

from some large artery, as from the description the bleeding was profuse and of a bright arterial colour. The only warning given was some mucus tinged with blood which had been coughed up an hour or two before the boy's death. I ought to add that all through his illness the bronchitis had continued, with free secretion from the bronchial tubes and rapidity of breathing. I am sorry to say that my best powers of persuasion were used in vain to obtain a post-mortem examination, so that the case is unavoidably incomplete; but my theory is that the bleeding was caused by ulceration of the trachea and innominate artery, due to the pressure and movement of the lower end of the tracheotomy tube. The movement of the tube was excessive in this case, owing to the bronchitis. The external wound was in a very satisfactory condition, being surrounded by a large quantity of healthy granulating material, and there was no sign of ulceration about it.

I regret my failure to obtain a post-mortem examination, but my case bears a strong resemblance to one under the care of Mr. John Wood many years ago. The specimen is in King's College Museum, and shows an ulcerated opening passing through the trachea into the innominate artery, caused by the end of the tracheotomy tube, which was of silver, and similar to the one used by myself.

In considering the best means of avoiding the accident which befel my case, we have to consider the nature and position of the operation, and the mode of keeping the artificial opening in the trachea patent. In children I am in the habit of performing the low operation; and as this boy's neck was long and thin, it seemed to be a case where bleeding need not have been anticipated. Mr. Marrant Baker has ably advocated the use of india-rubber tracheotomy tubes, and has frankly stated their advantages and disadvantages. If india-rubber tubes are to be used, it is as well not to defer their use too long; and, having seen Mr. Baker's recommendation of these tubes, I had thought of changing the silver for an india-rubber tube, but, finding the case apparently doing well, I was contented to leave it alone. I have thought the particulars of the case worthy of a place in THE LANCET, as it is instructive in pointing out an accident which possibly is more common than is generally supposed.

Harley-street.

## POISONING FROM THE EXTERNAL APPLICATION OF TOBACCO.

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ON the 18th November I was sent for to see Mrs. A—, an old patient of mine, aged about forty years, a farmer's wife, who it was represented was bleeding profusely from wounds in the leg caused by her accidentally hitting it against a sewing machine. The patient suffers from varicose veins, and as a support and protection wears elastic stockings; but on this morning she had omitted to put them on, consequently the knock took effect on the congested leg, and two or three slight wounds and some hæmorrhage were the result. When I reached the house, which is some distance from the city, the bleeding had been stopped about half an hour, but the symptoms the patient presented were most alarming, and apparently warranted the opinion expressed by some of those about her that she was dying. She had fainted, I was told, and had with difficulty been revived by draughts of brandy and water. She now seemed to be extremely prostrated, having a pulse scarcely to be felt, and a pale, cold skin, wet with profuse clammy perspiration. The pupils of the eyes were dilated, and in a faint whisper she complained of dimness of sight, of dizziness, and of confusion of thought. The patient suffered from severe pain in the abdomen, and from constant nausea and vomiting.

Believing that a slight loss of blood could not cause in a robust woman these formidable symptoms, I deemed it necessary, although at the risk of a fresh outbreak of bleeding, to remove the bandages, and examine the leg; and, having done this, I found what explained the symptoms—a handful of chopped wet tobacco firmly pressed on the wounds, which were deeply stained by it. The skin around the wounds was also stained by the tobacco, but in a slighter degree. I now learned that on a few previous

occasions, to stop slight bleeding, the patient had applied "pinches" of tobacco, but, although she had felt rather unwell after each application, she never connected the indisposition with the tobacco.

The tobacco was immediately removed, the limb well cleansed, stimulants were given, and a mixture containing strychnia, which, according to the Rev. Professor Haughton, is the true antidote for tobacco. Under this treatment Mrs. A— gradually improved, but several days had elapsed before she had quite recovered.

The symptoms of poisoning in this case were well marked, and are worthy of note when the mode of the introduction of the poison into the system and the rarity of such a mode of introduction are taken into consideration. So rare, indeed, is poisoning from the application of tobacco to a wound, or to the abraded or broken skin, that, in looking into the volumes of THE LANCET for the last seventeen years, I find only one or two instances of it. Indeed tobacco-poisoning, of sufficient intensity to come under medical observation, is of somewhat rare occurrence, and this is rather strange when the very general use of the plant in one way or another is considered. In this part of the country it appears that tobacco is occasionally used as a domestic remedy for stopping bleeding. In the case under consideration the hæmorrhage was arrested; but, as tobacco does not contain any astringent substance, the handful of chopped leaves acted, in all probability, merely as a compress, or as a means of entangling the blood, and thus allowing it to coagulate on escaping from the injured vessels.

The urgent symptoms in this case very soon set in, for I saw the patient about three-quarters of an hour after the application of the tobacco, and yet she had fainted in the interval. Absorption therefore must have been rapid, nearly as rapid as if the tobacco-juice had been subcutaneously injected. Doubtless the woman would have soon succumbed had not the cause of the poisoning been quickly discovered. As I stood by the patient, I could not help thinking that, had she died without medical assistance, her death, in all probability, would have been attributed to the loss of blood, and not to poison. In this instance, as in so many other cases, the saddle would not have been put on the right horse, for neither the patient herself, who applied the tobacco, nor those who were with her and assisted her, suspected for a moment that her death was being brought about by the remedy which in Mrs. A—'s case was worse than the disease.

Lincoln.

## A CASE OF POTT'S FRACTURE;

FOLLOWED BY THROMBOSIS OF POSTERIOR TIBIAL VEIN, AND DEATH FROM EMBOLISM OF THE PULMONARY ARTERY.

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WILLIAM S—, aged sixty years, a strong, well-built man of active habits, and who had always enjoyed good health, was admitted into the Manchester Royal Infirmary under the care of Mr. Heath, on December 6th, suffering from Pott's fracture of the left leg, which he had sustained in stepping out of a railway carriage. The fibula was broken about two inches and a half from its lower extremity; the foot was dislocated outwards; there was no fracture of the internal malleolus, which projected prominently beneath the skin, the tissues over it being very tense and much discoloured.

Under chloroform the dislocation was readily reduced, and a Dupuytren's splint, with a foot-piece for the sole of the foot, was applied to the inner side of the leg. On the morning of Dec. 23rd, seventeen days after the receipt of the injury, having up to this time progressed very favourably without a single bad symptom or complication of any kind, while engaged in writing a letter as he sat up in bed, he was seized, without any warning whatever, with sudden loss of consciousness, pallor of face, and extreme feebleness of pulse, the pen dropping from his hand and the head falling back. Stimulants were administered and heat applied over the region of the heart. Under this treatment there was a partial return of consciousness, and the pulse