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day after an accident he complained of pain and stiffness in the fingers and throat in the jaw. This gradually became worse, until he had difficulty in eating, drinking, and in opening his mouth. He then sent for his medical adviser, Mr. Campbell, of High Park-street, who was treated for eight days with chloride of lime and bromide of potassium, but did not improve. On the contrary, his jaws became more fixed and he became quite unable to swallow solids, though he improved slightly in effect, gradually increased in frequency and violence, and were readily produced by any slight movement or excitement. At this time I was requested to see him with Mr. Campbell, and this I did on the fourteenth day of illness. He was suffering from tetanus, having spasms about once in three minutes. The muscles of the jaws, abdomen, and legs were hard and firm, but those of his arms were softer. There was marked opisthotonos. His mouth could only be opened very slightly, and there was much difficulty in deglutition, only a small quantity of fluid being swallowed at a time. The least excitement or noise immediately caused a spasm. His temperature was 96.6° F. and his pulse 120. The bowels were constipated and the urine highly coloured, and full of urates. The terminal half and the second phalanx of the middle finger of the left hand were missing, while the stump ended in an unhealthy-looking wound, through which the bone was protruded for about one-eighth of an inch. There was also a cut upon the first phalanx of the same finger. I suggested as far as I was suffering from a chronic form of tetanus, it would be a subject for the antitoxin treatment. Mr. Campbell kindly consented to this line of treatment and requested me to get some antitoxin. After some difficulty I was able to get some of Roux's antitoxin for tetanus, which was kindly given to me by Mr. Carter, of Rodney-street. I then removed the stump of the finger at the metacarpal-phalangeal articulation and then injected fifteen grains of Roux's antitoxin. I found no untoward symptom and was in the usual region. Though placed fully under the influence of chloroform the stiffness did not depart from the patient's limbs or jaws. For some time after the narcosis he was free from spasms, but gradually they returned to their former frequency and strength.

On the morning (Sunday) there were no marked rise in temperature and no increase in the quantity of urine, which remained as before. The slightest touch gave rise to the spasms with marked opisthotonos. The iliac sartorius was marked, while the jaws could be opened about a quarter of an inch or less, and the teeth were on the lips. On the next day the patient was evidently worse, swallowing being more difficult. During the course of the next day (Monday) I was able to obtain some of Tizouni's antitoxin from Messrs. Allen and Hambury, Tizouni's propyrene. I injected at once thirty grains of the sixty grains which I had obtained into the loose subcutaneous tissue of the abdominal wall. The patient's temperature was 99.2°, and his pulse 120. On Tuesday morning the spasms were a little less frequent and not quite so violent, and the patient was able to swallow somewhat better. In the evening the spasms were once in ten minutes, on the average, and not nearly so severe; swallowing was, as was as in the morning. The temperature was 99°, and the pulse 100. I then injected fifteen grains more of Tizouni's antitoxin. On Wednesday night the patient was distinctly improved, and had only about forty spasms in the twenty-four hours. The pulse was 96, and the temperature 99.4°. He could swallow better, and could open his jaws and speak with much more ease. I injected on the same day about eight grains of Tizouni's antitoxin. On Thursday night the patient was much improved, swallowing fluids without much difficulty. There had been only four attacks of spasm during the previous twenty-four hours. The pulse and temperature were normal. On Friday night his condition was very satisfactory; there had been no spasm during the previous twenty-four hours and swallowing was again better, though no solids had been given him.

The muscles of the limbs and jaws were very stiff. The jaws could be opened rather better. From this time the patient gradually improved, and by means of massage the stiffness passed off from the legs, though he had difficulty in walking for quite six weeks. The stiffness of the jaws gradually improved after two months later. In about a week he was able to swallow solids, but it was long before any strength came back to him, the wasting being marked. In fact so run down was he that removal of the finger remained quite passive for over a fortnight, with no attempt at healing and no discharge. The stiches were removed and the wound rubbed with pure carbolic acid, and as the stiffness gradually improved to the wound gradually healed in another three weeks without any further trouble except the application of pure carbolic acid at intervals.

