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SATURDAY, MARCH 9, 1895.

SOURCES OF ARROW POISON.

Commenting on LEWIN's work on arrow poisons (*Die Pfeilgifte*) LAGNEAU observes that many of the European peoples in ancient times employed poisoned arrows, but most authors who mention the fact neglect to state the mode of preparing the poisons. Some of these appear to have been composed of vegetable extracts of great toxic power, and others of venoms or putrified animal matters, undoubtedly containing ptomaines.

The Gauls, according to PLINY, dipped their arrows for the chase in the juice of hellebore: "*Galli sagittas in venatu elleboro tingunt.*" (Hist. Nat., lib. XXV.) He also speaks of an herb called *limeum* by the Gauls, from which they made a preparation which they called "poison of the deer:" "*Limeum herba appellatur a Gallis, qui sagittas in venatu tingunt medicamento, quod venenum cervarium vocant.*" (Hist. Nat., lib. XXVI.) STRABO and ARISTOTLE also mention poisoned arrows for hunting used by the Celts. The Scythians, according to OVID, then in exile on the shores of the Black Sea, coated their arrows with the gall and blood of the viper—more probably its venom. Different Greek authors also speak of the viper as being used to poison arrows, but ARISTOTLE notes that the Scythians add human blood—*ἀνθρώπων αἷμα*—to the viper venom. "When this blood is equally putrified," says ARISTOTLE, "the serous liquid which rests on top is mixed with the putrid viper and thus they make a mortal poison." (*De Mirab. Auscult.*, cap. CXXI.)

LEWIN states that among the Somali of North-east Africa a blackish material called *waba* is used; this is extracted from plants of the *Apocynaceæ* and is identical with amorphous ouabain. Among

the Waitata of Central Africa the poison more nearly resembles crystallized ouabain. Other Central African tribes, the Waschamba, Wanika, etc., like the Somali, use amorphous ouabain. The peoples of South Africa possess modern arms, using poisoned weapons only exceptionally, so that in the near future these tribes will have lost the art of weapon poison. In the rest of Africa the poison used is sometimes ouabain, sometimes strophanthin, sometimes a mixture of the two.

In Asia, aconite seems to be preferred to other poisonous substances. During the French war with Tonquin in 1878, REGNAULT showed that the natives used a cardiac poison extracted from the *Antiaris toxicaria*. Many soldiers were wounded with weapons thus poisoned—in one skirmish a lieutenant and two privates, but only one of these had dangerous symptoms.

TREATMENT OF PENETRATING WOUNDS OF
THE CHEST.

In the *Revue de Chirurgie*, for Jan. 10, 1895, there appears an interesting article on the conduct of the surgeon, in the case of penetrating wounds of the chest by side arms, by HUGUET and PÉRAIRE, who quote numerous observations by TERRIER and LUCAS-CHAMPIONNIÈRE, and by themselves.

The code duello is so much in vogue in France that even in the "piping times of peace," there is abundant opportunity for the study of this class of wounds.

The authors make very clear by their observations that early removal of such patient from the field is extremely dangerous, unless every precaution be taken to immobilize the chest wall as far as possible. The following is a summary of their conclusions:

1. There is absolute necessity of treating the wounded, at the place; the gravity of the concussion communicated by transportation, whether the journey is long or short, gives even stronger reason, as treatment may be performed in the carriage. If it is necessary to transport the wounded to a distance the inevitable jolting of the vehicle will produce hemoptysis or accentuate it, and this may induce the death of the patient.

2. The state of syncope favoring hemostasis may be respected in a certain degree, but it may become necessary to make moderate subcutaneous injections of ether, to the end that the depression may not become too considerable. It is in such cases that above all we may have recourse to caffeine and to hypodermatic injections of artificial serum.

3. The treatment of penetrating wounds of the chest by ordinary means (cold applications and iced drinks, injections of ergotin, compression, antiseptics, ligature of vessels, suturing of the wound) appears to us insufficient in many cases, unless immediately subjected to as absolute immobility as possible. Thanks to this absolute rest which results from forced immobilization of the entire pulmonary apparatus, there is obtained a condition from the outset which alone may insure success.