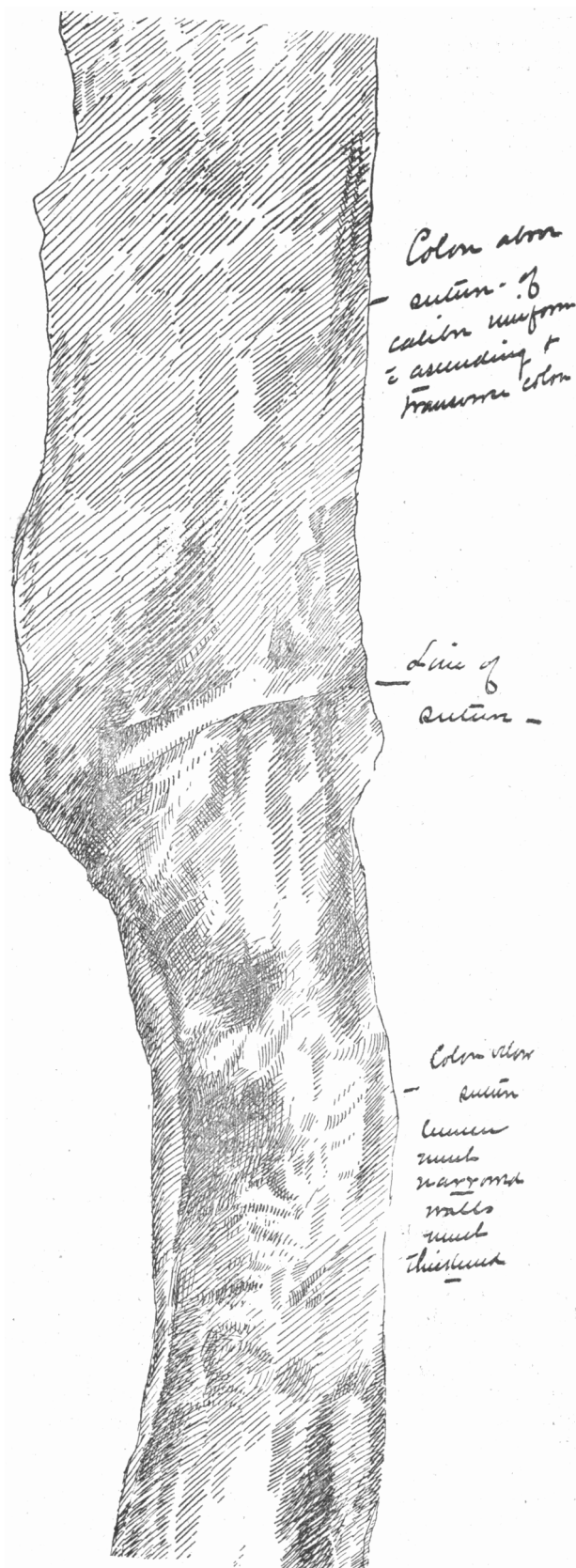


ances is taken from the notes of Dr. Baker, who performed the autopsy, and to it I append his descrip-



tion of the microscopic appearances of the tumor and its metastases:

The abdomen contained about four quarts of bile-

stained serous fluid, having a specific gravity of 1021. The intestines were everywhere firmly matted together and distorted, especially near the pelvis. About midway of the descending colon, after much trouble in freeing it from old adhesions, was found the site of an intestinal resection. Below it was a slight dilation of the gut, and at the point of the suturing was a slight ridge of mucous membrane, extending around the lumen. Externally, the point of union could not be recognized. Two silk sutures were discovered, in no way changed during ten months. All the pelvic organs were matted together in one inseparable mass; inguinal glands not enlarged and no recurrence visible in the pelvis.

The liver weighed four pounds and fourteen ounces. It presented numerous nodules from the size of a pea to that of a hen's egg, especially about the lower border of the right lobe, but also scattered over the other lobes. These were reddish white, rather firm and dense. The liver is markedly fatty, and in and across the bile-stained section shows numerous nodules scattered throughout the organ. The gall bladder was not involved. Similar metastatic nodules were, however, found in the lungs, scattered over the parietal peritoneum, and in the mesenteric glands.

