Emergencies,

The Unconscious State and Sudden Death

Thesis for the degree of M. D.

by

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Emergencies, The Unconscious State and Sudden Death

Since Graduating M.B. in 1883, I have been forced, by circumstances, to regard medicine more as an art than as a science; my progress and attainments since then, are, therefore, more in the direction of practical observations and experiences than in scientific investigation. To show wherein that progress consists, and the value of it to me is the object I have set before me in reporting the cases which follow, and the remarks upon them. But, even, when all that is done, I feel that I have failed to communicate the chief lessons I have learned in the practice of my profession.

On looking over my case book I was struck with the number of cases which, at their commencement were of the nature of emergencies — cases which from their very nature presented features which indicated urgent and immediate treatment, to the individuals who first saw them. And, furthermore, I was impressed with the number of these cases which had this one

feature

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feature in Common, that the patient when seen by me was unconscious, either partially, or completely, so that I was called upon to decide and to act upon objective symptoms and signs, and often also without any history of the onset of the illness. Nothing seems to impress the ordinary mind more of the urgent necessity for medical skill and medical aid than the sight of a fellow creature who, either from some unseen cause, or from obvious injury, has lost the faculty of knowing anything of himself and his surroundings and if, in addition to that, evidences of suffering are palpable to the observer, the demand for medical aid becomes imperative. Such cases often prove themselves to be the opprobrium of the slow, contemplative man, the opportunity of the active man with presence of mind, tact and inspiration. A medical man summoned to an urgent case is called upon neither to diagnose nor to prognose, off hand, for the benefit of the bystanders.

He

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The materials for a satisfactory and Complete diagnosis may not be to hand. He may comprehend, immediately and correctly, from his judgment and experience, the condition he has to do with, but, what he is expected to do, in most case at least is to act, and to act at once. "When in obscure and dangerous place", says Dr John Brown, "we must not contemplate we must act it may be on the instant." An accident which took place recently at our pier illustrates very well the censure which comes to the man who contemplates and the credit accorded to the man of action. A man had his thorax severely crushed between the floor of a steamer's paddle and the paddle-box. He was removed from the pier in an unconscious and apparently dying state. Search was made for doctors, Dr A. arriving looked at the man and giving instructions to have him removed to some place more convenient for treatment, left. Drs B and C. arrived on the departure of A and B

seeing

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seeing the congested appearance of the head, and blood oozing from the aperture, bled the man on the spot with apparent benefit, then superintended his removal to an hotel and otherwise cared for him. The man did well.

Not having been present at this case I was in a sense, compelled to be an auditor to the discussion which raged around it and while, there was no doubt that the delinquency of the one and the meritorious action of the other were both exaggerated there was this that no one could fail to note that the public expect medical men to realise a special and peculiar responsibility in such a life. To be called to an urgent case - the case of a man who has taken suddenly ill, or met with an accident, and become unconscious, or a man found in an insensible state and to arrive and tell the onlookers that it is a "fit" a "shock" that he is "drunk" or dying, and leave him is looked upon as execrable, and justly so. What we are sent for and to do

what the people want to know is, Can we do anything, and if so, to do it at once, and, even if we cannot do anything, I think, it is well, to realise that our duties do not end until the urgent symptoms have passed away or until life ends. If a bad result is inevitable, it is probable we will be called upon to give some rational account of the cause of death. For although, as I have already said, we are not called upon immediately and offhand to announce our diagnosis, while the person is convulsed or in a comatose state, we sooner has the urgency of these symptoms passed away than the question will likely be asked Was it a "fit" or a "shock"? By the former word is generally meant Epilepsy, and by the latter Apoplexy. Of course the condition may be due to neither Epilepsy nor Apoplexy, but the result of a number of organic diseases, or it may have had a traumatic cause, or be due to poison. The following cases which I have reported, and endeavoured to make a

few

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few remarks upon, are a few illustrations of the great variety of pathological conditions which induce disturbances of the nervous system, and which manifest themselves in Convulsions and coma, and often end in sudden death. The cases which I have selected with a few exceptions belong to a class which did not come within the domain of my hospital experience, or that clinically they were a terra incognita to me in commencing practice. The notes of the cases were originally taken neither for the purpose of being spoken or written about, but only for practical purposes, they are therefore very imperfectly recorded and, I fear with too great diffuseness. While not presuming to make any physiological or pathological observations I have indicated in each case the rationale of my treatment and in the Remarks following the cases I have attempted to point out a few lessons they were calculated to teach. Having been granted the M.D. degree for possessing in some measure a knowledge

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Knowledge of the science of disease and drugs, after a short curriculum, of attending to Medicine as the art of healing, which, for most of us, at least, is its ultimate resort, I present the following Contribution, hoping that by indicating in some small measure the possession of that faculty, which Dr John Brown in his Horae Subsecivae has elevated to the position of a sine qua non for the young doctor viz., Sense, — Brains — VOUS, I may be awarded the higher degree of Ll.D.

Case I

Swimmers Cramp

August 15th, 1883. (I was acting as locum tenens for Dr Cashin, Largo, a messenger came hurridly to his Consulting room and asked me to go at once to Abbey who had been taken out of the sea suffering from Cramp. I reflected for a moment the condition I was likely to find the boy in, as could be expected to do something, or suggest some treatment. I took with me 3/p of Sulphuric Ether and my hypodermic syringe, and attended at once. The boy had been carried into the house, the family were occupying for the season, laid in bed and comfortably covered with blankets. His pulse was weak and slow. He breathed with difficulty. His face was livid and the teeth firmly clenched. The eyes were prominent, with a fixed stare. His mind seemed clear, although he was unable to indicate his feelings. The body was very rigid and felt cold all over, especially the extremities. Several ladies and

Gentlemen

Swimmer's Cramp.

gentlemen were doing their utmost for him, rubbing his limbs to encourage circulation and heat. Hot water jars were applied to the extremities and flanks. As nothing could be got into the mouth the lips were being kept moistened with brandy.

The further treatment I carried out, was - while a mustard poultice was being prepared, I applied a large bath sponge out of hot water over the cardiac region, then the mustard poultice and I injected twenty minims of sulphuric ether into the arm. In a very few minutes, after the hypodermic injection, the tetanic condition yielded and the jaws separated, much to the relief of the bystanders. He was soon able to swallow a little brandy, and with the vigorous rubbing of the body, heat and a good pulse returned. In a short time he was able to speak and take a basin of warm soup.

Case 11

Drowning. Pneumonia. Death

July 9th, 1885. About Eleven p.m. I was asked to go at once to a boat lying in the harbour to see a man who had been taken out of the water and was apparently drowned. I immediately hurried to the spot and with the first light of a lantern I was shown the body, which I at once put into the position for the carrying out of Sylvester method of artificial respiration, with a coat under the shoulders and the tongue drawn forward. I at once set about and kept up the process until I was tired. Each time the chest was pressed upon and freed there was a gurgling in the trachea, which suggested to several of the onlookers the absurd notion of first emptying the water out of the man. With the aid of others, I had artificial respiration carried out for about an hour, which was until breathing seemed to be fairly established. At first the breathing was long drawn and noisy, slow and spasmodic, but after a little time it became more regular.

Drowning; Pneumonia; Death.

When the breathing returned the jaws were tightly closed and it was difficult for some time, to get the teeth separated. Respiration once established all the wet clothing were removed and the body surrounded with dry blankets. Vigorous rubbing was set about and kept up until some heat had returned to the extremities and the man commenced to groan out and show his dislike to the process. Mustard poultices had been applied for some time over the region of the heart and the lips were moistened with brandy, a little brandy was subsequently swallowed. The pulse which on my arrival I had hardly, if at all, felt was now patent. The man was removed to his home about two hours after his removal from the water. After being laid in a bed he was able to take a little coffee and to answer questions, he also vomited.

About eight o'clock on the morning of the 10th I saw patient who told me he had

Drowning; Pneumonia. Death

had slept for some time during the morning. He said he felt very well and would complain of nothing besides ~~that~~ not sore, he had no pain in the Chest and when his arms which were abraded by the coarse friction, he did not feel painful. His pulse was 80 per min. temperature 99.2 F. I examined his Chest found mucous rales at the bases of the lungs, but no signs of Condensation. His tongue was furred. He spoke of getting up in the course of the day. I told him I was much afraid he would suffer ~~from~~ from the result of the previous night's immersion and manipulation, that there was a danger of his lungs becoming inflamed and that if he felt any bad symptoms to inform me at once. After noon of that day, I was told that patient was not so well and I saw him about three o'clock. He had vomited matter almost entirely bilious in Character, he felt all sore, was very thirsty and inclined to delirium. His temperature was 103°. Pulse 120 per min. Respiration 50 per min. The tongue was dry and brown

Drowning: Pneumonia: Death

I ordered a poultice of mustard to be applied at once and as his home was an exceedingly poor one I arranged his removal to the hospital here. I saw him after his removal to hospital, about 8 P.M. He seemed to be suffering intense pain: the face was most anxious and Reliquified, the breathing was very shallow and rapid, 66 per min.; pulse 130; temperature 103·6°F. He was supported with pillows and so far as it was possible to carry out physical examination both lungs were crepitated at the bases. A large mustard poultice to cover the whole of the back was applied, stimulants and nourishment, in so far as he was able to take them, were ordered to be given, and a powder,

℞ Quinina Sulphatis gr. X
Morphinæ Sulphatis gr. 1/8
Sodii Salicylatis gr. X
Div. in pulvis
Sig: Half at once, the other half in half an hour, was given, but, in spite of all treatment patient succumbed at two a.m. of the 11th.