Remarks.—The incubation of the above case appears to be very definite viz. six days—and the antitoxin treatment was commenced upon the fourteenth day after the accident and the eighth after the first symptoms that treatment by means of Tizouni's antitoxin was begun. In all the patient received fifteen grains of Roux's and fifty-three grains of Tizouni's antitoxin. No apparent effect was caused by the Roux antitoxin, as the transient improvement might be justly assigned to the chloroform. The effect of the antitoxin was astonishing, it appeared to be rapidly sinking and all hope of curing him had been abandoned. It would be unfair to draw any inferences concerning the relative merits of the two antitoxins from the above case; but it is interesting to note that Kantack, in a paper on the Value of Serum Treatment in Tetanus in the Medical Chronicle, April—September, 1895, gives a list of 54 cases of tetanus treated by various antitoxins, and among these he finds that 31 cases were treated with Tizouni's with a result of 23 cures and 8 deaths, or a mortality of 28.6 per cent, while with Roux's 13 cases were treated, 4 being cured and 9 deaths, or a mortality of 69.23 per cent. Further on (page 103) he says: “Of the 31 cases treated with Tizouni's antitoxin 3 only can be considered successful, and of these only one survived, while all of the 17 cases treated with Roux's antitoxin 1 only was cured, and was saved from the use of other antitoxins. The only drawback in the use of the antitoxins was that they were only soluble with difficulty in the sterilised water, particularly the Tizouni. I may mention that I first saw the patient about a month ago, and he was then in good health. In conclusion, I wish to draw attention to the trouble I had in obtaining any tetanus antitoxin. During the Saturday and the Monday morning I attempted in many ways to get some, and signally failed, till some unknown person, to whom I am most grateful, wired to me to try Messrs. Allen and Hambury's, which I did with success. I think that is it a great mistake at a supply of this anti- toxin is not kept in England in some way that it could be obtained by any medical man.

Liverpool.

A NOTE ON THE PHENOMENA OF MESCAL INTOXICATION.

BY HAYELOCK ELLIS, EDITOR OF THE "CONTEMPORARY SCIENCE SERIES."

MESCAL buttons (the fruit of Anhalonium Lewlinii) are eaten by the Kiowas and other Indians of New Mexico, and their use is connected with religious ceremonial. Recently the extraordinary vision-producing properties of this substance has been investigated in America by Prentiss and Morgan, and more especially by Dr. Mitchell, who has published a very interesting record of the marvellous and coherent visions by which he was enabled to come under the influence of mescal. There seems, however, to be present no record of any experiment in the use of mescal in the productions of visual phenomena carried out on this side of the Atlantic. The phenomena are certainly of much interest perhaps even more so to the psychologist than to the physician, notwithstanding remarkable results recorded in the treatment of neurasthenia, and consequently he would be worth while to recover and personal experience with these phenomena. I will refrain here from describing the visions themselves, which were, perhaps, less wonderful in my case than in that of Dr. Weir Mitchell (who, as he admits, is a