The specimen removed was a grayish, opaque tumor, weighing five pounds, of rather soft consistency. On section were found numerous cysts varying in size from that of a hazel-nut to that of one just visible to the unaided eye, filled with a transparent tenacious fluid. Microscopic examination showed it to be made up mainly of small round cells, in places spindle-shaped, imbedded in a homogeneous intercellular substance. It was exceedingly vascular. Sections made from the lung and liver showed the same characteristics, except that they were of firmer consistency. Diagnosis: Sarcoma with metastatic nodules in liver, lungs and peritoneum.

#### A CASE OF RAYNAUD'S DISEASE.

BY WM. F. BATMAN, M.D.

LADOGA, IND.

A vascular disorder, probably dependent upon vasomotor influences, characterized by three grades of intensity.

Depew H., son of a physician; age 34; dark hair; gray eyes; height five feet six inches; weight 120 pounds. He is of a neuro-phlegmatic temperament. By avocation a farmer. His father a hale old man at 70; his mother in good health at 66. Had some uncles on the fraternal side who died with pulmonary tuberculosis, but no other hereditary disease traceable on either side. Had typhoid fever nine years ago, but so far as he knows fully recovered. Had the influenza three successive years, 1890, 1891 and 1892, and had tardy convalescence with each attack.

He first noticed these symptoms three years ago, which have gradually increased and affect the middle or ring finger of the right hand which, with the appearance of winter, is hyper-sensitive to cold, and with slight exposure feels numb and cold and then, when reaction takes place and the whole end of the finger gets congested, looks red and full of blood and tingles for hours. This condition is repeated, in fact, always present on exposure during the winter months. One peculiarity of this disease is the absence of the symptoms in the summer time. The patient did not have any symptoms for two months the past summer. Hare's "System of Therapeutics" and Osler's "Practice of Medicine" both give as a remarkable concomitant symptom, hemoglobinuria, which may develop during an attack or may take the place of an outbreak. This appeared plainly in this patient last

winter, and promptly with the cold weather of the past two weeks. Professor Osler, one of our greatest clinicians, says he has seen very few cases, and divides the progress of the disease into three stages, viz., local syncope, local asphyxia and local gangrene.

Treatment is, unfortunately, not very favorable, so far as a permanent cure is concerned. A course of nux vomica, iron and quinin greatly benefited my patient and he is able to pursue his work, but if he strikes his finger when cold, the pain is excruciating.

Professor Osler says the pain is so severe at times as to require an anodyne. In the severer forms, when threatened with gangrene, wrap the extremity in wool and elevate it. Carefully applied, systematic massage of the extremities is sometimes of benefit. Barlow advises immersing the affected limb in salt water, and placing one electrode over the spine, and the other in the water.

### CHLORATE OF POTASH POISONING, WITH REPORT OF A CASE.

BY J. T. McSHANE, M.D.

INDIANAPOLIS, IND.

At 6 o'clock, P.M., July 31, 1894, I was called to see Marie O'Neal, aged 11 years, whom I found suffering from thirst, nausea, vomiting, pain in the stomach, loins and head. Temperature in the axilla 102 degrees; extremities and face cold; pulse at the wrists imperceptible; heart's action rapid and feeble, and a marked cyanotic condition of the whole surface of the body. The patient had been out with her mother calling on friends until 4 o'clock, when, on account of feeling ill, she returned home. At 8 o'clock P.M. on August 1, the temperature was 102.5 degrees F., pulse 130 and fairly strong, frequent vomiting and insatiable thirst. No evacuation of the bowels or bladder. Cyanosis still present, hands and feet cold, ends of fingers and toes shrunken. The color of the patient was striking, presenting a bluish-ashen hue, very like that of an anemic person whose skin has been discolored with nitrate of silver. At this time the patient was extremely restless and semi-conscious. At 10 o'clock she was again visited, in company with Dr. A. W. Brayton, who saw her several times with me from this time on to the time of her death. Her temperature varied from 101 to 103.5 degrees F., until the morning of the fourth day of the attack, when it was normal, and so continued. Stupor was a constant symptom after the first few hours of her sickness, only varying in degree on different days. She could be aroused sufficiently to answer questions intelligently and recognize her friends any time during her illness, with the exception of the third day.