Drowning: Pulmonary Oedema

11th, about 3½ hours after his immersion
I had asked few questions before attempting
the mans restoration. I learned afterwards that he
was a boatman, had been drunk that night and when
assisting to shift a sloop had fallen into the harbour.
Efforts were made to rescue him, with a boat-hook, but
failed and it was after he had lain on the bottom
a few minutes that he was brought to the surface
by means of grapnels and was then supposed by
all who saw him to be dead, and it was in the face
of affirmations to that effect that I persevered
so long till I was rewarded by his restoration.
His death subsequently caused me most intense
disappointment and regret.
The following is the Report furnished to the Procurator
Fiscal as to the cause of death.
"I hereby certify that I, this day, examined
the body of A. B. aet. 30 years, at the
Robertson Stewart Hospital. Rigor mortis had
set in. Cadaveric Lividity was developed on
dependent parts. A quantity of froth had issued
from

Drowning. Pneumonia. Death.

from the mouth and the nostrils, the face and lips were pale. There were a few marks on the tongue, which had been produced by forceps; there were areas of abrasion of the cuticle resulting from rubbing. There were no other marks of Violence on injury. Having been deceased about five hours previous to death with the following symptoms, — Pulse 130 per min. Respiration 66, Temperature 103.6° F. and the physical signs of condensation of both lungs. I am of opinion that death was due to Acute Pneumonia of both lungs induced by immersion, subsequent exposure and the prolonged carrying out of Dr Sylvester's method of artificial respiration.

Taken on Oath and Conscience, at Petherton, this 11th day of July 1883.

C. Burnard Lawson
M.B., C.M.

Case III Fracture of the Base of the Skull. Death.

January 20th 1883. About 10 P.M. I was called to see a man who had fallen down a stair. He was a coloured man aet. 32 years and was six feet two inches in height. That night, going home about eight o'clock, very much intoxicated, he overbalanced on a stairway leading to his home, he fell a distance of 10 feet and landed on his head. He was carried into his home in an unconscious state, stripped and put to bed. When attempts were made by his wife and others to rouse him he only groaned and relapsed into quietness. His nose had bled freely and blood also came from the left ear. At first those about him were not much alarmed, as it was no unusual thing for him to appear about as bad, but, when more than an hour had passed and he felt getting colder and looked worse they sent for me.

I saw him two hours after the accident, blood was still oozing from the ear, his nose and mouth were bloody. There was a small wound on the scalp. His breathing was slow and long drawn

Fracture of the Base of the Skull Death.

long drawn. The pulse was weak and slow — 58 per min. The pupils were contracted and the sensibility impaired. The body was relaxed and felt cold. I endeavoured to arouse him by shaking rubbing his sides and pinching, but he only showed resentment by putting up his hand to push away me, turning away his body and groaning. Poultices and heat were applied to the lower extremities and the body. I expressed my worst fears that the skull had suffered seriously and affected the brain of symptom that might follow. Having to leave I told them what to do, and in the event of breathing becoming laboured to send for me. About four P.M. the body had become warmer, at 4½ P.M. the breathing became stertorous, shortly afterward he vomited bloody matter and at Seven forty five he expired.

The Procurator Fiscal asked for a Report as to the cause of death and the following is a copy of it.

"Fracture of the Base of the Skull. Death

I hereby certify that I, this day, examined the body of A.D. aet 32 years, at Staffa Place, Rothesay.

Cadaveric Rigidity had not set in. There was a superficial scalp wound of about one inch in length over the left parietal bone. The cuticle over the greater part of the left auricle was abraided. The left Meatus Auris was filled with blood. The nostrils and the mouth were bloody. The pupils were equally widely dilated.

A few minutes before death deceased had vomited bloody matter and the breathing had been highly stertorous.

From a consideration of these signs and symptoms I am of opinion that death was due to Fracture of the Base of the Skull

Given on oath and conscience at Rothesay, this 21st day of January 1886

J. Burnett Lawson

M.B., C.M."

Doctor

Alcoholism

October 23rd, 1885. About midnight I was sent for to come at once to the police office, a gentleman, at least by nature, had been carried there, having been found by a constable lying in a close in a state of profound insensibility. The officials in the police office had failed to rouse him, by shaking and other means, and were alarmed by the coldness of the body and the pallor of the face. I found the man lying breathing quietly, at time almost imperceptibly. His pupils were contracted. The pulse was very weak and slow. The body felt cold and clammy and the limbs were flaccid. There was a strong smell of alcohol about the man. The cell was cold. I had blankets put on, and heat applied to the body. A mustard poultice was applied over the cardiac region. I then commenced rubbing over the ribs with my finger and pinching him. He soon commenced taking longer breaths and then to groan, but, on desisting from rubbing he just relapsed into the same quiet condition.

Continuing

Alcoholism

Continuing the rubbing and shaking in a little time he showed signs of vomiting it and of feeling the effects of the mustard, and giving him a few slaps on the cheeks he opened his eyes and his pupils appeared more dilated. Soon after he spoke and we got him to swallow a teaspoonful of mustard in water which, in a short time produced vomiting. He vomited a quantity of fluid which smelt strongly of whiskey. He next had a small basin of strong Coffee and in a short time he seemed quite sensible, inclined to sit up and converse. He told us he had come from Glasgow on business and had taken whiskey rather freely. The time devoted to seeking his restoration to consciousness would be a little over an hour.

Case V. Prolonged Infantile Convulsions

December 23rd 1883 I was called to see a child act. 3 years, who was said to be in a fit. The child was weakly, bad nourished and had suffered long from sore eyes — corneal ulcers. This day she had appeared no worse than usual, but, about one o'clock she took a fit and remained in it for about half an hour and then she gained consciousness, for a few minutes, when another set in. The convulsion affected the right side much more than the left, the head was warm, the face was congested, the eyes were squinting, the facial muscles of the right side were acting, the tongue had been bitten and froth and blood were on the lips. The right arm and leg were being continuously flexed and extended in a jerky fashion. The pulse was rapid and the respirations irregular. The common treatment in such cases was carried out. The body was placed in a warm bath and cold applied to the head. Sinapisms were, afterwards, applied to the lower limbs and a poultice behind the shoulders. As all the

Prolonged Infantile Convulsion

this had apparently no effect the child was put to bed and an ice bag applied to the head. The fit continued for six hours and a half; the arm and leg being flexed and extended during the whole time. At the end of this time all movements ceased, the child slumbered for a few minutes and then wakened up to Consciousness. A mixture of Bromide of Potassium with Tincture of Belladonna was given and two small fly-blister were applied to the temples. During the night the child was warm, restless and nervous. The following day the right side was powerless; the breathing was hasped; pulse 130 per min; temperature 101·6°F. Within the next few days the power returned to the right side, but the child was seriously ill for ten days suffering from an attack with the symptoms and physical signs of Catarrhal Pneumonia. This latter affection was treated and the child did well.

Case II

Concussion of the Brain

July 13th. 1884. I was asked to see a little girl aet. 6 year, who had fallen from a loft, a height of eleven feet, and landed upon her head. I saw her half an hour after the accident and found her lying in bed in an unconscious state. I was shown a pool of blood at the spot she had fallen and was told it had all come from her left ear. Blood was still oozing from the left ear. There was a blood tumour on the scalp above and behind the ear and ecchymosis over the mastoid process. The eyes were partially open, the pupils were contracted and the sensibility sluggish. By rubbing over the ribs, and shaking, the child could be roused, but only to complain of pain and put her hand up to the contusion. The body felt cold, especially the extremities. The face was pale and cold. Pulse very weak and rapid 104 per min. Respiration slow and quiet, with pauses. She vomited several time, but the vomit contained no blood.

Concussion of the Brain

Treatment. The child was allowed to rest. Heat was applied to the extremities and the body by means of bottles and extra clothing. A small piece of ice was applied behind the ear. No stimulation were given to remove all accessories to warmth if the child became heated or flushed. The symptoms of Concussion lasted about eight hours after which the heat of the body having returned natural sleep ensued. The bleeding from the ear stopped shortly after the ice was applied. The following morning she was able to answer questions. She complained of pain on the head over the part on which she had fallen. Temperature normal. Pulse 80 per min. A powder containing Calomel 1 gr and Compound Seammony Powder gr V was given, and moved the bowels, and a mixture containing Iodide & Bromide of Potash continued for two or three days. The first two days she felt giddy when she sat up in bed, on the third day she felt quite well and on the fourth day was up as usual.

