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CASES IN PRACTICE.*

GEORGE T. M'KEOUGH, M.D., M.R.C.S.ENG., CHATHAM.

Poisoning by Corrosive Sublimate from a Vaginal Tampon.

Mrs. J. W., aged 36 ; multipara, pregnant about three months, although she was not aware of the fact, as she had been losing blood periodically since the weaning of her last baby. I was sent for on the present occasion on account of profuse flooding and before I could reach her, some miles in the country, she had lost a large quantity of blood and presented on my arrival a decidedly anæmic appearance. About six months previously I had made an examination of her pelvic organs and found a large bilateral laceration of the cervix uteri, a profuse cervical catarrh, and a hyperplastic condition of the entire uterus. No treatment was however inaugurated except the use of hot water vaginal injections. I now could merely feel through the torn, cicatrised and but slightly dilated os, the contents of the uterus. I immediately proceeded to prepare a tampon, but unfortunately finding my boro-glycerine bottle empty, the medicinal agent I usually employ for disinfecting my tampons, I put about 5 grains of bichloride of mercury and a pinch of table salt into a bowl containing about a pint and a half of warm water, moistened half a dozen good sized pads of cotton batting with the mixture, and with the aid of a Sims' speculum placed them in the vagina firmly around the uterus. I left her, expecting to return the following day. A few hours later, however, I was again summoned, and found my patient suffering severely from pelvic pain, not intermitting,

nausea, and a general feeling of illness. Her temperature was normal, pulse quick and physiognomy distressed and anxious. Suspecting the probability of poisoning by the mercuric salt, I immediately removed the tampon, and syringed the vagina thoroughly with hot water and afterwards with a mixture of the white of eggs and milk. During the three following days she suffered from severe pains in the abdomen, frequent dysenteric stools, nausea, vomiting, stomatitis and general depression. She was given brandy and water, milk and raw oysters freely. A mixture of pot., chlor. suppository of opium and belladonna, with frequent vaginal injections of albuminous mixtures, constituted the treatment. The uterine contents becoming offensive with rise of temperature, denoting commencing septicæmia, they were removed upon the third day with finger and curette, when the temperature became normal and remained so. After a few days of great anxiety to me, she quite recovered.

This case occurred in my practice some time ago, before mercurial poisoning from the generative tract was as well recognized as it is at present. At the time I was not sure whether the absorption took place from the vagina or injured cervix. I have learned since that usually toxic symptoms are the result of injection fluids being retained in the vagina and absorption occurring from the vaginal, mucosa. The uterus after an injection usually contracts and expels all fluids, which however, unless measures are taken to prevent it, may be retained in the vagina. In my case absorption probably took place both from the vagina and uterus, the anæmic condition of the patient facilitating the accident.

Malarial Hæmaturia (?)

A. Mrs. S., aged 36, a robust, red-faced English woman, recently arrived in this country. Mother of several healthy children. No history of a hæmorrhagic diathesis in her family. Consulted me on account of passing bloody urine, which had begun the day previous. In other respects felt tolerably well. Ordered gallic acid and ergot, which was taken for some days without controlling the hæmorrhage, when she was seized with what seemed a typical paroxysm of ague, for which quinine was ordered. Her stomach being irritable, the first mixture was discontinued. After taking quinine for twenty-four hours, the urine rapidly

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