1 Therapeutic Gazette, Sept. 25th, 1895.
favourable subject for visions, while I am not, and speak
critically of other phenomena which were either unnoticed or
experienced only by the American observers, and this is
one of therapeutic interest which has been to record) was that
a headache had persisted for some hours and showed
a tendency to aggravation. I was considerably relieved
by the slight drowsiness before the third dose was taken,
but this speedily passed off and gave
place to a certain consciousness of unusual energy and
intellectual activity. I am, however, not entirely sure and,
when the senses, heightening of muscular irritability, such as may be noted
when one has been without sleep for an unusual period.
The pulse also began to fall. After the third dose I was
still feeling on the whole better than before I began the ex-
periment. But at 4.5 P.M. I felt slightly faint, and it became
difficult to concentrate my attention in reading; I lay down
and found that the pulse had now fallen to 48, but no visual
phenomena were seen. At 5 P.M. I noticed a visual shadow
down (in which position I was able to read) that a pale violet
shadow floated over the page. I had already noted that
shortly after the third dose the visual shadows had
tendency to be heightened in colour and to appear enlarged
and obtrusive, while after-images began to be marked and
persistent. At 6 P.M. there was a slight feeling of faintness as
well as a sense of cold, which, as the American observers
inco-ordination began to appear, but there was no marked dis-
comfort. By 7 P.M. visions had begun to appear with closed
eyes, a vague confused mass of kaleidoscopic character.
The visual phenomena seen with open eyes now also became
more marked, and in addition to the very distinct visual
shadows there were faint green shadows. Perhaps the most.
noteworthy of all was the expression of the eyes seen at 6.30
down when for the first time the colour visions with closed eyes
became vivid and distinct, while at the same time I had an
olfactory hallucination, the air seeming filled with a
vague perfume of rosemary. At 8 P.M. the vision had
reached its normal level (72 in the sitting posture). At the same time muscular inco-ordination had
so far advanced that it was almost impossible to manipulate
a pen, and I had to write with a pencil; this also I could
soon only use for a few minutes at a time, and as I wrote
a golden tone now lay over the paper, and the pencil seemed to
write itself. While my hand seemed in indirect vision as I
wrote, looked bronzed, scaled, and finished with red.
Except for slight nausea I continued to feel well, and
there was no loss of mental coolness or alertness. When
the vision began I was unable to see the hands of the clock
occasionally experienced slight right frontal headache, but
as I only noticed it at these times I attribute this mainly to
the concentration of visual attention. In one very
important particular my experience differs from that of Dr. Weir
Mitchell's. He was unable to see the visions with open
eyes even in the darkest room. I found it perfectly easy to
see them with open eyes in a dark room, though they were
less brilliant than when the eyes were closed. At 10 P.M.
feeling that movement distinctly aggravated the nausea
and faintness, I went to bed, and as I undressed I was
impressed by the burning and increased appearance of my
limbs. In bed the nausea entirely disappeared, not
reappearing, the only discomfort that remained being the
slight cold, and the occasional eyepalpebral sighing, evidently due to
shallow respiration which had appeared about the same time as the vision
began. But there was not the slightest drowsiness. This
vision seemed to be connected less with the constantly shifting visions, which were always beautiful and agreeable,
than with the vague alarm caused by thoracic oppression,
and more with the auditory hyperesthesia. The visual
impressions seemed to have been less as the visual hallucination
over I seemed to be nearly falling asleep I was invariably
started either by the exaggerated reverberation of some
distinct but not noise (though the neighborhood was even
greater than that of the examiner) or by a loud sound, or, again, as I was
sometimes inclined to think, by actual faint hallucinatory
sounds; this, however, was difficult to verify. At a later
time there was some ringing in the ears, a slight twitching of the larger muscles of the legs, &c.,
and before going to bed I had ascertained that the knee-
jerk was much exaggerated. The skin was hot.
I noticed a very

1 I first cut up the buttons into small fragments and I poured on
water twice: a single infusion, as I have since found in the case
of other persons, is inactive.

4 Uebcr die Ursache der Brythropesie, Archiv für Ophthalmologie.
vol. xxviii., p. 213.
IMPLICATION OF THE STERNO-CLAVICULAR JOINT OCCURRING DURING THE COURSE OF GONORRHOEA.

BY GEO. HENRY EDINGTON, M.D. GLASG., M.R.C.S. ENG.,
SURGEON TO GLASGOW CENTRAL DISPENSARY.

A man, aged twenty-seven years, was seen by me at the Glasgow Central Dispensary on Dec. 16th, 1896, through the kindness of my colleague, Mr. Dryden Moffat. Three weeks previously he had contracted gonorrhoea, but the discharge had ceased at the end of a week and there was none at the time of my examination. The condition on Dec. 16th was as follows. He was very pale and thin and looked ill. He felt weak and had no appetite. There was swelling over the left sternoclavicular articulation, entirely obscuring the superficial part of the clavicle. The swelling extended down the sternum towards the middle line and seemed probably sub-periosteal at this part. The skin was dusky-red and great pain and tenderness were complained of in the part. Any movements of the left upper extremity were accompanied by great pain and were on that account of a limited nature. The diagnosis lay between sub-periosteal supporting groma over the manubrium and pyemic affection of the articulation. Against the former was the absence of history or signs of syphilis, while in favour of the latter was the fact of the patient having contracted a gonorrhoea a week before the commencement of the joint affection. It was decided to put him on iodide of potassium on the chance of its doing good in either affection, and he accordingly received ten grains thrice daily with fifteen grains of bicarbonate of potash. The arm was bandaged in a sling. In three days after this (Dec. 19th) the dusky-red swollen area was white, the swelling was very much down, the pain was gone, and the patient was feeling much better generally. He was still unable to put on his coat on account of stiffness with pain on exertion. On Dec. 23rd the swelling was again present, and hot fomentations were ordered, while he was disposed to do the iodide mixture. The swelling at this date was situated definitely over the joint. On Jan. 6th, 1897, the swelling was more prominent and fluctuant. A small incision let out a few drops of reddish-yellow turbid serum, which was the wound of the incision. A probe passed both outwards and inwards, along underneath the skin for an inch or so, but not into the joint. By another week the patient could move his arm freely, the swelling was very much lessened, and at the seat of incision was a small bud of granulation tissue near the end of Jansen’s sinus leading backwards to the joint. Below the articulation there was some thickening of the sternum, while the end of the clavicle was pulled upwards, apparently from softening of the ligaments. The joint was well defined in its surface anatomy. On account of the sinus persisting he was sent into the Western Infirmary, where the granulations were scraped out under chloroform by Dr. Hector Cameron. On March 1st, 1897, I saw the patient, the following note was made:—The sinus had healed; there was some projection upwards of the sternal end of the clavicle, with some fixation of the joint and softening of the clavicle and sternum (extra articular). The patient was feeling quite well again.

