

fluid. As was to be expected in a patient who had never been strong, strength came back very slowly.

The second case also occurred in an unmarried woman. She was 40 years of age. I saw her first in 1894. At that time there was a rounded tumour of the uterus extending to one inch above the umbilicus. There were scarcely any symptoms, but as the patient was only 30 years of age I advised and carried out Apostoli's treatment with the expectation—an expectation I have usually found realised—that the growth of the tumour would be arrested. As the result of the treatment the tumour was reduced to one inch below the umbilicus, the diminution being much less than usual. I saw the patient occasionally, perhaps once in two years, and found that the tumour, instead of lying dormant, grew slowly and in nine years had reached to one inch above the umbilicus, the height it had been before the Apostoli treatment was carried out. Then some six or eight months before the operation, and apparently without any reason, it started to grow rapidly and had reached up to and under the ribs on both sides. There were still scarcely any symptoms but the disfigurement was so great that something had to be done.

The operation was much as usual except that I had to go very far down, leaving scarcely any cervix, and when this has to be done there is usually more trouble with hæmorrhage from the stump. There was this trouble, but eventually all hæmorrhage was arrested and the peritoneum was stitched over the stump. I had put in and had begun to tie the stitches in the wall (I use the single stitches through the whole thickness of the wall; these when properly put in make a better wound than when the stitching is done in layers) when blood began to pour up from the pelvis. It was difficult to pull up the stump as there was so little left to get hold of. The bleeding seemed at first to come from one side, but in dragging up the pelvic floor I evidently pulled off a ligature from the uterine artery on the other side, so there were the two uterine arteries with open mouths. My brother, who was assisting me, had once seen this accident happen and the patient died on the table, so he was even more uncomfortable than I was for what seemed a good many minutes, until I obtained a firm hold of the stump, and it is difficult to realise what an awkward thing this is to do when there is no broad ligament on either side to get hold of. The tumour weighed a little over 13 pounds. The patient did not seem to suffer much from the loss of blood and the convalescence was uneventful. Now rather more than 18 months have passed and she says that while she can do more than a great many, she still looks forward to be able to "tear about" more.

The third patient, also unmarried, was 47 years of age at the time of the operation. Her first visit to me was paid in June, 1897. She said that she had a hard lump in the abdomen but that in every other respect she felt quite well. On examination a specially hard fibroid tumour was to be felt. It reached to within two fingers' breadth of the ribs on the left and three on the right side. No vaginal or rectal examination was made. As there were no symptoms the patient was advised to have nothing done. The estimated weight was about 8 pounds. She paid me a second visit three and a half years after the first. There were still no symptoms; the tumour had grown but one finger's breadth higher. At one spot, however, it had become soft and, as the patient reminded me afterwards, I told her that it was possible that the growth might not cease with the menopause. The estimated weight was about 10 pounds. When the patient came back to me for the third time, 18 months after the second visit, her appearance had changed completely. She had the aspect seen commonly enough at one time and known as the facies ovariana. The abdomen was distended by a soft, non-fluctuating tumour of a weight guessed at from 22 to 24 pounds. It turned out to be a little over 23 pounds.

The operation was one of the most formidable I have ever seen and as I had not made any vaginal examination, which could only have been done with the help of an anæsthetic, I was not prepared for its magnitude, though I expected to meet with extensive splitting up of the broad ligaments. A long incision was made and this showed the anterior uterine wall projecting from the surface of the tumour, the fundus being situated at the level of the umbilicus. The masses of veins on both sides were enormous. On putting the hand into the abdomen I found that on the right side there was no cavity, the colon being raised and pushed over to the left side, the peritoneum from the tumour being reflected on to the posterior abdominal wall at the level of the ribs. What

the exact relations were on the left side I did not waste time to determine as it was evident that there was a long operation to be faced. I began by tying and clamping the two masses of veins and then took a circular sweep through the peritoneum. It was found afterwards that about one-quarter of the tumour had peritoneum attached. Then I separated, first on one side and then on the other, the intestines coming close up on the back. Eventually I was able to put a pair of forceps on the right uterine artery and as the size of the growth complicated matters, the upper half of the tumour was cut off, my brother catching the artery on the left side as it spouted. The enucleation was continued to the very bottom of the pelvis, the lower part of the tumour having pushed its way down between the vagina and rectum well below the cervix, so that part of the posterior wall of the vagina and the whole of the cervix had to be removed. The vagina was closely stitched up after having been thoroughly cleansed and then the peritoneum was loosely brought together. It is wonderful how it falls together, leaving little evidence of the amount of injury. The operation lasted close on one and a half hours, nearly half an hour longer than I believe should be the maximum time for almost any operation, but not a moment had been wasted; it had been hard work from start to finish. Neither ureter was seen and it is difficult to understand why they escaped injury unless it was that I always keep closely to the tumour when enucleating and am very careful not to get off it and into the cellular tissue. At first the patient progressed slowly, the immediate convalescence being retarded by fever and much irritation in the abdomen, due presumably to the injury sustained by the cellular tissue and its contents. As soon as all danger was over the patient gained strength very rapidly and well within six months said that she felt as strong as she ever remembered to have done.

