THESIS

FOR

DEGREE OF DOCTOR OF MEDICINE

BY

A. LEWIS M'MILLAN, M.B., C.M.

Subject

Some Clinical Notes and Devices

July 1898

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The Forceps inclosed were made by the Medical Supply Association from my pattern after several trials: but they have failed to make the handles as light as the original form, which were made for me by an instrument maker who unfortunately deserted his business through drinking.

AXIS - TRACTION FORCEPS

The following description is that of a form of Axis-Traction Forceps, which have given me much satisfaction for the past six years or so. I had been using the ordinary Simpson Axis-Traction Forceps with wooden handles for some years, when it occurred to me that an easy method of removing the traction-rods would prove of distinct advantage for two reasons. First for facility in cleansing the instruments after use: and second to permit of the use of the forceps without the rods, as ordinary long forceps with the further advantage of a fixing screw. Finding to my hand a suitable method of removing the rods in a pair of forceps, designed, I believe, by the late Angus Macdonald, I had the method with some slight modifica-

tion applied to the Simpson Forceps. A slot is cut downwards at the lower end of the fenestra of the blade, which slot on the inside expands in a circular manner through part of the thickness of the blade. At the upper end of the rod a pin projects at right angles, with its head flattened from side to side, and having its longest diameter at right angles to the length of the rod. The rods are adjusted by holding them at right angles to the slots, dropping the pins into the slots and allowing the rods to swing into place. The lower rod is made so as to impinge on the shaft of the blade, but the upper rod is made so as to allow freer movement of the rod a-cross the shaft of the upper blade. A movement which is absolutely necessary in the locking of such Axis-Traction Forceps, and which is not as a rule properly allowed for by instrument makers.

The blade handles are made of metal, fish-tail or other form. Personally my preference lies with a handle moulded as in the diagram.

The ebony handle is replaced by a mould of light pine wood, sheathed with copper and plated. It is light to handle and can be boiled without damage. The hollow fish-tail I find is not so comfortable to handle when one's own hands are wet. The Traction handle is also made of metal. Thus these forceps can be used with rods adjusted, high up in the cavity of the pelvis, or above the brim; without rods, low down in the cavity, or at the outlet. This does away with an extra pair of forceps for low operations where traction-rods are rather in the way than otherwise. The formation of pin and slot is so arranged that there is no risk of the rods slipping out of place while in use. The rods being removed allow of the instruments being packed away into less space than the ordinary Simpson Axis-Traction Forceps. That there is no weakening of the rods by this alteration is shown by the fact that I have brought the head of a full time child through a conjugate of certainly not more than three and a quarter inches and probably under it. Of the value of a fixing

Drawings of this Lamp in various positions are inclosed.

screw with even the ordinary long forceps I have no doubt. Several times I have seen ordinary long forceps, both straight and curved, slip off the head with practitioners of long standing, while in the hands of the same men the Axis-traction forceps retained their grasp, and brought down the head with ease, and comfort to the practitioner.

A Lamp for Minor Gynecological Work

Some years ago the difficulty of getting good artificial light in patients' houses, led me to design and have made a lamp which could be easily carried about, give a good light, and be at the same time of very moderate cost. The ordinary bull's-eye lantern I found inconvenient, first on account of its size, and secondly on account of the danger of spilling the oil in transit. The one I had made is of tin, silver-plated, the front and back measure three and

a half inches by four and a half inches, the sides two and a half by four and a half inches. The top is arched over from before backwards and open at the sides for ventilation. The door forms the front of the lamp and has an ordinary bull's-eye lens let into its centre. At the back are two elongated hooks made so as to fold back, and which can be used as handles or as hooks to hang the lamp on to anything suitable for the purpose. Asbestos packing protects the hands from the heat of the lamp when in use. The oil reservoir is made with a friction cap to prevent spilling of oil, and to protect the wick when not in use. The sides of the reservoir are provided with two small copper rivets, soldered by their heads so as to form projecting pins, one at either end. Inside the lantern at its back is fixed a reflector, and at the sides two pairs of grooves or channels are fixed, a lower and an upper pair, into which the copper rivets are made to slide. With the lamp standing upright the copper rivets at the sides of the oil reservoir are slid into the lower

pair. With the handles folded and the lamp laid on its back the rivets are slid or dropped into the upper pair. In the latter position the lantern is ready for placing in the bottom of the Gynecological bag, the rivets and channels preventing the reservoir from tilting. Four or five strands of ordinary cotton wick, and olive oil are used for lighting purposes. In regard to price, the lantern can be made and plated at a cost of five or six shillings. A thick book placed on the bed forms a steady foundation on which to rest the lamp. I have never found the oil to spill over with this lamp when laid on its back and carried about in a bag. On first lighting the lens becomes steamy through condensation of watery vapour, but soon clears again as the glass becomes warm. In cold weather the oil tends to thicken and give trouble, but this is easily obviated by immersing the reservoir in warm water or placing it in front of a fire for a minute or two. I have now had this lamp in use for some years and it has given me entire satisfaction in every way. To the general practitioner the price is

I think of some moment, when compared with that of Electric lamps.

Some Clinical Notes

To the junior practitioner, at least, it is not the cases as a rule which get better under treatment that impress him, but the cases which tend to a fatal issue. From these and from our mistakes we learn the most. The three following cases of Scarlet Fever belong to this category.

I Scarlatina Angina

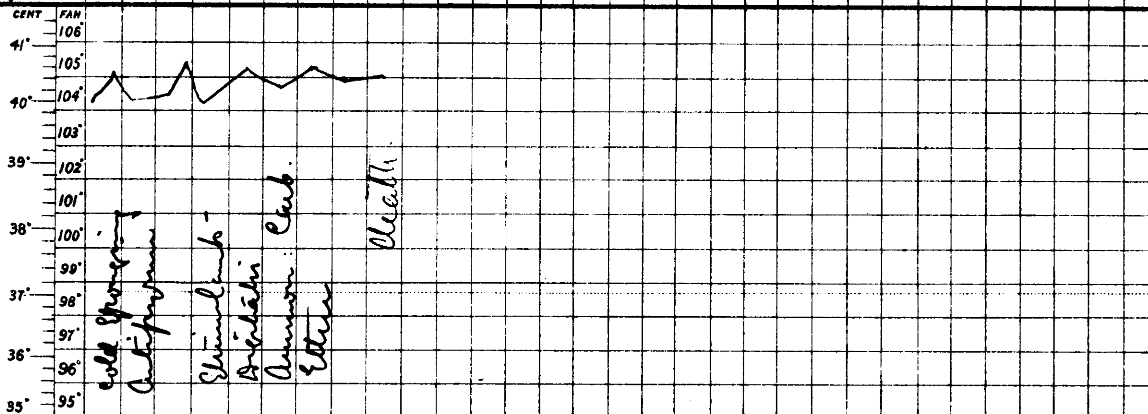
S. D. aged six and a half years - female.

15/12/88 The parents stated that their child was slightly ill five days previously with chicken-pox, the eruption having been characterised by papules and vesicles.

Name S. D. **Age** 6 ½ yrs **Occupation**

Illness Scarlet Fever **Date** Dec. 1888

Day of Month	15	16	17	18	19	20	21	22	23
Day of Disease									
Pulse	160	140	152	160	160	160	160	–	180
Respⁿ									
Stools									
Weight									
Urine: Sp. Gr. Reaction									
Urine: Albumen or Sugar									



Ladies' Abdominal Belts, &c.

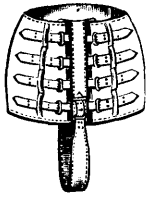
Ladies' Abdominal Belts.

Stout Thread Fronts, Jean Sides, laced at back ..	10/8
Stout Thread Fronts, Jean Backs, French lacing at side	12/6
Stout Thread, all Elastic, boned	13/-
Stout Thread, all Elastic, laced at back	14/-
Stout Thread, all Elastic, laced at side	15/6
Best Stout Silk Fronts, Jean Sides, laced at back ..	16/-
Best Stout Silk Fronts, Jean Backs, French lacing at side	19/-
Best Stout Silk, all Elastic, boned	23/-
Best Stout Silk, all Elastic, laced at back	24/6
Best Stout Silk, all Elastic, laced at side	27/6

With Fulcrum Strap, 2/6 extra.

Stock Sizes—	No. 1	No. 2	No. 3	No. 4
	30 in.	32 in.	34 in.	36 in.

The above prices are for stock sizes. Any belt made to measure not returnable.

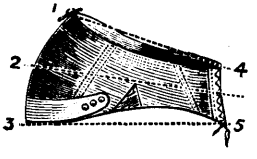


Obstetric Binders.

For use after accouchement, from 3/- each.

Belts for Prolapsus, Riding, Hernia, &c.

Lady attendant by appointment.



DIRECTIONS FOR MEASUREMENT.

Take the circumference of the body at 1 2 3, and the depth from 1 to 3 and 4 to 5.

Only take exact measurement, as full expansion is allowed for, unless specially ordered to the contrary.

N.B.—Register kept of special sizes.

Accouchement Sheets, &c.

Absorbent Wood Wool	each 1/1, 1/6 & 2/6
,, Sanitary Sheets	each 1/- & 2/-
,, ,, Towels	per doz. 1/- & 2/-

Waterproof Sheets, &c.

31 × 36, Drab Proof	best 3/6
54 × 72, very strong, double texture	,, 9/6
Thin pink Jaconet sheeting, for covering dressings, &c., 44 ins. wide	2/9 & 3/6
Bassinette sheets, 30 × 18	from 3/6 each.

Nursing Aprons, &c., &c.

ALLEN & HANBURYS, Plough Court, Lombard Street, E.C., and 7, Vere Street, W., London.

She remained fevered more or less until the 15th December when there was some complaint of sore throat. Her pulse was now 160 per minute, her temperature 104.2° F. in the mouth, she had a "strawberry tongue," and her throat was reddened, with an ulcer on the right tonsil. The throat was seen with difficulty as the child was one of those who can neither be coaxed nor driven. The submaxillary glands were enlarged. A characteristic scarlet peppery rash was visible on the body. The rectal temperature was 105° F. Some improvement followed treatment by cold sponging and antipyrin, but this is not apparent by the temperature chart. There was some delirium present.

19/12/88 The eruption was fading, the throat worse, the glands of the neck collar-like. Patient was refusing absolutely to swallow, evidently from the pain resulting therefrom. A slough was removed by the nurse from the throat on a swab.

There was no suggestion of improvement, and on the 23rd of December in spite of warm packs, stimu-

lants, quinine, carbonate of ammonium, digitalis, enemata, and ether subcutaneously, the patient died in a typhoid condition. I was extremely anxious to try the effects of ice or iced-water applications to reduce the temperature, but the older country practitioner who saw the case with me was not in favour of the idea, and it was abandoned. I have always regretted that I yielded tamely in this matter, but it is difficult for the junior to force an opinion in such cases.

In this same family the baby had a mild attack of scarlet fever followed by chicken-pox, a sister had a pretty severe attack also as regards the throat condition, but recovered in Hospital. The mother had a sore throat. The father who had been helping to nurse the patient acquired an extremely sore throat, followed by a transient peppery scarlet rash on the abdomen. He would not believe that he had scarlet fever, and against my wish attended his daughter's funeral. Subsequently he desquamated, but there was no following history of nephritis.

II Scarlatina Maligna

Mary C. aged six years - female.

I was called on a Monday morning in the month of October 1892 to see this little girl who had taken a convulsive seizure. On the previous day she had been apparently quite well, and was remarked to have taken her food unusually heartily with the exception of her tea, which she had partaken of lightly, this being due, as her parents thought, to the fact of her having eaten rather greedily at dinner-time. During the night she began to vomit and purge and this continued until morning when the seizure took place. At the outset Ptomaine poisoning from the Sunday's food was thought to be the cause of the gastro-enteric irritation. The convulsive tendency was however maintained with high temperature in spite of treatment. She lay in a lethargic condition with occasional frequent nervous twitchings, without appearing to notice or recognise anyone. Two hours later there was another well marked

convulsive seizure and then a red blush was detected on one of the lower limbs. On examining the throat it was seen to be reddened. Attempts to get the skin to react well, such as by hot packs, Pilocarpine subcutaneously, Quinine and stimulants, altogether failed. A condition similar to the status epilepticus continued, with a patchy purple eruption on the skin, vomiting, purging, and a high rectal temperature, culminating in coma and death on the following night, within forty-eight hours from the onset of her illness.

Two years later her sister had a well marked attack of scarlet fever with delirium, a typical rash, and a good recovery.

The mother stated that at the age of six years she herself had a severe attack of scarlet fever with delirium, was given up, and lay ill for weeks. The mother's sister also took scarlet fever, I understand at the same time, but was not so ill.

III Scarlatina Maligna

Tom W. aged two years - male.

10/12/94 Patient began to be unwell on the previous day, the 9th inst., with vomiting and purging. A rash was noticed on the arms and body on the 10th. The parents evidently did not consider the child to be dangerously ill as no urgent message was left at my house, and I did not see the little fellow until four in the afternoon. At that hour he lay in a state of semi-coma. His pulse ran from 140 to 160 per minute, his respirations were 60 to the minute, and his temperature in the groin 100° F. and in the rectum 106.1° F. His tongue was coated. There was distinct sore throat, and a punctate scarlet rash on his body.

The treatment pursued was by hot mustard bath, stimulants, liquor ammonia acetatis and bromide of soda, ice and whey. At 9.15 p.m the coma had deepened, the pupils were dilated and did not respond to light, the eruption was receding. He had

swallowed and retained both medicine and stimulants, and had been immersed in a hot mustard bath. His body surface was covered with a cold sweat. The rectal temperature had risen to 109.3° F. Patient moaned as if in pain. Ice was applied to his head and a hot mustard bath again given for ten minutes, with the effect of causing the rash to reappear. Warm blankets were wrapped round him and stimulants given by mouth and rectum. Death, however, ensued gradually by 10 p.m. the same night, six hours from my first visit.

It appears to me that the toxines of scarlet fever are eliminated by the bowels, hence the purging in these two last cases, and by the kidneys, hence the tendency to nephritis even in cases kept warm in bed. It seems as if the elimination of the poison went on for two or three weeks, and that by the third week the prolonged strain on the kidneys renders this week the one in which albuminuria most readily appears. In malignant scarlet fever the system is so overwhelmed by the

toxins formed that the kidneys are unequal to the task of removing them from the body, and death ensues with high fever and cerebral implication. In some forms of diphtheria where death occurs in two or three days from the outset by a similar poisoning, and not through obstruction in the respiratory passages, nor by paralysis, nor yet by exhaustion through prolongation of the disease, it would seem as if the same theory might apply. Albuminuria is a well known symptom in diphtheria early in the disease even in mild cases. Further on I will mention a case of simple tonsillitis in which there was an abundant but transient albuminuria.

As we have not yet found the antitoxin for scarlet fever, and as ordinary treatment in malignant cases seems of no avail; I have thought that the Biniodide treatment of Dr. Illingworth might be well worthy of a trial in such cases.

Scarlet Fever in Pregnancy with Rheumatism and threatened Abortion

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Mrs. S. aged about 30 years. Multipara.

Pregnant five months. A child had been ill with scarlet fever in the house and Mrs. S., the mother, had been nursing it herself.

4/4/89 Patient stated that she had a sore throat on 28th March last, with the scarlet fever rash, but did not take to her bed. On the 2nd April she began to shiver and had pains in her joints, abdomen, and back. Her face and feet were puffy, her urine was scanty, although during the eruption it was said to have been more plentiful. There was, however, no albuminuria.

5 " Was feeling better since she had been kept in bed.

6 " Intermittent uterine pains and some bloody discharge from the vagina.

7 " Had improved under treatment with belladonna and Opium pills.

8/4/89 Antipyrin was given in hourly doses of fifteen grains for the uterine pains.

9 " A marked improvement was noted under the antipyrin treatment.

10 " She was almost well. Pain was only felt while sitting up in bed, and the uterus was tender on palpation.

11 " The intermittent pains had ceased and patient had begun to desquamate.

On the 10th August following patient was delivered with forceps of a full time still-born child after a tedious labour. The death of the child being caused by the cord having prolapsed. The mother made an uninterrupted recovery.

Scarlatinal Nephritis

J. S. aged eight years. Son of the last case.

Patient was under my care for a short time suffering from a mild attack of scarlet fever. It is

sometimes difficult for the practitioner, especially if a junior, to press his services on his clients, hence it was that in this case the child was left early to the care of his parents, after duly warning them to be careful. The child was permitted to go out in the third week of his illness as the weather was very mild.

