Appendix

Case of Peter Wills,

aged 63.

Commercial Traveller.

Stokebridge

admitted Feb 7th 1890.

examined

complaint of hiccuppe & of cough & weakness.

History. Family good.

A chronic chronic for the last 20 years, has been then twice within the last two years & upon one occasion had D. Persomn complicate with inflammation of the apex of the right lung from which he has never properly recovered, has often suffered from asthmas.

For the last two months he has been in the habit of drinking about a bottle of whey a day, but had yesterday
Name: Pete Wells  Age: 68  Disease: Alcoholism, Phthisis  Result: Alcoholism confirmed

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TEMPERATURE FAHRENHEIT'S SCALE.

TEMPERATURE CENTIGRADE SCALE.
The day before only one glass. For the last few days he has suffered from Hiccough, he does not vomit but sometimes retches before breakfast.

Examination.
Patient looks much wasted & has a careworn & anxious face. Head tinnitus.

Alimentary System.
Tongue very tremulous covered with a moist yellow film, says his appetite is fair. Bowels very constipated & have been so for the last twelve years. Abdomen flaccid, want to occasionally pushed outward by the descent of the diaphragm. No tenderness etc. Liver from 7th rib to costal margin.

Circulatory System. Cardiac dulness observed & very mute. First sound prolonged. Pulse 108, weak.

Respiratory System. To put the condition.
Found as briefly as possible, it may be said that the patient, in addition to having the signs of emphysema, had also well-marked signs of a cavity at the right upper corner but little or brings up little expectoration which is of a bruisy yellow character.

Nervous System

Sensory Function. There is no numbness, weakness, or pain.

Motor Functions

The tendon & brain reflexes are exaggerated. Voluntary power impaired. Tremor on vol. motion is marked.

Mental. Quite rational. Sleeps fairly.

Course of Disease. Patient did not alter much from day to day. The slept well.
He was given a tonic & nourishing liquid food.


14. Did not sleep. Hiccough is becoming constant & very troublesome. He was first given Tementine for it without effect, then a mixture of Chloric Ether & Morphine which stopped it at once.

20. Has been much better lately; the tendon reflexes cannot now be elicited.

23. Hiccough becoming constant again & not relieved by the mixture.

24. To be fed by Poutal enema & to have the epigastrium blistered.

25. Hiccough stopped, but after having had some bread & milk at night for the mouth it returned again.


28. Went home at his friends wish.

Notes on the Case:

This was a case of eharmonic & resistant alcoholism complicated with Phthisis, whose latter had arisen from an alcoholic pneumonia.
Though this man had been for twenty years such a persistent drinker & excess of late - drinking a bottle of whisky a day - he yet seemed not to have been so very much affected by it - at any rate since he had the pneumonia, for he almost invariably slept well without any sleeping draughts. He had marked tremor even of the head, a condition I have also noticed in another case, but he said that he had had this tremor for as long a time as he could remember. He only suffered from insomnia when the thorax was very bad; his appetite was fair, the head no delirium & beyond the diminution in the tendon reflexes, which exhibited itself after he had been in the ward for about a week & when the acute alcoholic condition had passed off, he had almost no nervous symptom. No cramps, pain, numbness, foot drop, anæsthesia or hyperæsthesia or ataxia. The explanation I suppose lies in the fact that he was also suffering from
Phthisis, which enabled him to assimilate a worse off much more alcohol than
he would otherwise have been able to do.

But the Phthisis had also made no great
strides; it was still limited to one Apex,
the had scarcely any cough or expectoration
no history of hemorrhages since the had
the Pneumonia, no night sweats.
bowels always constive, they were rarely
moved without purgative medicine.
He was however much wasted an
his temperature remained a little
up during the first fortnight after
his admission.

In the Alimentary System, the usual
feature, but with fair appetite, no
vomiting or epigastric tendernesses or with
very constive bowels. (opposed to what Dr.
Bremerton remarks)  
In the Circulated System, the usual feature.
The Nervous System I have sufficiently
mentioned above.
The Urinary System. See Chart.
Reaction. Alkaline to neutral for the first three days - afterward, acid. Urine. A little below the normal, set taking his feverish condition into account certainly below what we would have expected, at first - afterward increased, then reacting up & down but tending to maintain a lower level as his temperature fell & then going up again as the sickness became more inconstant & as he lost sleep.

The Phosphates corresponded almost exactly to the reaction of the Urine.

Albumen. absent
Glucose - present in small amount, is increased when he was having the Chloroether & Morphia, for the first ten days, afterward absent.
Chloride. normal.
Indican. At first present in large amount - then decreasing & disappearing at the end of about the first ten days.

Thus the Urine presented the characteristics I have usually found present in such condition.
Care of Mrs. Lawrence.
Age 37
377 Leith Walk
Admitted March 13, 1890
Complaining of vomiting &
Loss of sleep.
Duration of illness about five days.
Examined March 13, 1890.

Family history. Mother drunkard, but
is healthy. Father is sober.
Patient has been in the habit
of drinking a little for some
years but they unable to stand
more than a glass or two of Whisky.
She does not get tipsy but she lies
in bed, can neither eat nor sleep,
a few fits which are characterized by
convulsive movements & soggings.
Has been in the ward once before.
(Patient denied.)
Never had D. Rememrs.
Present illness. Patient returned from
from Glasgow five days ago and began to breathe and has done so ever since. She remained constantly in bed, vomited a great deal and could neither eat nor sleep; her mind did not wander. She had no headache. Her mother brought her to the Infirmary.