Case VII. Compression of the Brain, 2d case.

July 13th 1883, I was asked to go to Mount Stuart to see a child which had fallen from the landing of a car, to the ground, a height of about 12 feet. The child had landed on his head and was taken up in an insensible condition. Arriving about 3 hours after the accident I saw the child in the following condition. The head was very large and bore evidences of the injury sustained. The child could not be roused and was unable to swallow. The pulse was very weak and thready. The breathing, irregular with frequent pauses. The left eye had suffered badly from the fall, the pupils were dilated and sluggish, the conjunctival was only slightly sensible. The extremities were cold and the body clammy. The limbs were relaxed and motionless.

The condition of the child was such that no hope could be entertained of his recovery, and he died about 10 hours after the accident. An hour or so, before death the condition altered somewhat, and was described by the parents. He vomited

had

Compression of the Brain. He had slight convulsions and the breathing became more irregular.

The case was reported to the fiscal who asked me to see the child again, and furnish him with a report of which, the following is a copy. —

"I hereby certify that I this day examined the body of I. I. D. æt. 3 yrs and 8 months at the Workmen Home Mount Stuart Butt, when the following appearances presented. —

The head was hydrocephalic in character, being large, spheroidal with pronounced fontanelle, there was a diffuse Cephalhæmatoma over part of the left frontal and left parietal bone, Œdema of the left upper eyelid and ecchymosis of the conjunctiva of the left eye. The pupils of each eye were equally dilated and the cornea of each hazy. There was no appearance of blood in the cavity of the mouth, nor the external ear, and no other external evidence of injury.

For some hours previous to death the child had been in a comatose state, had vomited

had

Compression of the Brain" Death had convulsions and the breathing was Cerebral in Character.

"From a consideration of these circumstances I am of opinion that death was due to Compression of the Brain probably resulting from Effusion of blood on its surface

Given on board and Commence at Rotherham the 11th day of July 1883.

A Purnell Lawson M.B. Clu."

The barricading of the stair having been defective, the case was made the subject of litigation, the Agent sued the contractor for damages for the loss of his Child. Months after, when the particulars of the Case had almost altogether passed from my memory, I was called upon by Parnum Agent, who asked me, if I could bear witness to the child being a sound, fat and healthy child previous to the accident. In referring to my report, I was struck with the observation which stood in the fore front of it, so I simply told him I could not. He told me he had another medical man in Glasgow who was prepared to swear that it was. I was therefore not summoned. He succeeded in getting damages.

Case VIII

Cerebral Apoplexy: Death

September 5th. 1881. At two A.M. I was aroused to go and see a man who had taken "a shock". Arriving at his home a few minutes after, I found the man in bed, in a disagreeable state. He had been at his work the previous day and had gone to his bed in his usual health. He had awakened his wife, about one A.M. as he did not feel well, and was restless; and in a short time afterwards he became unquiet and convulsed. He vomited and defaecated in bed. He was in a state of profound Coma when I saw him. His breathing was slow, laboured, very noisy and accompanied with puffing of the cheeks. The pulse was full and irregular. The pupils were dilated and the sensibility of the conjunctiva almost gone. His skin was cold and clammy. His face was congested. His body was relaxed and the muscles flaccid. In a few minutes after my arrival he expired, half an hour after the onset of the attack. A number of years before he had had a "shock", which left

his

Cerebral Apoplexy

him weakened on one side, for some time.

That this was an attack of Apoplexy, probably due to a large haemorrhage on the Cerebrum, was the diagnosis I concluded. He may have had Cardiac disease, his vessels were large, pronounced and tortuous, visible on the temples and other superficial parts. In the report to the Procurador Fiscal, I founded on the post mortem appearances of the body, and symptoms I had seen preceding death, I concluded, I was of opinion that death was due to Apoplexy.

Case IX

Attempted

On Sunday 4th February 1886 A messenger came in great haste asking me to visit Mrs M aet 68 who lived alone in an apartment behind her shop. She had been found by some neighbours who had missed her appearing that day, lying on the floor undressed. She had lain about eleven hours. She was quite unconscious and the body felt very cold. She was put to bed and assistance sent for. On arriving I found her in the Comatose state, breathing heavily and irregularly the pulse was slow and weak. The pupils unequal the left a little more dilated than the right. The right limbs felt colder than the left and were apparently paralysed; although the arm possessed considerable rigidity. The patient I had known to be a very healthy plethoric looking old lady; her cheeks were always scarlet with arborescent twigs of vessels quite apparent. She had not felt well for a few days and had complained of headache to one of her neighbours.

I had heat applied to the body by means of jars and warm clothing, and mustard poultices were

Hemiplegia

were applied between the shoulder, to the thigh and calves of the legs. The lips were moistened with a little whiskey and water and her condition watched. Three hours after she was discovered she was comfortably warm and all ancillaries to raising the body heat had been removed. She had become conscious, though, quite unable to articulate, she had swallowed a little beef tea. The face had its normal flush restored and the breathing was more regular and less audible, the pulse had risen to 90 per min and was full and strong. Temperature 99.4° F.
The patient was just to be allowed to rest and instructions were given as to nursing and the giving of nourishment. The following morning the patient who had dozed occasionally during the night, was still more improved. She was still quite unable to articulate, but, signed that she was comfortable. She had not micturated and the bowels had not been removed. She presented many characters of Hemiplegia, the features were distorted, the right side of the face being flattened and the

mouth

Hemiplegia

slightly twisted. She was unable to close completely the right eye and it occasionally ran tears. There was total paresis of the right arm and right lower limb both being quite relaxed. The tongue was protruded with the greatest difficulty and only partially, but sufficient to show that it was deviated towards the affected side. She was able to swallow fairly well, and during the day took a quantity of nourishment. Seeing her in the morning I found she had not yet passed urine and complained of uneasiness over the bladder. I had the urine drawn off and fomentations applied over the bladder, and much relief was thus given. A purgative of Calomel and Compd Scammony powder was given and moved the bowels. In the course of a few days she was able to articulate, but she was often then in a predicament to get the right word elevated. With rest, nourishing and tonic treatment patient continued improving and in about six weeks was able to go about with few signs of her shock remaining, the most conspicuous being her defective speech.

Case X

Epilepsy. Head Injury

July 19th, 1884. About eight o'clock a young man, aet. 21 years, was brought to my consulting room by a gentleman his brother-in-law, who apologised for the young man's condition, which he was quite unable to explain. His clothes were covered with dust and about the neck and shoulders were wet. His face was dirty and bloody. He had a large gash under his chin; several abrasions of the skin of the right side of the face and forehead and also the back of one hand. Blood was trickling from the left ear. He was in a state of semi-stupor and unable to answer questions. He looked sick, had vomited before coming and vomited while here. He was shivering and his body felt cold. His pupils were equal, slightly contracted, but sensible to light. Pulse slow, 60 per min. I dressed his wound, which required sutures. I gave him a little brandy and water and sent him home to get comfortably bedded. All the history then gathered was that the young man, who was of regular habits and a total abstainer

Epilepsy. Head Injury

total abstainer, had arranged the previous night to go to Craigmore with a companion that morning, to have an hour or two fishing. He had left the house at six o'clock that morning and returned home fully an hour afterwards, in the condition I have described, and unable to give any intelligible account of how he came by his injuries.

The parents being anxious to have the story of the condition cleared up had the matter reported to the police who succeeded in finding a person who gave the following particulars. The young man walking at a brisk pace was seen suddenly to fall heavily. On going to his assistance it was noticed that his hands were closed and his face twisted. Recovering from the "fit" he was raised to his feet and being soon able to walk he was taken to a work house to have his wounds bathed and a drink. He then said, he was able to go home and was allowed by the people, who had collected to do so. He had never been known to have had a fit previous to that morning although he had often appeared

Epilepsy. Head Injury.

appeared stupefied, and had been observed to stop short for a moment, or so, in conversation, or when engaged doing any piece of work. With these particulars I felt little hesitation in stating it as my belief that the young man had suffered that morning from an Epileptic seizure.

Treatment. After getting to bed he soon fell asleep and continued sleeping the most of the day; at night he was given a powder, —

℞ Calomel mxx gr. iv; Pulveris Ipecacuanhæ Co. gr. x.; Pulveris Hyoscyami gr. ij. ~~ft~~

The day following he was put upon a mixture of Bromide and Iodide of Potassium. The wound healed well and in the course of a week he was going about.

The diagnosis was endorsed by the family physician in Glasgow to whom the particulars were given and the young man's future life regulated accordingly.