Immediately thereafter on the 24th April 1889, he began to complain of feeling ill and was sick. I was recalled to see him on the 26th April and found him vomiting, with a normal pulse and temperature, but with oedema of his face, hands and feet and with pain across his loins. His urine was scanty, cherry-red, containing albumen and blood. By the 29th April the urine was scantier and having a grumous red deposit. He was "working" with his hands and feet, his face twitching. There was persistent vomiting, and no urine had been passed since the previous day when in all about two ounces had come away. Under treatment with liquor ammonia acetatis and sweet nitre combined with hot

packs, the patient had been perspiring freely until this date when skin, kidneys and bowels had struck work. Attempts to stimulate the kidneys by dry cupping and hot poultices having failed, a sub-cutaneous injection of one eighth of a grain of nitrate of pilocarpine was given. Within three minutes the patient began to sweat profusely, then to pass urine, and then the bowels moved. Relief followed at once, the orthopnoea was relieved, and the sweat "poured off him" for an hour and a half having such a strong odour that his mother "could hardly approach his bed." Sleep followed. On the following day patient was languid, his skin was moist, more urine had passed and it was of a better colour, while vomiting had ceased. On the 1st of May the urine was more abundant, of a muddy amber colour, specific gravity 1,017 acid, albumen and blood, and with abundant casts. By the 10th of June the urine was pale amber, specific gravity 1013, acid with a trace of albumen and blood. On the 2nd of July there was a mere trace of blood, but the albumen was still pretty distinct

in the urine. By October there was no albumen found in the urine.

This case brings out two points very clearly to my mind, first the great need of care in mild attacks of scarlet fever, and second the undoubted value of pilocarpine in conditions such as the above.

A Case of Pregnancy with dead Foetus carried in utero for four months

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Miss D. aged 20 years. Barmaid.

Patient was complaining of an abdominal tumour. She had menstruated last in March 1888 and was better on the 15th of that month. Her past history suggested a suspicion of miscarriage on a previous occasion at the second month.

She had not suffered from morning sickness, morbid longings, nor toothache. Her health had been quite as usual. She was taking her food well

and appeared quite callous and indifferent as to her condition. Her breasts were slightly enlarged but were not painful, and no fluid could be expressed but there were flakes present on the nipples. The areolae were presumably not darkened and the little sebaceous glands on them were said to be no larger than usual. The nipples were sunken and not easily erected. She had complained at times of some pain in her right leg. Her abdomen was enlarged, but was thought to be decreasing again in size. She had never felt any foetal movements. There was no pigmentation of the skin of the abdomen seen on examination, but a firm movable tumour was felt extending from pubes to umbilicus which evidently hardened on palpation. Auscultation of the tumour gave a suspicion of a faint souffle on the right side, but no foetal sounds were made out. The vagina was somewhat darkened but not uniformly so and there was a creamy discharge issuing from it. The cervix uteri was virginal and beginning to soften. Ballottement revealed nothing. I suspected a dead foetus in the uterus and on the 18th October

following I was called, found her in labour and delivered her of a mummified foetus and placenta, dead about the third month, seven months from the cessation of menstruation.

Encephalocele

Mrs. M. aged 22 years. Primipara.

13/10/88 The labour was normal throughout. On making an examination per vaginam a soft fleshy mass was felt occupying the Os uteri, and there was a considerable sanguineous discharge. The feeling suggested to my mind was that of a placenta felt through the foetal surface, i.e. through the membranes, smooth not rough. The discharge ceasing the case was left to nature. As the mass descended and presented at the outlet it had the bluish appearance of the foetal surface of the placenta. On further examination it was found to be continuous with the after-coming head. The child was stillborn, fully and well developed with the exception of the head which

presented the following appearance. The occipital portion of the cranium was unclosed and the cerebral mass projecting between the bones was larger than the remainder of the head. The whole strongly suggestive of the chignon method of wearing the hair by females about twenty years ago.

Anencephalia

Hydramnios and Transverse Presentation

26/1/89 Mrs. McF. aged 45 years. 8-para.

Patient had complained of gastric disturbance and abdominal pains for some weeks previous to labour. On examination the usual signs of a cross-birth were found with a large distended semifluctuant uterus. Under chloroform the hand was introduced into the uterus when at once there resulted an enormous gush of liquor amnii flooding the bed and and washing out over the floor. A foot was found

and brought down, then the other foot, the body and arms without difficulty. To my astonishment I seemed to feel no head whatever. The monster appeared to gasp and move once or twice and then ceased. On examination the head appeared to be flattened away just above the eyes leaving the cranial and cervical regions unclosed by bone. Patient made a rapid recovery, but according to her own statement passed large quantities of urine subsequently.

Hydramnios

11/4/94 Mrs. K. aged 38. 2-para.

Patient was pregnant and at above date complained of abdominal pain above the umbilicus, having the sensation of dragging upwards, not bearing downwards. The fundus uteri lay midway between the umbilicus and sternum. Rest and a supporting bandage for the uterus were advised with some sedative preparation of bismuth.

Abortion took place on the 28th of April and was characterised by the liquor amnii flooding the bed and passing through the mattress to the floor. The foetus had evidently been dead some days, as the skin was peeling off and large bullae had formed on the feet.

Puerperal Pleuropneumonia

Mrs. M. aged 28 years. Primipara.

14/10/88 A female living child was delivered under chloroform by forceps after a prolonged first stage followed by inertia in the second stage. The Perinaeum was ruptured and was stitched at the time.

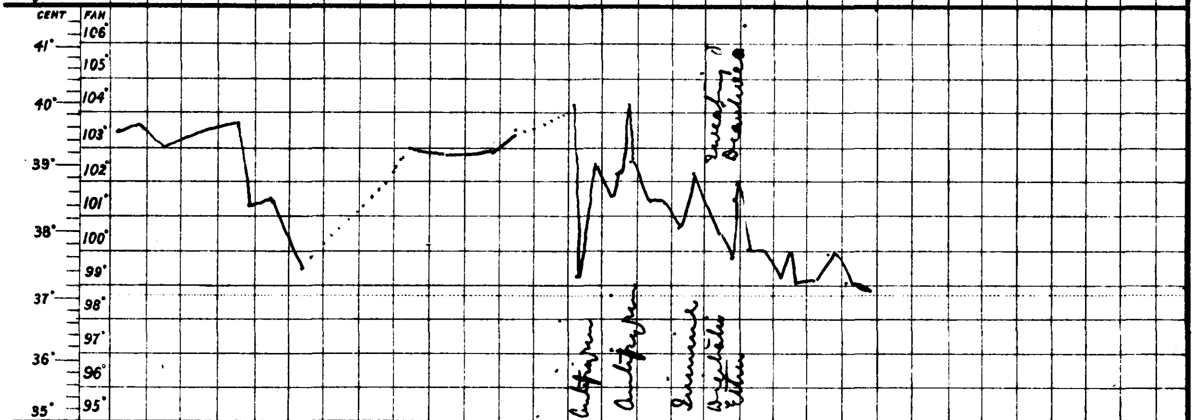
There was a past history of cellulitic mischief in the right iliac region and hernia of the bowel on the same side: this latter caused considerable pain during labour. There had been uterine haemorrhage and the uterus had evidently been curetted.

16 " Pain and tenderness on pressure were complained

Name Mrs M. **Age** 28. **Occupation**

Illness Puerperal Pleuropneumonia **Date** 16. Oct. 1888

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Day of Disease																															
Pulse	120	108	108	96	84					120	110	100		106	120	120	96	96	100	88	100	98									
Resp.ⁿ														88		104	100	100													
Stools																															
Weight																															
Urine: Sp. Gr. Reaction																															
Urine: Albumen or Sugar																															



Sprays.

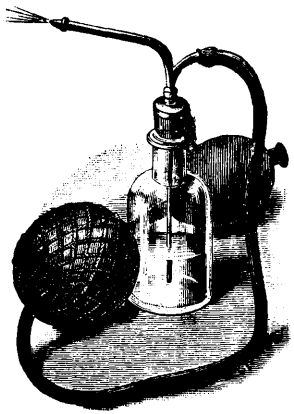


Fig 1

Double Ball Spray, for throat, with silver-plated tubes and mounts, English, *Fig.* 1 .. .. 9/6

Double Ball Spray, nickel-plated do., as *Fig.* 1 .. 4/6

Double Ball Spray, vulcanite mounts, for throat or nasal 6/6

Single Ball Spray, for throat, nickel-plated, *Fig.* 2 for applying Cocaine, &c., when a continuous spray is not required 4/6

Steam Spray Inhaler, tin (Siegel's) for producing finely medicated spray for inhalation, hot or cold, and for disinfecting 6/6

Steam Spray Inhaler, brass (Siegel's) 10/6

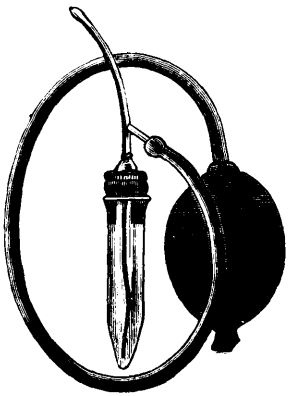
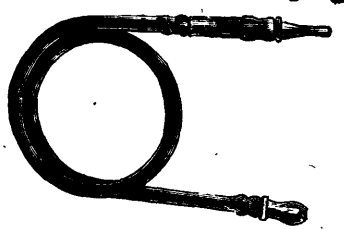


Fig 2

Syringes and Douches.



Nasal Syringes, all kinds.

Ear Syringe, brass, with Finger Rings, in Morocco Case, with Ear Channel and extra Pipes, nickel-plated 15/-

Ear Syringe, brass, ,, 2 oz. .. .. each 7/6

,, ,, ,, ,, 3 oz. .. .. ,, 9/6

,, ,, ,, ,, (Cooper's) .. .. ,, 11/-

Ear Channel, tin enamelled, rubber band 2/-

,, ,, ,, with Spring 4/-

Auto-Insufflator (as fig.) 2/-

ALLEN & HANBURYS, Plough Court, Lombard Street, E.C., and 7, Vere Street, W., London.

of over the left iliac region, less over the uterus, the vagina was hot and tender to touch. The temperature had risen. By the 18th curt. the perinaeum had healed. On the 23rd curt. the patient was well, the temperature had fallen, but there was noted some pain over the posterior wall of the vagina low down with some thickening and an ulcerated surface. On the 24th curt. the patient had a rigor and complained of pain in the left side of her chest. Here there was found slight dulness to percussion, hurried tubular breathing with crepitation on auscultation. Distinct friction sound was also heard in the left axillary line. The second pulmonic sound was accentuated markedly. The sputum was rusty. The temperature had again risen. Patient had been confined in her kitchen and was lying in a draughty situation opposite to the scullery door. The W.C. opened into this scullery and the drainage was considered faulty. On the 1st November I had the patient removed at all risks to an open bed placed in the sitting-room. On the following day patient had begun to sweat

freely, and had a foul smelling diarrhoea which was not interfered with and ceased naturally. Antipyrin which had been given to reduce the temperature was stopped, and quinine in two and a half grain doses every three hours was continued with stimulants and fluid diet. Digitalis and ether were given and continued with sal volatile in small doses. On the 3rd November patient slept well more or less all day. On the 5th November the cough was troublesome, crepitus redux was noted and there was less pain in the side. A sacral sore was threatening. The temperature was falling to normal and continued so after the 6th November. At the latter date the cough was still troublesome, slight friction was heard in the left axillary line, the dulness to percussion was lessening. Pain was complained of in the left lower limb, but there was no cording of vessels and it passed off. From this date patient gradually improved in strength. While convalescent an erythematous rash appeared on the front of patient's neck and chest, that on the chest became eczematous, but yielded to oleate of

bismuth. Some months later, as is so frequently seen after child-birth, patient's hair came out markedly, but grew in quickly again under stimulation.

In the course of a year or so patient became again pregnant and was delivered by me again under chloroform and with forceps. This time her recovery was uninterrupted.

An interesting feature in connection with the first illness was an illness of patient's husband. His joints became swollen and painful and purpuric spots appeared, which yielded to salicine treatment. A case of purpura rheumatica, no doubt, brought on by over anxiety about his wife's condition.

Puerperal Mania

I Mrs. A. aged about 27. Primipara.

Patient was delivered on the 17th September 1889 by means of forceps, but without chloroform, after a prolonged second stage of labour, the head lying low down in the right occipito, anterior posi-

tion. This operation was well borne without complaint, as also was the insertion of two stitches into the partially lacerated perinaeum. An evidently good recovery was in progress, and the patient was able to nurse her child to some extent but not wholly. No complaint was made by her friends of there being anything unusual until the 26th September, when I was summoned at 4 a.m as "patient was not sleeping well, was going wrong in her mind, and was screaming." Her temperature was normal, her pulse 130, she had no headache nor abdominal pain. The milk was suppressed, however, and the lochia scanty although not foetid. Her mother had noticed that latterly she had become unduly anxious concerning the expenses of her nurse and doctor, that she had not been sleeping well, and had complained of a want of attention being paid to her by her mother, that she had been dull, depressed, crying frequently, and saddened because her husband who was in another town did not write to her every day. During pregnancy she had been very sick, and dieted herself on tea, milk and

fish, without butcher meat. She replied to questions by yes and no! Her tongue was clean and dry, she had retention of urine, and her bowels were confined. Her bladder was relieved by catheter. The urine was of a dark clear amber colour, faintly acid, with a specific gravity of 1028, contained considerable albumen, no blood, and doubtful casts. She was stated to have had a love disappointment eight years previously, on which occasion she had taken to her bed for two weeks and was quite dejected. During a subsequent long courtship of eight years duration she was often abnormally depressed if her fiancee did not write when expected to, and would then also take to bed for a week at a time. A brother had epileptic fits for years. Her other brothers and sisters, however, appeared bright and healthy. Her maternal grandmother had "milk fever" after her fifteenth child and was "delirious" for two weeks. Patient's face and limbs were thought to be puffy in the mornings at times during her pregnancy, but there was no oedema noted at the above date, the 26th of September. Subsequently

she was fairly rational at times but desired quietness and darkness, picked at her fingers and bedclothes, complained of her mouth being full of flies, had hallucinations of sight, did not take food well, and had to be catheterised daily until the 7th October when she passed her urine naturally for the first time since onset of symptoms. At 11 p.m on the same date she began to perspire freely, and became rather collapsed with feeble pulse and cold extremities. Thereafter she became more rational. Some slight cystitis evidenced by mucopus in her urine, followed the catheterism, but gradually cleared up. About the 25th of October she had a slight relapse mentally, but by the 11 of November following her urine was free of albumen and her mental condition had improved and remained so thereafter.

II Mrs. S. aged 36. Primipara.

10/4/92 After a twenty-four hours labour patient was delivered with forceps under chloroform, of a living male child. The head was of a fair size but otherwise the infant was badly nourished, its body

and limbs being very thin, "skin and bone," the skin having the appearance of that of a macerated foetus. I may state here that this infant after birth throve well and grew to be a strong lusty child. During her pregnancy the mother had taken her food well and had enjoyed good health. About a week after delivery patient began to fret about her child "not thriving and going to die." A delusion, as the infant was thriving and doing well. Her milk became suppressed and she suffered from an inability to sleep. Later she became melancholic and gave great trouble as regards eating, refusing food. After a time she was removed to the country for a change, and there made a silly and ineffectual attempt to strangle herself. She was brought back to the city again by the end of May and on the 21st was noted to be very melancholic, crying readily, unable to be roused or to be fed, had an idea that her food and medicines were injurious to her health, heard noises, thought that her hands were "white" or "dirty," at times failed to recognise her own home and her husband,

shrank away in fear from her husband who is an amiable man and very patient. She improved at times and again relapsed. About six months from the date of the birth of her child after sedulous watching and care, good food, fresh air and exercise, improvement set in and continued, until at last she was able to look after her house and child. Her baby died after a short illness at the age of fifteen months. I was not in attendance, but it was noticed by her friends that the mother did not take the death of her child much to heart. Her husband informed me that one of the first symptoms of a return to mental health was the return of sexual desire. Her married sister was supposed to have had a somewhat similar illness following child-birth. Within a matter of two years, contrary to my advice, this patient again became pregnant and was duly delivered by me again under chloroform but without forceps. I note the anaesthetic because it was falsely credited by some as being the cause of her mental weakness after her first labour. The reverse I take it is the truth, since

the chloroform would lessen the mental shock of labour. She made a rapid recovery after the second labour and there was no return of the melancholy. The child was nursed by the mother at the breast and has developed into an exceptionally fine boy.

On the 20th of March 1898 patient was again delivered by me under chloroform, made a good recovery and at date, the 8th of April, there had been so far no symptoms suggestive of mania.

III Mrs. McL. aged about 25 years. Primipara.

Patient was first seen by me when she was four months pregnant, suffering from flatulent Dyspepsia. She had varicose veins of her left leg and foot. There was a past history of an "ulcerated stomach." A few weeks before labour set in she had an attack of Bronchitis, but was quite better at date of labour.