On admission she was in a very nervous and tremulous condition.

Alimentary System. Tongue tremulous, small white points posteriorly; vomiting very frequently, little food appetite.

Bowels somewhat constipated. Otherwise normal.

Haemopoietic System. Blood seen microscopically: a few round refractile globules present at the Red corpuscles; some are oval, some globular; many are crescent - the rest normal.

Leucocytes normal. Spleen normal.

Nervous System.

Sensory function normal but
both clavies are congested & hyperveni.
Some myotony is present.

Motor Function.
The reflexes, tendon & plantar are most markedly exaggerated.
at the slightest touch upon the
Tendon the leg is thrown out
forces forwards.
Such ankle clonus is present.
Otherwise normal but much tones
in the extremities upon vol. movement.

Circulatory System. Heart normal.
Pulse 70, inclined to be irregular.

Course of Care.
March 7d. After 5% of Paraldehyde
the thing told it was a sleeping
draught, she feel asleep & slept fairly.
Feels better: Status quo.
15th. Slept well. Taking food well.
very desirous to go home. The reflexes
very nearly as much exaggerated
as they were at first - went home
feeling much better.
Notes on the care of the urine.

The Urine. see chart.

Amount from 0.725 to 0.730 a day.
Colour: deep red at first
afterwards lighter, coloured, no deposit.

Sp. gr. high at first, afterwards normal.
Reaction: faintly acid upon admission, afterwards alkaline.

Urea:
about grs. 360 on the first day.
about grs. 260 on the 2nd day.
about grs. 160 on the 3rd day.

Hence diminished on the whole.

Phosphates: about a normal daily secretion, gr. 2.5 up to admission, afterwards less than gr. 1 a day.

Albumen: absent.

Chloride: normal.

Glucose: gr. 1. per oz. upon admission, afterwards less.
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**Temperature Centigrade Scale**

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**Observations**

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**Name**:

- Title: Wm. Lawrence

**Record**:

- Date: 13/4/44
- Time: 10:30 A.M.
- Drugs: None
- Blood Pressure: 75/75
- Hematocrit: 12.16
- Weight: 102 lbs.
Indian. A small amount present every day.

The Notes.
The interesting point in this case is the myotonia, a most marked exaggeration of the Patella & Plantar reflexes. In the sort of instability of the Nervous system produced by alcohol, exaggeration of the reflexes seemed to me to be always a marked feature.

The chills were congested;
the urine exhibited in a slight degree the ordinary alcoholic features.
Care of Mrs. Brady.
Aged 50. Fishwoman.
Resides at 18 Blackfriars Street.
Admitted December 23, 1889.
Complaint of fits.
History, unimportant as regards family.
Has been teetotal for two years until
present out burst; always been healthy
& strong.
Present illness began by patient's beginning
to drink about five weeks ago, she
went to bed & continued drinking
until her admission. For the last
three weeks she has been unable to take
solid food, nor has she been able to
sleep properly; yesterday Dec 22,
She had three fits, in one of which
she bit her tongue; Dr. Broadfoot,
who was called in, recommended her
to Ward 6.
On Examination.
Face somewhat congested,
Conjunctiva watery.
Alimentary System.
Tongue clean, no freemor.
No vomiting etc - Bowels moved daily. Abdomen etc normal. No rigidity or Thight hypochondriac tenderness.

Nervous System:
Sensory system normal except that there is some hyperemia of the palms of the hands. The veins are congested so that the outline of the bones appear by the Indirect method to be ill-defined.

Motor - Vasomotoria et normal.
Patiens but somewhat restless.

Treatment:
*Given on the first night thirty grains of Chloral and sixty grains of Potass. Bromide in divided doses without the patient obtaining any sleep.

December 24. Status quo. Given after 3 p.m. in divided doses forty minims of Tincture of Digitalis forty grains of Chloral & eighty minims of Sal. Volatilis. Patiens went to sleep at about 12 p.m. & slept three hours.
Dec 25. is better.
Dec 26. status same.
Dec 27. Began to wander in the afternoon became violent, had to be strapped down & later on put into the padded room.
Dec 29. Del. Tremors till 8 p.m when she fell asleep, another at 4 a.m on Dec 30 & was put to bed in a quiet & rational condition.
Jan 1. went home fairly well.

Notes. Delirium tremens did not come on in this case until the patient had been free from alcohol for ninety six hours deprived of alcohol. The delirium was of an aggressive kind, she fought & struggled. The attack lasted about 54 hours.

Here were exhibited several points of interest.
Reaction. Alkaline at first it became neutral as D. T. came on & finally becoming acid.
Whee. diminished very much as D. T. came on.
Phosphates. showed a remarkable correspondence to the execution of whee. Becoming diminished as D. T. came on & remaining so until the attack passed off. They showed the diminution
at a time too at which we thought she was improving.
Albumen: a small amount was present for the first few days, but it then disappeared with the recovery.
Chlorides: remained normal.
Indican: a very large amount present at first, it gradually diminished and disappeared with recovery. This large amount was present in spirit of the tongue being clean as there alimentary system excepting for anorexia comparatively undamaged.
Glucose: a small amount present at first, it rapidly disappeared as the alcohol became withdrawn.

Temperature: raised when she came in, became subnormal a though it could not be taken during the D.T. (it apparently remained so). During the remainder of her stay in the Ward.
Nervous System: Conception of the optic disc present.
Care of John Malcolm.
aged 49.
39 Barrow Road, Leith.
a cooper.

sent in by Dr. McDonald.

admitted Jan. 30th, December 30th, 1889.