Case XI

Hysteria

Saturday night 30th January 1886 I was called to see a young lady, æt 23, whom was said to be in a fit. I found her lying in bed quite unconscious. I was told that the worst features of the fit had passed away as afterwards described. The face was flushed and warm. The eyelids closed. The neck had a puffed out and congested appearance. The body was extended and rigid. The thumbs were turned into the palms and the hand closed. The respiration was irregular. The pulse weak and rapid. Temperature 99° F. There were frequent twitchings of the limbs and groups of muscles. Patient had been brought from Glasgow that day where she had been living for some weeks, and it was while there that her illness which was characterised by alarming fits or Convulsions had set in. She had experienced as many as thirteen attacks in the twenty four hours, and sometimes they had been of a very aggravated character. The opisthotonos condition on several occasions had been very pronounced, patient

bending

Hysteria

bearing her body and resting almost entirely on her head and heels. She would frequently raise herself in bed and then throw herself down again and before coming out of the fit she threw her arms freely about. She never at any time bit her tongue. Twitchings of muscles and jerking movements of the limbs were common features. At other times she lay perfectly still and so placed that it was difficult to know whether she breathed. Sometimes the breathing becoming shallow would cease entirely for several seconds, and then take up again with a long sighing inspiration. At other times she talked continously, laughed, or cryed. After the attack passed on she felt tired and would sleep for some hours, for days after several fits the body and limbs felt sore and headache was complained of. Large quantities of pale urine were passed.

Patient was a very anaemic girl though plump. She had an antispasmodic mixture to take to which she threatened but took regularly a ferruginous tonic upon which she improved.

Case XII.

Excentric Convulsion

September 14th 1884. I was asked to go as quickly as possible to a house on the West Bay & "a young lady was in a fit." On arriving, rather a strange scene presented itself to me. A handsome, well developed young woman, of 20 years, was being held down in bed by a gentleman and two ladies, the former was lying bodily across the legs. She was quite unconscious, a Spasm had just subsided. The eyes were fixed and staring the pupils dilated. The pulse was rapid. A little froth was on the lips. The head was hot. I was told she had been insensible for half an hour and was passing from one convulsion into another. She immediately passed into one. The teeth were violently clenched; the eyes rolled; the head was twisted round to one side; the whole body was powerfully acted upon, being raised from the bed with such force that the weight and strength of the three persons combined were ineffectual to keep it down, the hands were closed and the feet straightened out.

Eventrie Convulsion

The respiration whilst the spasm lasted was interrupted, the face became congested and the neck puffed out. The pulse was variable in strength and irregular. The clonic spasm lasted for a number of seconds. I endeavoured to separate the jaws, but this was done with the greatest difficulty and only when the spasm was abating. I had then the handle of a tooth brush inserted between the teeth. Sinapisms were applied to the spine, the thighs and the legs. Cold affusion to the head and, after observing two or three convulsions, I administered a hypodermic injection of morphia. In a few minutes the convulsions ceased, she became conscious and complained of feeling sore and exhausted. I prescribed a mixture containing Hydrate of Chloral and Bromide of Potassium in large doses. Patient had only once before, when approaching her menstrual period, had a fit. Although I was to suppose that she was Mrs — and that the gentleman present was her husband, yet, from appearances and previous rumour, I had reason to think differently, and when asked what was likely to be the cause of this attack

Excentric Convulsions

I expressed it as my belief that the convulsions were due to undue sexual intercourse and that the best way to prevent the former would be to limit the latter,

Case XIII.

Epileptiform Neuralgia

April 10th 1886. I was hastily called to attend at once a young woman who was in a fit. Arriving, I found her in an insensible condition. The head was hot. The face was flushed and bore an expression of intense suffering. The muscles of the right side were twitching and drawn up towards the forehead. The lower jaw was acting vigorously. The eyes were staring, pupils natural and responding to light. Tears were trickling from the outer angle of the right eye. The right upper and lower limbs were acting spasmodically. This condition lasted about thirty minutes and during that time the pulse was variable easily felt and counted at the wrist and did not at any time exceed 100 per min. The respiration was irregular and at times, noisy, owing to mucus in the trachea. The spasmodic tendency passed first away from the leg then the arm, the condition to remain longest was the twitching of the muscles of the face and the quivering movement of the lower jaw. For several days previous to this attack

Epileptiform Neuralgia

attack. Patient had suffered from severe pain in the head, the most painful spot being the region of the right temple. The pain at this particular part was continuous of a throbbing character and felt as if the part of the skull was about to be driven out. At times the pain increased in violence and extended across the entire forehead and in the direction of the right ear, and then a bleating sensation was heard in the ear. At such times the right eye would fill with tears and overflow. When the pain travelled in the direction of the top of the head it became severe, almost to distraction. Exacerbations of the pain had followed a distinct periodicity for several days, coming on at midday. This day the onset was more sudden than usual. The pain shot rapidly across the forehead and to the top of the head and she felt a sensation passing at once down the right side of her body and the thumb turning into the hand. When the spasm passed away she felt the right side of the body powerless and the right arm

weak

Epileptiform Neuralgia

restless, and afterwards inclined to sleep.
Treatment. For two days previous to the fit patient had been taking a mixture containing Hydrate of Chloral and Bromide of Potassium. The night before a small fly blister had been applied behind the right ear and a solution of Hydrochlorate of Cocaine was rubbed at intervals over the right temple and forehead, all of which had been credited with giving relief. Whilst the sequel lasted Anodyne Cord applied between the shoulders, to the legs and thighs. Cold affusions and latterly an ice bag to the head and immediately on the ability to swallow returning a dose of the Chloral and Bromide of Potassium mixture was given. After the fit I had two small blisters applied to the temple and prescribed Croton Chloral Hydrate, 5 gr. doses every three hours. He slept after the patient recked well, slept 8 hours and in the morning complained little of pain; temperature 99° F., pulse 78; urine plentiful and free from albumen. At twelve thirty of the 11th whilst asleep

the

Epileptiform Neuralgia

The face was noticed to commence twitching, the jaw to quiver and the arm to move spasmodically. The face became flushed and tears trickled from the right eye. The symptoms continued for about ten minutes, like those recorded yesterday, but less severe and she was soon able to undress. The paroxysm as well as being felt in the head passed down the right side of the neck to the shoulder, and thence to the arm terminating in the ring and little finger. This was the last paroxysm patient experienced, the pain in the head was completely away next day and patient who had been very hysterical soon gained strength. She treatment now being Saccharated Carbonate of Iron Pills.

Patient was a young woman aet 23, she never had enjoyed robust health, and at the time, was convalescing from a subacute pleurisy of the right side. She had been 3 years and four months married, has two children and is three months advanced in her third pregnancy. During her last pregnancy she had suffered much from Neuralgia on the right side of the face and ever since a girl had been subject to headaches.

Case XIV. Sciatica. Delirium. Mania

May 31st 1884, I was called from the street to see a woman who was "mad with pain" I found her being held in bed by three persons, she was screaming out terribly and dashing her head about. She was flushed and warm looking, and her eyes were wild and staring. Her lips were covered with foam. She was calling out to the person present to hold her leg and to hold her foot, and she would make frantic effort to get hold of her foot, herself and also to injure those about her. I had seen this patient a few days before when I had diagnosed her to be suffering from Sciatica and I had prescribed a mixture containing Iodide of Potassium, to be taken, and a Liniment, containing Menthol, Aconite and Belladonna to be rubbed on the leg. In the Emergency however, it was useless to attempt giving anything by the mouth, so I at once proceeded with hypodermic Syringe and Solution

Sciatica : Mania

Solution of morphia and injected 1/6 gr of Morphia. And as if by magic, patient patient became quiet and composed. The pain left and more remarkable still has not again returned although she had been suffering more or less, for weeks previous to this circumstance.

This woman is an exceedingly excitable person, the mother of a large family, and on several occasions she has gone almost demented, on account of family worries and afflictions. On 8th February 1882 I was called at three o'clock in the morning to see her, under urgent conditions. She had become suddenly maniacal, would not believe she was in her own house, could not recognise her husband, but wanted him to be sent for. She demanded the presence of persons who were not present, and would neither eat nor rest. I procured a mixture containing Hydrate of Chloral and Bromide of Potassium and having persuaded her

Arnica

Her to take a dose Equal to 10 grs of the former and 30 grs of the latter. I waited its effect. In about twenty minutes she became quiet was able to recognize her husband, and, myself and soon after went to bed.

She is not addicted to any intoxicating drink, but is approaching the menopause and previous to this night she had been losing blood recently, for some weeks, and had not thought it necessary to seek a remedy. The following day I gave her treatment for this condition which had evidently been the exciting cause of the mental attack.