30/12/96 The first stage of labour was prolonged over two days, the head lying in the L.O.A. position, the pains very frequent and suffering considerable. Bromide and chloral were given freely and on the

third day I terminated labour under chloroform with forceps. Three stitches were inserted into the perinaeum which had been ruptured. There was evidently some trouble from the first with an inability to sleep, but the child was at the breast, and the mother expressed herself as being quite well. About the end of the first week, however, my attention was drawn to the fact of her not sleeping, and that she was becoming excited, a condition attributed to noisy neighbours. Sleep was not induced by drugs, and then a difficulty arose with the taking of food, and gradually patient became quite maniacal, sullen, absolutely refusing to swallow, and would retain a mouthful of milk in her mouth although her nostrils were held until she almost choked. After some difficulty her friends consented to her removal to an asylum, where she still remains fifteen months from the onset of her illness and with little promise towards mental health.

A brother has been confined in an asylum, but recovered and was subsequently married. Her mother was considered to be "silly," and other

members of the family shewed signs of weak-mindedness.

The cardinal symptom in these cases seems to me to have been the continued inability to procure sleep after child-birth. Without some hereditary tendency towards mania it is doubtful, of course, if this alone would produce the disease: but given this symptom it would suggest to me the advisability of a close watch being kept on the case.

A Case of Rupture of the Cord during Labour

11/6/96 Mrs. Geo. W. aged 24 years. Primipara.

Labour pains began on the previous night at 9 p.m. and I was called at 1 a.m. at date.

On examination by palpation, auscultation, and per vaginam, the case appeared to be normal so far as one could judge, with the head engaging in the brim. The os was thin and dilated to about the size of a shilling: pains in the back regular and frequent. I was recalled at 4.30 a.m. and was informed by the nurse that the "waters" had broken

at 3 a.m. On further examination I found the head lying low down in the cavity of the pelvis, the os widely dilated, and a small quantity of liquor amnii retained behind the membranes. The latter were ruptured and the fluid allowed to escape. In rupturing membranes thus, formerly I used to martyr myself by notching the nail of the right index finger, but latterly I have used an ordinary hairpin straightened out, and sterilized by inserting it into a fire or by holding it close above a gas flame till red hot. When cool it is passed with the index, or index and middle fingers, till in touch with the membranes. This saves the finger nail and acts more quickly. During the next two hours the head advanced lower and remained almost touching the outlet. A large caput succedaneum formed. The pains were frequent but weak. Attempts were made by change of position, ipecacuanhau wine in ten drop doses, pressure over the abdomen with the hands, and vaginal irritation to assist the pains, but without result. About 7 a.m. I administered chloroform and applied Forceps with-

out the traction rods. There appeared to be more than usual difficulty in getting the blades to lock, considering that the head lay low down and in the L.O.A. position: a feeling as if the point of the upper blade was being applied outside of the cervix uteri. On traction being made there was again much more difficulty in getting the head past the Tuber Ischii than was expected, and when traction was relaxed the head retreated, so that there was no actual jamming of the head. The cranial bones seemed to jerk over one another as if overlapping irregularly and slipping on pressure being applied. On getting the head and face past the outlet a flabby pale yellowish cord was noted just beyond the mouth, i.e. under it. On pulling this down a torn end was found. At once the child was extracted, and then it was discovered that the cord had given way between three and four inches from the umbilicus. The cord was tied at once both on foetal and maternal sides. Artifical respiration was begun immediately with the infant and continued for over half an hour, but a mere gasp was

all that could be elicited. The cord was not measured, but appeared to be of the usual length. The tear in the cord ran obliquely, the vessels being torn through at different levels, and a groove ran along in the gelatinous matrix of the cord as if cut by the blade of the forceps. That the latter was the direct cause of the giving way of the cord seems to me impossible, since the cord gave way under four inches from the umbilicus, and the blades had caught the head in the left occipital region and over the right eye. I have supposed that the cord must have been coiled once or oftener round the neck of the infant, or hitched over one shoulder, and that traction with the forceps caused it to give way at its weakest part, or possibly through a knot. The placenta was expressed without any trouble. Cases are quoted in the American Text Book of Obstetrics by Norris, at Page 580, where the cord has given way during natural expulsive efforts. In one case reported by Berdin, the cord which encircled one of the thighs of the child, was torn ten centimetres from the umbilicus, its

entire length being 42 C.M. Spiegelberg, quoted in the above book, states that occasionally the obstetrician ruptures the cord while performing version, and even during extraction. It is established that the cord ruptures more frequently at the foetal than at the placental end, and also that "spirals and vascular anomalies are weak parts, and the cord is peculiarly liable to tear at these points."

Within the past year a second child has been born normally without difficulty and living. I was present at the birth which was somewhat protracted, but otherwise natural.

A Case of early Pregnancy, complicated by Anaemia and Ague Spleen

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Miss B. aged 15 years.

Patient was a pale anaemic girl born in India, but of English parentage, and had been resident in Britain only for one year. While abroad she had

"fever and ague" frequently. An unsatisfactory history of rape followed by pregnancy was given, at the time of my engagement to attend her in her confinement. She was put on pills containing iron and arsenic for her anaemia.

8/3/95 Labour set in suddenly about the sixth month of pregnancy. On my arrival I found the child born dead, and expressed the placenta without trouble and without having made any vaginal examination. There was no haemorrhage following the birth. On the 10th March the uterus was tender to touch and the lochia had a heavy odour, while the temperature had risen. A vaginal douche of permanganate solution was given, and repeated at intervals as found necessary.

On the 12th March it was noted that patient was not taking food well, she had a troublesome cough, her temperature ranged from 102° F. to 104°F., her pulse was 140 per minute and feeble. The uterus was less tender and the lochia had improved in odour. On the 14th March as her temperature was 104° F. a vaginal examination was made, but

neither abscess, deposit in fornices, nor tenderness was found. A large tumour was felt, however, on abdominal palpation continuous with the splenic dulness and projecting downwards about two inches beyond the edges of the ribs on the left side. Catarrhal rales were heard at the bases of both lungs. The question arose as to whether the splenic tumour was an "Aque-Cake," or due to leukaemia as the anaemia was so intense. On the 18th March Dr. Samson Gemmell saw the case and agreed with me that the girl's illness was non-puerperal and that there was no evidence of phthisis with a slight reservation regarding the left base. Iron, arsenic and quinine were continued as before. The chief difficulty lay with the dietary and the appetite. By the 22nd the temperature fell to 99° F. for the first time, but rose again to 100.2°F. coming down thereafter to 99°. The splenic edge lay midway between the ribs and the umbilicus. Gradual improvement set in, the catarrhal condition disappeared, and patient's colour and appetite

improved. In January 1897 patient was reported as "quite well still" and in a light situation.

Indentation of Skull during Labour

Mrs. K. aged 40. 3-para.

A healthy, dark complexioned and well-built woman. She was first confined by myself at the age of 36 years, the labour lingering and terminated under chloroform by forceps. The child was living and healthy. Her second labour has been already quoted in these notes as a case of hydraminos.

Her third labour began on the 11th of April 1895 at 2 a.m. I was called at 6.30 a.m. and found the pains occurring every three minutes, but in quality like those of the first stage of labour. The os uteri was fully dilated and the waters presenting. Palpation, auscultation and examination per vaginam pointed to a right occipito anterior position. At 8 a.m. as there was no change in

the character of the pains and no advance of the head, the membranes were ruptured by aid of an aseptic hair-pin. By 9 a.m. as there was no advance of the head, after altering patient's position from side to back and use of an abdominal binder, I administered chloroform and applied the Axis-Traction Forceps without difficulty to the head at the brim. Steady traction resulted in a sudden slip of the head through the brim, it was then brought down to the perinaeum and there arrested. The forceps were removed, and after considerable delay and unusual difficulty the head was protruded by assistance of the thumb in the rectum. After great difficulty in from 5 to 10 minutes the shoulders were got through the brim and outlet, in doing so the face rotated towards the bed while the pelvis rotated in the reverse direction to that expected, i.e. sacrum towards the bed. As the child was breathless artificial respiration and surface stimulation were commenced at once, and after a few minutes gasping began and gradually breathing

set in regularly. The cord was then tied and cut and the child separated. On examination of its head a spoon shaped indentation was found of the left frontal bone, between the frontal and coronal sutures and about two inches in diameter, a slight abrasion at the outer canthus of the right eye, and a mark of forceps' pressure behind the left ear. As the head came down there was no attempt at rotation of the handles of the forceps until the head rested on the perinaeum, and then they tended to rotate upwards. Judging from the position of the indentation and the forceps' marks, the head would appear to have been caught in the L.O.A. position. The indentation filled up to some extent and the child progressed well. When last seen in June 1897, at two years of age, the indentation was still visible but causing no symptoms of brain pressure, and the child was a bright healthy boy.

Herman in Difficult Labour at page 159 on Dinting of the Bones, remarks that the deep spoon-shaped dint is less common than grooving of the bones.

Two Cases of Hypertrophied Labia Minora

I Miss B. aged about 40 years. Seamstress.

Five days previous to being seen on the 11th December 1893 patient began to have a feeling of pain and swelling at the entrance to the vagina, which was relieved by hot applications.

On examination an inflamed and hypertrophied left labium minus was seen protruding through the labia majora like a cockscomb, at its base the swelling appeared soft and fluctuant. The urine was examined and found to contain neither albumen nor sugar. Rest and hot douches were advised as treatment.

On the 22nd of December patient reported herself better after use of the hot douches, small yellow points appeared which breaking gave relief. There was no abnormal swelling noted, but the nymphae were evidently largely developed. The patient supposed her illness to have been caused by her sitting down on some sharp instrument accidentally.

II A young servant girl aged 14 years.

At her previous menstrual period something "came down," and disappeared later on. As this had again occurred at her menstrual period I was asked to see her. The swelling proved to be the nymphae enlarged and oedematous. These were supported by a T bandage and rapidly shrank to their normal size.

In this case the hypertrophy was presumably caused by the congestion incident to the menstrual period.

Three Cases of Vaginal Wounds

I Mrs. S. aged 22 years. One-para.

Delivered by myself of her first child after a tedious labour with chloroform and forceps.

4/7/95 Patient complained of vaginal haemorrhage, the result of an accident. She had been in the habit of sleeping in the kitchen bed, the front of which was protected by a board with rounded upper

edge and which raised the front of the bed four feet from the floor. There were no nails to be seen in the board. A wooden chest rested against the wall at the head of the bedside. Ordinarily a chair or two were placed against the front of the bed. On this occasion unknown to the patient there were no chairs on which to step. She lay usually on her right side, face outwards, so that by rolling on to her face and throwing her left leg over the board she could step on to a chair. In a half asleep condition this manoeuvre was attempted in a hurry, with the result that there being no chair to receive the left foot it reached the floor while the right foot caught against the front board of the bed. A gush of blood came away from the vagina, and the patient fell on her left side striking the left side of her face and body on the floor. A considerable amount of blood was lost before she managed to reach her outside door to take in the milk, the cause of her hurried attempt at rising. Some neighbours coming in assisted her back to bed when the haemorrhage ceased

to a large extent.

On examination a clean cut wound was found about one and a half inches in length, lying behind and parallel with the right labium minus while the left labium minus was torn from its seat in nearly its whole extent from below upwards. The uterus appeared retroflexed. Under chloroform the right wound was closed with horse-hair sutures, and the left nympha stitched in place by half a dozen similar sutures. On the following day the urine was passed with some pain, and four days later the stitches were removed. The wounds had healed nicely with exception of a small portion of the lower part of the left nympha.

II Mrs. D. Multipara.

16/9/95 Patient stated that in stepping out of her bed on to a chair the latter gave way and one of the legs of the chair entered the vagina. Profuse haemorrhage followed. A contused wound was found on examination an inch and a half in length, situated behind and to the inside of the left labium majus.

The wound was dressed and the patient passed over to her own medical man for further treatment.

III Mrs. D. aged about 20 years.

11/2/97 Patient was married about three weeks anterior to her visit and stated that there had been no perfect marital intercourse since marriage owing to pain. This was probably due to vaginismus. An attempt three days previously was attended by the sensation as if a hair had been pulled out, following this a small "blister" formed.

On examination it was noted that there was a small ulcer formed on the inside of the right labium majus, having two hairs projecting through it, and with a sloughy bottom and sloping edges. The base tended to harden, but was not "coinlike." A finger was passed easily and without pain up to the os uteri. There was a split fleshy hymen, not sensitive to touch. The groin glands were neither enlarged nor tender.

The ulcer was touched with pure carbolic acid, washed, and vaseline applied on lint. Directions

were given to douche with dilute Condy's fluid, and to dress the sore with iodol and vaseline ointment on lint, to keep the contiguous surfaces apart. Six days later patient was almost better and there was no pain. The use of cocaine ointment before connection was advised for herself and bromide was ordered for her husband.

A later visit shewed that patient was quite better, the cocaine ointment had given relief and patient was now supposed to be pregnant as she had passed a period and was suffering from morning sickness. This proved ultimately to be true, and patient was delivered by myself at the usual time.

An Anomaly in the Form and Structure of the Hymen.

1/3/98 Mrs. D. aged 25.

Patient had always been regular and free from pain at her menstrual periods. Two years ago she

went out to South Africa and was married on arrival. On one occasion while riding on horseback there she fell to the ground sliding from the saddle on to her feet, and coming down with a jerk. Otherwise there was no past history of a fall or other shock to account for her symptoms. Latterly she had begun to complain of back ache, and also of considerable pain at her menstrual periods. With some little difficulty dyspareunia was admitted, and probably this was the chief reason for her return to her native country to get advice. My first impression was that there had been some uterine displacement caused by the fall from horseback and which was causing her symptoms. On attempting, however, to make a per vaginam examination, the finger was arrested at the vaginal entrance by what seemed to be a membranous obstruction, and on examining the parts visually this was seen to be the case. An operation was recommended and consented to.

2/3/98 Patient was placed in the dorsal position, and in a good light a persistent hymen was seen to oc-

clude the entrance to the vagina, quite within the labia minora. The urethral orifice was visible just above the upper border of the hymen, and the point of the little finger only could be introduced for a short distance behind the membrane. The hymen was fleshy and about 2 m.m. in thickness. There was a central aperture 2 or 3 m.m. in diameter, lower down an attempt at a second aperture ended in a cul de sac, and on the left of the urethral orifice another aperture was visible, the membrane here coming in rather close contact with the orifice of the urethra. The sketches enclosed give a fair idea of the condition, but were done from memory and show the hymen as if stretched, not quite the appearance of a virgin vaginal orifice.

Having cleansed the parts, cocaine in solution was applied on a pledget of cotton wool behind the hymen and also in front of it. About an eighth of a grain was injected into the substance of the membrane at various points. A probe pointed bistoury was then introduced behind the hymen and a vertical cut made. The edges were trimmed with

scissors, the adhesion with the urethra separated and trimmed, and two horse-hair sutures introduced one on either side. Before inserting the stitches a Reid's speculum was passed freely into the vagina and the parts well dilated. The finger introduced into the vagina touched the cervix easily without encountering further adhesions. There was little or no haemorrhage and trifling pain experienced during the operation.

11/3/98 A per vaginam examination was made and showed the uterus lying normally and bimanually, the fundus was felt lying well forwards. A sound was passed two and a half inches without difficulty, there being no hitching at the internal os and no marked tenderness at the fundus. A later examination with the sound, however, revealed slight tenderness of the fundus uteri. On examination through the speculum a glairy discharge was seen issuing from the cervix, and the os was slightly granular. After further treatment with carbolic acid her symptoms complained of disappeared.

Pleurisy sine Angina vel Dolore

M. McD. aged 7 years - male.

11/6/96 From the history given this boy had evidently passed through an attack of measles, had made a good recovery, and had been permitted to go about the house. Five or six days previous to my visit he had a cough, was feverish, had been poulticed, and as he was considered to be not improving I was asked to see him.

His pulse was 100 per minute, his respirations 20 to 24 per minute and his temperature 100° F. There was not much cough and the tongue was clean. The percussion note was absolutely dull all over the left front and back of the chest. The respiratory murmur on the same side was faint and non-tubular. No history of pain in the past could be elicited.

On the following day the pulse rate was 100, respirations 22-24, and temperature 99.5° F. No cough to speak of. Percussion dull almost as high

Name W. E. Age 5 yrs. Occupation

Illness Pleuro Pneumonia followed by Empyema Date 17 Nov. 1893

Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Dec 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Day of Disease																															
Pulse	140	140	140	136	140	132		144	130	132			130		160 160		160														
Respn	40	52	56	64	60	50		64	60	60			50		50		50				56					40				40	
Stools																															
Weight																															
Urine: Sp. Gr. Reaction																															
Urine: Albumen or Sugar																															

CENT 41° 40° 39° 38° 37° 36° 35° — FAH 106° 105° 104° 103° 102° 101° 100° 99° 98° 97° 96° 95°

antipyrin

antipyrin

Bougies, &c.

