

## ST. GEORGE'S HOSPITAL.

POISONING BY AN OUNCE OF OXALIC ACID; FATAL  
RESULT ON THE FIFTH DAY.

(Under the care of Dr. PAGE.)

THE use of oxalic acid as a poison is said to be almost entirely confined to this country. This is to some extent correct, so far as the other nations of Europe are concerned; but it is employed with a felonious intent in our colonies and in the United States of America, where its peculiar properties are as well understood amongst the lower classes as they are by ourselves.

We place upon record an instance in which an ounce of the acid was swallowed—a quantity that was bought by the patient for threepence. He was at once seized with the characteristic symptoms of the poison, and was taken to St. George's Hospital, where treatment was applied with considerable relief—so much so that all immediate danger seemed to be averted. Vomiting, however, remained a persistent symptom, associated with epigastric pain, and he died on the fifth day. After death, the stomach was found to be partially congested, and contained some bloody fluid. The serum in the pericardium and pleuræ was sanguineous, and an excess of subarachnoid fluid was found in the cranium. These were the only appearances observed beyond extreme fatty degeneration of the muscular structure of the heart. There can be no doubt that the patient was in a state of considerable exhaustion, and that the fatal result took place from the influence of the poison on an already enfeebled nervous system—for he was an habitual drunkard, with a weak flabby heart that could scarcely propel its blood onwards. Added to this, he had an arcus adiposus in both eyes, and most probably also the atheromatous expression, at the comparatively early age of thirty-one years.

Many cases of poisoning by oxalic acid have been recorded in our pages, and amongst these we would refer to one by Dr. Brush, of Dublin (vol. ii. 1846, p. 39), in which recovery took place from the dose of an ounce, the same quantity as that swallowed by Dr. Page's patient. Another case of recovery from the same quantity is given by Mr. O'Shea (vol. ii. 1845, p. 293). Dr. Ogilvy, of Coventry, has recorded the most rapidly fatal case known, death occurring *three minutes* after swallowing the poison (*ibid.*, p. 205); but two cases almost as quickly fatal are briefly described by Mr. Iliff, of Newington (*ibid.*, p. 432). Mr. Alison, of East Retford, has reported a case of recovery (vol. ii. 1850, p. 502); another is related by Mr. Bourne of Nottingham (vol. i. 1851, p. 329); and another by Dr. Herbert Barker, of Bedford (vol. ii. 1855, p. 521).

For the notes of the following case we are indebted to Mr. John E. Cartwright, clinical clerk.

Richard G—, aged thirty-one, was admitted Aug. 3rd, 1860, into King's ward. He had for some years been addicted to the inordinate use of intoxicating liquors. He confessed to having been drunk three or four days in the week, and said he had had delirium tremens frequently. On the evening of the 3rd he purchased and swallowed three pennyworth of oxalic acid, said to be about an ounce. He instantly felt a burning sensation in the mouth, throat, and œsophagus, and intense pain in the stomach. He was immediately brought to the hospital, having, as he stated, vomited on the road.

On admission, the patient complained of a burning sensation along the course of the œsophagus and in the stomach; there were lividity of the face and extremities, relaxation of the muscles, and the surface was cold and clammy. His manner was rapid and nervous; the heart's action was irregular, and the sounds somewhat distant, but otherwise normal; respiration natural; pulse extremely feeble; tongue large, œdematous, and covered with thick, woolly fur; conjunctivæ dusky; pupils natural; distinct arcus senilis at the upper part of both eyes. An emetic was given, and a large quantity of green-looking fluid removed from the stomach. The stomach-pump was also used, and brought away a quantity of the same kind of fluid. He was then ordered some chalk mixture every two hours, occasionally some brandy and water, arrowroot, and beef-tea, and a mustard plaster to the epigastrium. Towards evening the surface became warmer, the pulse more perceptible, and the heart's action more regular and powerful; but the vomiting still continued, and he was unable to retain any nourishment. Injections of brandy and arrowroot were then ordered every four hours.

Aug. 4th.—He appeared much better, and slept a little during the night, but the vomiting still continued. He had

ejected since last evening about four pints of dark grumous matter. The skin was warm and perspiring; there was considerable tenderness over the epigastrium, which was resonant on percussion; bowels open once, but apparently only the injection came away; tongue red at the sides and apthous; pulse 88, irregular. He was now ordered six minims of tincture of opium, to be added to the chalk mixture, every three hours; poppy fomentations to the abdomen; the injections to be continued.

5th.—He expressed himself much better, and was able to retain a small quantity of food; vomiting still continued, but not so frequent; tongue much more healthy and cleaning; bowels open once, natural motion; there was still considerable tenderness over the epigastrium. He was then ordered a blister to that part, and soda-water occasionally.

7th.—He had continued to improve very much; the blister had given him considerable relief; no fresh symptom was noticed until the evening of this day, when the nurse observed a restlessness about his manner that reminded her of delirium tremens. At a quarter to four P.M. the following morning, he arose to relieve his bowels, and died almost immediately.

