

ON A CASE OF POISONING BY ACONITE.

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As the subject of poisoning by preparations of aconite is now occupying both public and private attention, the following notes of a most painful case of accidental poisoning by the tincture of this plant may be of interest, and may be worth placing on record as an addition to the various other cases already published. It occurred in 1858-9, and the victim was a young professional man who was acting as substitute for his brother, then house-surgeon to a public dispensary, of which I was one of the physicians. An inquest was held, and the following notes were made by me directly afterwards.

A. B. C., aged twenty, died suddenly about 1.30 A.M. on the 1st of January, 1859. It appeared by the evidence given before the coroner that on the preceding evening, being old year's night, he determined to sit up to see the new year in, and that at about half-past 10 or 11 P.M. he sent the housekeeper out for some beer and gin wherewith to make egg-flip. This was fetched, the flip made, and about a pint and a half of ale and two ounces of gin drunk. He also made a hearty supper of bread and cheese. He told the housekeeper at supper-time that he felt cold and uncomfortable, but he talked long and cheerfully. He had all day been quite well, and on the preceding night had been out at a dancing-party. He went to bed about half-past twelve, and put out his candle. About a quarter past one he got up, and told the housekeeper to go downstairs to fetch him some warm water (to make him sick), as he felt very bad. He also stated that his pulse was beating very fast. He said he had taken something before supper to create an appetite, and he was afraid he had taken something wrong. The woman got him some warm water, and advised him to put his fingers into his throat, which he said he had done without being able to vomit. A chemist who lived opposite to the dispensary was now sent for, and when he came found him much excited and frightened, saying that he felt very bad, and that his pulse was beating very fast—as he expressed it, “as if it would jump out of him.” On examination the chemist found that it really was throbbing violently. The sufferer also remarked that he was afraid he had taken something by mistake for tincture of orange-peel. He complained of a pricking and tingling in the mouth, throat, and stomach, and even down to and in the anus. (He had complained during supper-time of an itching or tingling in the eyes or eyelids—i.e., soon after the supposed time of swallowing the dose.) The chemist now went downstairs to fetch some ammonia and ether, and when he returned (he heard him call out just before reaching the door of his bedroom) he found him in a cold, clammy sweat and dying, with some froth issuing from his mouth. He was conscious until a very short time before his death; and he did not appear to have been either convulsed, purged, or to have vomited. On examining the medicine shelves of the institution, it was found that the bottles containing the tincture of orange-peel and tincture of aconite stood on adjoining shelves, within about two feet of each other. The colour of the tinctures was nearly the same, and both were standing in the part of the surgery indicated by the deceased as that from which he had taken what he supposed to be tincture of orange-peel. Each of these bottles lacked some three or four drachms of being full, but the dispenser asserted that he had not used any tincture of aconite out of the aconite bottle since it was sent home from the druggist's. The label on the aconite bottle was a written one, and the tincture of aconite might easily have been mistaken by a careless or hurried person in the gaslight for tincture of orange-peel.

Taking into consideration that he stated himself to have taken a dose of what he considered to be tincture of orange-peel; that the tincture of aconite stood on an adjoining shelf, was of nearly the same colour, and was contained in a similar bottle, having an indistinct label; that the symptoms he complained of were a peculiar pricking and tingling feeling throughout the whole alimentary canal, as well as about the eyes; that he shortly after died with cold clammy sweats, within from two hours and a half to two hours and three-quarters of the supposed time of

taking the dose—I gave the opinion that the death was produced by an overdose of tincture of aconite, its action having been delayed by the patient having partaken freely of beer, &c., followed by a hearty supper almost immediately afterwards, and I considered that the facts and symptoms warranted this opinion, even though vomiting, purging, and convulsions were absent. A verdict was returned accordingly.

No post-mortem examination was made, but it was noted, nineteen hours after death, that the body was pale and very rigid, the countenance calm, and the pupils somewhat dilated.

NOTE.—I afterwards learnt that this gentleman and his brother (the resident surgeon) had each, a day or two before, taken a dose of ammonia and tincture of orange-peel as a cordial; that the brother poured out the tincture, and that the deceased stood in the surgery and saw the corner whence the bottle was taken. This made the case still more clear and certain, and also explained an observation made to the chemist when proposing to get the deceased some ammonia, that he had already had some. He had no doubt taken some sal volatile with the tincture, in imitation of the cordial draught taken on a former occasion. I have no note of the strength of the tincture of aconite, but have no doubt that it was the tincture of the London Pharmacopoeia of that date.

DEATH AFTER OPERATION FOR THE RELIEF OF STRANGULATED HERNIA.

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IN examining after death the subjects of operation for the relief of strangulated hernia, one is struck by (in many, nay most, cases) the remarkable absence of peritonitis, one of the conditions set down in standard works on surgery as the chief cause of death from, or, rather, after this operation. Sir James Paget surely points out the true cause in his Clinical Lectures—namely, the failure of the injured intestine to recover its normal condition. The object of these few remarks will be to try to show the accuracy of that statement from observation made on the cases occurring in the wards of this infirmary, to point out what appears to me to be a valuable and fairly constant symptom of this condition of non-recovery of the gut, and to offer a suggestion with regard to the state of the bowel at the time of the operation itself.

I may first describe a fairly typical case. Ann R—is the subject of an umbilical hernia of some years' duration. Signs of strangulation, somewhat masked, appeared on the 25th of July. On the 27th the vomited fluid had a feculent character. On the morning of the 28th, the patient being in a fairly strong condition, the hernial sac was opened; a dark-coloured but clear serum escaped; the knuckle of intestine, about three inches in length, which was very congested, of a purple colour, but smooth and shining on the surface, was returned. A piece of omentum was also replaced. The patient at first seemed relieved by the operation, but in half an hour a large fluid motion was passed and diarrhoea set in. This continued, and on the following day the vomiting, which had ceased since the operation, returned, the fluid being dark in colour, and sour to the taste, but not feculent. In the evening of this day the patient died, apparently from exhaustion, the vomiting continuing until the end. At the post-mortem no signs of peritonitis were visible either on the intestines or abdominal wall. A piece of small intestine three or four inches in length, lying near the umbilical opening, was purple in colour, very injected, but still smooth on its peritoneal aspect, not covered with lymph or bound to neighbouring parts. On opening it and washing away some grey sloughy tissue, the mucous membrane was found to be grey and sloughing, in some places, especially at the site of the constriction, eroded into ragged ulcers. The summits of the valvulæ conniventes are also in some places ulcerated away.

The prominent features of these symptoms were—firstly, the return of the vomiting, due, not to any failure to relieve the mechanical obstruction, but to the paralysed condition of