Bougies, Matthews Duncan's, in leather case .. 65/0
,, ,, ,, silver-plated, .. each 5/0
,, Thompson's ,, .. ,, 5/0
Hegar's Dilators, 26 sizes, Ebony Handles, per set 46/0
Bougies à boule, for ascertaining position of a stricture,
double web .. .. each 2/0
,, Bulbous (best double web) .. .. ,, 2/0
,, Cylindrical 1/6
Œsophagus Bougie (best double web) .. .. 3/6 & 4/6
Rectum Bougies (,, ,,) .. 1/6, 2/6 & 3/6

Rectum Bougies (vulcanite, set of 6 nested) 9/0
Suppository Tube, vulcanite .. .. each 1/6 & 2/0
Allingham's Ointment Introducer, vulcanite 4/0
,, ,, ,, square 6/0
Glycerine Syringe, vulcanite mounts .. each 2/- & 2/6
Uterine Tents—Sponge .. .. .. per doz. 2/9
,, ,, Laminaria, Hollow .. ,, 4/6
,, ,, ,, Solid .. ,, 3/0
,, ,, Tupelo .. .. .. ,, 5/9
,, Sounds, all kinds.

Bed Rests, Crutches, Arm Slings, &c.

Ice Bags .. .. 4/6, 5/0 & 6/0 each.
Bed Pans .. .. 7/6 ,,
Air Cushions, according to size.
*Crutches, with Padded Heads .. per pair, 7/6 & 10/6
,, Best French .. .. .. 17/6 & 20/0
,, Single Spring Heads .. .. 36/0 & 40/0
,, Double do. .. .. 40/0 & 45/0
*Measurement—Length from axilla to ground.
Poroplastic Jackets and Splints.

Arm Slings, Black Leather, 9/6; Children's, 8/0
,, Patent ,, 11/6; ,, 10/6
Deformity Boots .. .. from 20/0
Spinal Instruments .. .. from £5 5 0
Artificial Legs £10 0 0
Artificial Arms and Hands .. £10, £15 & £20 0 0
Bed Rest, iron frame, canvas back .. each 15/0 & 20/0
,, wood frame, cane back .. ,, 20/0
Bed Rest, wood frame, cane, with arms ,, 28/0

All kinds of Invalid Furniture, Bath Chairs, &c.

ALLEN & HANBURYS, Plough Court, Lombard Street, E.C., and 7, Vere Street, W., London.

as the apex in front and behind, with more resonance towards the spine. Vocal fremitus and resonance, which could not be obtained on the previous day through the boy crying, were much diminished on the left side. The apex beat appeared to be best felt and heard over the lower end of the sternum.

Aspiration was not resorted to, but by use of diuretics and purgatives, with aid of flying blisters, the fluid was gradually absorbed and the patient made a good and perfect recovery. The urine was examined and no albumen found. The points which struck me forcibly in this case were, the entire absence of pain throughout the illness, and the latent character of the pleurisy as a primary disease.

Two Cases of Empyema and Nature's Cure without Operation.

I W.E. aged 5 years - male.

17/11/93 Patient had been suffering from cough for the

previous two days. Pulse = 140, Resp. = 40, Temp. = 102.9°; coated tongue. Motions said to be pale in colour. A few coarse rales were noted especially at the base of the right lung.

18/11/93 Delirium on the previous night. Pulse = 140, Resp. = 52, Temp. = 105. Pleuritic pain in right side.

19 " There was again delirium at night. Pulse = 140, Resp. = 50, Temp. 103.2°. Mucous rales at base of right lung and a suspicion of tubular breathing with crepitation to inside of right nipple.

20 " Hacking loose cough, percussion dulness at right base, and on auscultation crepitant rales were heard.

21 " Dulness to percussion as before, diminished R.M. with patchy tubular breathing. Alae nasi working, patient very weak.

22 " Patient cooler and better, talking freely and interested in what was going on around him.

24 " Continued well until afternoon of 23rd when he relapsed. Right base pneumonic, left base bronchitic. Abdominal pain complained of.

25 " Was sleeping better, feeling easier, cough looser.

26/11/93 Chest was better, left base clearer, cripitus gone from right, but percussion note duller and R. M. fainter.

27 " Was sleeping well, chest clearing, pulse quiet and respirations slower.

29 " Had been feverish last night but better at date. Left base was clear - no rales. Right base was very flat and dull to percussion. R.M. distinct all over. V.R. was rather aegophonic and tubular - no rales - very suggestive of fluid dulness.

1/12/93 The pulse was very rapid and the temperature higher. Right base was very dull to percussion. R.M. distinct all over chest though tubular, with aegophonic cry. Rales at apex where dulness not so marked in front. No apparent increase in measurement of one side of chest compared with the other.

3 " Apex beat was normal in position, cough rather looser. Right side of chest very dull all over especially at base.

5 " Temperature falling.

6 " Pulse and respiration slower. Chest as a whole

improved, cough looser.

12/12/93 Temperature was normal, chest much better, but loose frequent cough.

16 " Temperature was higher again, 101.8°, pulse rapid and feeble. Respirations 40 per minute. Left lung clear, right clearing in front, dulness at base behind and at side. Breath sounds were not so tubular, cough loose and frequent. Copious purulent sputum brought up with vomit. Cough brought on by lying on back and left side. Apex beat normal in position. Presence of fluid was considered doubtful as measurement made no difference in the two sides, but the right interspaces appeared fuller than the left. At the post-axillary line below the right scapula a metallic tinkle was heard suggestive of a cavity formed in pneumonic phthisis. The appearance of the child was rather hectic and he was sweating freely, especially about the head when asleep. Microscopic examination of the sputum showed pus but no tubercle bacilli.

22 " Much as before. Dulness at base of right lung still marked, cough brought up pus mixed with frothy

mucus and during coughing the tubularity and rales were brought out markedly. Pulse = 130, Resp. 44, Temp. = 99.3.

12/1/94 Getting fatter and stronger, but still coughing up pus. Intense dulness at right base suggestive of fluid limited by adhesions to axillary line.

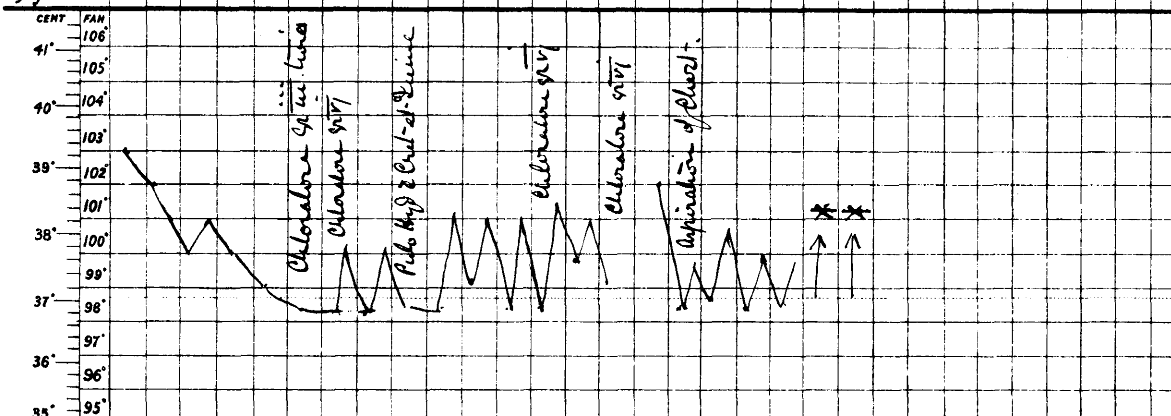
A few days later I aspirated with a fine needle and drew off a few beads of pus. Thereafter he was sent in to the Children's Hospital with a view to operation, but the operation was not performed and ultimately the cavity was emptied by coughing, while the patient laid on flesh and became quite strong, and was able to run about and play like other children.

This boy had evidently a pleuropneumonia. The pneumonic condition clearing up but the pleuritic fluid becoming purulent. Somewhere between the 12th and 16th December the fluid had burst into a bronchial tube and was gradually coughed up with a happy result. One of those cases in which delay to aspirate might have proved fatal to

Name G. M. **Age** 48. **Occupation** Blacksmith.

Illness Empyema **Date** 3 Nov. 1895

Day of Month	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Day of Disease																						



	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Pulse		108	108/112	106	100	100	96	96		94	96		90	100	90		90	88		90		
Respn			30	36	36	24/36	32	32		24	32		30/24	26	20		24	16		22		
Stools																						
Weight																						
Urine: Sp. Gr. Reaction																						
Urine: Albumen or Sugar																						

* arrows point to rise of temperature at night. As patient refuses operation I refuse responsibility of case further.

Dissecting Instrument Cases, &c.

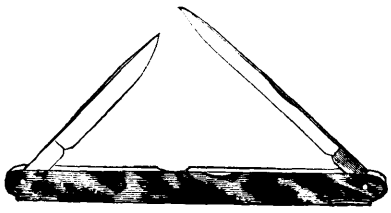


Fig. 2.

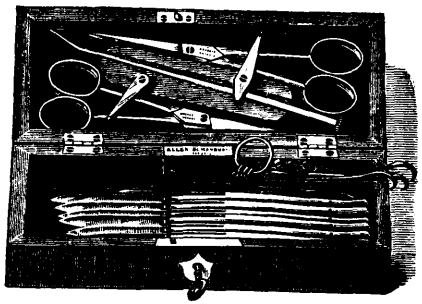


Fig. 1.

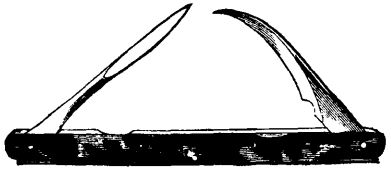


Fig. 3.

Mahogany Case, with lock and key (*Fig.* 1), containing 2 pair Scissors, 1 Blow Pipe with Wire, 1 set Chain Hooks, 1 pair Dissecting Forceps, nickel-plated, and 6 Scalpels in ebony handles, complete	1	0	0
Ditto ditto with Scalpels in Ivory handles ..	1	2	0
Mahogany Case, with hasps, containing 1 pair Scissors, 1 pair Dissecting Forceps, 1 Blow Pipe with Wire, 1 set Chain Hooks, and 4 Scalpels in Ebony Handles .. .. complete	0	15	6
Mahogany Case, with 6 Scalpels in Ebony Handles	0	9	9
,, ,, ,, ,, Ivory ,,	0	11	3
,, ,, ,, ,, Metal ,,	0	13	9

Finger Knife and Scalpel, Tortoiseshell, best French catch (*Fig.* 2) .. .. .. each	0	7	6
Syme's and Paget's ditto (*Fig.* 3) .. .. ,,	0	7	6
Syme's, and Gum Lancet, ditto .. .. ,,	0	7	6
Sharp, Curved, and Blunt-pointed Bistoury, do. ,,	0	7	6
Lancet (Bleeding), in Tortoiseshell, ditto.. ,,	0	1	4
Lancet (Vaccinating) grooved, ditto ditto.. ,,	0	2	6

Amputation and all kinds of Knives in stock.

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the child, but in which Nature found her way out of the difficulty and fortunately for the child in the best way.

II G.M. aged 48 years. Blacksmith.

3/11/95 When first seen patient was suffering from acute pain of sudden onset in his left lumbar region, coming in spasms: the area very painful to touch and on movement. No cough, nor chest mischief made out. No vomiting, nor feeling of tumour on palpating the side. His bowels had been relieved slightly by enema, as there had been no motion for three days previously. There was a past history of a "cold" for a month or so, followed by acute pain in the right side of his chest with a temperature of 104° F. falling to normal on the 2nd inst. The pain in his left lumbar region was relieved by a subcutaneous injection of morphia and application of hot poultices locally. I found that he had been under observation of a medical friend for a few days and at his request took charge of the case.

On the evening of the 3rd patient's temperature

was 103°F., his tongue was dry and coated. There was a suggestion of dulness to percussion at the base of the left lung, with diminished respiratory murmur, and a very doubtful friction murmur was heard in the gastric area on the left side over the 8th rib.

4/11/95 The abdominal pain was easier; Pulse 108, Temp. 102° F., the respirations were quickened, there was a hacking cough and profuse clear frothy mucoid sputum, marked dulness to percussion at the left base, lessened R.M., lowered V.R. and F. far away tubularity, and marked oegophony.

5 " The urine was examined and contained a trace of albumen. The abdominal symptoms were better, there was no appreciable pain on pressure. Percussion dulness very absolute over base of left lung with pectoriloquy and oegophony, diminished V.R. and V.F., marked pleuritic friction on auscultation with pain on pressure over the 8th rib, about an inch outside the left nipple line. By the 7th the temperature had fallen to 99° F. and on the 8th it registered 98.6° F. with a pulse of 100 per

minute and respirations of 24-36. He was somewhat sleepless. On the 11th it was noted that on the previous two nights his temperature had risen at midnight to 100.2° F. and pain was again complained of in the left side. On the 13th there was again return of pain over the 8th left rib, and a boil had formed on the point of his left elbow.

Pain and sleeplessness were complained of at nights, and chloralose in six grain doses was given with good results. The temperature falling to normal during the day, but rising toward night. The tongue had cleaned but was beefy and dry in the centre. Patient was taking nourishment better.

On the 17th inst. it was noted that cough was troublesome and patient feverish. Sleep of six hours' duration followed six grain doses of chloralose. The tongue was clean but dry in centre. Pulse = 90, Temp. = 99.1° F., Resp. = 20. The chest much as before, with dulness of wooden character and of increased resistance to percussion at left base. V.R. lessened, and pectoriloquy marked with whispered breathing. Skodaic resonance pro-

nounced at left apex, and puerile breathing heard all over the right lung. There was no albumen in the urine.

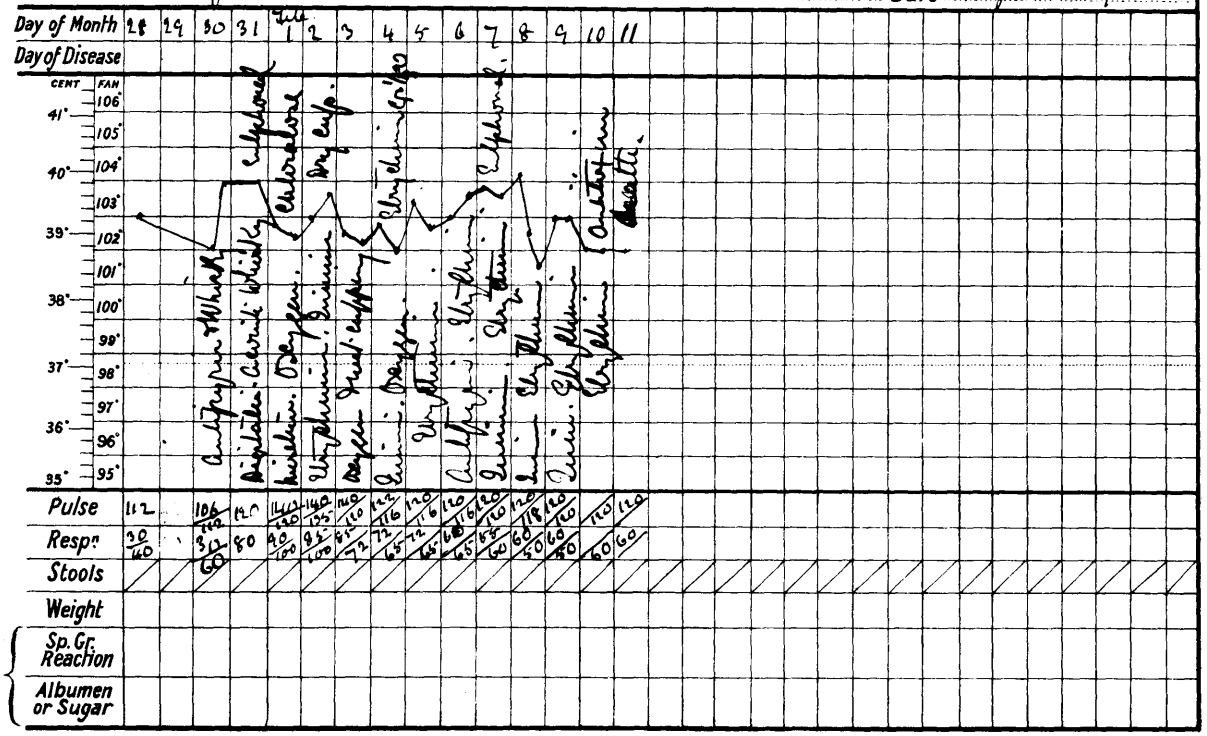
19/11/95 Owing to the hectic character of the temperature Potains Aspirator was used, and I drew off about a pint of purulent fluid. Under the microscope this showed pus cells and streptococci with a few diplococci.