*Post-mortem examination, thirty-four hours afterwards.*—General appearance: The body was in good condition and well formed.—Cranium: The brain was rather soft, and the subarachnoid fluid abundant; otherwise there was no morbid appearance.—Thorax: There was a small quantity of bloody fluid in the pericardium and in each pleura; the lungs were somewhat congested posteriorly, but crepitant. The heart's valves were healthy; it was relaxed; its cavities filled with dark clots; its walls were in a state of extreme fatty degeneration.—Throat and abdomen: The fauces and œsophagus were perfectly healthy. The stomach was somewhat congested, and contained bloody fluid; its mucous membrane was entire. The liver was large and fatty. The spleen was healthy. The kidneys were large and soft; their capsules somewhat adherent.

## KING'S COLLEGE HOSPITAL.

POISONING BY NITRIC ACID; FATAL RESULT SIX MONTHS  
AFTERWARDS FROM ITS EFFECTS UPON THE  
STOMACH AND ŒSOPHAGUS.

(Under the care of Dr. BUDD.)

IN cases of poisoning by the mineral acids, in the event of recovery from their immediate consequences, the patient runs the risk of being a wretched sufferer perhaps for the rest of his life. The following case is one of these melancholy examples, which shows most forcibly the misery which follows the injury to the stomach and œsophagus. Worn out, exhausted, and almost starved, the patient died at the end of six months after taking the poison. The autopsy revealed the seat of mischief to be in the alimentary track, from the mouth to the stomach. The latter must have been considerably injured at the time of swallowing the poison, as was proved by the presence of a distinct cicatrix, with puckering and induration near the pyloric extremity of the viscus. The cardiac orifice was slightly constricted, and the œsophagus bore evident traces of the injury it had sustained. With such important lesions, although chronic, no surprise need be felt at the result.

It is interesting to note, that although the patient complained of some hoarseness, the larynx was found to be uninjured. This circumstance is explained by Ryland and by Porter, in cases of *suicide* by the mineral acids, from the fact that the epiglottis during swallowing completely covers the upper part of the glottis, and thus the acid passes down the œsophagus without affecting the larynx.\* But Dr. Taylor shows that when these acids are taken by mistake, or forcibly administered, the larynx is very liable to be injured from the ejection of the fluid afterwards, almost as soon as the mistake is discovered, when all the muscles of the throat are spasmodically affected.

For the subjoined notes we are indebted to Dr. A. Ernest Sansom, late house-physician to the hospital:—

James D—, aged thirty-six, admitted May 2nd, 1860. Complained of violent pain in the stomach, occurring at intervals of about ten minutes, and of pain on swallowing. This was referred to a line passing from the top of the sternum downwards to the left side, and was always followed by vomit-

\* Taylor on Poisons.

ing of the food taken, together with a quantity of watery fluid. There were also a feeling of soreness across the chest and hoarseness of the voice in the morning. The account which he gave of the origin of this was, that three weeks ago, being thirsty, he poured rather more than half a pint of beer into a teacup, and swallowed the greater part. Intense burning pain and vomiting occurred immediately, and it was discovered that the teacup into which he had poured the beer contained rather more than an ounce of aqua fortis, such as is used by braziers. Implicit credence, however, must not be given to this story; for a clergyman, who had observed his past life, stated that he had previously been guilty of an attempt to destroy himself, and it is very probable that he swallowed the poison with a suicidal intent. Immediately that the symptoms manifested themselves he was taken to another hospital, where antidotes were administered and the stomach-pump employed. His throat was sore for a week, and he could swallow nothing but milk. For a fortnight before his present admission, liquids and eggs were his only food, and they were generally rejected. He had during this time nine epileptic fits. He became exceedingly weak and gradually emaciated; a craving for food existed, but everything was rejected soon after being swallowed. The epigastrium was very tender on pressure; some leeches had been applied there, but they had afforded no relief. The bowels were confined; a dose of castor oil was given, and the patient was fed on beef-tea and farinaceous food alternately, administered in very small quantities frequently. He managed to keep down a small part of his food.

On May 4th, he retained a small portion of solid food; but there being much pain over the epigastrium, he was ordered a quarter of a grain of hard opium twice a day. The pains in the stomach greatly decreased in severity and frequency; and on the 7th, the management of the diet being still conducted with the same care, the vomiting ceased. In three days the severe pain returned, and so did the vomiting. He suffered from cough, and then some signs of commencing tubercle in the right apex. There was pyrosis in a marked degree, the fluid vomited being neutral to test-paper.

On the 18th, it was noticed that food seemed to be arrested in its progress to the stomach at a point corresponding to the upper edge of the sternum. All inclination for food left him; he could only take milk and eggs, and these in very small quantities. Pain referred to the stomach became constant.

23rd.—He passed per rectum a quantity of bright-red blood; he had never suffered such hæmorrhage before.

His features became daily more worn and anxious, and debility was progressive. The treatment was now nothing more than attention to the bowels—slight purgatives, &c.

30th.—The following was ordered: ten grains of trisnitrate of bismuth, fifteen grains of carbonate of magnesia, and one ounce of tragacanth mixture, thrice a day. The symptoms, however, continued.

