



Article

August 23, 1919

DEATH FROM RHUBARB LEAVES DUE TO OXALIC ACID POISONING

JAMA. 1919;73(8):627-628. doi:10.1001/jama.1919.02610340059028

Abstract

To the Editor: —I enclose herewith a case history reported by Dr. Harry J. Robb of Broadview, Mont. I should be interested in having your opinion on Dr. Robb's diagnosis of this case. JOHN J. SIPPY, M.D., State Epidemiologist, Helena, Mont. On the morning of May 6, Mrs. A. made breakfast, but at the time did not feel well. She then went to bed where she remained. She began to have cramplike pains in the abdomen during the forenoon. These pains continued intermittently all day until 12:30 a. m., May 7. I was called to see her, and arrived at her home, 20 miles away, at 1:30 a. m., May 7. At that time she was very weak and pale, and so drowsy that it was difficult for her to answer any questions intelligently. Her temperature was normal. The respirations were 36 a minute. The radial pulse could not be

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But the most striking case is reported from Jefferson County. The patient, a male morphin addict, somewhat advanced in years, has taken "H. M. C." for four years, gradually running up the dosage. He also has asthma. In the course of a long letter this man writes: "I have far over one hundred dollars' worth of tubes that Dr. _____ prescribed here now empty, and Lord only knows how many more I threw away."

Some of the cases we encounter tend to show that marked tolerance can be established to scopolamin, especially in a morphin or heroin addict; and, without implying any belief that the makers of the "H. M. C." tablet would promote its improper use, I believe that physicians should be most careful in supplying this potent alkaloidal mixture to their patients.

THOMAS S. BLAIR, M.D., Harrisburg, Pa.
Chief, Bureau of Drug Control, Pennsylvania Department of Health.

RELATIONSHIP OF INFLUENZA BACILLUS TO INFLUENZA

To the Editor:—The relationship of *Bacillus influenzae* to influenza is, at present, a subject of such great importance that I trust you will permit me to draw attention to a statement of Dr. W. H. Park in his article on "Bacteriology of Recent Pandemic of Influenza and Complicating Infections" (THE JOURNAL, Aug. 2, 1919, p. 318). Dr. Park says: "Although Keegan, Opie and their associates believe that the influenza bacilli are the causative agent, they present no real evidence." I have published no dogmatic opinion concerning the relationship of *Bacillus influenzae* to the disease because I have not believed that the data available justified a definite conclusion. The report of the commission of which I was a member (THE JOURNAL, Feb. 22, 1919, p. 556) contains evidence that *Bacillus influenzae* has been found in every instance of influenza which the commission studied by appropriate methods; but the significance of this observation is not discussed in the report. Dr. Park says: "They place the sequence of events as follows: At the time of infection, *B. influenzae* descends into the bronchi; later, pneumococci may invade the inflamed bronchi," etc. This statement doubtless paraphrases the following: "The sequence of events in many cases of influenza is as follows: *B. influenzae* descends into the bronchi; pneumococci invade the inflamed bronchi," etc. There is, here, no reference to the etiology of influenza; the bacteriology of the bronchitis and pneumonia of influenza is under discussion. Dr. Park dismisses with a few words the complex subject of influenza bacillus carriers. With the many defects in present knowledge of the micro-organism and of the disease, an expression of opinion concerning the relation of one to the other would require obvious qualification. It is the purpose of this letter to state that the conclusion which Dr. Park finds so assailable is inferred from the report by himself and is not mine.

E. L. OPIE, M.D., St. Louis.

IS GONORRHEA INCURABLE?

To the Editor:—The doctrine that gonorrhoea in the male is incurable seems, for certain reasons, to be gaining ground among physicians and laymen alike. As one of those who dissent from this belief—which, if erroneous, is fraught with harm—I desire to emphasize the distinction between *incurable* and *uncured*.

To physicians of the last generation gonorrhoea was a "urethritis" only; invasions of extra-urethral structures were "complications." So long as pus issued from the meatus it was assumed to be produced in the urethra; and this innocent canal was tortured with caustics, dilators, knives and urethroscopes without avail. Today we know that the disease is usually urethrovaginitis, the infection invading vesicles and ampullae in from three to twenty days after the discharge appears; and that from these extra-urethral cavities pus may drain into the urethra and out of the meatus for two or twenty years in spite of any or all treatment of the urethra; for this merely mops up the floor, the urethra, without turning off the faucets, the vesicles.