The question of operation by resection of part of a rib was discussed and refused by the patient, as he naturally felt much relieved after the aspiration and was taking his food well and gaining flesh. He believed that his lung was now simply "congested" and that by the use of Coutts' Acetic Acid rubbed in he would get better, and pointed in triumph to the pustules raised by the acid as proof of the matter being drawn off. Against my advice he began to rise daily from bed, his temperature being still of a hectic character.

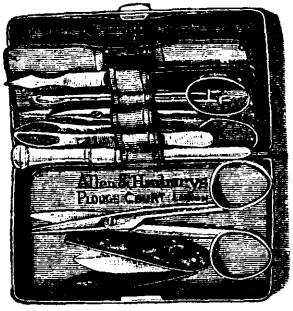
4/12/95 In the hope of persuading him still, I again aspirated and to his surprise drew off one or two ounces of thick pus. Still operation was refused.

Name W. A. Age 30 Occupation Butcher

Illness Lobar Pneumonia Date 26 Jan 1895



Surgeon's Aluminium Instrument Case.



CASE, LINED BEST CALF LEATHER, contains—
1 pair Artery Forceps, nickel-plated.
1 pair Dissecting Forceps, nickel-plated.
1 pair Dressing Forceps (bow), nickel-plated.
1 pair Scissors (sharp or round points).
Exploring Trocar, Silver Cannula, Ivory Case.
Double French Lock Shell Knife, Scalpel & Finger.
Do. do. Syme's, and Gum Lancet.
Do. do. blunt and sharp, curved Bistoury.
Caustic Case, Silver.
Probe, Director and Exploring Needle combined.
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A few days later after violent fits of coughing he began to cough up quantities of pus and thus gradually get rid of the fluid. His lung regained expansion to a great extent and he became fat and well looking. He returned to work as a blacksmith and for a long time was very unfit for work, giving up for a period and returning to it again, until now he is said to be as well as ever he was.

I fear greatly that he may be led by his own fortunate escape to lead others, should it ever lie in his power to do so, to trust nature in the same way.

A Case of Septic Pneumonia

W. A. aged 30. Butcher.

28/1/95 Patient had not been well for four days previous to my visit, on the 27th inst. markedly so, and at date he complained of severe pain in the left side of his chest, with a short hacking cough, and mucoid rusty sputum. A pulse of 112, temp. = 103° F.,

Resp. 30-40. There was slight dulness at the extreme base of his left lung with increased V. F. and V. R., and slightly tubular breath sounds.

29/1/95 Sputum was markedly glutinous. The pulse and temperature were keeping down, and pain had gone from the left and attacked the right side, for which no cause could be found by physical examination.

30 " Patient felt better but had been slightly delirious on previous night, and had a desire to smoke. A tendency to vomit followed the administration of a mixture ordered two days previously. By the evening his temperature had risen higher and he was feeling worse, the pain had returned to and was creeping up his left side. Food caused nausea. Bowels were regular, but flatulence was giving trouble.

31 " There had been considerable delirium and sleeplessness on the previous night, although sponging and antifebrin had been commenced in order to bring down the temperature. Stimulants, digitalis and aconite in minute doses were ordered. The dulness noted on the left side was extending, and puerile breathing was heard on the right side at the infra-

scapular area. By the evening his respirations had increased in rapidity with increase of pulse rate and dicrotism and rise of temperature. The tongue was moist. Marked tubular breathing was now heard on the right side also at the scapular area. His delirium had increased, and in spite of his friends he had risen and walked to the fireside during the afternoon. He was evidently the worse of this. His allowance of stimulants was increased and 20 grains of sulphonal were given to induce sleep.

1/2/95 No sleep resulted from the dose of sulphonal. The breathing was very hurried but nourishment was well taken and urine was passed freely. The head was shaved and ice applied, and a mixture given containing Spt. Ammon Aromat: Spt. Oetheris Co: Tinct. Digitalis, Vin Ipecacuanha, and Tinct. Cinchona every two hours. Whisky half an ounce every 1½ hours. By the evening he was more sensible, but still delirious. The pulse rate was slower, soft and regular. Oxygen inhalations were commenced and given every two hours. Three grains of chlor-

alose were given and were to be repeated in two hours if required.

2/2/95 Patient had passed another bad night, had slept at times for 15 or 20 minutes and was thought by his friends to be dying. His condition was partly due to the chloralose as he improved after the effects of the drug had passed off. The bowels were moved by enema, and strychnine 1/100 of a grain given and repeated in an hour. By the evening he was much more sensible. His back was dry cupped chiefly on the right side and two grains of quinine were ordered every two hours, alternately with the mixture. Oxygen inhalations were continued every two hours or so.

3 " Patient had been sensible all night but had not slept. He appeared weaker. His nails were bluish and the cup-marks remained dark coloured. The oxygen appeared to give some relief. Two or three ounces of blood were drawn off by wet cupping the right front of his chest. The dulness at the base of his left lung was quite wooden in character. On the right side the apex had become affected, there

was dulness to percussion at the supra-scapular area and the breath sounds were tubular. He appeared rather worse after the quinine powders were finished, and these were renewed. He slept in snatches during the day and by the evening pulse, temperature, and respirations were lower. Nourishment had been well taken.

4/2/95 Sleep had been obtained during the night again in snatches, the bowels had been rather loose. The urine was free, clear amber in colour, albuminous urea = .02 grains per cent. The great bulk of his left lung was solid, and on the right side the dulness was extending. His sputum was freer and becoming more purulent. He was sensible, his pulse soft and regular. His right back was again dry cupped over the base of his lung. In the evening it was noted that patient had been sleeping in snatches during the day, he had been sweating freely, his bowels had moved freely three times. Crepitus redux was heard over the left base. He felt easier and was able to lie down better: orthopnoea having been present since the beginning of his illness.

Strychnine 1/50 of a grain was injected subcutaneously.

5/2/95 The diarrhoea had ceased, sleep had been obtained in snatches. Oxygen inhalations were begun again at 10 a.m., none having been used all night as the supply had failed. I should state that the patient had been quite unable to inhale the gas directly from the bag, the gas being simply played over his face as he breathed. Five p.m. patient had slept well in snatches of 20 minutes to half an hour at a time. He had taken food and medicine well and was quite sensible. Ten p.m.: he was now sweating freely, and his pulse was soft and regular. Crepitus redux was heard all over his left back, and over his right lung at the base loose rales were heard more mucous than crepitant in character. He had slept in snatches, and his bowels had moved without diarrhoea and his urine had been voided freely. Ice was applied to the shaved head. He was now able to lie down in bed and was taking food and stimulants well. Strychnine was again injected subcutaneously.

6/2/98 His right eye had become inflamed. Pleuritic

friction was heard over his right side. Antipyrin in ten grain doses guarded by sal volatile was given and repeated cautiously. Strychnine was injected subcutaneously morning and evening.

7/2/95 A fairly good night had been obtained, sleeping for longer periods of time, but a restless sleep. His sputum was considerably purulent. Friction was still heard over his right lung, low down in the line of the axilla. His abdomen was somewhat distended with flatus and apparently somewhat tender.

Right Eye: The cornea had become steamy, the pupil contracted and a crescent of puro-lymph was seen in the anterior chamber at its lower quadrant. He had frontal pain on the same side. His sleep was of a semi-comatose nature and accompanied by carphology and muttering. Ice was applied to his head and abdomen. Quinine in 5 grain doses every three hours, the mixture as before, stimulants, enema of asafoetida, liquor strychninae 4 minims subcutaneously. Oxygen inhalations every three hours. Atropine ointment for the eye condition.

Evening: The bowels had moved loosely three

times accompanied by some flatus. His pulse was stronger and his abdomen less tense and not tender to touch. Sputum not so purulent, lungs clearer, breath not offensive. His right side and back were again dry cupped. Ice applied to head and every two hours to the abdomen, if the temperature rose above 102° F. Thirty grains of sulphonal was given at 12 p.m.

8/2/95 A fair night had been obtained, patient seemed better and was able to lie down and on left side. An asafoetida pill had been given on the previous night and at date his abdomen was less tense. Nourishment taken well. Considerable typhoid delirium. The chest condition decidedly better. Clicking rales were noted at the right base with tubular breathing at the extreme base, apex clearing. On the left side the upper lobe was clear and at the base marked crepitus redux was heard. The right eye was affected with a purulent corneo iritis. A blister, size of a penny, was applied to the right temple. Ice sponging to the abdomen, digitalis, quinine and antipyrin. The latter in

10 grain doses and omitted if temperature should fall.

Evening: 8.30 p.m. Slept at intervals, once quietly for an hour. Food taken well. Temperature apparently falling. Sputum greyer and non-purulent. Respirations slower. Chest distinctly clearer. Very drowsy.

9/2/95 Temperature had risen again. Muttering delirium, but patient could be roused out of it. Had not slept well. Right eye looking worse. Panophthalmitis setting in. Lungs improving. Leeches were applied to the right temple.

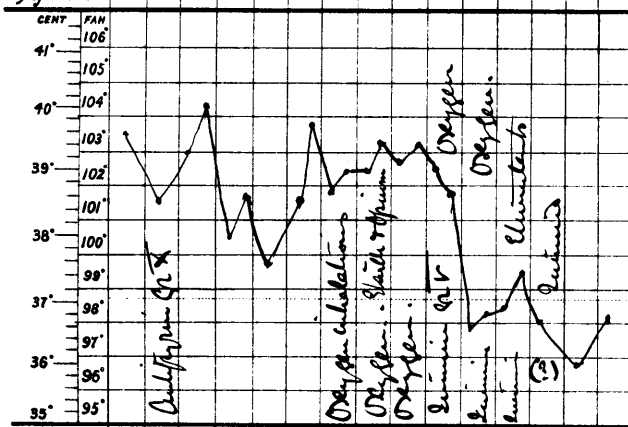
Evening: The right apex was rather duller again between scapula and spine. Bowels loose, seven motions in 24 hours. Patient evidently going downhill. Quinine was continued every three hours. Wyeth's beef juice ordered. The leeches had drawn a considerable amount of blood, and after their removal the wounds had bled freely. Ice was applied as before to the head.

10/2/95 Patient slept after 3 a.m. following a dose of thirty grains of sulphonal the previous night, and

Name Mrs R. G. Age 40 yrs Occupation Housewife

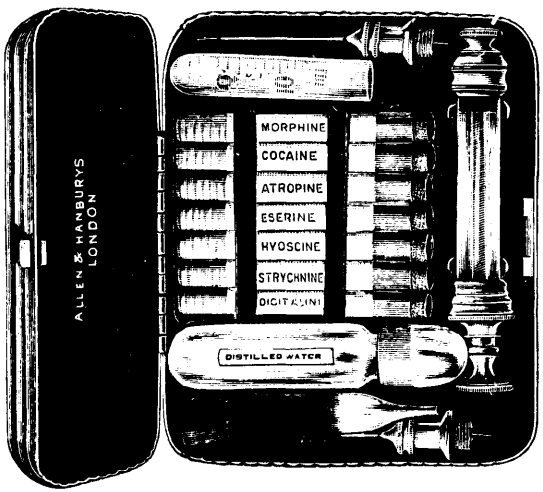
Illness Pneumonia & Capillary Bronchitis Date 16 March 1892

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Day of Disease															
Pulse	120	116	116 / 120	106 / 100	100	102 / 106	104 / 104	108 / 112	116 / 120	108 / 110	96 / 92	104 / 102	104 / 100	100	100
Respn	40	52	42	44 / 44	40	46	42 / 40	40 / 44	44 / 46	48 / 38	42 / 36	44 / 46	52 / 42	44	44
Stools															
Weight															
Urine: Sp. Gr. Reaction															
Urine: Albumen or Sugar															



Hypoderm Cases.

ALUMINIUM.



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at 8 a.m. he nearly collapsed. Bowels had moved twice loosely. His left eye had now become affected, showing signs of chemosis with ciliary congestion and tenderness. Pulse feeble, patient sinking.

7 p.m.: Had rallied again, pulse stronger, colour better. Cough loose, but sputum swallowed. The right eye was not so prominent as hitherto. Antitoxine, a cardiac stimulant, was given every three hours, alternately with quinine.

11/2/95 Patient was sinking quickly: pulse, temperature and respirations remained in status quo. He died the same afternoon, on the 18th day of the disease.

Pneumonia and Oxygen Inhalations

Mrs. G. aged 40. Housewife.

16/3/92 Patient began to complain of sickness on the 11th March, and on the 12th pain came into her right side. On the 16th there was noted dulness to percussion over the base of her right lung,

diminished R.M. with crepitant rales, cough, and rusty spit.

On the 17th she was slightly delirious. On the 18th the bowels had become loose, and the temperature was at its height. Next day there was a crisis, and on the 20th there was noted coarse crepitant rales with dulness to percussion at the right base, and at the left base behind and also under the left breast coarse bronchitic rales. By the next day, the 21st, the temperature had risen again and the left base showed signs of capillary bronchitis. On the 22nd the bowels were loose, cough troublesome, and sputum not coming up. Oxygen inhalations were begun and continued day and night. The tongue was cleaner but dry, the right base was gradually improving and there was crepitus redux heard all over it. At the left base the rales heard still suggested a bronchopneumonia. There was watery diarrhoea and flatulence. After the oxygen inhalations patient slept well and her colour improved. On the 25th the urine showed abundant albumen. The bowels were still loose, the cough freer, the sputum muco-

purulent. On the 26th the temperature had fallen again. The right lung was gradually improving. At the left base in front fine crackling rales, suggestive of broncho-pneumonia were heard and a questionable dulness to percussion noted. Thereafter improvement continued and was permanent. By the 22nd of April following the right lung was clear and well, but coarse rales were still detected at the left base.

It was distinctly the opinion of the patient, her husband, who administered the oxygen, and myself, that the oxygen inhalations had been a valuable assistance during the course of her illness.

My experience with these inhalations has been, that when really required, the patient is too ill to spend strength by attempting direct inhalation of the gas, and that it is then necessary to simply play the oxygen over the face trusting to the inspirations to draw in the oxygenated air.

Apical Pneumonia with Acute Nephritis

6/10/96 P. O. aged 7 years. Male.

Patient had been suffering from an attack of bronchial catarrh, and on the 2nd of October he was taken out for a walk which was followed by an increase of his symptoms. On the 4th his temperature was 103° F., the pulse-respiration ratio was disturbed, and there was dulness to percussion with deep tubular breathing heard at the right scapular angle. On the 5th he had somewhat improved, but his temperature was still 103° F. At date (the 6th) his temperature was 103° F., his pulse 128 per minute, and his respirations 50-60. His tongue was coated. There was dulness to percussion at the right apex in front, behind, and in the axilla, with tubular breath sounds on auscultation. Some abdominal tympanites was present. His urine contained urates and albumen.

7 " Urine deposit showed urates, uric acid in

abundance, and abundant casts, both urate and epithelial. He had slept on the previous night, and taken food well. His bowels were rather loose. Pulse = 108 firm, Resp. = 58, Temp. = 103.3° F. Right apex quite condensed and tubular, but disease limited to the apex.

8/10/96 Patient had passed a fairly good night, but diarrhoea had been troublesome. The tongue was thickly coated. Pulse = 112, Resp. = 56, Temp. 103.7° F. The urine was clearer, albumen rather lessened, but the guaiac test gave on standing a greenish-blue colour, a colour not obtained by a control experiment. The chest condition had rather extended especially at the back and over the lower lobe.

9 " Patient was found much in same condition as on previous day. Pulse variable 108-120, Resp. 50-60, Temp. 102.8° - 103.8° F. Lower lobe of right lung dull on percussion and with crepitant rales on auscultation. Left lung clear.

10/10/96 Two trained nurses were placed in charge for day and night. As the bowels were rather loose the milk was peptonised. Chest markedly dull and crepitant at base of right lung. Cough looser. Sputum yellowish but swallowed as a rule. Some tympanites. The urine was clearer, acid, Sp. Gr. 1016, albumen less, no blood with guaiac test. Pulse 104-120, Resp. 60, Temp. varied 102.5-104. Milk well taken and retained.

11 " Patient slept well in snatches during night. One loose undigested motion passed. Milk, brandy and medicines were taken well. Temperature coming down steadily. Right apex less dull on percussion while base more so. Loose crepitus heard at apex, and at the base fine crepitus and tubularity. At the left base suggestive crepitant rales were heard, but these might have been transmitted. The tongue was covered with a thick white coating. Urine, Sp. Gr. 1016, less albumen, casts fewer, no blood. Voice strong. By the evening the temperature was

rising again slowly. Milk not taken so well as hitherto, but there was less abdominal pain.

12/10/96 Pulse rate and temperature had fallen again. Tongue was commencing to clean at tip. Crepitus redux was heard at right apex behind, a finer crepitus at base. Bowels were loose, but motions more digested looking. The temperature remained all day about 99.2° F. in groin, but at 8 p.m. it was 101.6° F. Pulse = 100, Resp. = 45. Bowels moved loosely. Patient was more lively, taking notice, and drinking milk well. Urine was clear and free of albumen as tested by nitric acid, heat, and salicyl sulphonic acid. Sp. Gr. = 1012.