Complaint of insomnia & amnesia & of seeing things when his eyes are shut.

Duration of illness two days according to patient.

Family history unimportant.

Is in the habit of drinking in bouts & has already had two attacks of DJT.

Present illness.

Patient began to drink three weeks ago & has hardly been properly sober since; for the last seven nights he has been quite unable to sleep except in short snatches, he has also been unable to eat solid food; four nights ago he began to see devils & phantasmic figures when he shut his eyes, he could not remain in bed etc. He consulted Dr. McDonald who recommended him to enter the Infirmary.

On examination patient is quite rational.
but is restless, apprehensive & excited, fearing D. J. coming on & asking for drink to keep it off.

Alimentary System. Tongue fevered yellow & tremulous, anorexia, no vomiting etc. Abdomen normal. Liver dulness from upper border of 6th rib to 2 in. below the costal margin in the nipple line; not tender to pressure.

Hemopoietic System. Splenem not enlarged.

Nervous System.
Patient suffers at times from cramps, they come on after he has been drinking & usually attach the extensors of the foot joint in one & then in the other, from thence they sometimes spread up the thighs to the abdominal muscles & even to the arms & fingers; they attach him always during the night & cause him so much pain that he is obliged to jump up suddenly from his bed & walk about. No anorexia or muscular hyposthesia or other disturbance of sensibility. The pupils contract normally, the optic...
clumsy and decided to congeal & redden
at their margins. The vessels are enlarged.

Treatment & course of disease.

On Dec. 30. he was given in divided
doses twenty-one grains of Caffeine & seventy
grains of Antipyrine; at night he said
he felt steadier & easier; his temperature
remained almost the same.

Dec. 31. had no sleep all night. But
says he feels better & steadier, quite
rational. After a dose of calomel in
the morning he was given in the
course of the day fifteen grains of
Caffeine & fifty grains of Antipyrine.
Towards evening he became more
restless & began to wander. Thinking
that he saw his friends etc.

Jan. 1. No sleep. Has had to be
put into the stairs because he kept
perpetually getting out of bed; D. J.
is incoherent. His pulse is rapid & weak.
He is given eighteen grains of Caffeine
& six 'directions' of Fl. B. Th. Co. during

Given today one drachm of the Tincture of Digitalis with six drachms of Sep. Bith. co.

Jan. 3. No sleep, but as the day wore on patient became quieter & dozed at times; in the evening he was quite rational again; the patellar reflexes were found to be absent. The pulse was still hyperemic the veins engorged; he was now given twenty grains of Chloral.

Jan. 4. Slept well, much better. Given a tonic.

Jan. 5. Better.

Patient continued to improve & slept the 2nd & 3rd of Jan. 8. quite restored, but his patellar reflexes had not returned.

Note. D. J. came on in this case within twenty four hours of the patient's admission, it lasted about seventy two hours, the Caffeine & Atropine though given freely did not prevent the attacks, although the patient expressed himself as feeling the better for them.
The temperature rose during the attack to 99.8, falling to subnormal, as the attack passed off & remaining there for a day or two. The pulse rose to 144 as the attack came on falling to 60 after the attack. The delirium was of an apprehensive mind.

Urine: See chart.
Reaction: Neutral at first it rapidly became acid & remained so.
Urea: Diminished before D.I. came on it rapidly rose to a very high point during the attack, falling again as the attack passed off to a markedly subnormal excretion & then reacting to a higher point when he was leaving the Infirmary.
Phosphates: Diminished before the attack & as the attack came on they rose to a high point during the attack, falling as it passed off to a subnormal excretion & then reacting again & thus exhibiting a marked correspondence to the excretion of Urea.
No albumen present.

Indigo: a trace present at first; it increased during the paroxysm, disappearing afterwards.

Glucose: a small amount present at first; its excretion also increased during the paroxysm, a mere trace only remaining afterwards.

Nervous System. Congestion of both optic discs.

The patient repeatedly declared during the twenty-four hours preceding the attack, that he knew it was coming on and that it was coming on because he was beingprofit without alcohol.

(This patient came in again about two months later; vide Care. page 775.)
Case of William Adamson.
aged about 50
a fish hawker.
admitted December 12th from the Eye Ward where he was being treated for Glaucoma.
This patient not being admitted directly into Ward 6 into Dr. Smart's care but coming from another Ward & remaining partly under Dr. A. Robertson's care. Those notes of his previous history & present condition which would otherwise have been fully taken, were not.

Patient confined to a breathing heavily before admission into the Eye Ward, he had been there about three days when he began to wander a to attempt to get out of bed, he was brought to Ward 6 the same night
On examination.
Patient was in an excited condition but was not irrational. His temperature was between 101° & 102°. His pulse could not be felt in the radial artery, by
The stethoscope. The heart frequency was found to be about 150 beats in the minute, & the sounds were very weak.

He was ordered to have gr. 17 of caffeine every three hours.

Dec. 13. No sleep. D. J. well marched. Patient had to be put into the padded room, where he spent his time shouting & hawking varieties of fish.

Dec. 14. After no sleep. D. J. extreme. After having had gr. 24 of caffeine it was stopped. The pulse being now about 120 in frequency & stronger & he was given in divided doses 770 of the 5% Digitalis 1/3 of gr. Ammon. Aromat. & gr. 70 of Chloral. This was given before 12 p.m. on the 13th, & in spite of it he had no sleep.

Dec. 15. No sleep during night of 14th but much quieter now able to be put back to bed again. Had no medicine at all.


