THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, DECEMBER 13, 1873.

TO CORRESPONDENTS.

Communications and reports solicited. Correspondents must accompany letters, if intended to be printed anonymously, with their proper signature, as a guarantee of good faith.

TERMS OF PUBLICATION.

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REMITTANCES.

Gentlemen who have not sent on their subscriptions for the MEDICAL TIMES are requested to remit One Dollar for the current six months without further delay. The system of advance payments must necessarily be adhered to.

The extraordinary case of poisoning which has occurred in Montreal, through the misadventure of a man who purloined a bottle of wine of colchicum, supposing it to be sherry, and shared his spoil among eleven companions and neighbours inviting them to carouse with him, presents features which must interest the medical man. Seven of the partakers of the plundered wine met their death from drinking the poison, and the other five only escaped the same fate narrowly. A tragic interest has attached to the extraordinary event, and no doubt many a temperance lecture will hereafter have its point touched by a reference to this sad example of the danger which attends upon a depraved appetite.

The medical interest, however, centres upon the event just as upon other cases of poisoning. It is well known that in larger doses than are given medicinally colchicum is a powerful poison. Its effects, indeed, in large medicinal doses are due to its acridity, vomiting and purging being produced by repetition. Of its great value in small medicinal doses as an excitor of the excretory organs, as the kidneys, skin and liver, it is barely necessary to allude.

Though it is comparatively rare to hear of death from colchicum, yet the annals of medicine tell of such fatalities. Two ounces of the wine caused death in one of the cases related by Pereira, and in another three and a half drachms in divided doses proved fatal. In the Montreal fatality one of the victims took four gills, an excessive quantity, and yet, strange to say, he lived longer than some who had drunk less. Others are described as having drunk between two and three gills, and Mrs Dunn took the greater part of a gill. It therefore appears that all of the deceased partook of the wine in quantities considerably above the effectively poisonous dose, and therefore it is not surprising that the well-directed efforts of the medical attendants should have proved unavailing in restoring them.

It may be expected that the medical witnesses to this tragic affair will give to the profession a detailed account of the symptoms and mode of death. An instalment of such contributions has, indeed, already been made by Dr. Dugdale, which appears in this issue.

The question was asked at the inquest why the bottle had not been labelled "poison," and in reply it was stated that it is not usual to mark wholesale packages. In this case there was apparently little need to mark the medicine with other than its proper label. It was a bottle supplied by Messrs Evans and Mercer for the General Hospital, but was left in mistake at the shop of a druggist, who returned it as he did not want it, and it was while it was *in transitu* to be returned that it was stolen from the messenger's sleigh. It is not customary to mark even more poisonous substances than colchicum; but in the case of wines and tinctures, which are apt to excite the cupidity of inebriates, this event suggests that this class of medicines should be labelled poisonous, in all packages with a view of deterring persons from imbibing them on opportunity.

THE MONTREAL POISONING CASE.

The Montreal journals and other papers of the secular press have given full accounts of the dreadful case of poisoning by vinum colchici, with proceedings at the inquest, etc. Though not intended for publication (being hurriedly written) we take the liberty of making use of the contents of a letter from Dr. J. J. Dugdale to the editor, detailing the symptoms and mode of death of the victims of this extraordinary misadventure. Dr. Dugdale was called on, and attended certain of the cases together with other physicians. In his letter he recounts that,—"seven of the twelve who drank of the colchicum died from the effects of the poison and five have recovered"—only one of those who recovered partook freely, and he was a stalwart, muscular fellow, to which, as well as to the frequent and large doses of carbonate of ammonia with brandy, I think he owes his life. As consulting physician I suggested, and they received ten grain doses of the ammonia with a tablespoonful of brandy every hour.

"When called in, six of them were almost pulseless, and they gradually sank until for some hours—three or four before death—there was no pulse at the wrist; and the heart's action was barely distinguishable, yet their muscular power was very slightly interfered with. The pupils were natural; and they were able to talk distinctly and intelligently to the last moment.

"The only pain they complained of was a slight burning sensation at the pit of the stomach, and the distress of vomiting, which, with purging, was almost incessant to the last."

"In each case death, which was sudden, I would judge, resulted from spasm of the heart as the patient raised himself to vomit."

CORRESPONDENCE.

BLOODLESS OPERATIONS.

TO THE EDITOR OF THE MEDICAL TIMES.

My Dear Sir,—In reference to Esmarch's grand idea of bloodless surgery, permit me to mention that on a recent occasion, in presence of my class and many visitors, I cut into the popliteal space, in a case of aneurismal varix (traumatic of 19 years' standing, from Canada;) and made a cool, deliberate, and successful search among enormously dilated arteries and veins for the original point of communication between the main artery and vein. During the whole operation, which was done according to Esmarch's plan and with the aid also of Lister's aortic compressor, not a drop of blood was seen, any more than if I had been operating on the cadaver.

Yours truly

DONALD MACLEAN.

University of Michigan. Dec. 1, 1873.

MR. CALLENDER'S OPERATIONS.

Mr George Callender, F.R.S., one of the surgeons to St. Bartholomew's Hospital, who has succeeded to the charge of Sir James Paget's wards in that ancient and noble institution, read a paper making known his results of operations at the last meeting of the British Medical Association, London, August, 1873. In this paper he gave a table showing the results of the treatment of compound fracture and of amputations during the last four and a half years, the whole period of his surgeoncy. The table is a very remarkable one: it reads thus:

	TOTALS.	DIED.	RECOVERED.	FATAL CASES.
Operations (excluding those for hernia)	199	6	193	1. Ovariotomy. 2. Ovariotomy. 3. Nephrotomy. 4. Lithotomy. 5. Syphilitic laryngitis. 6. Cystic tumour.
Compound fractures	28	0	28	
Amp. at thigh	14	0	14	
" " leg	14	0	14	
" " arm	2	0	2	
" " forearm	3	0	3	
	33	0	33	

Thus it will be seen that there has been in these wards during four and a half years a death-rate after all operations (excluding hernia) of but three per cent., and that of the thirty-three cases of amputation, including fourteen of the thigh and fourteen of the leg, all have recovered. The twenty-eight cases of compound fracture have likewise all recovered; and this explains the absence of cases of primary amputation in the list. It may be doubted whether the results of any surgeon in private practice ever exceeded this; and hence some lectures which Mr. Callender is now publishing in the journal of the association (*British Medical Journal*), explaining all the details of his treatment, are attracting great attention. They, however, contain little that is new in principle,—indeed, they do not profess to do so,—but they are highly interesting, as showing how important is the attention to small things, and how greatly results are influenced by the most conscientious devotion to details. Rest, isolation, scrupulous cleanliness, antiseptic applications (without the exclusion of air), and a minute and intelligent supervision of everything which can avoid septic poisoning of the wound and improve the patient's condition,—these are the secrets of Mr. Callender's success. I should say that Mr. Callender is a man remarkable for scrupulous exactness in word and act, he is as conscientious in what he says as in what he does; and, besides the fact that all his cases are controlled by public record in the books and papers of the hospital, there is no one here who hesitates