

Myxoma Enchondromatodes Arborescens Colli Uteri.

This is the subject of a contribution of great interest by Dr. GEORGE REIN, of St. Petersburg (*Archiv für Gynäkologie*, Bd. xv. s. 187). The paper reports the history and treatment of a case presenting a form of disease hitherto unnoticed, although two analogous cases have been published—one by Thiede, which he calls papillar fibroma of the vaginal portion of the uterus; and another by Spiegelberg, under the name of sarcoma colli uteri hydropicum papillare. The disease in the present case was attached to both anterior and posterior lips of the cervix. It had an appearance extremely like a mass of uterine hydatids. The mass, when first seen, filled up and distended the vagina, but did not protrude through the hymen; but there was a history of a portion having been propelled through the hymen and having fallen off. Menorrhagia alternating with watery discharge was complained of, also intense constipation and painful micturition. The masses forming the tumour were partly twisted off and partly cut off by an écraseur at two sittings, and the hemorrhages from the surface of attachment arrested by the actual cautery. Part of the tumour was removed on the 5th of March, 1875, and the rest of it on the 10th, by Professor Krassowsky. The patient rapidly improved, and on 5th April left the hospital. But the disease soon returned, and she applied again for admittance on the 1st of September. On this occasion, in addition to the hydatid-like mass attached to what remained of the cervix, and which filled up the vagina, it was found that there was manifest tenderness, and an ill-defined tumour to be felt, on deep pressure, in the left hypogastrium. There were also observed, intermixed with the soft masses composing the tumour which filled the vagina, portions of cartilaginous hardness. On the 29th of September a third operation was performed for the removal of the tumour, as the distress from the stinking discharge and other symptoms was very great; but the patient died a few hours after the operation. It was found, on section, that the tumour had opened into the abdomen by penetrating the left broad ligament, so that some of the solution of perchloride of iron injected to arrest the hemorrhage had passed directly into the peritoneum. Portions of the tumour removed at the second and third operations were subjected to careful microscopical examination by Professor Slavjansky, and were found to present a peculiar combination of the distinctive histological characters of myxoma and of medullary carcinoma. The general appearance of the tumour, and its grape-bunch arrangement was also extremely like that which we perceive in a myxomatous chorion, whilst it is not seen in medullary cancer or in sarcoma.—*Edinburgh Medical Journal*, Feb. 1880.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

On Poisoning by Perchloride of Iron.

Called upon to act as experts in a criminal affair of numerous poisonings by perchloride of iron, Drs. BERANGER-FERAUD and PORTE were obliged, in the absence of all information on the subject, to perform several experiments on dogs, cats, etc., in order to establish the symptomatology and pathological anatomy of this mode of poisoning.

The following is a *resumé* of the results arrived at:—

Poisoning by perchloride of iron may be effected in two different ways, between which there are insensible gradations.

a. By a large dose of salt without corrective, which can weaken its caustic action on the mucous membrane.

b. By a dose mixed with a sufficiently large quantity of liquid in order that its topical action may be almost null.

Its introduction into solid food takes away from the perchloride its poisonous properties.

On the other hand it may be mixed in liquids. It is thus, for instance, that 2 grammes of the salt of iron may be introduced into 250 grammes of punch without giving to the latter a tartness which could cause it to be refused by a professional drinker, or by a man already slightly affected by drinking. The addition of alcohol favours the toxic power of the perchloride, as does also an empty stomach.

The series of phenomena natural to poisoning from a salt of iron commences with a disagreeable impression in the mouth, a taste of green vitriol. Then follows vomiting, which may fail to be present when the individual has taken a considerable quantity of alcohol; the gastric phenomena then confine themselves to anxiety, uneasiness, and epigastric pain.

When the vomiting takes place shortly after the ingestion of the iron salt, frothy matter mixed with a yellowish liquid or sometimes a greenish liquid mixed with alimentary matters is thrown off. But, in all cases, chemical analysis enables us to prove the presence of iron in the material vomited.

Colic appears in from one to three hours after the ingestion, and is accompanied by diarrhœa during the first 12 or 24 hours, afterwards when the patient recovers a marked constipation is apparent.

The stools are black, and no longer have the characteristic fecal odour.

The emission of urine is perceptibly diminished. Cramps and a temporary weakness of the lower limbs are observed; symptoms of encephalic congestion, causing either collapse or delirium, a hippocratic expression, a laboured deep respiration, a weak voice, a tendency to cyanosis of the extremities, and a rapid chilling of the body follow.

At the autopsy is found:—

Marked cadaveric rigidity; in the mouth is a brown or blackish substance like a black dust mixed with the saliva, and which gives on chemical analysis the reaction of salts of iron; the buccal mucous membrane is dry and hard.

It is only when perchloride of iron is given in enormous doses and in a condition of great concentration that it causes in the stomach eschars like those in the case of the patient spoken of by Gubler (*Commentaires Thérapeutiques du Codex*, 2d edition, p. 618), who swallowed 45 grammes of concentrated solution. Generally the stomach contains a brownish or blackish matter, which is nothing but chyme coloured by the reduction of a little of the salt of iron, the colour of which becomes darker by prolonged contact with the air.

The small intestine generally contains a similar substance; the mucous membrane does not present any hyperæmia; the portions which have been in contact with the toxic chyme are rough and dry. The large intestine is in the same condition. The radicles of the vena porta are congested. The liver is increased in size and very hyperæmic. The portal vessels are filled with black and fluid blood; the gall-bladder is distended with bile. Chemical analysis of the liver shows the presence of a very large quantity of iron. The kidneys are much congested, as well as the lungs and the cerebral meninges. The blood is much blacker than in asphyxia; under the microscope the red globules are often misshapen and crenated. When a small quantity of blood is coagulated by heat and then filtered to separate the coagulum, the iron in excess is drawn off with the liquid, which furnishes, without former treatment, all the reactions of the salts of iron. On the contrary, when there has not been any poisoning, it is necessary, in order to find traces of the normal iron, to destroy the red globules by incineration, or to treat the blood with a strong acid.—*Annales d'Hyg. Publ. et de Méd. Lég.*, Avril et Juin, 1879; and *Revue des Sciences Médicales*, Jan. 1880.