17. Only slept two hours, is somewhat noisy.

18. Had gr. 40 of Chloral in divided doses at night a slept well after it is somewhat
Care of W. Adamson continued
irrational—noisy at times.
20th letter.
21st letter.

Notes. D. J. came on in this case some
three days after admission into the eye
wards. Its lenticular in an acute stage
more than 72 hours, the patient not
thoroughly recovering his right mind
for about a week.
The large amount of Chloral which
was given seemed to have absolutely
no effect, nor had the Caffeine &
Digitalis apparently much influence
in reducing the frequency of the heart's
beats, for they did not become less
than 120 in frequency until the acute
stage had been passed by more than
twenty-four hours.
The temperature was comparatively
high 101.4° when D. J. was coming on.
During the attack it could not be taken.
The pulse was very frequent (150) during the
first two days of the attack, fell to 120 after
the attack and then gradually to 90.
Urine:
Reaction: Acid.

Urea: Very much diminished before & as the attack came on rising on
the last day of the attack & on the
day after the attack to a high point,
then falling & then reacting again.
Phosphates: show a remarkable correspondence
to the excretion of urea, viz. much
diminished before & during the early
part of the attack & they afterwards
rose to more than double the normal
excretion - then fell - then reacted again.
Albumen: a small amount was present
for the first few days (during the continuance
of the attack) it then disappeared.

Indicans: present during & after the attack
in varying amounts, but apparently
in an ascending & descending ratio.

Glucose: a small amount at first -
increasing a little during the attack &
then disappearing (having no relation
to the ethanol given).
Case of Andrew Wells.

Aged 58
Occupation: Cab driver.

Admitted on November 12th, he was brought by the Police & he had been in the cells for the previous 24 hours.
Patient is a chronic drinker & had had no alcoholic drink for 25 hours preceding his admission.
On admission he was in a somewhat excited condition & complained of insomnia & loss of appetite but expressed much relief at being transferred from the prison to the Infirmary.
On examination, his systems were found to be all in a fairly normal condition.
He was quite rational.

Patient was given in divided doses

gr

\( \frac{1}{8} \) of Antipyrine \& \( \frac{1}{500} \) of caffeine,

the slight excitement from which he was suffering passed off as he slept well.

Patient continued in much the same condition a fair well until Nov. 16

when he began towards evening to wander.

Nov 17. No sleep last night - wandering fits becoming more frequent.

Towards evening he was given in divided doses \( \frac{1}{500} \) of Scalpel.

Nov 18. No sleep last night - patient's condition is worse, it is that of acute extreme Del. tremens, fear paroxysms of trembling & intense excitement, imagine he is driving his cab all over the city & that at one time a brace has broken, at another that the axle has given way, at another that the door having been left open has been broken off by a collision, he has had to be restrained, he shouts to his horses, to his passengers
to the police.

His spleen was found to be enlarged.

His pulse, which was steady, somewhat weak, & which then beat at about 80, is now soft, very frequent - 130.

His temperature is above 100°.

He is given 10 grain of antipyrine & gr. 3/16 of caffeine every half hour until three doses had been given. Then every 3 hours.

After the first 3 doses he became quiet & more rational. His condition improved. His pulse falling from 130 at 11 a.m. to 96 at 8 p.m.; his temperature falling also from 100.2 to 98.8.

He became more & more drowsy & by 8 p.m. had fallen asleep & slept all night.


Given 4x of Digitalis & 6x of Salol a day.

He steadily improved & left on the 23rd quite recovered.
He took food well during the D.T. better than he had been taking it before.

Urine. Record was imperfect partly because it could not be collected properly during the acute stage.

Reaction. Alkaline at first, afterwards became acid.

Phosphates. About normal at first in amount were not examined again until the last day of the febrile stage when they were found to be largely increased, they then fell to normal, and then receded to a still higher point, then falling again to normal. Albumen. Absent.

Chlorides. About normal, but a little diminished at first.

Glucose. Absent at first, appeared when the urine was examined on the last day of the febrile stage, but disappeared before patient left.
Indian: A large amount present during his whole stay in the Ward—but increased during & immediately after the paroxysm.

Notes upon the Case.

As to general features it is to be noted that as D.J. came on there was an initial depression of temperature to 97.5 it rising during the height of the attack to just above 100.

Great increase in frequency a strange in character of the pulse.

The character of the delirium, the patient always thinking of his occupation & of various misfortunes & terrors in connection with it.

The period of incubation of the attack—fully 5 days since he gave up drinking.

The duration of the attack—about 50 hours.

The effect of remedies.

Gr. 50 of chloral given toward the end of the first 24 hours had no effect.

About the same quantity of antipyrine & Gr. 15 of caffeine given at about
The end of the 6th hour seemed to have a distinct effect in quietening and calming the patient and in promoting sleep. The pulse & temperature also fell during their administration. 

To the objection that might be taken to the effect that the patient was then at about the natural termination of such an attack, it may be answered that the effect of their administration was immediate, in one hour or a half (after 3 doses) the patient was much quieter, steadier & more drowsy.
<table>
<thead>
<tr>
<th>Name: Adam Murray</th>
<th>Age: 26</th>
<th>Disease: DT (Diphtheria)</th>
<th>Result: Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 28, 29, 30, 31</td>
<td>Feb 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Temperature Chart**

- **Temperature Fahrenheit Scale**
  - 97°, 98°, 99°, 100°, 101°, 102°, 103°, 104°, 105°, 106°
  - Chart shows peaks and troughs on the 2nd and 3rd of February.