Remarks.—The case seems to me to be of sufficient interest to warrant my publishing it, my object in so doing being to suggest the connection between the joint affections in gonorrhoea and pyemia. Unfortunately, the surroundings of the case prevented my investigating it bacteriologically, and thus I am unable to say what microorganisms, if any, were present in the joint effusion. The characters of the affected part both before and at the operation resembled those seen in pyemia, added to which is the fact of the common selection of the sternoclavicular articulation in that constitutional condition. The effect of medicinal treatment is interesting, the exhibition of iodide being followed by very sudden improvement, and this again by gradual progress towards suppurition. The behaviour of the part after operation was very satisfactory, and the patient was left very little the worse for his illness. Without drawing conclusions from a single case I have noted the following points as being of interest:—(1) Early appearance of joint complication in the course of the disease (seventh day), associated with orchitis; (2) acute process, affecting periarticular tissues subsequently; (3) joint deformity; (4) response to medicinal treatment and relapse; and (5) subsequent favourable termination of the case after operation.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF GUNSHOT WOUND PENETRATING THE CHEST: A PATHOGNOMONIC SIGN OF H. EMOTOXAN.

BY W. J. E. RENLEY SUMPTER, L.R.C.P. LOND., M.R.C.S. ENG.

Penetrating gunshot wounds of the chest are perhaps sufficiently rare in civil practice to justify a short record of the following case in the columns of THE LANCAST.

On April 7th, 1897, I was called to see a man who, it was stated, had just shot himself. I found him lying on his back evidently much collapsed. On examination a wound was found penetrating the chest wall just two inches above the left nipple in the third intercostal space. The bullet had passed out at the back in a slightly higher position, the wound being just four inches from the spine and five inches from the top of the scapula. The scapula was apparently not damaged, neither were any of the ribs. The former escaped owing to the position of the arm at the time of the injury. As was ascertained later, the left arm having been raised to a right angle with the trunk and the forearm drawn forward slightly across the chest, to give support to the pistol which was being held in the right hand, and the trigger pulled with the thumb. The weapon was an old Enfield revolver, and the bullet, after perforating the chest, passed through a notice-board and a workshop, where it was found very much flattened on the floor. The shock was very pronounced, the pulse being very weak and rapid, and Marer’s pulse at times almost imperceptible. There was very little bleeding from the wound, and the breath sounds were markedly diminished. Both wounds were gently examined with the finger, and no extraneous matter being found they were carefully washed out. The wound in the chest was closed with silk.
THE NEED OF ORGANISATION IN THE PROFESSION.

To the Editors of The Lancet.

Sirs,—I have received a pamphlet entitled "The Just Claims of the Provident Dispensary System" by the Secretary of the Provident Medical Association,1 and have no doubt that most other London medical men have copies sent to them. The pamphlet emphasizes strongly the necessity for organization amongst medical men, and as this formed the subject of a paper I had the honour of reading before the Medical Society in 1895,2 I venture to send for a few observations on the pamphlet in question. In many of his remarks, as contained in the pamphlet in question, I agree very cordially with the writer, but I disagree with him in this: he arranges at in respect to the fees to be received by medical men attached to provident dispensaries—one of the crucial points.

I must premise that I am able to state on the strength of the observations of a patient of mine—observations covering fifty years' work in a leading builder's office—that wages have increased within the period I have mentioned some 20 per cent., that about 20 per cent. less work is done, and that the work on the whole is inferior to what it used to be, and that, as we all know, there is a marked tendency amongst this class in the direction of undervailing (from a monetary point of view) the services of medical men.