13 " Passed a fairly good night, food taken well, no movement of bowels since previous day. Abdomen still tympanitic, but no splenic enlargement. Pulse = 88-100, Resp. = 36, Temp. = 98.2° F. Crepitus redux well marked. Slight catarrh of left base. Tongue cleaning at tip and edges. Urine Sp. Gr. = 1012, alkaline, no albumen.

14 " Chest was clearing rapidly, tubular breathing

disappearing, crepitus very coarse, some catarrh of left base, bowels moved twice slightly. Temperature low all day. Urine clear, no albumen.

15/10/96 Passed a good night. Flatulence relieved by enema. Temperature normal.

16 " Slight dulness and tubular breathing at one spot over left base at back. Urine clear of albumen.

23 " Improvement was rapid at first but hung fire since 20th curt. Bowels rather constipated. Urine free of albumen.

30 " Chest perfectly clear.

Urine, clear amber colour, phosphates on heating, no albumen.

Post Pharyngeal Abscess

3/4/95 Baby M. aged 10 months, Female.

A glandular swelling was noted at the angle of the jaw on right side with enlarged tonsil on same

side. No membrane in throat and no rash on skin.

4/4/95 As before. Pain appeared spasmodic. Motions were green. Glycerine of belladonna was applied externally to the swelling, and some grey powders given internally.

5 " Rather painful. Still no skin rash. Swelling extends slightly up in front of ear and backwards rather diffusely. Mydriasis of pupil on same side with dry throat and mouth, result of absorption of belladonna. Breathing through mouth as nostrils blocked with mucus. Belladonna stopped at night. Fomentations applied followed by hot cotton wool. Lungs quite clear.

6 " Seemed easier, pain on swallowing. Tonsil swollen. There appeared to be some obstruction to breathing in the pharynx, distinctly not a laryngeal obstruction. Had been sleeping better and with closed mouth, no cough, skin cool, moved head more easily, no perceptible change of external swelling. Belladonna was reapplied with hot poultices

every three hours. A mixture containing chlorate of soda, tincture of iodine, tolu and water, given at stated intervals.

7/4/95 Swelling appeared softer. Temp. was normal, pulse 120. Swallowed milk from a jug, but would not suck. Tonsil pressed inwards towards middle line, but no membrane present. On palpation with finger in mouth a soft abscess-like swelling was felt directly behind the right posterior pillar of fauces extending down the pharynx. From the position of the abscess it was thought desirable to wait a little before puncturing, and to trust to poultices and steaming. On examining the right ear the canal was found free of pus right up to the membrane.

8 " Patient fell asleep towards early morning, wakened, and on getting a drink of milk vomited it and then brought away a purulent discharge which caused some choking. Thereafter she fell into a quiet sleep and awoke better and playful.

Externally the swelling was reduced and not so

tender to touch, while internally the swelling had gone down greatly and to touch there was a feeling as of a dimple, the opening into the abscess.

15/4/95 After exposure to cold a week later patient had a purulent otitis media on the opposite side, followed by enlarged glands, but without any fulness in the pharynx.

28 " Had been vomiting milk and yellow matter. A suspicion of swelling was felt with the finger on the posterior wall of the pharynx. Some milk was returned by the left nostril.

29 " Breathing suggested obstruction in throat, dry and slightly croupy. Swelling more defined in pharynx.

30 " Swelling lower down and to left, breathing freer. Milk still returned at times by nostrils.

3/5/95 Practically well, no swelling on neck nor in throat. Thereafter baby got plump and well and remained so until May of the following year, when curiously enough she had a well defined laryngeal diphtheria without any pharyngeal implication, and

died after a three days' illness.

The point which struck me most forcibly in the post pharyngeal abscess illness, apart from the lateral position of the abscess, was the peculiarity of the breathing. One could quite definitely decide on hearing it that the pressure was extra-laryngeal and not intra-laryngeal. The obstruction was not that of enlarged tonsils,nor yet that of implication of the vocal cords, but a something between the two, yet apart from them, and must be heard to be quite understood.

Parotitis following Peritonitis

M. G. aged 15 years. Female.

On the 19th of June 1895 patient got her feet wet, she shivered and by night time had abdominal pain. On the day following vomiting set in and she was confined to bed. I was asked to see her

on the 23rd of June as she was much worse. Her pulse rate was 100 per minute and her temperature 98.2° F. She had acute abdominal pain increased by pressure, universal over the abdomen, but worst about the umbilicus. The abdominal walls were tense but flat, there was no marked vomiting present, the bowels had moved and the urine passed freely, patient was able to draw up her legs in bed and to push them down without increase of pain. The tongue was clean, and the chest condition normal. Her whole appearance was physically weak, she had never menstruated and had always been thin. By evening the pain appeared to be worse in the right iliac area, suggestive of the onset of appendicitis.

On the 24th the pain was rather more universal again, less intense and less spasmodic than on day previous. On the 25th as a hypogastric tumour was felt the bowels were unloaded by enema, and a catheter passed into the bladder drawing off half a tea-cupful of clear amber non-albuminous urine.

The tumour was felt per rectum to pass over towards the right ilium.

Thereafter patient became very ill indeed, but without marked rise of temperature, vomiting became a marked feature and feeding per rectum had to be resorted to. An improvement set in up till the 4th of July when the abdomen became again more tender, insomnia and retching set in, the temperature and pulse rate rose (Temp. = 102° F., pulse = 140), the vomit became watery greenish and rather feculent in odour. The stomach rejected everything even water, there was tenderness along ascending and transverse colon and over the hepatic area. By the 6th the patient was decidedly sinking and a fatal prognosis was given. The stomach was starved and feeding per rectum continued. Dryness of the mouth was relieved by allowing the patient to wash it out with soda water, swallowing being prohibited. In spite of the temptation patient nobly resisted the desire to swallow for some days. Fortunately the rectum retained the food and gradually the

patient began to recover slowly.

On the 12th of July pain was complained of at the angles of the lower jaws. There was now no abdominal pain on pressure. By the following day feeding by mouth was gradually resumed, but it was noted that a double parotitis had set in to complicate matters and to raise the temperature. There was little or no vomiting after this unless an occasional mouthful with flatulent eructation. On the 18th the right parotid gland was found fluctuant, and on the following day it was incised. A considerable discharge of pus followed. On the 28th the left parotid was incised below the ear, and at a later date a freer incision was made with distinct advantage in front of this first incision. On the 31st a third incision was made below the left mastoid and pus evacuated, as there was considerable cellulitis all round this ear, passing in front to the eye of the same side. On the 2nd of August it was deemed better to have freer incisions made on the left side as the oedema was passing

backwards over the head. It was thought justifiable to risk chloroform, as the sickness had quite abated and patient had gained strength. This was accordingly done and my friend Dr. Nicoll having enlarged the incision below the ear, scraped and stuffed the cavity in front of the left ear, and made a double incision in the neck and over the mastoid on the same side. There was no sickness at the time of chloroform administration nor following it. Thereafter recovery was almost uninterrupted, some slight recurrence of spasmodic abdominal pain passed off again, and by September the patient was quite well. A few months later she was back at her duties and at the present date, April 1898, she remains well.

An able article by Dr. C. O. Hawthorne in the Glasgow Medical Journal for July 1895, on Secondary Parotitis, quotes Gee and others as referring this condition to dryness of the mouth as a cause. It will be noted that in this case dryness of the mouth preceded the onset of the parotid inflammation, no

food being swallowed, the mouth being simply washed out by means of siphon soda water, germs might thus easily gain entrance to the gland through Stenson's duct. On the other hand it would seem curious that both glands should be affected in like manner at the same time, since pain was complained of on both sides at the angles of the jaws on the same date. I am inclined, however, to fancy this cause a reasonable and sufficient one to account for the condition in this case.

Tubercular Peritonitis with Effusion

The previous case brings to memory another curious one, that of a young girl, Susan T. aged about nine years at the date of her illness. Her mother was dying of a generalized tuberculosis and was lying in the kitchen bed, while the child lay on a chair-bed in close proximity to her mother. My attention

was directed to the child's condition and I found her abdomen enormously distended and fluctuant. I recommended the father to have the child removed to the Children's Hospital with a view to operation. This was done, but as naturally no guarantee could be given of an operation proving successful, he brought the child home again without operation. In a few days the visiting nurse again drew my attention to the child. I then found that the abdominal wall had given way at the umbilicus, and that a milky fluid was oozing out through the sinus formed. I simply advised an abdominal bandage to be applied and gradually tightened as found necessary. I regret that I did not collect some of the fluid for examination. Contrary to my expectation the child rallied, got better, and in course of time was so far recovered as to attend school and eventually do duty as a message girl. While employed as the latter she became plump and rosy. She improved rapidly for some years, and is now acting as a domestic servant and aged about

fifteen years. Now, however, she shows symptoms of delicacy, and will probably develop tubercular symptoms again.

A Case of Chronic Salivation

14/11/95 Mrs. G. aged 60 years.

Complained of epigrastic pain and chronic salivation. The heart and lungs were healthy, considering her age and condition. Abdominal pulsation marked, probably due to fact of patient being extremely thin. On opening the mouth and drying the orifices of Stenson's ducts, clear saliva was seen to pour steadily from the ducts.

The urine was of normal appearance and contained no albumen.

Treatment was directed to regulating the bowels and a mixture of bismuth, capsicum and chloroform given internally. This was followed by distinct improvement in the symptoms present. Patient

however, returned home to the country and further observation of the case was lost.

Salivary Calculus

30/1/96 R. R. aged 11 years. Female.

Complaint was made of a slightly painful swelling of a few days duration situated in the region of the left sub-maxillary and left sub-lingual glands. A small bead of pus was found over the orifice of Wharton's duct. On gentle manipulation with probe and finger of the duct, a small yellow seed-like body 2 or 3 m.m. in its longest diameter was expressed followed by a small amount of pus. This little seed-like body had a hard exterior which when broken revealed friable gritty contents.

Thereafter recovery was uninterrupted, the glands quickly returning to their normal size.

A Case of Transient Paresis

26/5/96 Peter M. aged about 27.

Patient was a volunteer, and on the previous day to his attack he had passed through some severe drilling, involving a great deal of running while carrying a heavy rifle. He was much exhausted afterwards and felt his feet dragging on his way home. About 6 o'clock on the following morning having risen to get a drink he found himself unable to get back again to bed. This was followed by a sudden paralysis of his left arm and left side of his face, which passed off completely within an hour from its onset. When seen there was no paraesthesia and no paralysis present. He had been deaf on the same side for a long time. His urine was albuminous. The apex beat was felt in the 6th space, one inch to left of the nipple line. The first mitral sound was prolonged almost to a murmur, the second sound clunking and accentuated.

The first aortic was very indistinct. Palpitation had been a prominent symptom for some time. There had been loss of vision in the right eye following his looking at an eclipse of the sun eight years before. There was some oedema noted below the eyes and of the left cheek, on which side patient had been lying. On ophthalmic examination the right disc was seen to be hazy and striated at the upper and inner margin. The remains of a large haemorrhage was seen situated above and to the inside of the disc. The appearance of a clot in one of the vessels to the inside of the disc with a pale retinal area beyond it, was also seen. The macular area had a crinkled silk appearance as if the retina was wavy at that part, and there were two glistening white spangles in the same area. The left disc was similar in appearance to the right. In the macular area there was some pigmentary disturbance, and both inside and outside of the disc there were round pigmented spots in the retina.

Later on this patient had improved sufficiently to go home to the country for a rest, but having exerted himself too much had a relapse with partial recovery, followed by a fatal relapse a month or two later on.

This was evidently an unnoted case of chronic nephritis, judging from the condition of the urine, the heart, and the eyes. The point which appealed to me specially was the remarkably transient paresis affecting the left arm and left side of the face, which had disappeared so completely within an hour of his seizure, and which were probably caused by some embolic mischief rapidly passing off.

Haematemesis, or Irregular Menstruation?

27/1/95 Mrs. S. aged 50. Housewife.

Her menses had been irregular for some time and on the last occasion scanty.

Her mother had cancer of the womb, and her father

died of cancer in the stomach. Her paternal grandmother also had cancer of the stomach. Her mother's children have not so far developed cancer.

On the evening of the 26th January she did not feel well, but had a light supper. On the 27th she partook of a light breakfast and at 1 p.m. not feeling well and inclined to be sick, she produced vomiting by thrusting a finger back into her throat. The vomit consisted of food mixed with blood. Half an hour later she again vomited some dark blood clots and frothy mucus. On the same day there was again slight haematemesis at 4 p.m. and 8 p.m. There has been none since up to the present time, April 1898, nor has she menstruated again.

A somewhat similar attack occurred in my practice about the same date with a lady aged about 60. In this case there was such profuse haemorrhage that the patient became almost pulseless, but with care rallied and subsequently laid on flesh, and is now well and stout never having had a recurrence of

haematemesis. Here, however, there was no question of menstrual trouble, nor had there been any gastric symptoms ante-dating the attack.

Two Cases of Internal Haemorrhoids with operation

I John M. aged 27 years. Mechanic.

Patient had suffered from bleeding piles for the previous seven years and had lost a considerable quantity of blood with each motion of the bowels.

14/4/95 Having been prepared in the usual manner by purgatives and enema, patient was chloroformed by my friend Dr. Connal and tied in the lithotomy position. The anus was surrounded by large masses of muco-cutaneous piles; these were everted by means of an anal speculum and the fingers, caught with vulsellum forceps, grooved with scissors at the muco-cutaneous margins, and tied with twisted carbolized silk ligatures. In some cases the haemorr-

hoids were split by means of double threaded needles and tied in two parts. A painful night was passed in spite of opium, and there was retention of urine for a few hours, but within 18 hours relief from pain was obtained. In four days castor oil was administered and some sloughs came away, and by 7 days more all had apparently sloughed. Within three weeks patient was able to go to the Dunoon Convalescent Homes, and there met with rather a severe test as he had the misfortune to be run down by a steamer while in a small boat. Up to the present time there has been no more trouble from bleeding, no undue constriction of the anus, and patient has laid on flesh.

II Miss J. aged 30. Anaemic and neurotic.

She had been suffering from bleeding haemorrhoids for years and had been losing blood by the cupful at a time. Haemorrhage was restrained by the use of sulphate of iron in vaseline, introduced into the rectum by means of a tube.

30/6/95 Having been duly prepared for the operation

as usual, patient was chloroformed by Dr. Connal and tied in the lithotomy position. On introducing a rectal speculum a reddened raw surface, bleeding readily to touch, was seen encircling the rectum and continuous with the external tags of skin. The internal piles were pulled down by means of vulsella and the muco-cutaneous margin grooved deeply with scissors. Twisted silk double ligatures were passed by means of curved Hagedorn's needles and holder, and the piles thus divided tied in two places. A small portion only of the anterior mucous surface of the gut was left. The external skin with loose tags being left entirely outside of the ligatures to obviate any contraction of the anus. The haemorrhoidal surface was dressed with iodoform ointment and returned inside the sphincter. Great pain was complained of by the patient subsequently in spite of free use of morphia in suppositories and the application of belladonna in form of ointment. Complete retention of urine followed and patient had to be catheterised twice a day for seven days. Some

cystitis resulted and the bladder had to be washed out with boric acid in solution. On the fifth day the bowels were moved after administration of castor oil, there was great pain and the patient fainted. On the eighth day there was a slight feculent haemorrhagic discharge, and the same thing occurred once or twice later. The ligatures were passed at different times with the motions, the bladder recovered quickly, and the ultimate result was perfect with exception of some backache which lasted for a time. Up to the present time, April 1898, there has been no recurrence of the haemorrhage.

High Myopia with Operation

17/3/95 Robt. W. aged about 14 years.

Patient was the subject of a myopia of over twenty dioptres in both eyes. His visual acuity was limited to fingers at five feet. The fundus

of his right eye showed choroidal changes. Traumatic cataract of the left eye was induced by needling which was repeated on two or three occasions. The lens was partly evacuated by introducing a keratome into the anterior chamber and use of a curette on one occasion. Atropine was used to keep the pupil dilated. Absorption of lenticular matter took place rapidly, and two months later the vision was equal to 6/24. A month later the pupil was quite clear, and patient was much better able to attend to his work as a message boy than before the operation. On the 27th October 1897 the boy was seen and there was no complaint of failing sight, such as would be caused by a separation of the retina, the chief thing to be dreaded in this operation.

Acute Specific Optic Neuritis

Mrs. S. aged 25. Primipara.

Patient was first confined in November 1894 of an infant about full time, but which had been evidently dead a week previous to its birth. The placenta looked white in places as if undergoing degeneration. During pregnancy the right labium minus had been swollen to the size of a large fig, but contracted under treatment.