- **Temperature Centigrade Scale**
  - 36°, 37°, 38°, 39°, 40°, 41°

**Pulse**
- 80, 100, 66, 65, 54, 65, 56

**Resp**
- 6

**Motions**
- 1, 0, 3, 1, 2

**Urine (oz)**
- 30, 30+, 30, 60, 65, 76, 70, 74

**Sp Gr**
- 30

**Reaction**
- Unknown

**Chlorides**
- Unknown

**Albumen**
- Unknown

**Day of Dis.**
- Unknown

*Note: The chart and table data are manually transcribed.*
Case of Adam Finneay.

Aged 25, unmarried.

Occupation - a mason.

Resides at 11 Poplar Lane, Leith.

Admitted on Tuesday Jan 28th.

Complains of general feebleness & of loss of sleep.

Duration of illness - 4 days.

Patient is a chronic drinker, for the last five years he has been in the habit of drinking to excess at the end of each week, usually whiskey. Never been in the Infirmary before, never had D.T. nor Rheumatism. Suffered from Scarlet Fever when a child otherwise has had no serious disease & has been healthy & strong.

Present illness began by patients drinking about 5 glasses of whiskey on Burns night. Friday Jan 24th, on the Saturday he felt too ill to go to his work. He drank 2 more glasses but no more because he took a disinfect to liquor, he felt a sort of general feebleness (no headache nor vomiting) & he remained at home & in bed until the Monday afternoon.
following, when he felt so much better that he got up and went for a walk. During the time he was in bed, he suffered from loss of appetite & partial loss of sleep. He walked about two miles & then returned home, & on his way home he experienced his first hallucination: he thought he heard music, at first he thought this was a real sensation, but as it continued to accompany him & he could see no source from which it could come, he became alarmed. He continued his homeward journey but now imagined he was being chased; he had no sleep that night, but remembers being brought up to the Infirmary the next day by a friend.

On examination, patient was found to be in an excited nervous state, but quite amenable & obedient; he answered quite rationally, he had no delusions. The conjunctivae were injected. The eyes were watery.

Alimentary System: Tongue moist, yellow, fleshy, tremulous; complained of flatulence.
no vomiting. Abdomen distended, skin white. Liver dullness from lower border of 7th rib to costal margin in the nipple line. Not tender to pressure.

Integument - System. Profuse perspiration.
Circ. System. Heart sound prolonged; pulse regular, about 80.

Resp. System - normal.
Hemopoietic System. Spleen not enlarged, Blood normal. No fatty granules to be seen.

Nervous System. For the last 3 or 4 weeks has suffered during the night from cramps in the legs, causing him to jump out of bed.

No numbness or anaesthesia set up etc.

Pupils dilated. are equal, contract slightly to light. Per of retinal vessels - direct & indirect methods. Both discs were found to be congested especially at their margin. The vessels dilated. The capillaries running in a horizontal line over the margins of the discs enlarged.
Motor. Superficial & deep reflexes markedly increased, exaggerated, slight ankle clonus.
Voluntary motor power diminished, slight tremor in extremities.

Course of disease.
Jan. 29. No sleep last night. Patient getting worse, trying to get out of bed. Pulse very irregular.
4 p.m. Patient trembling all over, perpetually trying to be about some business, imagining he is going to be beheaded, has to be restrained, pulse irregular, feeble.
Patient to have 1/2 of the tincture of Digitai every two hours. (This is the first medicine he was given). See horse horses elephant.
30ths. No sleep last night, had to be put into the padded room. Thinly, he is in a balloon & that he is engaged with a friend in stealing things & carrying them off in the balloon & that the police are after him.
4 p.m. States yes to the Digitai was
Case of Adam Murray continued.

added 3/4 of Chloroform & 1/2 of the
M. Amm. Acetate until 5 lines of these
latter have been given. & at about 10 p.m.
as the patient did not seem to be mending
much worse. 3/ of the Acetate of Potash
were given. Digitalis stopped.

31st. At 4 a.m. patient fell asleep
& slept till 8 a.m. He was put to bed
& hot water given. a mixture of the
Acetate of Potash, Tartrate of Potash &
Infusion of Rhusgram. He is quite rational
pulse more regular, less tremulous,
tongue slightly furrowed. Dines still
by pernicie. Reflexes normal.

Feb 1. better, slept well.
4th quite convalescent. Up during the
day, no tremor. Reflexes normal.
To have a Tonic.
5th. Discharged, practically well.

Right eye still somewhat congested, left one normal.

Notes on the case.
The urine.
The Urine. See Urine Chart.
Reaction. Alkaline at first, it became acid. I remained so with the exception of its being neutral on one day Feb. 20th at a time when he was taking large doses of amlaline diuretics.
Urea. A very small excretion on admission at the beginning of the D.I. It rose rapidly attaining a very high point as the attack passed off & for the following two days it then commencing to fall.
Phosphates. A very small excretion as the acute attacks came on, it rapidly rose during the attacks attaining a high point as the attack passed off & then falling again & showing a correspondence to the excretion of Urea.
Albumen. a small amount present during the attack it afterward completely disappeared.
Chlorides. About normal throughout.
Glucose. present during the attack to then completely disappearing.
Indecan, a moderate amount present during the attack & afterwards completely disappearing.

The Notes.

Delirium tremens was developing in this case when the patient was admitted & at a period of about 72 hours after having given wine liqueur. Duration of it was about 60 hours. The patient falling as usual into a sleep from which he awoke in his right mind.