The fourth patient was married, 32 years of age, and the case is the most interesting of the four. Between four and five years before this operation I performed in the ordinary way a supravaginal hysterectomy, leaving one ovary. The patient never regained health and complained of pain in the left side, aggravated at the monthly periods, which did not cease, though the loss was not great. Examination showed that there was a mass connected with the cervix of the size of an eight or ten weeks pregnancy, but hard and remarkably tender to the touch. On opening up the old scar the omentum was found to be adherent to the abdominal wall, strangely enough not to the wound but to the peritoneum on the right side. The intestine was matted together and adherent to the left side and to the upper part of the tumour so firmly that at first it seemed impossible to reach the growth. However, it was eventually got down to and gradually, though slowly and very carefully, cleared from the adherent intestines. The vagina was opened all round and the whole of the uterus was removed. The ovary was not seen. The specimen was interesting in many ways; it measured five inches in length and as the depth of the uterine cavity was barely five-eighths of an inch the monthly flow must have come entirely, or almost entirely, from the cervix. Above the canal there was a rounded fibroid and above that again another one, with several small ones at the sides and in front. Though this operation was fully as difficult to perform as the preceding one the patient had no trouble at all afterwards—a good illustration of what a patient can stand when the amount of injury is small and how much more danger there is when the injury is extensive. It was a case where the Trendelenburg position added to the safety of the operation, as the adhesions to the intestines were so firm that they could not be broken down with the fingers but all had to be dissected off with scissors. The patient had practically no convalescence: she was well and strong all through.

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A CASE OF MELÆNA NEONATORUM; RECOVERY.

By EDWARD FORTREY HEAP, M.R.C.S. ENG.,
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ON Oct. 27th I attended a woman at the birth of her second child. The delivery was normal and the progress of the mother was uneventful. The child, a male, strong, well-developed, and in every way healthy so far as one could

judge, was born at 7.30 A.M. and was perfectly well until 4 P.M. next day, the 28th. I was then sent for in a hurry as the child had brought up quite suddenly a large quantity of red blood and had also passed a considerable amount of black blood per anum. I could not estimate the quantity of bright red blood vomited but it was sufficient to stain the whole front of the nurse's apron. I examined the nose and throat carefully but no cause for bleeding could anywhere be found. The blood could not have been swallowed at birth, because the red arterial character could not have been preserved in the stomach for so long a time, the child being then 33 hours old. Neither was it due to blood taken from the mother's nipple, as she was not going to suckle him and he had not been put to the breast at all. Curiously, the child did not seem to be suffering from the effects of hæmorrhage; he was warm, just a little pale, but apparently not much the worse. I ordered him to be kept quite warm, as quiet as possible, and to have sips of plain water frequently.

At 7 P.M., three hours afterwards, there was a recurrence of the hæmorrhage. This time it was more severe, the nurse's apron being almost saturated with blood, and a large quantity of black blood had been passed per anum. The whole aspect of the child was now changed: there were intense anæmia, a drawn pitiful look about the child, a feeble whining cry, and every appearance of the effects of a severe hæmorrhage. The condition was evidently very grave and any further loss of blood must have proved fatal. It seemed impossible to find any treatment that could be used with any hope of success. I, however, ordered 15 minims of castor oil and the same quantity of olive oil to be given at once in the hope of thus possibly relieving the blood pressure. As the vomited blood was quite red I concluded that it came from the stomach and therefore ordered constant sips of iced water, hoping that the cold might have a local effect on the bleeding vessel. This was continued for 24 hours and no further hæmorrhage occurred, although black blood was constantly being passed per anum. On the next morning the castor oil was repeated. Notwithstanding the hæmorrhage and collapse the child's temperature remained at about 100° F. After 24 hours' administration of iced water the ice was taken out and a little white of egg was added, and very diluted milk (one part of milk to six parts of water) was gradually tried. The child could not digest this, having pain and flatulence after it, probably on account of the long-continued action of iced water on so young a stomach upsetting the digestion. I then tried Allen and Hanbury's humanised milk and this acted well. The motions gradually became normal, the milk was digested, no more hæmorrhage occurred, and the child improved.