These numerous cases are uncured but not necessarily incurable; for there is now ample evidence from many sources that a single filling of the vesicles with collargol solution (by vasotomy) has promptly cured many of them. Failure to cure some by one injection has led to the evolution of vasotomy into vas-puncture, analogous to puncture of a vein, whereby the vesicle can be repeatedly filled without the drawbacks of an operation. The possibilities of such treatment were illustrated by a man in the third week of severe gonorrhoea whose vesicles were filled with collargol solution in St. Luke's Hospital, in April, 1914. He was apparently well on the fifth day thereafter, submitted seminal fluid found to be free from gonococci on the ninth day, and married his nurse on the fifteenth day after operation, without subsequent evidence of gonorrhoea in either person.

The ancient belief in the incurability of gonorrhoea, based on the obsolete idea that the disease is urethritis only, seemingly needs revision by the modern demonstration that acute gonorrhoea is commonly urethrovaginitis, requiring early treatment of vesicles as well as of urethra.

WILLIAM T. BELFIELD, M.D., Chicago.

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JOHN J. SIPPY, M.D., State Epidemiologist,
Helena, Mont.

On the morning of May 6, Mrs. A. made breakfast, but at the time did not feel well. She then went to bed where she remained. She began to have cramp-like pains in the abdomen during the forenoon. These pains continued intermittently all day until 12:30 a. m., May 7.

I was called to see her, and arrived at her home, 20 miles away, at 1:30 a. m., May 7. At that time she was very weak and pale, and so drowsy that it was difficult for her to answer any questions intelligently.

Her temperature was normal. The respirations were 36 a minute. The radial pulse could not be felt. The heart beat was 120 a minute. The extremities were cold. She could keep nothing in her stomach, and vomited a brown, bloody fluid. I found the complete products of conception of about six weeks' development, discharged into the bed. The placenta was bloodless, and a small amount of blood discharged with it did not coagulate after several hours.

Heat to the body and stimulants gave no improvement, and her condition continued to become worse until her death, a few hours later.

After death there was considerable bleeding from the nose. This blood failed to coagulate.

I learned from Mr. A. that she had not taken any drugs except a couple of acetylsalicylic acid tablets, which she took that day for her pain.

May 5, Mrs. A. prepared some rhubarb for supper. The leaves were fried for greens and the stalks were boiled. She ate most of the leaves herself and seemed to relish them. Mr. A. took a spoonful of the leaves, but preferred the stalks.

Mr. A. said he felt weak and sometimes dizzy, May 6. Mrs. A. had been in good health previous to this illness.

The leaves and root of the rhubarb plant have a content of oxalic acid in the form of oxalates, the dried roots containing as high as 40 per cent. What the content in the leaves is, I do not know.

The marked exhaustion, the vomiting of bloody material, early cardiac failure, the early termination of illness in death, and especially the absence of coagulation of the blood in the case of a person who had been perfectly well apparently, thirty hours previous to death, led to my conclusion that death was due to poisoning from the oxalic acid contained in the leaves of the rhubarb eaten.

I shall gladly answer any additional questions you may wish to ask, and would appreciate very much to hear your decision in the case.

H. F. ROSS, M.D.

COMMENT.—It seems probable that the case reported by Dr. Robb is one of oxalic acid poisoning as a result of ingesting a relatively large amount of rhubarb leaves. Both the leaves and stalks of rhubarb contain salts of oxalic acid, but the amount is greater in the leaves. A number of deaths from the use of the leaves have been reported; as far back as seventy-five years ago its toxic effects were noted. During the war the use of the leaves as a food substitute was encouraged in England; when the danger of fatal poisoning became apparent (owing to several deaths), warnings were issued against the use of the leaves. The small quantities of oxalates which occur in the stalks are seemingly ineffective in the quantities ordinarily eaten. Oxalic acid and the oxalates produce local irritation and corrosion; "in addition they produce violent stimulation and later paralysis by



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