The premonitory warnings of the attack, viz. the hearing of music, & the strangeness of the mind wanderings during the attack, viz. the fear of being about to be treasted at first, followed by the seeing of huge animals & a later state of the supposition that he was in a balloon & being preserved are extremely interesting. The patient after recovery had a fair recollection of his wanderings during the attack & denied having ever thought of this.
customary daily labour during it.

The patient gave up drinking because he took a dislike to it, this is a common feature.

The temperature began to rise as the attacks became fully developed, but unfortunately could not be taken again until the attack was over when it was found to be subnormal.

In the alimentary system, the usual features were present excepting for the absence of vomiting.

Circulat. System: the heart was thin & irregular, though an absence of valvular disease or previous acute Rheumatism.

The pulse frequency rising during the attacks a becoming abnormally slow after it - this is the usual occurrence & from the fact that it occurs alike in those recovering from D.T. who have usually had large quantities of
Cardiac tonics, & in those recovering from chronic alcoholism who have not, I believe it to be a natural sequence of the toxic effect of the alcohol.

Nervous System. Commencing early but otherwise no disturbance of ordinary sensibility.

Optic discs hyperemic as is commonly according to my observation the case, the condition passing off afterwards. The tendon reflexes exaggerated as also seems to me to be the invariable rule during the attack, but in this case they became normal after the attack is remitted & while commonly they become very much diminished or even may be quite absent.

The effect of medicine.

No attempt was made to cut short the disease until about 50 hours of its course had been, when the patient was
given 94 50 of Chloroform guarded by Digitalis & Sal volatile. He fell asleep about 3 hours after having had the full amount, but whether the medicine had any effect in producing sleep is very doubtful.

The patient took food well during the D. T.
Case of Thomas Harkey
Aged 44
A colour Sergeant
Resides at 189 Causeway side
Complains of headache, loss of sleep & of appetite.
Duration of illness about one week
Admitted Jan. 17th, 1890
Examined

Patient has been married for 21 years & has five children. Past of family history is unimportant.
Has only been a drinker for the last 18 months; exactly one year ago he was for 3 weeks in the Liverpool Infirmary for an attack of D. T.
Present illness originated in patient, commencing to drink heavily about one month ago; he drinks on an average about 20 glasses of wine a day & was never exactly sober. His appetite grew less & less & he declares that for the last 14 days he has been unable to taste food of any description. If he only takes
enough to drink, he can usually sleep, but for the last 5 nights he has had no sleep; he came to the Infirmary mainly because about 4 hours ago he met two women in a passage & who would not allow him to pass by, but who on being addressed by him disappeared; this alarmed him very much & he came to the Infirmary for relief & gave up drinking.

On examination.
Nothing particular about the face.
Alimentary System. Tongue a little bit furred, slight yellow fever, appetite returning, often vomit when drinking & that usually at about midday. Liver dullness normal.
Bowels regular.
Circulatory System. Heart sound reduplicated in the pulmonary & tricuspid areas.
Respiratory System. Complaint of a slight cough.
Hemopoietic System. No enlargement of spleen.
Nervous System. Suffer from headaches.
When he has been dreaming, there come on only at night—a consist of burning pains felt all round the head.

Complains also of cold clammy feelings, which begin in the toes & pass up the legs to the abdomen—but no higher; these feelings he more rarely experiences in the fingers & arms; during these demnated feelings the limbs, that he has for the time lost all power of the affected extremity, he never suffers from cramps.

Sensibility. But whenever he perceives there is of right leg from knee to ankle—

Sensibility of foot normal. When the right tibia is stretched with the finger, he experiences a dull pain running through its whole length.

Pupils react normally.

Left disc has an incomplete choroidal ring, & a marked physiological jet. The margin is a little irregular.

Right disc is too pale—vessels have normal proportions.

Is proved by opsin.
Superficial & deep reflexes markedly exaggerated.

Max had loss of power in the right leg especially in flexing it.

Answers quite rationally, gave a history of the illness, but says that he always gets worse at night.

The Extramileus or voluntary movement are somewhat tremulous, which is of a general nature & fibrillary twitching.

Was given 3/4 of Bromide.

Covert of care.

Jan. 20 th: No proper sleep last night but dozed at times. Got worse during the day & towards night wandered & became restless, complained of the clammy feeling at the head. He was given gr. 50 of Antipyrine with gr. x 1/2 of Caffeine in divided doses; there had the effect of making him feel better & steadier, he quite lost the
clammy feelings & The head ache... An ice bag to the head also gave relief.

Jan 21. No sleep last night; in rational during the day but inclined to wander from time to time at night; has a slight cough.

In the afternoon he was put upon great doses of Anti-pyrexin with great doses of Caffeine, but after 5 doses the temperature of Diphtera's hot was substituted for the Caffeine. & after 3 of such doses he fell asleep a slept till 5.30 a.m.

Jan 22. Slept as usual, much better; reflexes still exaggerated no medicine for last today.

Jan 23. Slept well better.

24. Slept fairly, feels quite well. Right a left legs are now about equal in strength, still slight hypoesthesia of left just above right ankle. To have a tonic of Arsenic, Iron & Phosphorus.

Patient continued to improve a left on.

Jan 31. The reflexes were at that time diminished.
Notes.
The urine. See urine chart.

Reaction. Alkaline for the first two days after the day of admission, it became acid and remained so.

Urea. A very large excretion during the first two days in the Infirmary, it dropped on the day upon which the patient was at his worst to almost 1/3 of the former excretion, rising again more slowly with his recovery, a trendocing.