Case XV

Cholera Infantum

August 9th 1884. I was asked to see a child, 8 months old. It had been purging for two days, but, according to the mother, not very bad; but, on the morning of the day the diarrhoea increased greatly, the child had watery motions very few minutes. Vomiting had also set in and continued persistently for a few hours until the child had got into the condition in which I saw it. It was quite collapsed; the features were pinched looking; the face was a dusky yellow; the eyelids were partially closed; the eyes were sunk; the pupils contracted; the head was cool and the fontanelle hollowed. The lower limbs were cold the belly was retracted. Pulse very weak 140 per min. Tongue coated and dry. The child rolled its head from side to side. It had ceased to swallow and took no notice of its mother.

Frictions were applied to the nape of the neck and the region of the heart and warm tried to raise the heat of the body. The lips were kept moistened with brandy. The child soon rallied, the vomiting gradually stopped, several convulsions took place and the child died 4½ hours after the violent attack of purging and vomiting

Cholera Infantum

August 4th 1883 I was asked to see a child, at once, that was suffering from "looseness of the bowels" and taking "a bad turn". Arriving at the house a few minutes later I found the child had expired. The child was 3 months old and was in the keeping of an old woman who was bringing him up on the bottle. For a few days the bowels had been loose, and the day before he died, two powders had been got for him from a druggist, but, these had no effect and about midnight he became worse, the bowels were moved every few minutes, the motions were thin and watery, Vomiting also set in and persisted every few minutes. An hour, or so, before the child died the diarrhoea and vomiting had stopped and the old woman thought that the child was a little better, but, a short time before death, it took a fit, then another and passed away. The report to Procurator Fiscal on the P.M. appearances concluded that the child died from a natural cause - Cholera Infantum

Case XVI — Scarlet Fever Convulsions Coma Death

About 1 A.M. 14th Nov. 1884. I was taken out of bed to visit a little boy aet 3 years who had taken a fit. I was told he had been "hanging" for about two days and the previous day he had taken little food, and before being put to bed that night he had had a warm bath and had been given a little simple medicine. When I saw him he was in a semi-Comatose state, the convulsion having passed over. He had vomited, the material being bilious in character. His temperature was 103°F, pulse 130. His tongue was coated and the lips dry. He had complained of his throat being sore and had been asking for drinks. The tonsils, uvula and pharynx were inflamed, the left tonsil being partially ulcerated. The glands of the neck were enlarged and tender. There was at the time no trace on the body, but, as there was an Epidemic of Scarlet fever with us at the time, I had no hesitation in concluding this to be the onset of a bad attack of Scarlet Fever. The family consisted of the parents two Children —

Scarlet Fever, Convulsions, Coma, Death

the other child being 7 years old — and a shop girl. The house they then occupied was attached to a shop and it was arranged that the mother and two children should remove to another house they had, and that a nurse would be got to attend to the affected boy or to move the other child in a separate apartment. The affected boy was put under treatment at once. On the following day I found my instructions had been so far complied with, as to the segregation by the removal of the mother and children to the other house; but the younger child was not yet separated from the affected. The mother stated that she had failed to get any one to come into the house to assist her, and as the child had never been separated from her she knew of nowhere she could send him to. I put strongly before her the imminent risks that were being run, however, she said she could not, nor would not be separated from her children. She intended writing for a friend at a distance who she believed would come in a day or two. The rash was now well out on the

Scarlet Fever, Convalescence, Coma, Death

the elder child both tonsils were ulcerated and the glands of the neck more swollen. The throat was being painted with solution of Nitrate of Silver 30 grains to the ounce and a mixture containing Dilute Perchloride and Potassic Chlorate given.

On the fourth day in spite of all argument and entreaty the younger child had not been separated from the other and on this day the younger one was observed to be ill. During the night he became restless and fretful and in the early morning he sickened, commenced vomiting and continued vomiting at intervals and going into convulsions for about three hours. His mother like many besides her, to send for assistance till daybreak and when I saw the child between 8 and 9 A.M. he was in a comatose state. Temperature 106, pulse 150, respiration rapid and irregular. Pupils were partially open and the eyes crossed with the sclerotic appearing visible. The face was pale and pasty looking, the lips blanched, the tongue dry and the child was unable to swallow, in this condition he lay for several hours and in spite of all treatment he succumbed about 12 hours after he had sickened. The elder boy got over the disease

Case XVII

Belladonna Poisoning

Married at 23, confined with Eight Young woman was delivered by me, on the morning of 31st Dec. 1885 of a mature male child. For reason, only officially known to herself, she had an intention of nursing her child. Pain will developed and full breasted recovered on the morning of 1st Jan 1886 to put her upon Iodide of Potassium and Belladonna, and to give Liniment of Belladonna to be applied externally to the breasts. About Eight o'clock at night was the time when the third dose of the mixture was to be given, but the attendant who was a peculiarly stupid woman instead of giving the mixture measured out two teaspoonfuls of the liniment, and, although contrary to what she had noticed before, when the water was added, the mixture turned milky white. She gave it to the patient who at once took more than the half of it into her mouth and was in the act of swallowing it when she felt it burn the gullet badly. Her suspicions were at once aroused, and she tried to get it from her mouth and threw the rest of it into

a

Belladonna Poisoning

a boy. She naturally became considerably alarmed, and I was at once sent for, I attended immediately. The patient appeared very nervous was sitting up in bed but only complained of being a little sickish, the mouth and throat dry and a burning feeling down the gullet. The pupils were a little dilated, but the Iris responded to the light. She swallowed without any difficulty. The pulse was quick when I entered but in a short time it subsided to about 90 per min. The breathing was not rapid, the skin was natural, I got her to drink a small bowl of strong coffee and after waiting about three quarters of an hour, left. I returned about eleven o'clock but was then the patient appeared little different only the mouth felt a little drier and she was still frightened with what had happened. I was still reluctant to anticipate serious symptoms and to enter upon energetic measures by giving emetics &c, and still thought I might safely, wait the lapse of a few hours, as patient assured me she had swallowed very little. I gave no medicine

to

Belladonna Poisoning

to be sent for at once if she got worse. Shortly after twelve o'clock I was called for and went at once taking with me medicines &c. I thought might be required. She was widently much worse and hardly conscious. The first thing I noticed on entering the room was the bright scarlet appearance of the face which was covered with a raised eruption resembling - appearance the Scarlet fever rash. She said she felt very ill, weak and wearied. Her throat felt very dry and her palate, especially in front, the lips and the tongue were more painfully dry. The tongue also felt enlarged. She now had difficulty in swallowing. She filled the mouth and after with an effort gulped the contents. She spoke as if it were a trouble to do so, and almost in a whisper. The pupils were widely dilated and did not respond to light. The respiration was rapid and attended with frequent sighing. The circulation was rapid and the pulse at the wrist could not be counted. She felt her head giddy, if she attempted to sit up and she felt sick. In a short time she

Complained

Belladonna Poisoning

complained of tremors passing down the thighs, and the feet felt numb, the fingers also felt numb and twitched frequently. At this stage, I had a large quantity of coffee administered and this was followed by a teaspoonful of mustard which brought about vomiting in five minutes. I injected 30 minim of Sulphuric Ether into the arm and shortly after she had vomited I gave her two teaspoonfuls of whiskey and ½ oz of Ether. The symptoms were becoming gradually more aggravated and about 2 a.m. she felt very weak, was restless changing the position of her head often and crying out ejaculations of languor. She had snatches of delirium for which she would apologize and then laugh. Stimulants and coffee were again given. The scarlet rash was now leaving the face. At 3 - 30 a.m. I determined to draw off the urine with the catheter, as she had not urinated since 10 o'clock the previous morning. The genitals were very tender, the slightest touch with my fingers and the catheter gave considerable

annoyance.

Belladonna Poisoning

Having passed the Catheter without difficulty, I was surprised that no urine came, and on withdrawing it I found it clogged with blood, brownish and pasty looking, on three several occasions, after washing the Catheter and passing it. I had to free it from the same material and then the urine passed freely, it was high in colour and smelt badly. From 3 A.M. till 6, the symptoms continued with occasional exacerbations, when there would come the patient complained of feeling the bowels, the sighing became more frequent and the pulse more rapid. The dryness of the lips the mouth and the throat was most troublesome, But the most particular phenomenon during these hours was the delirium, the tendency to converse and the inability to keep on one theme. She seemed quite unable to think out the most common place remark. Again and again, she drew my attention to dazzling spots of light she saw on the wall paper and the reflection from the polished backs of the chairs seemed, now and again, to appear to her as lamps. She was very apprehensive of impending disaster

And

Belladonna Poisoning

and would if permitted talk freely of death. Her breathing seemed more acute, the least noise attracted her attention. Between four and six hrs the symptoms showed signs of abating. The breathing became regular and lost its sighing character, the pulse could be counted and numbered 110, the numbness had left the feet and hands. The hands were perspiring, the pupils remained dilated the dryness of the mouth and throat was not so great, the delerium subsided and patient complained only of feeling weak and tired. The treatment for the last two hours had consisted chiefly of the administration of stimulants and for the throat a solution of Bicarbonate of Potass. I left her about six, and on returning after tea I found she had slept on hour. She felt refreshed and although the dryness of the mouth had not gone, and the pupils still continued dilated she complained of no disagreeable symptoms. Pulse 83 per min. Temperature 99.4° F. I prescribed a dose of Castor Oil and on returning in the morning I found she had passed a good day

Case XVIII

Poisoning by Sewage Gas

September 24th. 1883. About one a.m. I was rung up by a young man who, speaking with difficulty, told me that his wife and himself had taken ill. Suddenly between eleven and twelve o'clock the previous night with violent vomiting and purging and that he had left her at home fairly exhausted. Had I not known him to be a highly respectable young man of steady habits, I would have pronounced him to be drunk. In the middle of telling the few particulars he vomited and whilst waiting till I prepared to go out he, again, vomited. On the way to his home at the gate of the Glenburn Asylum he vomited, seemed very exhausted and hardly able to walk.

