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An Accidental Case of Strychnine Poisoning

AN ACCIDENTAL CASE OF STRYCHNINE POISONING

By BEA W. GRAVES, R.N.

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An unusual case came under my observation last summer in A—, a little summer resort in Montana. I was called by telephone at six a.m. from my ranch home, a team was sent out for me and after a hurried five and a half mile ride over the hills, we arrived at my patient's home. Everything was extremely quiet.

Dr. B. met me in the living room, his face grave and anxious. "It is a case of accidental strychnine poisoning," he said, "Mrs. H., a very close call. If she lives three more hours, I think we can save her." We entered her room. The patient, a woman past fifty, whom I had met many times, I should never have recognized. Her body lay straight and rigid except for a restless movement of her arms. Her face, grayish in color, was drawn and haggard, the nether lip pushed out and over the upper one. The eyes were closed and sunken, the respiration labored, a low moan escaped her lips occasionally.

After taking her pulse and giving a few directions to her son, sitting beside her, the doctor motioned me to withdraw to the other room, where I received my orders and a short history of the case. "We must keep her absolutely quiet," he said, "a sudden noise will send her into convulsion or something merely touching her. If there is the least
twitching of the muscles, administer chloroform at once, until the muscles relax. She has had nine convulsions since I came at four thirty this morning. Her stomach was washed at five and morphine gr. ½ given hypodermically later. Repeat the hypodermic if necessary. Watch her pulse closely. Keep the body warm. Do not leave her alone under any circumstances. I will call later.”

The doctor gave me a few details of the case but the history, as I learned later, was as follows: The patient had suffered from a severe headache the day before. She was to meet her husband, who was away for several days on business, on the following morning for a pleasure trip. Wishing to relieve her headache and feel able to go, she took a dose of calomel in the afternoon to be followed by a dose of Epsom salt in the night, hoping the effects might wear away before time to start the next morning. Before retiring she looked for the salts and found the package empty, but in rummaging through the cupboard she ran across an old package which had been brought down from the ranch among other medicines. She measured the dose and left it by her bedside. Awakening about three a.m., she took the dose of salts. It tasted a little bitter but she attributed that to its being old. She dozed off for a little while but was awakened with a terrible sickness, as she expressed it later, “not particularly pain but a horrible feeling all over.” She had a convulsion and was alone in the house.

On regaining consciousness her mind was unusually clear. She felt she must be poisoned from the salts and feared she would die alone. There was no telephone in the house. The thought passed through her mind that should she die alone it would disgrace her family and probably be called suicide.

This thought spurred her to unusual effort.

She managed to get out to the yard and called, but none of the neighbors heard her. Feeling the terrible sickness returning, she entered the house and had a second convulsion. Her mind was still clear and on awaking from this convulsion she put on a few clothes and staggered up to her son’s house, a block and a half away. The front of the house was used as a telephone office. Pounding on the door she aroused the night operator. “Tell Ned that I am sick,” she gasped. He rushed to the bed room and called her son, who appeared just as she was having a third convulsion.

They called the doctor and then managed to get her onto the cot where the night operator had been sleeping. The doctor soon arrived and they washed her stomach, though she had a convulsion during the procedure. The doctor administered chloroform and gave her morphine gr. ½. Then they carried her to the bed room. She dozed a little and the convulsions were coming less frequently.
In that condition the doctor left her in my charge. I took my position by the bedside, the chloroform and mask in hand, occasionally taking her pulse, which was rapid and irregular. She knew my voice and asked a few questions but did not open her eyes. In fifteen minutes after the doctor left she had a slight convolution, then quiet again. I gave her water frequently, kept a cold pack on her head and heat at her feet. In twenty minutes there was another convolution lasting two minutes, with facial contortions and the hands drawn up, then rest for forty minutes and so on during the morning. In the four hours until noon there were eight convulsions, but they were less severe each time, the last two being only slight tremors of the muscles.

We gave her six ounces of saline solution as she could retain it. At noon she took four ounces of milk. In the afternoon she called twice for chloroform but there was no twitching of the muscles. She had that strange feeling in her head and after a few inhalations of the chloroform it would pass away. She had a horror of the convulsions. Later she told me, "No one knows what it is, the awfulness before one comes on." She could not move her lower limbs though there was feeling in them, but had perfect use of her arms.

By evening I could turn her on her side to rub her back. All her muscles were sore and lame, especially she complained of strain through her chest and abdomen and pain in her head. The respiration was more natural, the pulse regular and the drawn expression had left her face. She was fairly comfortable and was able to talk with her husband. The doctor ordered codeine gr. ½ for that night. She was able to rest at intervals of from one to two hours during the night and had no more convulsions.

The next morning the doctor ordered a prescription for her kidneys, a mild cathartic, a generous soft and liquid diet and absolute quiet.

A few days showed marked improvement, gradually she regained the use of her lower limbs and the soreness left her muscles. At the end of the first week I propped her up in bed for her meals. She was able to sit up in a chair on the twelfth day and I left her at the end of two weeks. She was some time gaining her strength and for several months complained of soreness through her chest and abdomen. The doctor felt this was due to the convulsions rather than to any internal effect of the poison. Eventually she made a good recovery and seemed none the worse for the accident.

The salts were sent to a chemist for analysis. They were found to contain in an ordinary dose of salts, one-half ounce, strychnine enough to kill a person. The proportion, if I remember rightly, was two grains to the half ounce of salts.
In tracing the events it was found that these salts had been the property of a former employee's wife whose sudden death occurred at Mrs. H's ranch home several years before. She died in convulsions, but her death was attributed at the time to uremic poisoning in pregnancy. The salts had been put away with the other medicines and never used until Mrs. H. happened to run across them when her own package was empty. She firmly believed that foul play had been committed by the employee but he had not been heard from since he left, so the matter was not investigated. No doubt the prompt and efficient medical treatment Mrs. H. received saved her life.

THE THREE PHASES OF LIFE

BY CLEMENT A. PENROSE, M.D.

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Under normal conditions life can be divided into three phases.

First. The phase of the body, in which the youth in his growing physique feels and meets more or less incompletely the demands of his physical being, athletic games, dancing, a military life, the instincts of sex, etc.

Second. The phase of the mind, when such enterprises are no longer satisfactory. A higher mental being has been created, often somewhat at the expense of the body, which is now unable to bear any great physical strain. The individual turns to more intellectual pursuits, which may carry him into active business or the realms of science, literature, philosophy, etc. In these vocations the same desire to excel or take a superior place in the world is manifest, even in an increasing degree. That is essentially the ambitious period of life, tempered, however, by experience, foresight and a more mature judgment.

Third. The phase of the spirit, the meaning of which term I shall not here attempt to define, but rather let my illustration explain. In this phase the bodily desires and satisfactions are practically nil, the mind, having attained the fruits of its efforts, find them less sweet than was anticipated. Not functioning with the same degree of excellence, as in the previous years, it is constrained to seek a less active sphere, where there is more time to consider the welfare of others.

The men or women, who have attained this ultimate perfection of life, a ripe old age, normally turn from the ambitions of the world to

1 Portion of an address delivered to the graduating class of the Robert Garrett Hospital for Children. Baltimore.