Phosphates. A moderate excretion on admission they fell on the next day to a low point which they maintained until the acute condition of the patient was passing off, when they rose to a high point, then fell a then reached a little, but always maintaining a much higher level than they did during the D.T.

It is interesting to note that the rise to fall in the excretion of the phosphates had a tendency to precede that of the urea by about 24 hours.
Case of Thomas Harkey continued.

Albumen. None present at any time.

Chlorides. Normal, perhaps a little diminished at first.

Glucose. A varying but small amount present for the first few days.

Indican. A fair amount present at first but afterwards growing much less.

The Notes.

This case is an example of what I might term one of Mild Delirium Tremens; the patient was rational and did not wander during the day, & even during the night his symptoms were not acute or well marked, & he never required any sort of restraint.

The attack seems to have commenced with his seeing the two women & hence to have come on while he was actually drinking, & not as seems more
usually to be the case to have begun after
a period of some three or four days enforced abstinence.
The duration of the attack appears to have been about 96 hours, & it was terminated by a sleep from which the patient awoke in the morning.
The patient gave no distress because he was alarmed at the hallucination which attacked him.
His temperature only once & that as it were at the very crisis of the attack rose above 99° & it afterwards maintained a subnormal range.
The pulse frequency never was more than 90 & it fell afterwards to rather below the normal as is usually the case of the Heart.
The jist sound was reduplicated.
In the alimentary System, the usual characters.
In the nervous System, Patient complained of headaches, of tremulous & clammy feelings passing up from the lower extremities & of great loss of power particularly in the right leg. To this was added cutaneous hyperesthesia of the right leg with tenderness of the Tibia.
It is noteworthy that he never suffered from cramps.

During the attack, the cutaneous & tendon reflexes were markedly exaggerated, while they afterwards became diminished. There was no hyperesthesia of the skin, but the right one showed signs of commencing atrophy.

Effect of treatment. Antipyrin grs 50 + Caffeine grs 10 on the day after admission had according to the patient & to my own observation, the effect of very much relieving the nervous & excitable state he was in as well as the sensory disturbances, but they neither produced sleep nor cut short the attacks. An ice bag to the head gave relief.

On the next day toward evening the same treatment was renewed & after grs 80 of Antipyrin with grs 10 of Caffeine & mnx of the tincture of Digitalis, he fell asleep & the paroxysms was terminated.

During this progress toward complete recovery, he rapidly regained power in his right side.
The sensory disturbances disappeared, but the reflexes became diminished.
John Pedder
of 28 Ancroft Road, Dundee.
Admitted Jan 22, 1870.
Examined
Complains of bleeding from the ear.
Duration of illness about 36 hours.

Patient in a strotonic drunkness. Has never had D.T.
He left Dundee a week ago & came to Edinburgh & has been drinking hard
ever since. Yesterday evening he fell down a flight of stairs onto the breast
of his head. He became unconscious, was carried to bed & when he came to
the next morning, he found that he had been bleeding from the right ear.
D: One of the Cowgate Dispensary sent
him to Ward 6.

On admission, he was perfectly rational, recounted the history of his accident etc.
Blood still oozed slowly from the ear & he was found to quite deaf on that side.
On syringing out the Ear, blood could be seen coming through a perforation at the lower & posterior part of the Membrana Tympani. Dr. Duncan also was of opinion that the head sustained a free compound fracture of the base of the cranium.

Alimentary System. Tongue somewhat thickly furred yellow. moist, some anorexia, vomited once before he came in. Bowels seem rather constipated.

Respiratory System. Normal.

Circulatory System. Increased irregularity of the heart; action sounds feeble.

Nervous System.

Sensory Functions.

Sensations & sensibility normal.

Pupils - left one somewhat larger than the right, both contract normally to light & accommodation. Both discs slightly hyperemic. Refraction emmetropic.
Pertussis & Plantar reflexes diminished. Voluntary motor power enfeebled.

Cerebral functions. Patient is in an excited & restless condition, but in perfectly rational

Some muscular fibrillary & general tremor on voluntary movement.

Notes on the Case.

This was not a case of D. S. at all, but rather of a surgical nature with a foundation of Acute Encephalitis Plus fever. There were signs of the preceding week.

From the surgical injury there resulted bleeding from the right ear, deafness of it, and perhaps the slight difference in the size of the pupil.

From the alcoholism resulted the restlessness and excited state, the disturbance of the alimentary system, the irregularity and weakness of the heart, the hyperemia of the optic discs, the diminution in the superficial reflexes, the tremor on movement & the enfeebled motor power.

The temperature was always subnormal.
The Urine

Reaction. Alkaline for the first two days, it then became acid.

Urea. Much diminished at first, it rapidly increased.

Phosphates. About normal on admission; the concentration fell the next day to a low point, then rose in a manner corresponding to the urea.

Albumen: none present.

Glucose: a small amount present at first, it disappeared.

Indican: a large amount present on the day of admission; it afterwards rapidly grew less.

Hence from the condition of the urine, it could very probably have been conjectured that the case had a more marked alcoholic basis.
Care of Thomas Farmer.

Age 50.
Shipper, master, married.
22 Potterow.
Admitted Jan. 27, 1890.
Examined.

Complaint of loss of sleep & appetite, & of his mind wandering.
Duration of illness about 3 weeks.

History. Family unimportant. Is in the habit of drinking in boozes, & was in this ward four years ago for nine days with D.T.