The history of the case shows that on July 30 the patient had sore throat, for which chlorate of potash had been used, but on inquiry the mother stated that it had been used only as a gargle. On the morning of the third day of her illness, I introduced a catheter and drew off two ounces of fluid which was of an inky blackness. This aroused my suspicion that more of the chlorate of potash had been taken than the mother was aware of. Investigation revealed the fact that eight or ten tablets had been taken on July 30, and a teaspoonful of the solution on the forenoon of the 31st, making not less than two hundred grains in all. On account of inactivity of the kidneys the bowels were kept freely opened by the administration of Rochelle salt. Towels wrung from hot water were applied to her back over the kidneys. Cardiac stimulants and diuretics were administered. The average amount of urine secreted per day did not exceed a half-ounce. The urine, which at first was dark, gradually cleared up. Examination of the blood was negative; the corpuscles were not crenated or otherwise deformed; the number was not counted.

On Sunday morning, August 5, which was the sixth day of illness, the blueness had disappeared and given place to a white, waxy appearance. The whites of her eyes were slightly jaundiced. Light pressure over the hepatic region caused severe pain. Two drachms of urine, containing a large per cent. of albumen, was secured by catheterization. Her condition continued without noticeable change until 2:30 P.M., when she grew worse, and died in a few minutes.

Peculiar interest attaches to this case on account of the rarity of poisoning by this drug, and the freedom with which it is bought and used without the advice of a physician. Tablets are kept in the drug stores and sold for sore throat. They are held in the mouth and swallowed as they dissolve. Crystals of the chlorate of potash are carried in the pocket, and taken in the mouth and swallowed as rapidly as dissolved. The unsuspecting patient takes more of the drug in this way than he is aware of, and may be poisoned.

The death of a saleswoman who took a half-ounce of the crystals during an afternoon, while at work, was recently reported by Dr. Scherer, of this city. His patient died on the following day. Dr. Theodore Potter, also of this city, recently reported the case of a man who had grave symptoms of poisoning from taking "2 cents' worth" (probably less than a half-ounce) of the crystals during the course of two days. Another case was recently reported by Dr. Florence Wier Hays, of this city, of a young lady who dissolved a dime's worth of potassium chlorate in a glass of water and used as a gargle, swallowing portions of the mixture from time to time. There was vomiting and purging; suppression of urine; paralysis of the muscles of vocalization and deglutition; darkening of the urine; blueness of the skin. The patient recovered after a week's illness. The reports of a large number of cases of chlorate of potash poisoning are recorded, and the symptoms are described with remarkable regularity. Hare describes them as follows: "When over-doses of chlorate of potash are taken it produces sickness of the stomach, headache, pain in the loins and belly, dyspnea, cyanosis, heart failure, and great weakness. The blood is dark and chocolate-looking, this change being due to the production of methæmoglobin. The blood corpuscles are crenated and broken down, and the liver, kidneys, spleen and intestines are found softened and filled with disorganized blood." The case of a healthy 15-year-old lad who took 150 grains within six hours, for pharyngitis, is reported in Vol. IV. of *Sajous' Annual*, 1892. This patient had, in addition to the usual symptoms, a number of yellowish-brown maculae upon the side of the abdomen, back, and anterior portion of the neck, which remained an indefinite time after the blueness had disappeared.

M. Carreau, *Centralblatt für Chirurgie*, gave 150 to 300 grains daily for three days for leprosy. Grave symptoms of poisoning were produced, "but the leprosy tubercles almost entirely disappeared, leaving the skin soft and wrinkled."

The following quotation from H. C. Wood's work on "Materia Medica and Therapeutics" is well worthy of consideration: "It is probable that in diphtheria, deaths attributed to the disease have often really been produced by the chlorate." Quoting further from the same author: "The minimum fatal dose is unknown, but a drachm given in the course of a night has killed an infant under 1 year old, and 3 drachms given during a day, a child 3 years old." Dr. J. von Mering, in 1885, published a brochure ("Chlorsäuer-Kali," Berlin), in which he reported a large number of fatal cases from this drug. Dr. Jacobi, of New York, was the first to call attention to the dangerous action of chlorate of potash. His article was published in the *American Medical Times* in April, 1861. Dr. Fountain reported a case about the same time in which an ounce was taken. Copi-