening about 11 P.M. to see a servant girl who had "poisoned herself with opium." On seeing her a very few minutes after she had taken the poison I found her to be already stuporous, drowsy, and with her pupils much contracted. I discovered that she had taken some morphia hypodermically, the bottle and syringe being by the bedside. Subsequent inquiries elicited the facts that she had been accustomed to go to the druggist with her master's prescription, who was taking morphia hypodermically under medical advice, and that her knowledge of his taking it in this manner suggested a ready means of self-destruction. The druggist, believing that she had come for the drug on her master's order, had no hesitation in supplying her. She obtained the hypodermic syringe by the same means. On my examining the girl's arm seven recent acupunctures were readily discernible, and she subsequently stated that she had taken six syringefuls of the solution. The syringe was a twenty-minim one, and at least three drachms of the solution were missing from the bottle. There was no sign on the nightdress or bedclothes of any of the solution having been spilt, and only one of the acupunctures was bleeding; I therefore cannot help concluding that 2 drachms (or 12 gr.) of morphia were taken. Unfortunately this can, of course, be only a matter of surmise; but I can assert that I never witnessed such excessive and grave symptoms from morphia poisoning, and I have seen several cases, one other case being that of 4 gr. taken hypodermically by a man who was not a habitual morphia-taker. The usual means were employed to keep the patient alive—viz., atropine (4 gr. in $\frac{1}{2}$ gr. doses were given during twelve hours at short intervals without any result on the pupils), galvanism, wet towels, cold coffee, exercise, artificial respiration, &c. The respiratory centre was affected in far greater degree than the cardiac. Twice during the twelve hours following the administration of the morphia artificial respiration was called for, once for twenty minutes and again for five. Lividity and blueness of the face were constant and pronounced. The iris was contracted to such an extent that the pupil appeared to be quite absent, not even the space of a pin's point being discernible in the muscle, and the eye appeared as

if covered entirely by the iris. The conjunctival reflex was absent for some hours, and the eyes appeared glassy and dull. After twelve hours' treatment symptoms of improvement showed themselves, but for no less than thirty-six hours after taking the poison had the treatment to be persevered in at intervals. If the patient was allowed to sleep even after twenty-four hours, the respiration ceased after two or three minutes, and lividity and blueness of the face rapidly supervened. She required constant rousing, and even exercise from time to time, and, as I stated, it was not until thirty-six hours had elapsed that her dangerous symptoms ceased. The girl's age was nineteen, and she had never to her knowledge taken morphia previously in any form. The solution was of B.P. strength.

Fulham.

NOTE OF A SIMPLE APPLIANCE IN CONNEXION WITH BLADDER SURGERY.

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WHEN after the operation of perineal lithotomy or cystotomy it is thought advisable to drain the bladder for some time the connexion of a length of indiarubber tubing to the stiffer tube secured in the perineal wound is useful, as it helps to keep the bed dry by carrying the urine into a receptacle at the side of or under the bed. I (and I have no doubt other surgeons) have found that this indiarubber tube is very apt to be compressed by the bedclothes or limbs of the patient, and the free flow of the urine is consequently interfered with. Having recently employed the following simple contrivance with a view to prevent any interference with the free action of the tube, I give a brief note of it. This or some similar apparatus may already have been suggested, but I am not aware of it. A piece of lead pipe with a bore 1 in. in diameter and long enough to extend from the perineum to one edge of the bed is surrounded with some soft material, such as a roller of flannel. The indiarubber tube is then passed through the lead pipe, and the latter is placed upon the bed under one or other thigh and arranged so that one end will be opposite the perineum and the other at the edge of the bed. In this way the rubber tube is thoroughly protected from any pressure. The weight of the lead tube will keep it steady, but, if necessary, it can be fixed by means of two or three large safety-pins passed through the under-bedclothes and the flannel roller surrounding the tube. This apparatus may be used in another way—namely, by having it long enough to reach the lower end of the bed. The lead pipe in this method lies between the patient's thighs, and if the head of the bed be slightly raised the "fall" will still further facilitate the free flow of the urine along the indiarubber tube.

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TESTICULAR INJURY.

By HARRY BURTON, M.R.C.S. ENG., L.S.A., &c.

ON Oct. 2nd, 1892, I was sent for hurriedly to see a man twenty-seven years of age who had met with an accident. On my arrival I found the man lying on a couch surrounded by sympathising friends. The following was the history he gave. Whilst carting manure from a stable to a field one of his horses bolted, going through the gateway. The man tried to get between the gate-post and the cart, and was crushed between the former and the bush of the wheel. He walked to a relative's house (a distance of 200 yards) and awaited my arrival. There were no signs of shock and the only complaint was some degree of pain in the abdomen. I examined him at the seat of the pain, but found no signs of injury. I simply ordered him to go to bed, and was leaving the house when the patient coolly suggested that he thought there was something wrong lower down. Having ordered the women out of the room and then exposed him thoroughly, I was surprised to find the following condition of things. His right testicle had been forced out of the scrotum and hung by the spermatic cord and vessels (which seemed to be uninjured). The scrotum on the left side had a small rent in it (an inch and a half in length), but the testicle was not extruded. Having obtained some carbolic acid (1 in 40),

³ *Berue de Médecine*, June, 1886, p. 548. *Practitioner*, vol. ii., p. 306.