2/5/95 Recently patient had been under treatment for an ulcer in the perineum which was non-indurated, the right nympha was enlarged and tender with raw surfaces as before. These conditions passed away under Biniodide treatment internally and black wash locally. The groin, post cervical, and elbow glands were all enlarged, those in the groin tender on pressure. The hair had fallen out markedly after labour, no uncommon thing, but was recovering. There was a papular eruption with maculae partly

hidden by the hair, noted on the neck. Complaint was made of dimness of vision in the right eye.

Visual acuity of right eye = 3/60, and of left = 5/60.

Ophthalmic examination showed a very pronounced papillitis of both discs.

The Biniodide treatment was continued with pills containing iron and arsenic. On the 6th May the glands were still enlarged and the eyes were as before, the macular spots were disappearing. A few days later the urine was examined and found to contain a faint trace of albumen.

On the 26th May patient was found much improved. Ophthalmic examination showed the discs still papillitic, greyish and striated. Visual acuity much improved, 5/6 in both eyes, almost normal. Treatment was continued.

A year later patient gave birth to an apparently healthy child and she herself also appeared to be in robust health.

Some Cases of Diphtheria

I Pharyngeal Diphtheria

J. McD. aged 4½ years. Male.

The drains, which previously had been laid directly under the close, were lifted and relaid recently in a new course. There had been "sore throat" in the house opposite in the same close. Patient began to complain of feverish symptoms on the 23rd December 1888, but improved and was running about two days later.

On the 26th December I was sent for as the patient was complaining of sore throat. He was feverish and had pain on swallowing, foul tongue, no rash. A silver grey patch was seen on the left tonsil and a yellowish patch on the right tonsil. The urine was albuminous.

The throat was painted first with argenti nitras (gr. XXX - ℥z.) and later with pure lactic acid once, followed by the same diluted to one in

six of water, and applied every three hours. A calomel and scammony purge was administered, and patient placed in a tent-bed into which a bronchitis kettle with some eucalyptus oil was kept steaming. On the 30th December iron and glycerine in mixture were given every three hours. By the 1st January 1889 the patches were disappearing and the little fellow's strength was well maintained. On the 3rd January he was able to be up, and then there was noted slight thickness of speech. The urine still contained albumen. By the 14th January the throat was clean, there was no paralysis, but the urine still contained albumen. Thereafter recovery was uninterrupted.

II Pharyngo-Laryngeal Diphtheria

A. A. aged six years. Female.

28/9/92 Patient had been suffering from cough and sore

throat for the previous ten days. On examination there was noted great stridulous breathing with recession of epigastric and supraclavicular spaces. The lungs were bronchitic and the pharynx was coated with a yellow membrane particularly the left tonsil. Steaming with creasote and carbolic in a kettle was begun at once, and a mixture containing tincture ferri perchlor., tinct. Iodi and Potass. Chlor. given every two hours. From the lung condition it was not thought that Tracheotomy would improve matters. Patient died the same night shortly after midnight.

III Laryngeal Diphtheria

R. W. aged 3 years 11 months. Male.

18/11/92 Patient had been complaining of cough for two days and of dyspnoea for one day previously. There was great recession of epigastric and of suprasternal notch and supraclavicular areas. Dyspnoea

and dysphagia, temperature = 98.6, pulse = 120. Urine showed a trace of albumen.

Patient died the same night.

A brother had died in Belvidere of the same disease after Tracheotomy.

IV Pharyngo-Laryngeal Diphtheria

Isa K. aged 13 months. Female.

10/4/93 A delicate child and a twin, brought to the city from Dumfriesshire at date. In the country she had suffered from an attack of inflammation of the lungs, but having recovered permission was given to take her out and thus she was brought home. I saw her at 5 p.m. on the same day. My attention was drawn by the nature of the breathing to the throat and on examination it was found to be covered with a yellow membrane, particularly on the posterior surface of the uvula and the posterior surface of the pharynx. Mucous rales were heard in the chest.

The ribs and supraclavicular areas were indrawn. A fatal prognosis was given. The treatment pursued was that of steaming with carbolic and creasote, and iron iodine and chlorate given internally. At 8 p.m. the cough and breathing were rather easier. Tracheotomy was suggested to relieve breathing, not as a cure. At 2 a.m. next morning I was called and found the little one sinking rapidly, with laboured breathing, jactitation, and cyanosis. My friend Dr. Connal assisting and giving chloroform, I opened the trachea. On introducing the dilators a great deal of mucus was expelled. A vulcanite tube was introduced and more bloody mucus was blown out. There was considerable relief to the breathing, and some milk was got down. Patient, however, gradually sank and expired quietly six hours after operation.

V Pharyngeal Diphtheria

Jeannie M. aged 7 years. Female.

19/2/94 Constitutionally a strong healthy child. Complaint was made of a swollen neck, and on examination the right side at the angle of the jaw was found to be enormously swollen, closely resembling the swelling of mumps, but of only one day's duration. A small diphtheritic patch was seen on the right anterior pillar of the fauces. The throat was sprayed hourly with a mixture containing iron, iodine and chlorate of potash.

20 " The patch was enlarged, the tonsils swollen, the uvula oedematous, and the glands on the left side of the neck were also much enlarged. The urine was albuminous. Hot boracic fomentations were applied externally to the throat. By evening the neck had become "collar-like." The temperature was 100° F. and the pulse about 100 and soft. Vomiting had followed the use of the spray.

The throat was now painted with ethylic alcohol internally, and steaming with carbolic was resorted to.

21/2/94 A fair night had been passed and temperature was normal. Pulse feeble and quiet. Some nasal discharge, throat sloughy but breathing easier. Patient was not feeding well, and the spray caused vomiting. The throat was now painted instead with alcohol, and the mixture was to be swallowed in place of being used as a spray.

22 " Vomiting had continued after each dose of the mixture. It was therefore stopped and a mixture containing quinine and hydrochloric acid given instead. A large blackened slough was seen on the soft palate, and a pinkish discharge continued from both nose and mouth. Brandy and Wyeth's Beef Juice were pushed. The temperature was 98° F., the pulse quiet, soft and slow. At 4 p.m. the pulse was almost imperceptible, and at 9 p.m. the patient was pulseless and sinking. About 10 p.m. she sat up to move her bowels and the heart collapsed.

The feature of this case was the toxine poisoning evidenced by the enormous glandular enlargement, rejection of food by the stomach, and cardiac failure. The larynx was never affected, nor the breathing in any way distressed.

VI Pharyngeal Diphtheria

2/7/95 Annie M. aged 5 years. Female.

Sister to previous case. She had been very "bilious" and fevered all the previous night. Her pulse was 120, her temp. 100° F. A left cervical gland close to the inferior maxilla was enlarged. The throat was congested and white patches were noted on both tonsils resembling a spreading follicular tonsillitis. Swabs from the throat were reported by Dr. R. M. Buchanan to contain diphtheritic bacilli and streptococci.

The throat was painted hourly with lactic acid 1 in 6.

3 " The throat was clearing, vomiting had ceased,

and the patient was bright. Pulse was 100, temp. 99° F. the glandular swelling was less. The patches were white and not at all like wash-leather in appearance. The urine contained albumen.

By the 5th of July the throat was clean. Patient was well and up a few days later.

This is a good family contrast case to the last, and was one which but for the bacteriological report might have been passed over as probably non-diphtheritic.

VII Pharyngeal Diphtheria

10/3/94 Lily H. aged 7 years. Female.

Patient was complaining of sore throat after sleeping in a room through the roof of which rain had been percolating. Her pulse was quick but soft, her temperature 100.1° F. The right tonsil was enlarged, reddened and had a yellow patch extending downwards. A mixture of iron, iodine and chlorate

was sprayed into the throat and swallowed, and lactic acid 1 in 4 applied on alternate hours.

11/3/94 Patient had been very feverish during the night, but after free movement of the bowels the temperature was 99° F. The membrane was spreading over the soft palate and attacking the opposite side.

12 " Patient felt well and was cheerful. Her temperature was normal. The throat was better but membrane was still seen low down at the back of the pharynx.

On the 13th patient was well and taking food well, the throat was clearing but still patchy on the right anterior pillar. By the 14th the throat was clear.

This was another light case which might be passed over as non-diphtheritic.

VIII Pharyngo-Laryngeal Diphtheria

19/9/95/ Jean C. aged 5 years. Female.

Four days previous to my visit this little girl

was noticed by her parents to be croupy, the cough being worse at night. There was no complaint of the throat being painful. On examination there was noticed some ulceration at the right angle of her mouth, and slight yellowish patches on right pillars of fauces and on uvula. The tongue was clean. A pronounced brassy cough was heard with stridulous breathing. There was slight recession of the supraclavicular areas, the pulse was 100, and temperature 99° F. in axilla. Treatment was by steaming with carbolic and creasote mixture, internally a mixture containing iron, iodine and chlorate of potash. At 9 p.m. 10 C.C. of Burroughs & Welcomes exsiccated serum was injected into the right flank. Temperature then being 99.8° F. and pulse 108 per minute.

20/9/95 Dr. R. M. Buchanan reported the culture to be diphtheritic. The urine showed a distinct trace of albumen. Patient had passed rather a restless night and complained of the side where the injection had been made. Temperature was 99.2° F. and pulse

120. The throat was pale, the patches had not increased. Evening temp. = 100.4° F. pulse 120.

21/9/95 A good night passed and slept well. Temp. - 98.4, pulse 100. The pharynx was quite clean. On coughing the obstruction in larynx appeared less. Food was taken well. Evening temp. was 98.4° and pulse 84. Patient felt well and wanted to rise.

22 " Afternoon: Temp.= 98.4 and pulse 86. Pharynx clean, larynx less involved, right angle of mouth still showed some yellow exudate. Voice still hoarse, but breathing quieter and non-stridulous. Taking nourishment well.

23 " Breathing became worse during night and a trace of membrane was again seen on the right tonsil. The temp. was 98.4 and pulse 80. By injection 10 C.C. of B. W. & Co's anti-diphtheritic serum was again introduced into the left flank. Evening: Patient was sweating profusely, temp. was 103.2° and pulse 120-130. Breathing had not improved, but patient was swallowing well.

24 " Rather a restless night but on the whole slept

well. Temp. 100.9°, pulse 120 and soft. Skin moist, breathing was quieter. No rales in throat, and chest was clear. The pharynx was again cleaner, one yellow spot on right tonsil. The sore at angle of mouth was also less and was painted with pure lactic acid. Wine was ordered and glycerine of borax to suck. Evening 8 p.m. temp. = 100.5°, pulse 116. Throat clean, child evidently bettering again, breathing not laboured, cough slight but stridulous.

25/9/95 Morning, temp. = 99.1° and pulse 120. Passed a good night, throat clean, breathing free, slight cough. Evening, temp. 99° pulse 120. Still progressing favourably.

26 " Had a good night and taken food well. Throat clean, breathing free, cough slight but freer, temp. 98.1 and pulse 92-100.

27 " Another good night passed. Throat clear, breathing free. Cough still hoarse a little. Temp. normal. Pulse 92. Urine albuminous. Mother stated that patient had coughed up some "stringy

matter with streaks of blood."

28/9/95 Evidently well. Angle of mouth painted with lactic acid 1 in 8.

29 " Patient appeared perfectly well. Temperature and pulse normal. Angle of mouth cleaner. Throat clean. Since afternoon of previous day the breathing had become more laboured, and at midday it had become distinctly stridulous again. At 6 p.m. there was no improvement in the breathing. No membrane was discovered with the laryngoscope. An injection of 10 C.C. B. & W's dried serum was again made.

30 " A bad restless night passed. Temp. 99°, pulse 130 and intermittent. Not drinking well. Pharynx clean. Skin sweating and a papular eruption had appeared since last injection. Breathing worse, more stridulous. Fluids and medicines vomited. At 6 p.m. some jactitation had appeared, but milk had been retained by the stomach. Tracheotomy was considered but put off meanwhile.

1/10/95 Patient had passed a bad restless night.

Milk and stimulants had been retained, temp. = 99° , pulse 140. Sore at angle of mouth clean. At 12.30 a.m. about 5 C.C. of Aronson's anti-diphtheritic serum was injected into the right flank. Breathing was very laboured. At 7 p.m. I was summoned as the patient was thought to be dying. There was extreme difficulty in breathing and great restlessness. An hour later with my friend Dr. Connal's assistance I performed tracheotomy under chloroform. Carefully and slowly without undue haste. On opening the trachea and cutting several rings upwards there was not the usual free inrush of air, not even on introducing the dilator. A feather was pushed freely upwards through the larynx into the pharynx, but could not be passed down the trachea. With great difficulty a tube was introduced but was completely blocked. On further examination the trachea was seen to be hopelessly blocked. The patient gradually sank in spite of efforts to restore animation, the dilator being kept in situ as a tube was of no avail.

There had been no response to the last two serum injections. It will be seen that the breathing had never been absolutely clear, the extension of membrane having evidently passed down into the bronchial tubes. The drainage of this house and close was faulty, and subsequently the whole of the water-closets were gutted out. From the long duration of this case with its relapses and favourable response to the first two serum injections, I was strongly of opinion that the case would have done well but for its insanitary surroundings. So well did the child appear to be at one time that I was considering the question of discontinuing attendance on the case, and but for the first relapse might have done so. It was particularly interesting to me at the time as just then the serum treatment was coming into use, and the response to treatment was most marked. I had never seen a case under the old treatment relapse and rally in like manner. My experience of laryngeal cases being that they went rapidly from bad to worse without relapses.

Name B. Mc C. Age 8 yr 11 mos. Occupation

Illness Pharyngeal Diphtheria Date 3. Dec. 1896

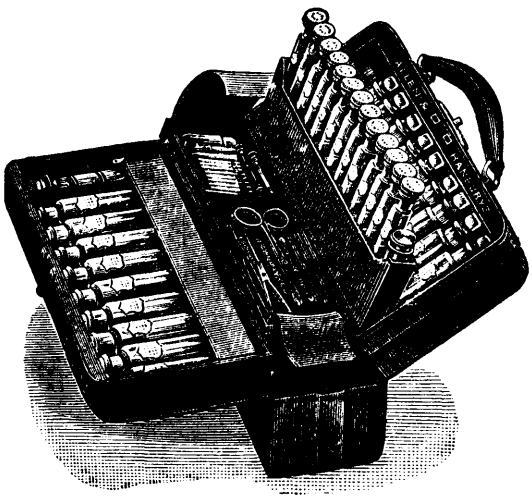
Day of Month	3?	4th	5th	6th	7th	8th	9th	10th
Day of Disease								

CENT / FAH

41° 106° 105° 40° 104° 103° 39° 102° 101° 38° 100° 99° 37° 98° 97° 36° 96° 95°

Pulse	100	101	89	90	92		99		94	74		60		82	90			60						
Resp?																								
Stools																								
Weight																								
Urine: Sp. Gr. Reaction																								
Urine: Albumen or Sugar	No Alb.				No Alb				No Alb					No Alb.										

Carriage Cases.



No. 1. Specially designed by ALLEN & HANBURYS for the benefit of country practitioners. Though small they are so arranged as to hold a large number of bottles for such medicines as are likely to be most needed, and further, space is found for a considerable assortment of instruments.

The two upper parts of case in Figure containing vials, &c., fall apart, disclosing a well in the lower part of the case, in which is a tray for Hypodermic Syringe and other instruments, while below this is abundant space for more instruments, bandages, dressings, &c. Of vials, &c., there are nine 1 oz. stoppered, nine 1 oz. corked, thirteen ½ oz. corked, one urinometer with spirit lamp, test tube, graduated glass, and one bottle for holding carbolised ligatures.

Together with the Hypodermic Syringe and Needles, are supplied 12 tubes of Allen & Hanburys' "Hypoderms," one stoppered bottle for distilled water, one pipette and one graduated tube.

The instruments can be varied to suit individual tastes and are all warranted best English make.

Price for Case with Bottles only 45/-
" " fitted with Hypoderms and Syringe, 17/6 extra.
" " fitted complete with Instruments, price according to requirements.

Other sizes and shapes kept in stock. Full Illustrated Price List on application.

MEDICINE CHESTS FOR TRAVELLERS ABROAD.

ALLEN & HANBURYS, Plough Court, Lombard Street, E.C., and 7, Vere Street, W., London.

Tracheotomy in some cases, of course, saving life or prolonging it.

IX Pharyngeal Diphtheria

B. McE. aged 8 years 11 months. Male.

3/12/96 Had complained of sore throat on previous day but had been at school. The drains of the W.C. were said to have had a bad smell proceeding from them. A sewer grating lies in a vacant space about 50 yards from the house, where patient was in the habit of playing. He was said to have had an attack of diphtheria in infancy. His tonsils were enlarged, and these on recovery of patient were noted to be in a condition of chronic hypertrophy. The glands at the angles of the jaws were also enlarged slightly and tender, his tongue was coated, and there were white patches on the tonsils not removable by means of a swab. Pulse = 112, temp. = 98° F. Urine non-albuminous. The

treatment pursued was by hourly sprays of diluted sulphurous acid, painting the tonsils with lactic acid 1 in 3, and a mixture of iron, iodine, and chlorate of soda given every two hours.