I took my hypodermic syringe, solution of Morphia, Sulphuric Ether and a small tube of Morphia globules with me. Arriving at the house I found the young wife, who had been married only four months, partially dressed sitting in a chair and resting her head on a table. She seemed completely exhausted. The vomiting and purging

ceased

Poisoning by Sewage Gas

which had been excessive and persistent for about an hour had stopped for a few minutes. In health she was full faced and ruddy, but now, the features were entirely altered, she looked haggard, the face was pale and leaden looking, and the eyes sunk. The surface of the body was very cold. The pulse was very rapid and thready. The thermometer put into the axilla at 94° F. did not rise in the time. She was quite apathetic and when asked how she felt, she replied in a whisper 'very weak' and complained of her limbs being stiff and sore. She had also suffered from severe cramps in the abdomen. I encouraged her at once to swallow a Morphia globule containing 1/8 gr. and assisted her to bed. I then gave her some whisky and water and made a mustard poultice and applied it over the abdomen and put a quantity of clothes over her.

While I was engaged attending the wife, the husband was vomiting and purging in the other apartment and before I was free to attend him he had slid off a chair completely collapsed.

Poisoning by Sewage Gas

I tried him to swallow a morphia globule, but he could not manage it and, therefore, I at once injected the solution of morphia = ⅙ gr. and gave him in a few minutes after a quantity of whiskey with sulphuric ether. His appearance and symptoms were much the same as those of the wife, his face was more livid and moist, and he complained much of the severe cramping pains all through his body, and extending to his toes. His voice was very husky. Having assisted him to bed and applied a mustard poultice over the abdomen, I was compelled to leave them and hasten to town for the assistance of some friends. With the aid of the young man's mother and sister, I had hot water bottles applied to the extremities and body, and some warm tea was prepared and given.

I waited for some time, until I saw signs of reaction, & then, gave instructions as to their management and left. Returning in a few hours both said they felt much better and they certainly looked it. Their pulses were better and the temperature in both cases had risen, the wife's 100·4° F. the husband's 99·2° F.

Poisoning by Sewage Gas

In the afternoon of that day they were removed to a house in town. The day following the husband was sufficiently well to get up, but the wife continued so weak that she was unable to leave bed for a week.

To discover the cause of this sudden and alarming illness called for more than ordinary investigation. On entering the house I had been struck with a peculiar unwholesome smell in the room the couple occupied. I inquired about the last meal they had, evidences of which were on the table. I was told that at ten o'clock they had taken a cup of tea with another young couple, who had been visiting. They all had partaken of the same simple fare, all the articles comprising which had been in use before, but the other couple, who had left at ten thirty, had suffered none. The matter was also investigated by myself, the Captain of Police, and Sanitary Inspector, and we were satisfied that no deleterious article had been taken. Our minds next turned in the direction of the drainage and on following this up we found the condition to be as follows.

Poisoning by Sewage Gas

A large built drain carrying sewage from the Hydropathic passed under the apartment, in fact the gable wall of the house formed one of the walls of the drain. Under the road in front of the house another drain conveying sewage from several buildings further East, joined the one from the Hydropathic at right angles. The sewage from both drains was then conducted by a large pipe laid on the shore to low water mark. On this particular night the tide had reached a very low ebb, the direction of the wind was fair on the shore, and the theory which found acceptance with us, was that the wind had driven up the sewage gas in the direction of the built drain and that it found its way into the apartment occupied by this couple. On this theory action was taken and the house was not again occupied until the drainage had been completely altered, the built drain was done away with and large glazed pipes laid some distance from the house. Since that was done no bad smells or any other inconvenience has been experienced,

Case XIX

Collapse from Cold

January 30th. 1886. I was asked to see a young man aet 20, a grocer's assistant. He had gone into the W.C., in connection with the shop, and not having returned, in about an hour another assistant was sent for him. He was found lying insensible. He was taken into the shop and laid beside a fire and a little brandy put within his lips; in a short time he was able to speak and he was taken home, where I saw him, a few minutes after. He was shivering and spoke with difficulty, his pulse was very weak, temperature 97.5°F in axilla; the general surface of the body was very cold especially the extremities; his face was very pale and dusky, and the lips were bluish. He felt his head giddy and he complained of sickness, His tongue was dry and glazed.

Treatment - Hot water jars were applied to the extremities and the sides of the body, and plenty of warm clothes put over him. He had a cup of warm tea to drink and a tea-

spoonful

Collapse from Cold

teaspoonful of brandy. I prescribed a small stimulating mixture. — Ry Spiritus Ammon. Aromatici, Spiritus Ætheris, Tinct. Digitalis and Tincturae Cardam. Co. which was to be given until reaction set in. I gave instructions to remove the jars and part of the clothes whenever heat returned to the body. In the morning he felt warm and comfortable, his temperature was 100°F, pulse much stronger and regular 90 per min. His tongue was still dry at the tip and he felt thirsty. The following day he was normal but very weak.

He was an excellent anæmic young man. His earnings were the chief support of his mother and family and they had been living chiefly on potatoes and herrings and scarcely took fleck meat. The weather was extremely cold, with snow lying on the ground, and that morning he had gone out earlier without breakfast. I advised the taking of Tinct. Ferri Perchloridi and the desirability of a more liberal dietary, more particularly a little fleck food.

Case XX.

Frost bite; Collapse.

On the morning of 9th Dec. 1883, I was called to see a farmer's wife, aet 63, who had fainted in the midst of her early morning duties and had not regained consciousness. Arriving a short time afterwards, I found her looking exceedingly bad and showing all the signs of severe shock or collapse. Her face was pale and dusky looking, and the lower jaw was drooping. Her tongue was dry at the tip and glazed. Her eyelids were drooping, and pupils contracted. Breathing feeble and sighing. Pulse slow and weak. The whole body was cold, especially the extremities. She lay quiet and still.

Efforts were made to get up the heat of the body by the application of sinapisms and hot jars. Large poultices were applied to the front and back of chest. She was repeatedly sponged with whiskey and water. Particular instructions were given to watch the return of warmth to the body, and to remove artificial forms of heat,

9

Frost bite. Collapse

Returning at night I found the whole aspect of the case had changed. She had had several rigors, had bilious vomiting and short time of delerium. The face was now flushed and warm. The tongue and lips were dry. The breathing was rapid, pulse quick and full, temperature [illegible]. I ordered an ice bag to be applied to the head, the limbs to be sponged with tepid water and milk and water to be given. I also prescribed a large dose of Quinine. The following morning patients general condition was improved, temp 102° pulse 108 per minm. She had not rested well, and now complained of pain in the right hand and arm. On looking at it, I found the right fore finger, down to the end of the second phalanx, of a dark purple colour, with blood effused under the skin, and the finger quite insensible to pressure. The middle finger was of a purplish-red colour, swollen and very painful. The back of the hand was painful and swollen. I had the hand imbedded in cotton wool. The bowels were

moved

Frost-bite; Collapse.

moved. I prescribed powders containing Opium, Quinine and Salicylate of Soda. The patient was nourished and got a little stimulant. In the course of a few days the hand became greatly inflamed and the swelling extended to the arm. Abscess formed in the palm, and on the dorsum of the hand, and on the back of the fore finger, and these I evacuated by free incisions. The frost-bitten finger was kept incased in wool and oil and the necrosed phalanx left to demarcate itself, on the 31st December it was all but separated, and, I removed it without instruments. The remainder of the finger granulated and soon healed. The result to the hand was in every sense satisfactory.

Dorcas was taken previous to her illness the patient had been exceedingly hard wrought and broken down with anxiety, nursing her husband, ~~by night~~ who had been suffering from Bronchio Pneumonia, by night, and doing the work of an ordinary female servant.

9

Frost-bite, Collapse

servant, by day. She was the subject of Chronic Bronchitis and a weak circulation for a number of years. Her feet and hands were always cold and her lips livid.

