

Nicotine Poisoning

SIR,—The letter on nicotine poisoning by Dr. L. P. Lockhart in the *Journal* of February 11th (p. 246) proved very interesting reading. It is seldom realized in our time that this was a very common and serious form of poisoning during the greater part of last century, when tobacco was a very popular remedy among the lay public for many ailments. For example, a tobacco poultice was widely recommended by many for such varied conditions as sores, ulcers, parts affected by the itch, irreducible hernia, rheumatism, etc. The following extract from a report written about 1860 is a tragic example of many unfortunate incidents.

"A little boy, aged 8, had long been affected with ring-worm of the head. His father applied some tobacco juice about two o'clock one afternoon. The child almost immediately complained of giddiness and loss of sight, so that his father smilingly observed, 'The boy is drunk.' He soon afterwards became sick and vomited frequently, his limbs tottered, his face grew pale, and became covered with a cold sweat. His mother helped him to bed, and at half-past five he expired—only three hours and a half after the application."

That nicotine can be absorbed quickly into the blood stream through unbroken skin is an undoubted fact, and is shown to be true in a multitude of ways by these old writings. For instance, another interesting account states that "soldiers have not infrequently disabled themselves for duty by applying a moistened tobacco leaf to the armpit, which causes great prostration and vomiting, and violent sickness after eating." An infusion of the plant swallowed with the innocent intention of curing some internal complaint was also well known to produce serious symptoms; but it has frequently been used for more nefarious purposes. The late Professor Cleland of Glasgow, writing in the middle of last century, states: "The death of the poet Santeuil took place amid excruciating torture in fourteen hours after drinking a glass of wine in which had been placed a quantity of Spanish tobacco." The following passage is well worth quoting, but the comments are left to the reader. It is an extract from a treatise written about 1798.

"Never did Pope Urban VIII act more like an apostolic man than when he made a Bull to excommunicate all those who took tobacco in the churches. Churches and Chapels are most scandalously abused by the tobacco chewers who frequent them, and kneeling before the Supreme Being, which is so becoming when sinners appear before their Maker in prayer, is rendered in many seats impracticable because of the large quantity of saliva which is ejected in all directions."

—I am, etc.,

Paisley, Feb. 13th.

A. McNAIR AITKEN, M.B.

Strychnine Poisoning

SIR,—The ninth reprint of the thirty-eighth edition of the *Manual of First Aid to the Injured*, the authorized textbook of the St. John Ambulance Association, is now in circulation. In this book, in the chapter which treats of insensibility, occurs the following:

"Cases of insensibility, when breathing is present, may be classified as follows:.....
when convulsions are present..... Poisoning—
(a) Strychnine."

Now this is completely contrary to fact, for the intellect is clear until the victim draws his last breath. In the case of the death of John Parsons Cook, who was poisoned by William Palmer by means of strychnine, the murdered man, immediately before he expired, said, "Turn me over." This piece of evidence was a vital factor in bringing Palmer to the gallows; his defending counsel had tried to make out that the cause of death was an epileptic

convulsion. It is regrettable that such a dangerously misleading error should occur in so important a book.—I am, etc.,

Southsea, Feb. 13th.

JOHN R. KEITH, M.D.

Vagitus Uterinus

SIR,—The notes by Dr. E. C. T. Clouston on vagitus uterinus in your issue of February 4th (p. 200) tempt me to write. I had my first and only experience of the phenomenon on October 25th, 1932. I remembered how merry local wits in the profession were over a case reported here by Dr. Charles John Humphries some thirty years ago. But now, as the subject has cropped out, a few data may be of interest.

When I was called to the case about midnight the nurse remarked that her patient (a very small person, aged 32, having her seventh baby) was not making progress. Examination revealed a well-dilated os and a breech at the brim making no attempt to descend. The foetus seemed very big, but the pelvis was well proportioned, so under chloroform I brought down a leg, having to reach the fundus to get a foot. The size and plumpness of the leg gave me furiously to think, and while I was arranging things for a hard job the second shock came. My back was towards the bed when I heard just such a muffled cry as comes from the newborn infant in a blanket. I whipped round, the nurse looked startled; we both bent over the anaesthetized woman and heard noises, unmistakable, familiar, from the woman's abdomen.

No vibrating "fold of mucous membrane" could reproduce so faithfully these characteristic sounds. They were simple baby noises, natural in tone, not urgent, suggesting no distress and no "weirdest cry for help." Yet they meant "S O S" to me, who, ignorant "that the prognosis when a cry is heard is by no means unfavourable to the foetus," felt myself responsible for the life of that child.

My idea was, and is, that air entering the uterine cavity during the manipulation necessary to secure and bring down a foot had enabled the foetus, already in difficulties, to breathe. Delivery had to be managed in the best time possible; and, of course, both arms were up and the after-coming head was obstinate. The child, a male, weighed 11 lb. 12½ oz. There was no great trouble in establishing respiration. Mother and child did well.—I am, etc.,

Belfast, Feb. 9th.

ROBERT WATSON.

Treatment of Influenza

SIR,—In your issue of February 18th appear two communications recommending forms of treatment for influenza. Time passes, but we should not forget that some twenty years ago the late Mr. E. B. Turner very strongly advocated, from long experience in family and school practice, the use of large doses of salicin. He stated that this drug cut short an attack of influenza if given in large doses (20 grains an hour for twelve hours, and then every two hours for six further doses if symptoms justified it); that the drug was tolerated in ways that the salicylates were not; that he had never had a patient with pneumonia or other complications who had been so treated; and that given as a preventive the drug was justified in usage. He had had no deaths.

It is late now to remind members of these facts. But ever since then I, and many others I have talked matters over with, have found his experience and statements justified, and have been glad to adopt, with an expectorant mixture, this form of treatment. Salicin has many other uses. It is expensive, one knows.