

I therefore passed the fingers and thumb of the right hand into the sulcus, and pressed gradually upward, and from side to side, kneading it the while. By this method I found reduction perfectly easy, and a few minutes sufficed to complete the operation.

The patient was in the last stages of exhaustion, having lost a great volume of blood and suffered a very severe shock. Rectal infusion of saline with infundibular extract had marvellous effects, and as she could from the first take small quantities of fluid by the mouth she made a good recovery, and is now (January 8th, 1910) up and walking about the house.

My reasons for publishing this case are its great rarity. Playfair says it was only met with once in 190,800 cases in the Rotunda. Again, there is a difference of opinion as to whether the placenta should be removed before or after reduction. In this particular case after-removal would have been wellnigh impossible, and I hardly think reduction with the mass attached could have been done. In removing the placenta before reduction we had the bleeding sinuses at once plugged, and saw all haemorrhage stopped before it was returned.

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#### POISONING BY OIL OF EUCALYPTUS.

CASE I.—A man, married, aged 28, who had been suffering from a bad cold for several days, had been dosing himself for two or three days with oil of eucalyptus (2 to 3 drops), inhaling it from a pocket handkerchief, and sucking numerous eucalyptus and menthol gum lozenges. He had taken very little nourishment. Just before leaving his office, where he kept two bottles, one containing ammoniated tincture of quinine and the other oil of eucalyptus, he poured himself out a dose, as far as he remembers between two and three teaspoonfuls, of oil of eucalyptus, in mistake for the tincture. His home is situated ten to fifteen minutes' walk from his office, and he noticed nothing until he had been walking about ten minutes, when he was seized with sudden giddiness and faintness and ataxic gait, as though he had taken an excess of alcohol. He just managed to reach his house when the following symptoms showed themselves: His breathing became very laboured, and dyspnoea was very acute and distressing; his pupils were dilated, and pulse very weak and thready; the temperature was subnormal (95°-96° F.). Violent vomiting occurred before any emetic was given. His skin was a greenish-yellow colour, and he complained of a girdle-like constriction around the abdomen. He was very drowsy, and complained also of shivering and great cold, with intense frontal and occipital headache.

In about half an hour after taking the oil he had violent diarrhoea, with very painful and excessive micturition; the urine was dark in colour and the faeces smelt strongly of the oil. His skin also smelt of the oil. He was given a simple emetic, stimulants administered, and put to bed; four hot-water bottles and many warm thick blankets were used, as the collapse was severe. In the course of a few hours he felt better, the temperature rose, and the pulse became more satisfactory. For three days the skin retained the chlorotic hue, which only very gradually passed off. He was very depressed, his mental faculties were blurred, and he was unable to make any effort. Drowsiness continued for three days, and his gait was somewhat ataxic. For nearly a fortnight his breath, urine, faeces, and skin all smelt strongly of the oil, and it was a clear fortnight before he really felt well.

CASE II.—On January 5th at 11.50 p.m. I was called to see a girl, aged 18, who had swallowed about a drachm of eucalyptus oil, with which she had been rubbing her gums to allay toothache, as well as sucking lozenges. All the symptoms observed in the first case were present, but to a less degree—namely, intense headache, vomiting, collapse, bodily and mental; feeble pulse, subnormal temperature, girdle-like constriction around the abdomen, and dilated pupils.

In the BRITISH MEDICAL JOURNAL of December 4th, 1909, page 1656, it is stated that larger doses than ʒj to ʒij have been given, with little or no untoward effects; further, that mothers in certain districts have been accustomed to give ʒj doses for colds to their children. Evidently oil of eucalyptus (and in this case it was a quite pure essential oil of eucalyptus, being a sample from a well known first

class London manufacturing company) does not affect all people alike. Its dosage, according to Mitchell Bruce and Hale White, is  $\frac{1}{2}$  minim to 3 minims only. It seems to be closely allied in composition to oil of turpentine, containing several isomeric terpenes, all having the formula of  $C_{10}H_{16}$ , and no doubt the fact that it causes similar respiratory, nervous, cardiac, gastric, and urogenital symptoms from over-dosage is due to these isomeric hydrocarbons.

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#### PERSISTENCE OF ITCH MITE INFECTION IN CLOTHES.

THE following data furnish evidence of the vital tenacity of itch mite removed from its human host.

The subject of the attack was a young adult, of cleanly habits, who had never been attacked before. The symptoms of the first attack began to manifest themselves early in February, 1909. Ordinary knitted woollen gloves were worn at the time, and they covered the infected areas on both wrists.

They were put away, and nothing further thought of them. The attack yielded readily to treatment. The gloves were again worn towards the end of October, 1909, and about four weeks later the disease again appeared in the same parts.

Hence (in the extremely probable event of the infected gloves being the cause of the second attack) one may fairly conclude that here we have an instance of itch mite infection preserving its vitality, apart from a human host, for over seven months.

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## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### MANCHESTER CHILDREN'S HOSPITAL, PENDLEBURY.

DEPRESSED FRACTURE OF THE SKULL IN AN INFANT ONE DAY OLD: TREPHINING: RECOVERY.

(By J. W. BRIDE, M.B., B.S.Lond., M.B., Ch.B.Vict., Senior Resident Medical Officer.)

I AM indebted to the kindness of Mr. J. Howson Ray, Senior Surgeon to the Manchester Children's Hospital, for permission to publish the following case, which may be of interest as showing the ability of the new-born infant to undergo successfully a severe cranial operation.

The infant, aged 36 hours, was admitted on November 11th, 1909. It had been born at 1.30 a.m. on the previous day. The position was left occipito anterior; labour was rather tedious and considerable suprapubic pressure was applied. Artificial respiration had to be resorted to at birth. Twelve hours later there were convulsions, though there was no definite information as to whether these were general or localized. There was no vomiting.

On admission the child was healthy looking and quite conscious. The pulse was slow, regular, and forcible. The pupils were equal, normal in size, and reacted to light. The whole area of the left parietal bone was considerably depressed below the general surface of the skull.

The following operation was immediately performed, A.C.E. mixture being employed as the anaesthetic. A piece of bone the size of a sixpenny piece was trephined from the centre of the left parietal bone, and about 2 drachms of dark fluid blood escaped. The dura mater was found not to be lacerated. The bone was readily elevated and restored to its normal shape. The brain resumed its natural convexity. The child was in the theatre about half an hour.

On returning to the ward there was a convulsion limited to the right side of the body, and another on the following day. With this exception recovery was uneventful. The sutures were removed on the eighth day, and on the ninth day the child returned home and resumed breast feeding.

At the present date, seven weeks after operation, I learn that the child is thriving, and both the local and general conditions are quite satisfactory.