The morning she was rushed was one of the coldest we had during the severe winter, during the previous night 13° of frost had been registered. She had risen as usual about five A.M. and was working, now, with almost boiling feeding stuffs and then, with cold metal dishes and was unaware of anything happening to the hand as both hands were always almost numb

Remarks on Swimmers Cramps

Cases I and II — Swimmers Cramps and Drowning are of a class that are only likely to fall under the observation of a medical man practising in proximity to the sea.

The case of Swimmers Cramps was the first Public Emergency I was called to deal with. I had used Sulphuric Ether hypodermically before this, and I was convinced of its usefulness in cases where a rapidly diffusible Antispasmodic and Stimulant was indicated, and when, such, could not be administered by the mouth. As part of my plan of treatment in this case it seemed to act well.

It has fallen to my lot to treat four Cases of drowning, three of which were rescued with difficulty, and were unconscious, when I was called to them. The one I have reported was the worst that has come under my care and during the twenty four hours, I supervised the man, I learned a few weighty and practical lessons. It is stated you need hardly look

Remarks on Restoration of the Drowned

look for restoration if the person has been submerged for four or five minutes, now this man must have been submerged for at least five minutes. Several individuals who were present, felt it that he must have been on the bottom ten minutes before he was fished up with the grapnels, but it is probable that their anxiety led them to exaggerate the time. It required a good deal of enthusiasm to sustain persevering and persistent efforts for so long a time, but finally to be successful in restoring animation was a sufficient reward, and it goes to confirm the lesson which leaders and books alike seek to impress, that efforts to restore life should be persevered with, even for hours. I must confess that the subsequent horrors and fatal results were hardly anticipated by me. I had mentioned that I was afraid of inflammation of the lungs from the prolonged exposure of the body to cold and wet, but that Pneumonia is a danger very proximate to submersion was a lesson reserved for this and a subsequent

Remarks on Drowning and Pneumonia

subsequent case to reach me. In the other case, I refer to, pneumonia of the left lung set in with a severe rigor the day following the submersion, and ran a critical course, but was treated successfully. The third Asian case of drowning I was called to, occurred about three weeks after the last mentioned. An seaman, intoxicated, went into bathe at Merry crow and falling under the water was unable to gain his footing. He was rescued with difficulty, and artificial respiration carried out by two or three young men somewhat with Silvester's method. When I arrived, an hour and a half afterward, he was semiconscious, but was soon after quite sensible. He had then paroxysms of coughing, and ejaculating his chest I found mucous rales at the base of the lungs and wheezing all over the chest. I had applied at once a large mustard poultice to the back of the chest. He was a large powerful built man. Never returning from Rotterdam that night and mindful of my former experience, I impressed upon his friends the danger he ran of having an attack of inflammation of the lungs and the necessity which might arise for medical aid.

Remark on Fracture of the Base of the Skull

Cases III, IV — Fracture of the Base of the Skull and Acute Alcoholism, for practical purposes, might be bracketed together, and that more particularly as bearing on the old and vexed question of "drunk or dying". That Case III, the Cabman, who fell down the stair was drunk, was beyond doubt, but the question which confronted me when I saw him two hours after the fall, was, was he Comatose simply from Alcohol, from Alcohol plus Concussion of the brain, or some more serious injury? The symptoms presented were those of concussion, but in addition to these, some suppuration had to be put upon the Contused wound over the left parietal bone, indicating that he had landed on the vault of the cranium, the profuse bleeding which had taken place from the nose, and the blood still coming from the ear. Then the fact that he could not be roused and that he was deepening. It was on account of these circumstances that I was led to give the doubt to the side of serious injury to the Skull,

And

Remarks on Acute Alcoholism, Drunk or Dying
and to give a guarded prognosis.

Case iv Acute Alcoholism, in one where there might have been a serious lesion of the brain without any visible indications of severe injury. He had been found lying in a close and carried to the police office. That was all the history. The presumption was that he was drunk. His breath smelt of alcohol, but I think little importance should at any time be put on that ~~sign~~ symptom when a man is found unconscious, as some good Samaritan may have passed his way and discharged his sympathies by pouring in a little wine. When police officials have done their best to rouse a man and have failed and send for a doctor they feel relieved from responsibility and upon the medical man devolves the responsibility and the duty of differentiating the Coma. But as Coma, from Alcohol, as well as from Opium, from Concussion and Compression, may tend to death, from suffering we may feel sure that the insensibility has been produced by Alcohol, and that alone the worst course is to attend to

Remarks on Drunk, or Dying.

to the individual until the worst symptoms have disappeared. While, on the other hand if there is any doubt, the doubt should be given in favour of the most serious condition. The use of appropriate means and the exercise of patience will soon solve the problem. It cannot be said that we are in possession of any fully reliable data to enable us to differentiate satisfactorily and off hand, between the effects of drink and of injury. Some maintain that in Alcoholic poisoning the pupils are dilated while, Dr Wilson of Glasgow Royal Infirmary, has observed that the pupils are more commonly contracted, and that when as the result of shaking or pinching the person is roused the pupils dilate. In the case which I have reported the pupils were contracted and when he was fairly roused to consciousness I observed they had dilated naturally.

Remarks on Infantile Convulsion

Cases V, VI and VII — Infantile Convulsion, Concussion of the Brain and Compression of the Brain, form a group that might well be considered together. Convulsion and Coma occuring in Childhood are phenomena of such frequency that one soon ceases to regard them as Emergencies of great uncertainty, or dread. Being essentially symptomatic, apart from the immediate danger, we are more concerned to discover and attend to the Exciting Cause and concomitant Effect. The accompanying dentition, the onset of acute disease, the course of others and the final stage of still more, we soon acquire considerable familiarity with the phenomena

The case of Infantile Convulsion, I have reported, struck me, as remarkable for its prolongation and the danger to other organs which resulted from the paralysis, exposure and treatment, incident to the condition. The attack of Catarrhal Pneumonia which followed the Convulsion seemed to me to be due to these causes, although, the reverse may have been the case.

Remarks on Concussion and Compression of the Brain

When a child falls from a height, it seems, with the certainty of immutable law to land on the head. To be called to a child suffering from stupor, or coma, the result of a fall or a knock on the head is a very common experience; but sometimes from the very aggravated nature of the symptoms, or the circumstances attending the injury, the case demands more careful observation and attention. Such cases were VI and VII which I have reported. Case VI, Concussion, went to fortify the lessons which are impressed upon us by teacher and which are so very briefly experience that a severe injury to the head of a child, producing alarming and aggravated symptoms, may be approached with considerable assurance of a successful issue, so great is the reactionary and recuperative power over head injury in the child.

Case VII, this child was originally bad subject to sustain a fall, with a head bearing all the characteristics of Chronic Hydrocephalus and with evidence of blood effused into the Cranial Cavity, there was no alternative to absolute prognosis

Remarks on Apoplexy and Hemiplegia

Cases VIII and IX, Cerebral Apoplexy, and Hemiplegia, presumably due in both Cases to Cerebral Hæmorrhage. Such conditions bring forth Causes of sudden death in the aged, and those debilitated by disease and intemperance, or as producing permanent paralytic affections, Can come to no Young practitioner, in their Symptoms and results, as exciting novelties, as he is sure to have made himself familiar with them in the hospital wards. But there are circumstances often connected with the onset of such cases, which surround them with all the novelty and excitement of Emergencies.

A Cab man is found in the morning lying in a stable, unconscious, and must have lain in that Condition all night: An old bachelor, living alone, is found lying in a comatose state, on the floor of his apartment, after having been missed for two days. An old maiden Lady is found lying insensible after having been exposed to the Cold for eleven hours. An old man becomes Comatose when Engaged in Conversation and dies

in

Remarks on Apoplexy and Hemiplegia

in a few minutes. While still another, as I have reported, complains of feeling ill in a short time is Comatose and in a few minutes after he is dead. Collateral circumstances such as these were associated with the cases which have fallen to me to attend. In two or three cases the diagnosis was a little difficult, the entire absence of any history and the effects of exposure having masked the real condition. In confronting such cases I have not found it necessary to follow any routine treatment, nursing and care take precedence of all medicine. To have the patient Comfortably bedded and, if cold and collapsed, to encourage and regulate reaction by the application of heat and poultices, and their removal when necessary. The giving of nourishment and mild stimulants when indicated. If the patient is the subject of Bronchitis, or liable to Broncho-Pneumonia then the lungs require attention and watching, and in all probability for a time

Remarks on Apoplexy and Hemiplegia

the bladder will require to be attended to.
I have never thought it expedient, whenever the
patients ability to swallow returned, immediately,
to administer Croton Oil, or a strong purgative
powder. There is something more than the act
of a person having been comatose required to
indicate such a course. And my experience has
taught me, that there is something more than
a purgative medicine required for purgation.
I have never seen reason to think that I did
wrong, to wait patiently, until time, rest and
nursing had done something in the way of
restoring power to my patient and then to
administer the purgative. The case of Apoplexy
which I have reported, is typical of several,
which have come under my notice, as
producing sudden death. The case of Hemiplegia
is a type of four case of Apoplexy which
on recovery presented and still bear the
signs and symptoms of Hemiplegia

Remarks on Epilepsy & Hysteria

Case X. Probably every Physician can number among his patients a few Epileptics, who are familiar with their disease in all its phases and workings and so intimate with its treatment as the physician himself. Of course there must have been a time when that was not the case, when the first fit was experienced, and produced all the horror and consternation common in such case, which led to a correct diagnosis and suitable treatment. This case of Epilepsy I have thought worthy of record from the mystery which surrounded the first fit and the injury which was produced by the fall, as indicated by the symptom of Concussion and the bleeding from the ear; and as another illustration that too much importance is not to be put upon that isolated symptom of cranial injury.