When he was three weeks old there were still anæmia and weakness but otherwise everything was satisfactory. I then added half a drachm of Hommel's hæmatogen twice a day to the contents of the feeding-bottle and now at six weeks old the child is practically well.

This was presumably a case of melæna neonatorum, a condition of which Professor W. Osler states that its nature is unknown and that the mortality is very high. Dr. J. F. Goodhart says that it is a very serious affection and in most cases fatal.

St. Asaph, North Wales.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TWO CASES OF ACUTE POISONING BY OIL OF EUCALYPTUS.

By F. LUCAS BENHAM, M.D. LOND., M.R.C.P. LOND.

IN THE LANCET of Sept. 30th, p. 963, Dr. Henry S. Taylor reports a case of acute poisoning by the ingestion of a teaspoonful of oil of eucalyptus and asks whether any of the readers of THE LANCET have had a similar experience. Six years ago I had an almost precisely similar case. During an epidemic of influenza I was attending a man, aged about 40 years, for that complaint.

His wife was going to administer a dose of medicine during the night, but by inadvertence poured out oil of eucalyptus instead from a bottle that was standing close by. About a teaspoonful of this was swallowed. The rest of the dose was rejected owing to the pungent sensation it produced. The man speedily became unconscious and I was sent for. I found him unconscious, almost comatose, and looking as if he were in a condition of surgical anæsthesia. There was no vomiting. I managed to rouse him sufficiently to swallow an emetic which brought up the poison. He rapidly came to himself and in a few hours had recovered from the effects of it.

About a year afterwards I met with another case. A younger man had swallowed about a teaspoonful of oil of eucalyptus as a medicine and soon became lethargic and partially comatose. I was sent for and arrived speedily, before the symptoms had time to become aggravated. An emetic gave prompt relief.

Until I saw the above cases I was accustomed to regard eucalyptus as innocuous. Considering the frequency and freedom with which the substance is employed as a domestic remedy I wonder that serious results are not seen more often, but I think that small doses are seldom exceeded. I have made inquiries as to whether fatal cases of poisoning from eucalyptus are known but hitherto have not met anyone who has had personal experience of such and I do not know of any that have been recorded. I should be glad to know if any such have occurred.

Can any of the readers of THE LANCET supply details of poisoning by oleander? There is no doubt that the shrub is toxic, but to what extent is it toxic, and what instances of poisoning thereby have actually occurred? There is no mention of it in the last edition but one of Taylor's "Principles of Medical Jurisprudence." I have heard a story of soldiers having been poisoned (in the Crimean war?) through cooking their meat on spits cut from this shrub. Is this authentic? I have also heard of oleanders growing in a garden having been supposed to be injurious to children. I think this must be an exaggeration. Here in South Australia the oleander grows to the size of a small tree and it is such a handsome ornament to the garden that it would be a pity to banish it.

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A CASE OF CARBON MONOXIDE POISONING.

By P. C. P. INGRAM, M.R.C.S. ENG., L.R.C.P. LOND.

THIS case is recorded as an example of carbon monoxide poisoning in which the gas was produced by the incomplete combustion of the contents of a burning building.

The victim was an elderly man, the proprietor of a small shop which was built under part of a railway arch and consisted of three rooms, one on the ground floor and two above, the back room on the upper floor being lighted only through the one in front. The place caught fire and in the back room, which was used as a bedroom, he was found by the firemen. He was then dead and was seated partly dressed on a chair with his head and arms resting on an adjacent table, having apparently been overcome while asleep. On my arrival the body was still warm but rigor mortis had commenced. It was covered with soot but was not scorched.

The post-mortem examination was made two days later. Bright pink post-mortem stains were visible on the back and under surface of the legs and arms; in these dilated superficial vessels were well seen. The lips were pale, the eyes were half closed, the pupils were of normal size, and the conjunctivæ were slightly injected. The veins of the pericranium and cerebral cortex were dilated, the blood being of the characteristic pink colour, and there was an excess of cerebro-spinal fluid both round the base of the brain and in the ventricles. The respiratory tract from the pharynx to the bronchi was full of a mixture of soot and mucus, and there was some injection of the tracheal mucous membrane. The lungs were full of bright red blood. Both sides of the heart were contracted and empty; there was also evidence of old valvular disease. The vessels of the stomach were injected and the mucous membrane in the neighbourhood of the cardiac orifice was stained from swallowed smoke. The intestines were normal. The liver was of a bright red colour and the spleen and kidneys were also of lighter colour than