It is fairly certain that the expenses of living have not increased in the same proportion as wages. Per contra, a medical man cannot, I think, live on less than £400 per annum, with an additional £200 to clothe his trap. If he be properly paid his income, therefore, should amount to at least £600 per annum. The author of the pamphlet evidently considers that "between 40s. and 60s. per attendance, whether at the dispensary, the doctor's surgery, or at the patient's house," is a fair remuneration. In order to earn an income of £600, 24,000 patients per annum would have to be seen, or at the rate of about 60 per day, all the year round at 60 each. If he does confine them the additional income so earned will probably allow him to have his Sundays free, but would not pay for holidays. In order to be able to earn this, starting at a far less income, say twenty-three or so, he has to lay down capital and to devote five years to acquiring his professional knowledge.

Does it not emphasize the necessity for organization amongst us when we are assured by one who ought to know about it that such are the conditions under which we should expect to live? The reasons adduced are want of medical unity and that of "charitable" organizations, not because we know less than we did or do our work less satisfactorily.

Into the fallacies respecting the declarations made by candidates for membership respecting their incomes, the amount of responsibility attaching itself to medical officers of provident dispensaries as to the admission of well-to-do persons into the dispensary—respect to both of which I think he takes a totally wrong view—I will not enter. I feel that the challenge thrown down should not be allowed to remain unanswered, especially as the author states that "the interests of the general medical practitioner have been placed (in the 'Battle of Clubs') somewhat in opposition to the various means by which medical advice is being obtained." It would appear that it is true they were. I am, Sirs, yours faithfully,

ROWLAND HUMPHERS,
Fellow-road, South Hampstead, N.W., June 10th, 1897.

THE SUPPLY OF TETANUS ANTITOXIN.

To the Editors of The Lancet.

Sirs,—I notice with some interest a case of traumatic tetanus treated successfully by antitoxin reported in The Lancet of June 5th by Dr. Chalmers. Curiously enough, this case and a similar one, of which the notes were published in The Lancet of April 10th, 1897, occurred in June of last year. In sending up those notes I drew attention to the difficulty of obtaining a supply of antitoxin, and Dr. Chalmers has further emphasized this. I wish to point out that so long as the only places at which the antitoxins can be obtained are either Messrs. Allen and Hanbury, Messrs. Burroughs and Wellcome, or other chemists in London, if the supply is cut off as is in some cases it is impossible to continue to treat the cases. Surely it is time that a supply of the various antitoxins should be kept by the Public Health Departments in the various large towns throughout the kingdom, so that when required they should be easily obtainable at short notice.

I am, Sirs, yours faithfully,

BRIGHTON, June 6th, 1897.

ARTHUR H. BUCK, F.R.C.S.

MESCAL INTOXICATION.

To the Editors of The Lancet.

Sirs,—In my note on the above subject in The Lancet of June 5th I neglected to mention that I obtained the buttons through Messrs. Potter and Clarke, 60, Artillery-lane, E., who are able to supply them in small quantities.

I am, Sirs, yours truly,

H. A. BELL.

Carbis-Water, Lelant, Cornwall, June 9th, 1897.

THE DIAMOND JUBILEE.

To the Editors of The Lancet.

Sirs,—Your suggestion regarding the publication of an official programme of the proceedings on the 22nd inst., by which all, even the poorest, of Her Majesty's subjects witnessing the spectacle should be able to identify the various bodies—the troops, colonial corps, and detachments—representing the colonies and dependencies of the British Empire, strikes me as a very wise and excellent idea.

The occasion is altogether unique, and the opportunity should not be lost for enabling everybody to realize the geographical extent of the various territories within the sphere of British influence and under the British flag. It would obviously add immensely to the interest of the occasion if those taking part in the procession could be readily identified by the crowds of spectators as the panorama of living pictures passed along. What is wanted is that the power and responsibility of Great Britain and Greater Britain, and all that this implies in the way of the ties—social, commercial, and sympathetic—uniting them with one another, of which the Queen, as the head of the Empire, is the symbol, might be brought home and impressed upon the imagination of the people. The official guide should be of small and handy size so that its pages could be turned over and referred to, and it might also be sufficiently illustrated to fulfill its purpose. It should not cost more than a penny or a halfpenny. It would sell in thousands—possibly millions—and realize a large profit, and the surplus, after the payment...