

A CASE OF STRAMONIUM POISONING, WITH PECULIAR SYMPTOMS.

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Between the hours of 7 and 8 P.M. on February 22 I was called in haste to see the child of Street Commissioner Thomas Lee, of Shullsburg, the messenger stating that the child was having convulsions. I arrived at the house within a few moments and found the patient, a boy three years of age, sitting in his mother's lap, his arms and hands outstretched as though to grasp some object. He would open and shut his fingers with deliberation, as though the object he was trying to grasp required some caution and skill to take hold of. After two or three minutes of such manœuvring he would make a sudden jump as though about to seize the object, and would then cry distressfully.

While his hands were thus employed his eyes were fixed, looking straight ahead as though watching something. The pupils were widely dilated, cheeks flushed, mouth dry, pulse fast and full, heart's action good but fast, and respirations increased.

There was also another hallucination. He would act as though something was approaching him from the opposite side of the room, and would point towards it: his eyes and facial expression would convey the idea that the object was after him, and coming nearer and nearer, until he became so agitated that he seemed on the point of having a convulsion.

These hallucinations would alternate, and the only thing that diverted his attention for an instant would be to offer him a cup of water, which he took with a seeming relish. Turning down the light until the room was almost dark made no difference in his actions.

I was told by the parents that he had always been healthy; that he had been playing out of doors all day, ate a hearty supper, and that nothing wrong was noticed until a few moments before they sent for me, when he commenced to act in the manner described. I inquired if there was any medicine in the place that he could have taken, but could find nothing that threw any light on the case. While watching him and making these inquiries I noticed that the symptoms were getting worse.

It occurred to me that the symptoms were those of belladonna poisoning. I administered an emetic of ipecac, gr. x, and a large quantity of water. He vomited in a short time, but there was nothing unusual in the ejected matters. I then gave small doses of morphia and bromide of potassium, and rectal injections to move the bowels, but without effect. After an hour he became more quiet, and fell asleep. After an hour's sleep he seemed somewhat better. The pupils were still widely dilated, but the hallucinations were not so vivid.

On telling a professional friend of the curious actions of the patient he remarked that the symptoms were similar to those which he once saw in the cases of two children who had eaten stramonium; and it immediately occurred to me that such was the case with my patient. He vomited several times

during the night, and would wake up and go through his performances; but not so badly as during the evening.

On the morning of February 23 he was much better. The crazy actions had disappeared, but the pupils were still considerably dilated, cheeks flushed, and he was very thirsty. He ate a good breakfast, and before night was apparently as well as ever. In the matters vomited during the night were a number of stramonium seed. I found on inquiry that his father had kept a patch of stramonium plants in the corner of his yard, which he used in making ointment for horses. The boy had cut one of the dry stalks, which was hanging with pods full of seed, and had eaten a quantity of the seed. After finding the cause of the child's sickness the mother remembered his bringing the stalk on the porch, and saying that he had cut a tree.

The case is of still further interest as showing that stramonium poisoning is quite possible in winter if there be any of the dead plants about with pods full of seed.

MEDICAL PROGRESS.

CAUSATION AND NATURE OF HYPERTROPHY OF THE PROSTATE.—MR. REGINALD HARRISON gives an interesting summary of his views on this subject as follows: In a paper recently published¹ on some "Changes in Form of the Prostate and Floor of the Bladder," I have shown that the inter-ureteral bar of muscular fibres so frequently met with in cases of enlarged prostate is to be regarded as the outcome of efforts, by the development of extraordinary agents of micturition, to expel urine from a part where it is apt to lodge and cause inconvenience. In connection with these investigations, I have met with instances where an unusually depressed state of the floor of the bladder, or trigone, appeared to me to have existed previously to an enlarged prostate; in fact, that a condition of residual urine preceded, and was not the sequence, of enlargement of the gland. The trigone, or floor of the bladder, in addition to being a highly sensitive part, is peculiar in that it contains but few muscular fibres in its composition; muscle in abundance may be found as low as a line corresponding with the openings of the ureters, and marking the superior boundary of the trigone, and below in the prostate; between these two points the power of muscular contraction can hardly be said to exist. Assuming that, from any cause, such as long retention of urine, habit, position of the body, or the weakness connected with advancing years, the trigone, or non-contractile part of the bladder, becomes permanently depressed or altered in form, so that the person finds himself unable to get rid of the last half-ounce or so of urine, the effect will be frequently repeatedly expulsive efforts in all the muscles immediately adjacent to a part which, by reason of its connections and structure, has no power of exercising contractility. This will eventually lead, as I have

¹ Liverpool Medico-Chirurgical Journal, July, 1885.