Case XI. Hysteria. I have reported this case as typical of the convulsive form that this disease is liable to take on, and also, because

Remarks on Eccentric Convulsions, Epileptiform Neuralgia
because, opinion had been given, elsewhere, in favour
of Epilepsy and Congestive Apoplexy.
But as there was a concurrence of Symptoms
which characterise the Hysteric and an absence of
others which distinguish the Epileptic, the tongue
had never been bitten, the face had not been con-
torted, the pupils not insensible and no true asphyxia,
I felt no difficulty in making my diagnosis
and the course of the disease has borne it out.

Case XII, Eccentric Convulsions,
was a remarkable one, from the violence of
the clonic spasms which characterised
it. That the convulsions were due to irritation
of the mucous membrane of the vaginal cavity,
seemed to me, from the history and collateral
circumstances the most rational diagnosis.

Cases XIII and XIV, Epileptiform Neuralgia,
and Sciatica being accompanied with the
most palpable evidences of intense suffering
formed

Remarks on Cholera Infantum.

formed exigencies of a very alarming character, but to the educated mind, they had this in common that, they were more alarming than dangerous, a fact, not so easily realized by the friends and attendants. It is in the treatment of such cases that we learn to prize our hyperdermic method of medication, and also some of the newer drugs which have recently found their way into our Materia medica. I have ventured to report them in detail, for the sake of indicating the lines of treatment which I followed and the lessons I was likely to learn. These cases and the preceding one illustrate, in a marked way, how that the excessive stimulation of nerves whether by function or disease, is liable to diminish the controlling power of the brain, in many directions and expose the body to all the risks of the most violent motor disturbances.

Case XV, Cholera infantum, Returning again to the period of Childhood I have found in

Remarks on Cholera Infantum

in Cholera infantum a condition forming a very common emergency and a fertile cause of sudden death during the months of summer. The disease is generally found associated with bad hygienic conditions, bad air, bad Ventilation and injudicious feeding. It prevails most between the months of April and September. The first bad case which has come under my observation this year was on the 30th April, Early that morning I was called to see a child that had taken suddenly ill and died without having received any medical treatment. It was certainly being brought up under the very worst hygienic surroundings. The two cases that I have reported are good illustrations of the histories one gets of the course of the disease previous to the Child passing into the hydrencephaloid state. It is when called to see a child in that condition that I consider we are confronted with a serious emergency, tending to death. The child is in a stupor from cerebral anaemia produced by

Remarks on Scarlet Fever; Convulsions by rapid depletion having taken place at both Ends of the alimentary canal. Unlike Coma and Convulsion resulting from Congestion of the brain it is a negative, or minus condition, with the power to add to, removed and once this is thoroughly established the Coma almost surely Ends in death. To prevent the condition of Spurious hydrocephalus, should be the aim of every one called to treat violent vomiting and purging during Summer, whatever be its aetiology, or pathology

Case XVI, Scarlet Fever; Convulsions,
Convulsions and coma are common preludes to acute illness in Childhood. The extreme natural sensitiveness of the nervous system in the child is no doubt the reason why this condition is so frequently met with; but in many cases there is also, a morbid Excitability of the nervous System. In Several of those cases of acute disease, which I have observed

Remarked Poisoning by Belladonna observed it — in Scarlet Fever, Measles and Pneumonia — this has been the case.

The case of Scarlet Fever, which I have reported, both parents were weakly, nervous people and the children during dentition had been liable to fits. But, I have also reported these cases because they have an important bearing on the question of isolation. It might have been different with the second child if the parents had been amenable to argument and entreaty, and had not persisted in keeping him in the same apartment with the affected one.

Cases XVII and XVIII, Poisoning by Belladonna and Sewage Gas.

Poisoning is an emergency with which the Physician is at all times liable to be confronted. The law may safeguard the sale of poisons and make it difficult for a person to procure them for purposes of self destruction

Remarks on Poisoning by Belladonna and Sewage Gas

Self destruction. The number of cases of poisoning may, in the way be reduced, but so long as we prescribe potent drugs, and put them into the hands of our patients in quantities more than sufficient to destroy a life, an emergency of the kind I have reported, will be liable to occur, through the stupidity, or carelessness of an attendant. The first emergency of the kind I was called upon to treat was in July 1883 when acting as house surgeon at Crosshill. A patient had been given a tablespoonful instead of a teaspoonful of a mixture containing Tincture of Aconite and Belladonna, which had been prescribed for acute pleurisy. She had alarming symptoms for eight hours. Since then I have been called upon to treat cases of poisoning by Opium, Alcohol, Paraffin Oil, Tinned Meat, Belladonna and Sewage Gas. The phenomena attending the two latter cases I have reported in detail, as I thought them worthy of careful

Remarks on Collapse from Cold

careful observation. The case of poisoning by sewage gas brought vividly to my mind all the worst symptoms I had heard and read described of Cholera and it is probable I may not again witness Choleraic symptoms of so violent a character unless I am brought in contact with Asiatic Cholera. I saw the last motion the male patient passed and, I believe, if I had been shown it and asked what it was likely to be! It would only have been a guess if I had called it an evacuation from the bowels. It was a watery colourless fluid without any faecal odour and having in suspension a little white flocculent material

Case XIX Collapse from Cold,

While cases of Insolation have not been wanting, I have not had any very serious emergency arising out of the influence of extreme heat. The same however can not be said of the rigors of winter,

Remarks on Frost-bite: Collapse

Half a dozen cases at least of Collapse from cold have come under my observation and treatment. The condition has occurred chiefly in old people who have long been affected with Bronchitis, or Heart Disease and although in no one instance has it proved immediately fatal, yet aggravated chest symptoms have in several cases followed. I have recorded in my notes the case of a young man as being an exception to the rule stated and to indicate the lines of treatment. I have not experienced any great difficulty in diagnosing this condition from the coma resulting from other causes. When found associated with and masking other conditions a little time, gentle stimulation and careful watching will soon make the case plain.

Case XX, Frost bite: Collapse.

This was a sudden and alarming Emergency. I had little difficulty in diagnosing the Condition I had to deal with in the hand

Remarks on Frost bite; Collapse

hand and deciding upon my course of treatment; although being associated with the severe constitutional disturbance it appeared novel, and perhaps to me or two others a doubtful diagnosis; yet having observed frost-bitten fingers in Professor Macleod's ward, and their treatment, a few years ago, and having carefully eliminated other possible conditions, I had assurance in the rightness of my diagnosis, I was accorded the most complete confidence and the course of the case proved that it was not misplaced.

Sudden Death

Within the last two years it has fallen to my lot to be called to a number of persons, who have either taken suddenly ill, or have met with serious accidents, and on arriving, I have found that the person is dead, is dying, or, from the nature of the case, cannot live many hours. When a death takes place under such circumstances, it is called a sudden death and cognisance is taken of it by the procurator fiscal. In the case of a very old person, however, when the cause is such as one would, naturally, expect to terminate life and, when no unnatural, or suspicious circumstances attend it, we are not asked to furnish reports. But, in slight cases of sudden death I have been asked for reports. While speaking generally, death takes place from some affection of the Head, the Heart, or the Lungs; yet, to be more particular the cause of death in each case, so far as I was able to make out, from antecedant symptoms and post mortem appearances,

were

Sudden Death.

were. I Syncope from Alcoholic Poisoning,
II. Apoplexy. Cerebral Hemorrhage,
III. Fracture of the Base of the Skull,
IV. Suffocation from overlying,
V. Cholera Infantum,
VI Pneumonia following Submersion,
VII Compression of the Brain,
VIII Cholera Infantum.

The reports are expected to be compiled on the External post mortem appearances; but, while, in many case one might be able to say from the appearance presented that death resulted from a natural cause; yet, I have always thought it better in such cases to consider the condition And symptoms which preceded death in so far as they have been observed and to come to a conclusion as to the cause of death upon a consideration of appearances and antecedant symptoms Combined. In my note, I have given Samples of reports. They have all been Considered complete and satisfactory.

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