Clinical and other Notes.

CHARTS FOR RAPID REFERENCE IN DEALING WITH CASES OF POISONING (THEIR SYMPTOMS, TREATMENT AND POISON ANTIDOTES).

By Major D. H. Murray,
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Following instructions by the A.D.M.S., Northern Ireland District, to prepare a list of poisons and their antidotes and treatment, and an antidote box for use in the hospital and reception station in this area, the charts to be described below were evolved to provide a rapid and simple method of finding the information required to deal with cases of poisoning.

They are in the form of wheels. The idea was suggested by Staff Serjeant J. Ford, R.A.M.C., based on the system of the "At a Glance" wheels advertised for various purposes by a well-known newspaper. Staff Serjeant J. Ford, R.A.M.C., Serjeant A. Brooker, R.A.M.C., and the writer worked out the details of these wheels as illustrated in this article.

It is suggested that either of these wheels obviates the necessity of turning over numerous leaves, or the possibility of confusion and error in the hurry of an emergency. In addition, the charts can be hung up beside the antidote box, which contains, ready for use (in bottles or boxes), requisite doses of the commoner antidotes likely to be required.

The charts illustrated are of two types, I and II.

The details of these charts are given on the diagrams, numbered Type I and Type II. One "disc" is superimposed on a second, and as the second is rotated a "window" or "windows" leave exposed all the information probably needed. As can be seen, the upper disc contains the "window" or "windows," through which the details sought are shown when the indicator stops opposite the poison under consideration. The upper disc may also carry on its face in various tables notes on general useful information, such as the commoner emetics, stimulants and demulcents for the immediate information of the possibly harassed orderly or medical attendant.

At the periphery of the larger disc (the upper in Type I, the lower in Type II) are printed (and numbered) the names of the poisons under consideration. In the diagrams, twelve spaces have been used; a smaller or a larger number can, of course, be dealt with, as desired. The actual size of the disc may be made of a larger diameter than twelve inches if considered necessary, e.g., fifteen inches diameter.

In order to give greater window space it has been suggested that there should be two fixed discs, one on each side of a movable disc.
TYPE I.

UPPER, STATIONARY
Disc I.

Actual Size Disc Used, 12" Diameter

SYMPTOMS

ANTIDOTE

TREATMENT

Details referring to Poisons as numbered on Disc I.
Treatments on Outer Circle
Symptoms on Middle Circle
Antidotes on Inner Circle

Disks assembled: I on II.

Windows exposing Information on Disc II in accordance with numbered segments.
Names of Poisons at Periphery for Reference.

DISCS ASSEMBLED: I ON II.
Clinical and other Notes

The two "outer" discs would have the same lay-out, that is, with the one or three "windows"; the central disc would carry details of the symptoms, antidote (i.e., chemical or therapeutic antidote) and other "treatment" on both sides. The number of poisons dealt with would then be, for example, 6 or 8 on each outer disc, this giving a total of 12 or 16.

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A CASE OF ECLAMPSIA.

By Captain C. E. Eccles,
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Mrs. H., a primipara of full term, aged 22, had been attending the Ante-natal Clinic at the Military Families Hospital, Woolwich, for a period of three months. During the whole of her pregnancy she kept remarkably well. She never complained of headache, oedema, or of any visual disturbances. Her urine was perfectly clear each time it was examined. The child lay in the left occipito-anterior position and the fetal heart was audible. She was last examined on January 20, 1932.

At 12.30 a.m. on January 25 Mrs. H. was admitted to hospital. Her husband stated that at 10.30 p.m. his wife got a bad pain in her stomach and vomited. He thought she was in labour and brought her to hospital. He further stated that during the early part of the evening his wife was in quite a normal state of health. On her arrival at the hospital she had a very bad fit which lasted about two minutes. After this she became very cyanosed and her pulse was weak. A catheter was passed and a specimen of urine was obtained; this was examined and was found to be loaded with albumin. The blood-pressure showed a systolic reading of 135 and a diastolic reading of 90. On examination per vaginam the os externum just admitted the tip of the finger.

The patient was then given an anaesthetic, a stomach tube was passed and the stomach was washed out with a solution of sodium bicarbonate until the return flow was clear a large dose of mist. senanæ co. was then left in the stomach. At the same time, a hypodermic injection of morphine tartrate ½ gr. was given. The rectum was then washed out with a solution of sodium bicarbonate, and this treatment was repeated four-hourly, the return flow in each case being very fecal. One hour after the injection of morphine tartrate, chloral hydrate 30 gr. was given per rectum. During the eight hours following admission, the patient was having fits about every hour. Three hours after she had her injection of morphine, she was given another injection of morphine tartrate ½ gr., followed in one hour's time by chloral hydrate 20 gr. per rectum.