4/12/96 Left tonsil was clearer, right tonsil more coated, a patch was noted behind the uvula and there was some nasal discharge. A good night had been passed, but the temperature had risen to 103° falling again towards morning. No albumen present in urine. Dr. R. M. Buchanan reported culture to be diphtheritic. Dried serum of B. W. & Co's = 600 C.C. Behring was injected into the left flank on the abdominal surface. At 6 p.m. the temperature was normal, at 9 p.m. it had risen to 103.2°. Patient looked pale, with a rapid feeble pulse. Food was well taken.

5 " Patient had passed a good night, the throat was markedly cleaner. Temp. and pulse better. At 8 p.m. he was very well and taking food well. Tonsils much cleaner, the left one almost well. Less catarrhal condition of nose. Still no albumen in urine.

6/12/96 Another good night passed. Temperature had risen to 100° on previous night but was normal by midday. Throat better, small fading spot on left tonsil, right rapidly clearing. On 7th slight trace on right tonsil, none on left. Slight yellowness of tonsillar crypts noted on 16th. Thereafter recovery was uninterrupted.

X Pharyngeal Diphtheria

M. McC. aged five years. Female.

13/9/97 Yellow membranous patch on right tonsil. Swab rubbed over without removing it. Temp. = normal. Treatment by application of lactic acid 1 in 8 every two hours, and a mixture given containing chlorate of potash, tincture of iodine, tolu and water.

15 " Dr. R. M. Buchanan reported culture to be diphtheritic. No marked change in condition of child, not apparently very ill. About 800 units of B. W.

& Co's anti-diphtheritic serum scale preparation was injected into the right loin. There was no albumen in the urine.

18/9/97 Patient quite well. Tonsil cleaned, but whitish patch on mucous membrane seen caused by application of concentrated solution of lactic acid.

Patient was up and well by the 26th and made an uninterrupted recovery. Tonic of iron and quinine was prescribed.

A few days later the father who had been attending personally to the child developed sore throat. It was of the follicular tonsillitis order, and a swab taken from the throat did not develop the diphtheria bacillus as reported by Dr. R. M. Buchanan.

About this time one or more cases of enteric fever were reported from the same close. The drains were examined and found defective. In January 1898 I saw a second case of undoubted diphtheria in the house above the first case. It was reported and removed to hospital.

A Case of Tonsillar Albuminuria

A. M. aged nine years. Female.

26/5/96 Three days previously a baby sister had died under my care of laryngeal diphtheria. Thereafter the house had been disinfected in the usual manner. On the evening of the 25th the patient felt as if she had got a chill accompanied by pains in the limbs and sore throat.

The gland at the angle of the left jaw was swollen. A small yellowish patch was seen at the upper margin of the left tonsil and removed for examination. The pulse was 106 and temp. = 99° F. A calomel purge was administered, and the throat was painted with lactic acid 1 in 6, hourly at first.

27 " The urine was scanty and densely albuminous. The throat was clean, a small patch on the left tonsil was removed by forceps without bleeding. Pulse and temperature were normal. Dr. R. M. Buchanan reported culture from swab to be free of

diphtheria bacillus. By evening the throat was quite clean, the patient well and desiring to be allowed up.

28/5/96 The urine was more abundant, amber, acid, with a specific gravity of 1020, and with a mere trace of albumen. Thereafter the recovery was uninterrupted.

Some Toxicological Cases

I Acute Arsenical Poisoning

9/1/94 C.S. aged 30. Physician.

Patient was asthmatical and began to take Fowler's solution in eight minim doses to start with. He had not been feeling well during the afternoon and this condition was succeeded by sudden severe vomiting and symptoms of collapse. There was epigastric pain on pressure. No diet error was

discoverable and the temperature was normal. As it was probable that the stomach had got rid of the arsenic, poultices with mustard in the first one were applied over the epigastrium. Some sal volatile was administered.

10/1/94 Patient slept well all night after the first poultice had been applied. Arrowroot was ordered and the diet was to be carefully watched. On the following day patient was out and feeling quite well.

II Acute Belladonna Poisoning

Miss B. aged 50. Deaf Mute.

30/3/96 Two days previous to my visit while working about the house patient had been suddenly seized by a violent pain in the back and could hardly walk. She thought that this was lumbago and got her friend to rub her back with turpentine, which relieved the pain. The turpentine was not washed

off and at night a perforated American-made Belladonna plaister about 5" x 7" was applied over the site of the turpentine application. Patient had previously used belladonna plaisters applied to her chest which were not followed by bad results, but in this instance the turpentine seemed to have aided in the absorption of the belladonna. To use her own words,"The plaster burned dreadfully all the time (2 hours), so I took it off. The pain stopped, then I turned very sick and was inclined to vomit but could not. I had a terrible and severe retching. My mouth was perfectly dry, so when I took a mouthful of cold water I could hardly swallow, as I was nearly choked both in the throat and nose. I shivered and my arms and legs shook. I made my own water very often, almost every twenty minutes all night." She thought she was poisoned by the plaster. Her feet were "dreadfully hot" all night in bed. After removing the plaster she felt worse until she had washed her hands. After a short sleep her eyes felt swollen and dim. No doubt the pupils were dilated and the accommodation

affected, but when seen there was no marked pupillary dilatation. Her throat felt dry all night.

When seen she was suffering from a feverish cold, and in a couple of days had quite recovered.

III Acute Narcotic Poisoning

6/12/94 Mrs. S. aged about 70.

Her past history showed that she had been suffering from senile dementia.

I was called at 9.45 a.m. to the patient who was stated by the messenger to have fainted. The friends, however, said that about a quarter of an hour previously she had swallowed the contents of a three ounce bottle almost full of the A. B. C. Liniment, and the contents of a second bottle containing about three drachms of Laudanum. She was quite unconscious and her breathing was stertorous. Emetics of salt and mustard had been administered and vomiting had followed. I injected pilocarpine subcutaneously and with as little delay as possible

washed out the stomach by syphon with warm water and hot coffee. This washing out was done about half a dozen times. Turpentine stupes were applied over the cardiac area, ether given subcutaneously, and nitrate of amyl inhalations, followed by artificial respiration, all without avail. Patient died about 11.45 a.m. comatose, an hour and a half after being first seen. The washings from the stomach had a strong narcotic odour, and the air of the room smelt strongly for some time after death of the liniment and laudanum. The bottles which had contained the drugs were kept, and their capacities gauged by measure.

IV Chronic Arsenical Poisoning

12/9/96 Miss M. A young girl of about 20 years of age was brought to me suffering from somewhat indefinite symptoms of dyspepsia. The girl was evidently very ill and weak, and was sent home to bed. On the

following day as there was violent vomiting of green bilious-like matter, small doses of calomel were administered. A day or so later the patient was evidently sinking fast, with vomiting, abdominal pain, weak fluttering pulse, sighing respiration and pallid complexion. Dr. George Beatson who saw the case with me agreed that the symptoms strongly suggested gastric ulcer with perforation. Patient died a few hours later. At the autopsy nothing abnormal was found with the exception of some ecchymotic patches in the large bowel. The spleen, liver, kidneys and pelvic organs were apparently healthy. No perforation was found, nor signs of such.

In December following I was called to Mrs. P. the aunt of the previous case, who was living in the house in which her niece had died, and who was not in good health. At one time she had suffered from endometritis, a condition which was relieved by curetting the uterus, and after which operation pregnancy took place. At the above date the baby

was nine months old, lusty and strong. The mother was feeling weak and depressed, her pulse quick, soft, small but regular. On examination of her chest it was noted that the front of the apex on the right side was slightly duller to percussion than that on the left side. The first mitral sound was booming in character but there was no murmur. The lungs and heart were apparently healthy. There was loss of appetite, anaemia, slight oedema of legs, but no albuminuria. Patient was put on Syr. Hypophos. C. a teaspoonful thrice daily. In February following there was little or no improvement, and the tonic was continued and followed by iron and arsenic pills. An Albert Smith pessary which had been worn at one time was reintroduced. On the 16th of March there was no improvement noted. Patient felt weak and suffered from diarrhoea, alternating with constipation, a burning pain in her mouth, coated tongue, flatulence, and pain across her chest. Powders containing bismuth, zinc oxide, pepsin and ginger were tried.

On the 20th of March there was uncontrollable

diarrhoea, hourly and oftener, without pain. Sub-nitrate of bismuth in gr. X doses with pulv. cretae. aromat: c opio gr. XXX was given every four hours, and burnt brandy, boiled milk and lime water. Observing that the walls of the kitchen in which the patient slept were coated with a green wash, I removed some for examination.

Reinsch's Test was applied to the powder. It dissolved partly in hydrochloric acid with slight effervescence, pieces of clean copper wire immersed in this over night were found thickly coated with a black deposit in the morning, so thick was the deposit that it was scaling off the wire.

On the 21st of March patient was little better, the watery diarrhoea had continued all night. Pulse and temperature were normal, there was no vomiting and no pain, only great weakness and depression. No pain on pressure over the abdomen, no splenic nor hepatic enlargement.

Marsh's Test was applied to some of the powder removed from the kitchen walls. Arseniuretted hydrogen gave a metallic stain on cold porcelain held

in the flame, soluble in nitric acid.

22/3/97 The diarrhoea continued and starch with laudanum injections were tried with benefit. The milk was peptonised and retained. A scraping of green powder taken from a neighbour's kitchen wall showed no trace of arsenic.

23 " The watery purging, which had ceased for a time, had recommenced. The pulse rate was 120 and the temperature was normal. There was no pain, only a feeling of weight at the epigastrium. The starch and laudanum injections were continued and the chalk and opium powders every four hours. The peptonised milk was being passed unchanged through the bowel. Small quantities of brandy were given at intervals. After consultation with Dr. Geo. Beatson, who agreed with the diagnosis of arsenical poisoning, patient was removed to a Home to get her out of the arsenical atmosphere until the walls should be scraped down and the house cleaned.

24 " After removal patient slept six hours at intervals. Pulse was 126 and regular. Temperature sub-normal. Bowels still loose and milk passing

through unchanged. The diet was altered to that of raw meat sandwiches with marked benefit. The starch injections were continued.

The urine tested roughly without preparation did not show any trace of arsenic: but on being prepared according to the following method given by Dr. Aitchison Robertson in his book on clinical diagnosis a result was obtained, a specimen of which is inclosed.

"Arsenic in urine.
Detection (Reinsch's Process).
Destroy organic matter by boiling with H.Cl.& K.Cl.Og.
Evaporate almost to dryness.
Add water and filter.
Evaporate filtrate again.
Redissolve and add one sixth of the bulk of pure (Arsenic free) H.Cl.
Drop in strip of pure copper foil.
Boil for some minutes.
Dark iron grey coating of foil = arsenic.
Remove foil, wash gently and dry.

Cut up and place fragments in sublimation tube.
Heat = Arsenious acid sublimed and deposited further up tube.
Microscope = Octahedral crystals."

By this method a grey coating was obtained on copper foil with the urine, but attempts to get the octahedral crystals by sublimation failed probably through want of skill on my part.

25/3/97 Patient had a fair amount of sleep, and the diarrhoea had ceased. Pulse was 120. Temp. = normal. There was great thirst, tongue slightly coated, menstruation had started during the night.

26 " Had not passed such a good night and the diarrhoea was somewhat troublesome again. Felt sick after the raw meat sandwiches. Was ordered aromatic sulphuric acid in 10 drop doses in water 3 or 4 times daily, also Benger's Peptonised Chicken Jelly, Wyeth's Beef Juice, Starch and Laudanum injections.

A control experiment with my own urine was made by Reinsch's Test in same manner as given by

Aitchison Robertson. The copper foil remained bright. I then began to take iron and arsenic pills, containing 1/40 of a grain of arsenic, one such twice daily.

27/3/97 Patient was stronger and had slept better. Pulse = 102. Temp. = normal. Her urine was again tested as before and showed distinctly the presence of arsenic.

28 " Patient was improving, felt stronger, and the diarrhoea was ceasing.

30 Her bowels had moved loosely, twice in 24 hours, but her pulse was stronger and 90 per minute. Temp. = normal. Thirst troublesome.

1/4/97 Much stronger, felt as if could sit up. Fish ordered. Bowels moved once yesterday loosely but motion was more digested looking.

4 " Was improving quickly. Fish and more solids taken. Urine tested as before still showed presence of arsenic.

7 " Able to sit up. Bowels moved naturally but not in form. More solid diet given.

11 " Reinsch's Test with the urine was confirmed by

heating the copper foil in a glass tube when a metallic ring was obtained.

A wall scraping from a neighbour's house (Mrs. G.) was examined and also found to contain arsenic in abundance, confirmed by heating the copper foil used in Reinsch's Test in a glass tube and obtaining a metallic ring.

22/4/97 Patient left the Home on the 19th at her own desire although diarrhoea was threatening again, and at date she was not so well again with the previous symptoms.

24 " She was somewhat better again, but her motions were loose and undigested-looking. She was getting boiled milk and lime water and raw beef sandwiches, also powders of bismuth and aromatic chalk powder.

1/5/97 Patient was bettering again and a mixture was given, tincture of catechu, kino, mucilage and chalk mixture.

7 " Bowels moved loosely once daily in the mornings. My own urine was now tested after a course of fifty iron and arsenic pills, but no trace of arsenic was found on the copper foil.

13/5/97 The diarrhoea had been a little troublesome of late and lead and opium pills were given a trial, one every four hours.

17 " Much better since the pills and bismuth had been given.

24 No diarrhoea, pulse stronger, motions in form. Patient was sent north for a change and nitrate of silver in solution was tried with some benefit. Later on pills containing oxide of silver and opium, half a grain of each were tried, but patient getting worse she was removed to hospital in Inverness, where after a prolonged stay she again improved and returned home.

I last saw her on the 25th of January 1898. She was still weak and depressed and troubled occasionally with diarrhoea, but was able to go out and to attend to her household duties. When last tested her urine was apparently free from arsenic and contained no albumen.

P.T.O.

Box A Specimens

No 1. Wall scraping from Mr. P's Kitchen contains Arsenic.
2. " " " Mrs G's " " "
3 " " " Mrs B's " Absence of "
4 " " " Mrs S's " " " "
5. Copper foil immersed in boiling Acid filtrate from bottle marked No 1 = Presence of Arsenic
6. Ditto from No 2 = " " "
7. " " No 3 = Absence of "
8. " " No 4 = " " "

Box B. Specimens

9. Copper foil immersed in Mr. P's Urine after preparation as on page 134, Shews Arsenic as a greyish coating. The bright-upper part-shews where the Copper was not immersed in the fluid. The Speckled appearance of the coating was produced by Crystals of Potassium Chloride, KCl probably, (or of Cuprous Chloride, Cu_2Cl_2, see Watts Manual of Chemistry 1863 edition. Page 435. Ninth line from foot of page) which were adhering to the foil when removed from the urine. It is of importance to note,

as I found by esperiment - that in thus preparing the urine, if too much $KClO_3$ is used free Chlorine is evolved, & the Copper rapidly disappears on boiling with HCl. Cu_2Cl_2 being formed. See Watts Chemistry Again at page 435 Line 14 from foot of page.

N: 10. A Control esperiment -
Copper foil immersed overnight in a Specimen of my own urine after the usual preparation.

11. Copper foil immersed in my own urine prepared as before, after taking a course of fifty Donovan Arsenic Pills each containing 1/40 of a grain of Arsenic, of these two daily. There is a very questionable trace of Arsenic present.

12. As the same after standing immersed for eighteen hours.

13. Copper foil immersed in the urine of a lad who had been taking Arsenic for some time. The foil was unfortunately overheated in drying, but there were no marked signs of coating.

Box C Specimens

Slides & tubes shewing Crystals of Arsenious Acid & metallic Arsenic in Globules. Prepared by dissolving wall scraping from Mr. P's Kitchen in Hull, filtering, immersing Copper foil in the filtrate & boiling, drying the foil carefully, & heating in tubes prepared after the manner described in Forensic Medicine, by Guy & Ferrier, fifth edition, 1861. & at pages 443 - 444. There has been no difficulty in getting the Octahedral Crystals visible under the microscope, but there has been great difficulty in getting such crystals to take up the position desired in the Centre of the Capillary tube. No doubt this was due to a want of skill in such matters.

N.B. The tube marked 14 in Box B. of Specimens is the only one which I have to shew containing Arsenious Acid Crystals, obtained from Mr. P's urine by Sublimation from Copper foil. With care under the Microscope & thumb Crystals will be seen in the ring nearest to the lowermost piece of paper inserted round the tube.