June 2nd.—A blister was applied over the epigastrium, and the vesicated surface dressed with morphia. Enemata of brandy and beef-tea were now administered, and opium in a pill twice a day. After this he fancied that he felt stronger, and he began to improve slightly in appearance.

14th.—He was able to keep down a mutton chop.

Two days afterwards, violent retching, lasting nearly three hours, came on. He became still weaker, and very despondent. Some days he was able to swallow a tolerable amount of solid food; on others he could retain neither solids nor liquids, however carefully administered.

27th.—Three grains of pepsine were ordered to be taken thrice a day. No benefit seemed to result. Wine and bread, in small quantities at a time, were given; but all appetite gradually vanished.

July 20th.—Pain in the stomach being severe, he was ordered a quarter of a grain of extract of belladonna, with half a grain of powdered opium, twice a day. Blood was passed by the bowels, but the pain greatly diminished.

Considerable improvement now ensued for a few days, then the whole of the bad symptoms re-appeared, and emaciation rapidly increased. On September 26th he was despondent and slightly delirious, from which time he gradually sank, and died on the 2nd of October.

*Post-mortem examination.*—The abdominal viscera appeared anæmic, otherwise healthy, except the stomach, on opening which there was seen a distinct cicatrix, with considerable puckering and induration of the surrounding mucous membrane near the pyloric extremity, causing some, though not very considerable, narrowing of the orifice. The cardiac extremity was much acted on by the gastric juice, the walls being thinned and the vessels blackened. Slight narrowing of the cardiac

orifice was also observed, and the posterior surface of the œsophagus bore dark longitudinal lines, probably caused by the charring of its coats by the acid. The only other evidence of disease was slight tubercular deposit in the apex of the right lung.

## CLINICAL RECORDS.

### REMOVAL OF A FIBRO-PLASTIC TUMOUR FROM THE PAROTID REGION.

AN interesting case of tumour in the region of the parotid gland was submitted to the operation of removal at St. George's Hospital on the 8th inst., by Mr. Prescott Hewett. The history is that of non-malignancy. The patient is a healthy-looking woman, twenty-four years of age, a lady's-maid, who has had a tumour in the left side of the neck, extending under and behind the angle and ramus of the jaw in the parotid space, for a period of twenty years. She never suffered any inconvenience from it, but it caused some deformity. About six months back she consulted a surgeon about it, who prescribed a mixture of bark and iodide of potassium, which she took whilst travelling in Scotland with her mistress. At the same time she thought she might loosen the growth to expedite absorption, and every day worked away at it. This manipulation had the effect of increasing the vitality of the tumour, and in a very short time it was fully one-third larger than it had been for so many years. On her return to town she became a patient in St. George's Hospital, and the morbid growth was removed under chloroform. For the purpose of avoiding vessels and nerves, Mr. Hewett made a vertical incision rather at the back of the tumour, and then another posteriorly at right angles, giving the whole a  $\Gamma$  shape; this enabled him to get behind it, and after a little cautious dissection the mass readily turned out, and resembled a potato in its form and smoothness. A branch of the facial nerve, which covered the tumour, was carefully detached and held on one side by Mr. Pollock with a hook; no nerve therefore was wounded, nor even any small vessels—a circumstance somewhat unusual in operations in this situation. On section, the nature of the tumour was found to be fibro-plastic, with a few cartilaginous masses imbedded in it, thus forming a conglomeration of the enchondromatous and fibro-plastic. The parotid gland in the present instance was normal; a part of it overlapped the tumour, and was dissected away from it. We are glad to say that the patient is doing well, and will probably make a good recovery.

### SPONTANEOUS PELVIC ABSCESS.

It is seldom indeed that an abscess presents itself in either the pelvis or the abdomen without some assignable cause. When occurring in the former, it is usually from the effects of parturition; and sometimes an abscess may arise in some part of the abdomen or pelvis as the result of vertebral disease. At the present time there is a female, aged fifty-five years, in Mary ward at St. Bartholomew's Hospital, who was admitted on the 21st of September, under Dr. Farre's care, with pain in the right flank, which had been present for about ten months, and for which she could assign no cause. Her last child was born eighteen years ago, and she had a miscarriage ten years since; the catamenia have ceased for some years. She resides in the City-road, and has been in the habit of lifting a heavy pail, and now and then has felt a "rick in her side." There was no appreciable swelling on admission, but there was pain, with rigors and quick pulse. The bowels were always regular. Fluctuation was perceptible, and in a few days an abscess pointed in three places; it was opened above Poupart's ligament, and three cupfuls of matter were let out. This was followed by considerable relief, and when we last saw her she was improving under the use of good diet, wine, and quinine, and her pulse was 120. It seems most probable that the suppuration commenced in the pelvis, whatever the true cause of it may have been, but there is no evidence to prove that it arose from injury; nor from the cæcum, because there was no induration around that part of the alimentary canal, and the bowels have always been regular.

### CHRONIC MAMMARY ABSCESS; SUCCESSFUL TREATMENT BY STRAPPING, &c.

CHRONIC mammary abscess, or, as it is sometimes called, encysted abscess of the breast, is a disease of considerable interest, inasmuch as it is in itself a tedious and often painful