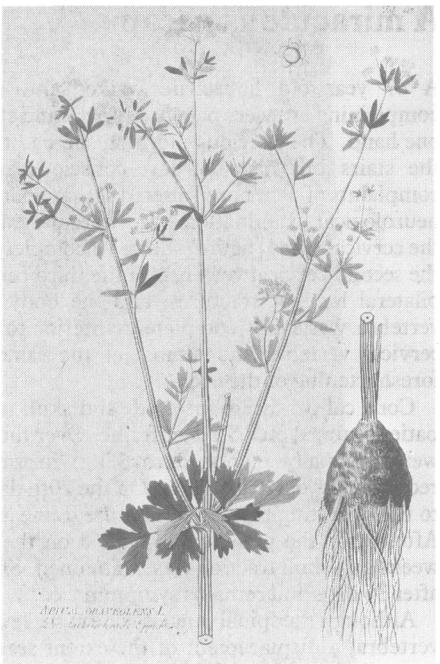
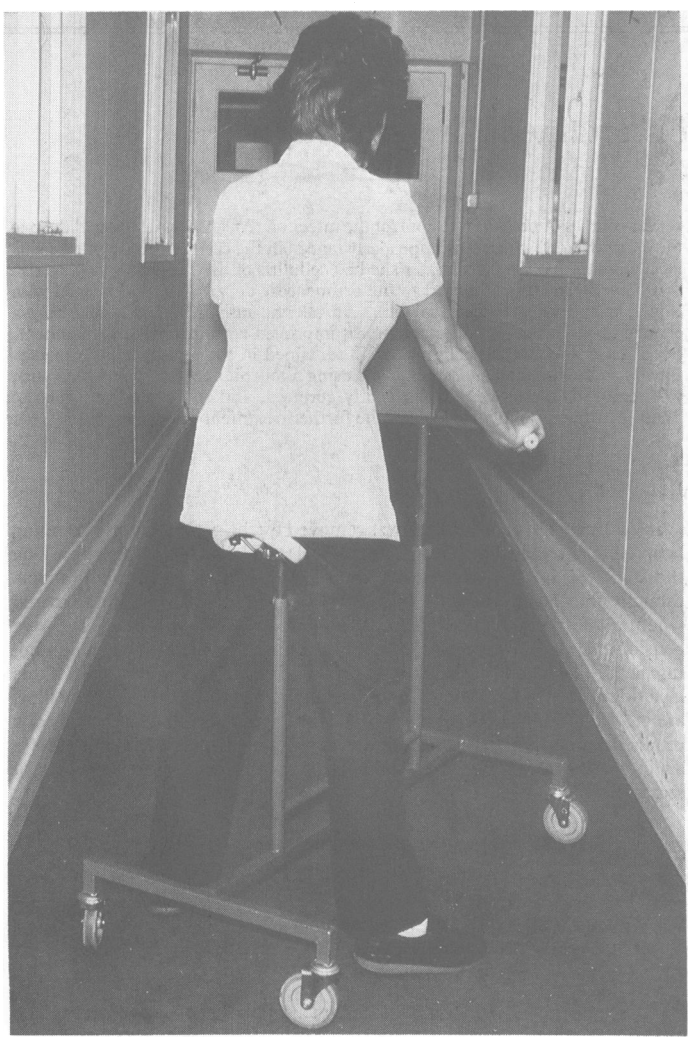
Accidental hemlock poisoning

Four Dutch adults (two men and two women, age range 28-40) presented with vomiting and sweating. Two had suffered generalised convulsions before admission. Symptoms appeared within two hours after they had eaten soup made from a wild plant that they believed to be celery. On admission none of the four had abnormal neurological signs apart from dilated pupils. All survived, requiring only supportive treatment. Positive botanical identification of the root confirmed that it was Hemlock Water Dropwort (*Oenanthe crocata*), the most toxic of the native species. Accidental hemlock poisoning, though rare, still occurs. Fourteen cases have been recorded in Britain this century, nine of which were fatal. The patients described here almost certainly survived because they boiled the hemlock tubers and shoots, partially inactivating oenanthe toxin, the active principle.—P FITZGERALD, N MOSS, S O'MAHONY, M J WHELTON, Regional Hospital, Cork, Eire.

Hemlock Water Dropwort.



Wild Celery.



The Bath bike: son of Bath chair

In September 1985 we started rehabilitating a 54 year old nursing sister who had elected 10 weeks earlier to have non-operative treatment for her difficult, bilateral, comminuted femoral shaft fractures. We decided that our common practice of early application of a hinged caste brace and partial weightbearing could not be considered in such a patient with bilateral problems, although each leg alone could well have been managed in this way. A device was needed that would allow bilateral partial weightbearing by taking body weight off the lower limbs. The concept of a modified bike was born and subsequently turned into practical steel and wheels by DH. The device is used like a velocipede (figure). Our patient's knee function had stopped improving, but in only two weeks on the bike strength improved greatly and knee flexion increased by more than 30° plus; she left hospital taking the bike home 13 weeks after her severe bilateral fractures.

The "Bath bike" fills a need in rehabilitating patients with bilateral lower limb problems, both traumatic and elective. It is also useful in mobilising patients with multiple trauma in whom a serious upper limb problem prevents their using crutches to partially weightbear a lower limb injury. We have now used this equipment usefully in many patients with multiple limb injuries. The orthopaedic scooter K9 was first described in the *BMJ*,[1] but, whereas K9 rests one lower limb, our device protects both. Like K9 our device is easy and safe to use in the hospital ward and corridors and in the home.—PETER C MAY, PETER J M MORRISON, Bath and Wessex Orthopaedic Hospital, Bath BA1 3NG, DENIS HAYWARD, Royal National Hospital for Rheumatic Diseases, Bath BA1 1RL.

1 Reid M. Orthopaedic scooter. *Br Med J* 1986;**292**:1121-2.