

an hour after the operation she had a slight rigor, and vomited a little fluid containing a few blood-clots. Temperature 101.6°. — Sept. 1st: The patient passed a good night, had slept well; had taken brandy, beef-tea, milk, and Benger's food at intervals; no pain on swallowing. Temperature 100.2°; face still very blanched; wound dressed. In the evening she became noisy and delirious; temperature 99°. — 2nd: Slept fairly well, delirious when awake; had taken large quantities of liquid nourishment; temperature 99°. Wound dressed; fair amount of discharge. Temperature in evening 100.2°. It was now found that on admission the patient was suckling an infant, and on examination the condition of her right breast might account for some of her symptoms. This yielded to treatment, and on Sept. 4th the temperature became normal; no delirium; general condition much improved; pulse good; no pain; wound dressed; discharge not excessive, and granulation taking place; wound in arm quite healed. — 12th: Improvement uninterrupted; wound healed except in middle, which still discharges a little, the edges of the skin being in almost perfect apposition. Is now taking fish diet. — 26th: Wound quite healed, leaving linear cicatrix. She is taking common diet, gets up daily, and says she feels quite well; has no pain on swallowing. She will be discharged in a few days. For the notes of the case I am indebted to Mr. J. Simcock, senior house surgeon.

Ancoats.

CARBOLIC ACID POISONING; RECOVERY.

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CASES of poisoning by carbolic acid are not very uncommon, and, owing to the increasing use of the acid, may possibly become more numerous; therefore, the following notes should prove interesting.

A few minutes before 1 A.M. on a Thursday I was hurriedly summoned to Ellen C—, domestic servant, aged nineteen, residing a few yards from my house. On arrival, I found her in an attic bedroom, unconscious, pale, and breathing with great difficulty; the mouth, lips, and about the chin presented whitish shrunken patches. A strong smell of carbolic acid pervaded the room and stairs; pupils were much contracted, and insensitive to light; transparent tenacious mucus dribbled away from her mouth and ran down her chin. Pulse distinctly perceptible, but somewhat irregular. About ten minutes prior to my arrival she had intentionally swallowed a quantity of crude carbolic acid—over an ounce, afterwards ascertained. A mustard emetic had already been given, and had caused slight vomiting. With considerable difficulty I immediately administered by the mouth from six to eight ounces of olive oil, the greater part of which was retained. Shortly afterwards I gave two ounces of ipecacuanha wine, as the handiest emetic I had; this, however, produced no emesis. The patient's condition now appeared very critical; the pulse became very feeble, irregular, and jerky; the breathing shallow, rapid, and noisy; the pupils very much contracted, and the conjunctivæ totally insensible. There was also tonic spasm of the muscles, more particularly in the arms and about the mouth, so that considerable force was required to straighten the arms, which were flexed, or to open the jaws. No opisthotonos or episthotonos. About 2 A.M., her condition continuing much the same, as there had been no vomiting, titillation of the fauces was resorted to, but without effect. Owing to her insensible condition, the rigidity of the mouth, and a swollen state of the passages, a gentle attempt to introduce the stomach pump failed. A stimulating enema of milk, eggs, and whisky improved matters somewhat. This was repeated every three hours. The patient continued in about the same condition until 9 A.M., when she vomited twice; the ejected matters had a strong odour of carbolic acid. She still continued insensible, but there was a manifest improvement in both pulse and general appearance. Shortly before 2 P.M. she had an involuntary motion, and immediately afterwards recovered consciousness. She now complained of soreness of the mouth and throat, with difficulty and pain on swallowing, and a short hacking cough. The treatment now was for her to sip milk beaten up with white of egg and to suck pieces of ice. On Friday the urine emitted a very foul odour, but not of car-

bolic acid; it was of a dirty blackish colour, neutral reaction, sp. gr. 1042, no sediment; on boiling there was a precipitate of phosphates which was soluble in acetic acid. On adding cold nitric acid a dense crystalline precipitate of nitrate of urea was thrown down; this was immediately dissolved on dilution with water. There was no albumen or sugar. The microscope revealed nothing. She had passed a good night, pupils fairly dilated and reacted to light; she was rather irritable, but answered rationally; around mouth and on neck were brownish discolorations; tongue, throat, and mouth still very sore, and voice husky. From this time she made an uninterrupted recovery.

The points of interest in this case seem to me—the recovery after such a large dose of the acid had been absorbed, evidenced by the nervous symptoms, total unconsciousness for thirteen hours, rigidity, insensibility of conjunctivæ, and evident anæsthesia of gastro-intestinal tract; and the condition of the urine, with its markedly high specific gravity and abundance of urea.

Preston.

A CASE OF PLACENTA PRÆVIA.

BY E. A. PIGGOTT, L.R.C.P. & S. EDIN., L.S.A. LOND.

ELLEN H—, aged forty-one years, wife of a gardener, was taken in labour with her fifth child about 1 A.M. on Sept. 9th, 1890. She had suffered considerably during the last two months of pregnancy from a severe pain in the side, but only once during the whole period of utero-gestation was there any appearance of hæmorrhage, and that very slight, about the termination of the fifth month, for which she did not seek medical advice. Pregnancy had advanced to within a week or so of full term when labour commenced. I was summoned to the case at 5.30 A.M., and then found that the pains, although fairly regular since 1 A.M., had not been strong enough to warrant the woman in charge (according to her idea) in sending for me, but, fortunately for the patient, advice was then sought. Upon arrival I was informed that the patient had been losing blood in large quantities since 1 o'clock. She was blanched and almost pulseless, with cold clammy perspiration, and the usual symptoms of impending death. On making a vaginal examination the os was found dilated to about the size of a crown piece. The examining finger passed through an enormous amount of blood-clot, which appeared to almost entirely fill the cavity of the lower or cervical zone of the uterus, beyond this the placenta could be plainly made out, and occupied a direct central position. It was impossible to diagnose the foetal presentation. Under such circumstances there was only one course to adopt—i.e., to perform version and deliver without further delay. After administering a stimulant some little difficulty was experienced in passing the hand past the placenta, but eventually a foot was brought down and secured by a loop of tape, the delivery then being accomplished with comparative ease. The placenta came away within a few minutes, and good uterine contraction was ensured by the administration of a full dose of the liquid extract of ergot. The patient made a good though somewhat protracted recovery.

This case is instructive as illustrating the fallacious theory that the hæmorrhage in cases of placenta prævia is most severe *during* a pain. Doubtless clots of coagulated blood are forced from the lower or cervical zone of the uterus and expelled externally during a pain; but these clots have been slowly forming from blood effused from the open uterine sinuses during the *interval* of pain, the tendency of uterine contraction in cases of placenta prævia being, as in all other cases, conducive to the arrest of uterine hæmorrhage. My thanks are due to Mr. R. W. Waring of Cavendish, who saw the patient with me in consultation, and rendered valuable aid in a most anxious case.

Clare, Suffolk.

INFECTIOUS DISEASES, DEWSBURY UNION.—The local authorities in the Dewsbury Union have resolved that a united district, comprising Batley, Heckmondwike, Mirfield, Soothill, Upper Gomersal, Thornhill, Liversedge, Ravensthorpe, and Birstal, should be formed for the purpose of providing accommodation for the treatment of infectious cases.