H. E. M. OR RAGE FOLLOWING TONSILLOTOMY.

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Remarks.—The points which seem to be of special importance are—1. The existence of a double swelling of very rapid growth, with threatened asphyxia from pushing back of the tongue; 2. The rapid recovery on each instance from so serious an operation performed on so young a child; 3. Absence of any complication; this I attribute to the careful application of the ethereal solution of iodiform; 4. The rarity of the case; Mr. G. Heath, in his "Operations," states that myeloid sarcoma of the jaws occur after 25 years of age. The amount of repair which has taken place in so short a time (three months) seems to me surprising. There is scarcely a trace of a scar visible on the lower lip. The two portions of the lower jaw are united by dense fibrous tissue, with what feels like some new bone on the left side and in the area the new tissiue came from the cheek to retain its permanent form. The repair is greatest in the situation of the right upper jaw, where a firm hard mass of tissue has developed in the situation of the gum, and resembling very much the alveolus on the opposite side. Behind this is a small gap scarcely more than 1 inch from before backwards, and 1/2 inch from side to side. There is no trace whatever of any recurrence, and the child, though pale and still weak, can talk quite well, and takes her food without the slightest difficulty. The amount of disfigurement is extremely slight; the only thing visible is a slight sinking in of the lower lip, and a little prominence of the left upper central incisor. There is no displacement of the right eye.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

POISONING BY HENBANE SEEDS.

During the evening of May 6th I was called to see four people who said they had taken something for dinner and supper which had poisoned them. I found the master and mistress complaining of vomiting, giddiness, faintness, dryness of tongue and throat, and incoherence of speech—two female servants complained of the same symptoms, though not to the same extent—there was also dilatation of both pupils, and a rapid pulse, 140 per minute, in the mistress; there was partial loss of muscular power generally.

On inquiry I found all had partaken of some clear soup flavoured with "celery seeds," a bottle of which had been bought that day from a greengrocer in the neighbourhood. I took the bottle away and handed it over to Messrs. Hog, the chemists, for examination, and they found the bottle contained nothing but a new sketch of Henbanum (Hyoscyamus Niger). The cook told me she had used half a teaspoonful to flavour about three pints of the soup, and as far as I could make out the symptoms of poisoning began within ten minutes of the food being taken. On inquiry next day at the greengrocer's I found another bottle of henbane seeds ready to be sold as celery seeds, and a bottle of celery and henbane seeds mixed. A strong magnifying lens served to detect the mistake. My treatment consisted in assisting the vomiting, and then giving black coffee and brandy.

Suicide by Charcoal Fumes.

As suicide by charcoal fumes is rare in England, I herewith forward notes of a case.

H. G., aged 20, living alone, and of lazy and drunken habits, was found dead on his side on a bed in a small room. He was discovered from the waist downward. All apertures which could admit air into the room had been carefully blocked, and a large tea tray of burnt charcoal by the bedside told its own tale. The first to enter the room described the smell as offensive and close.

A post-mortem examination was made forty-two hours after he was last seen alive. The surface of the body from the head to the soles of the feet was of a deep red colour with the exception of those places on which the body rested, and these places were white. There was a white ring round the neck corresponding with the upper border of the collar, which was rather tight fitting. The face was livid, a frothy fluid issued from the mouth, and there had been hemorrhage from the nostrils, the eyes were half open, the pupils dilated, the sphincters ani and vesice had relaxed, and urine and fecal matter escaped on the bed. Upon incision the abdominal and pectoral muscles were of a very bright florid colour. The right side of the head was discoloured, and the left side of the face was dusky. The stomach was almost empty, with patches of congestion here and there, whilst many of the vessels in the subcutaneous coat were plainly seen injected with florid blood. The kidneys weighed 5/4 and 3/4 ounces, capsules adherent; the liver 67 ounces, capsule adherent and substance very friable. Upon opening the skull the vessels in the covering of the brain were all shrunk with blood, so that they were spongy. Upon section bright florid blood issued from the cut vessels in the interior of the brain.

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H. E. M. OR RAGE FOLL OWING TONSILLOTOMY.

A case of severe hemorrhage following tonsillectomy, for which the common catepid was tied by Mr. Arbuthnot Lane, as reported in the British Medical Journal of April 30th, induces me to mention the following case which occurred about fourteen years ago:

A girl, aged about 20, had her left tonsil excised at the Throat Hospital, and severe hemorrhage ensued. The application of cold and astringents having failed to check the bleeding, pressure was resorted to, which controlled it for the time, but it recurred as soon as the pressure was removed.

As the case was beginning to assume a serious aspect, it was evident that something must be done to speedily stop the hemorrhage. It occurred to me that the failure with astringents was due to their being improperly applied, and I therefore mixed one part of gallic acid with three parts of tannic acid, and, after adding a few drops of water, knelled the powder into a very stiff paste. Having rolled some of it into a ball about the size of a marble, I introduced it into the mouth on my left forefinger, and rubbed it firmly into the bleeding surface, at the same time making counter-pressure from the outside with my right hand. As the result of this treatment, the bleeding quickly ceased and did not recur.

I have since met with a few cases of severe hemorrhage following tonsillectomy, and in each of them the bleeding has been quickly and easily stopped by the treatment I have above mentioned.

Harley Street, W.

T. MARK HOWELL.

I think the case related by Mr. Arbuthnot Lane (and the remarks made thereon by others) before the Clinical Society of London to be most interesting and instructive. In the last patient on whom I operated there followed severe hemorrhage and inflammation, but the patient ultimately recovered in a satisfactory manner.

In another case, a young gentleman was operated on by an eminent London surgeon, but in the train home he was seized with severe hemorrhage from the cut tonsil. I was hastily summoned, and found the patient bleeding profusely and quite faint, and blanched from loss of blood. With such a cur|y, owing to the constant flow of blood, I applied the lig. ferri perchlor. fort., and with a couple of applications the hemorrhage was arrested, and no ill effect followed.

In both these cases the patient had to journey home several miles, and I determined never again to operate unless the patient could remain quiet and under observation for at least several hours; and I think Mr. Lane's case and these two which I relate ought to cause teachers and authors to give better instruction and information about the matter than they do at present.

Oppington, Kent.

R. ALEX. SHANNON.

EFFECT OF ICE IN AMPUTATION.

The two following cases, which were exhibited at the Edinburgh Medical-Chirurgical Society recently, illustrate the advantages of ice in amputation cases.

Case 1 was operated on nearly thirty years ago. Left forearm and hand were crushed under the wheel of a loaded waggon some two miles from his home. I lost no time, and