Patient began nine weeks ago to drink whiskey & he has not often been sober since; he lost his appetite from the first & has had during this period but little solid food. After a short time he began to retch at intervals during the day & this he has continued to do & nothing will now stay on his stomach. For the last 3 weeks he has suffered from sleeplessness & lately, when he has attempted to sleep his mind has wandered.
On examination.

Patient has a somewhat melanesthesia expression.
The conjunctivae are watery.

Alimentary System. Tongue is large, flabby.
Teeth indented. Moist, covered with a
yellow film as it is tremulous;
complete anorexia, usually vomits
any solid food, never has pain after
food. Bowels are constive.
Abdomen. Stain soft - flabby.
Liver from 7th rib to rim below costal
margin in middle line.

Hemopoietic System. Liver not enlarged.

Respiratory System. Has a slight cough.

Circulatory System. Suffers from palpitation
when drinking. Otherwise normal.
Pulse slow.

Nervous System.

Sensory function. Fever Pre. complaints.
Numbness or pins.

Slight hyperesthesia of right leg, not
extending below the ankle.

Pupils contract normally to
light of the disc. Hypertension.
Left one to its outer side a large nodule. Staphy.
oma.
Motor functions: Skin & tendon reflexes are much exaggerated.
Voluntary motor power much weakened—particularly in the right leg.
Coordination fair.

Mental functions:
Mind wanders when the patient closes his eyes; he sees phantom-like figures, lions, red eyes; these seem real until they are part when he realizes that they were phantoms; he often thinks he is falling down precipice.

Locomotor System: Much generalized tremor on voluntary movement.

Treatment:
Given III of the IV of Digitale & g x x x of Antifebrin in divided doses ever the fall asleep & slept well. Liquid food.
Jan. 28. Slept well or rolled; to have 30 of the Digitale with 50 of the Antifebrin during the day only taking liquid food.
Care of Thomas Farrow continued.

Jan. 29. Only two hours sleep last night. to have no medicine today, but the epiprostium to be painted with Lm. Epiprostium. feels worse.

Jan. 30. Slept 4 hours. is better. to have a tonic of the combination of the Phosphate of Iron with Fowler's solution.


Feb. 3d. Better, medicine agreeing with him. Tendon reflexes are almost absent.

Feb. 5. The tonic to be replaced by six
1/100 gr. of pills of ferrous phosphate.

Feb. 11. Left apparently quite recovered but the tendon reflexes could scarcely be elicited.

Notes on the Case.

This is a case of Chronic Alcoholism with some of the symptoms of D.T. we might perhaps call it a very mild case.
of D. J. for the man had insomnia, anorexia, tremor, & hallucinations when his eyes were shut; thoughts always perfectly rational & quiet when his eyes were open. The patient seems to have lived for 9 weeks almost wholly upon alcohol & he had brought his stomach into such a condition that it would hardly retain any other sort of food.

In the alimentary system he had the usual disorders.

In the circulatory... Palpitation - a slow pulse, if he had gone into complete D. J. the pulse I conjecture would have become rapid, irregular, soft, whereas he was in that condition of Alcoholism which usually follows D. J. & sometime precedes it - viz. when the vapors seem to be stimulated & the pulse slowed.

In the nervous system. Hyperesthesia of the joint by not extending below the ankle; the joint of the thumb hyperesthesia. Other & Tendon reflexes much exaggerated as usual but afterwareds with recovery becoming so much diminished that they
could scarcely be elicited.
Motor power must be weakened especially in the right leg (the hyponeuesthetic one).
This was recovered from.

When he shut his eyes, he had the usual hallucination—falling down a precipice.

The usual tremor, most marked in the lower extremities in this case.
The temperature was always subnormal.

Effect of medicine.
Slept well the night of admission after a few doses of Digitalis & Antipyrein.
Continued with the medicine the next day but only slept two hours, & as he was not at all restless or excited, it was discontinued & replaced by a Tonic, & latterly he was put upon 1/6 gr of Phosphorus a day.

The Urine. See chart.
Reaction. Alkaline at first for two days; it became acid & remained so.
Urea: a much diminished excretion on the day after admission, it then rose to about the normal amount.

Phosphates: a much diminished excretion on the day after admission. For the two succeeding days it then rose to about the normal amount. Note a few days later the remarkable correspondence with the excretion of the urea.

Albumen: absent.

Glucose: a moderate amount present at first it then completely disappeared.

Ferment: only a trace present at first a then complete absence of it - in spite of the greatly disordered alimentary system.
Care of Robert Forsyth.

age 45.

17 Upper Grove Place.
admitted Oct. 10, 1889.
examined Oct. 27, 1889.

complains of nervousness & weakness.

Duration of illness one month.

History: Father used to drink but lives till 72 & then died of an accident. Rest of family history is unimportant. Patient has only been drinking to excess quite lately, though he has always been fond of a glass; of late he has drunk about four to five glasses of whiskey a day & often a glass of beer as well at night to make him sleep.

Present Illness:

Patient has lately suffered reverses in business & in consequence of his trouble has often & often had occasion to take a place to shear logs; his appetite has lately been falling off especially for breakfast, but he has only once been sick in a has never had morning
headache. It was not until Saturday
Oct. 6th. that he began to feel that something
was the matter with him; he did not
sleep well that night & on the Sunday
he felt so nervous & thirsty that he felt
he must be always walking about or doing
something to diverted him; on the Sunday
night he was very restless & did not sleep
well. On Monday morning he felt better
the dreamt a good deal through the day
& slept fairly at night.
On the Tuesday morning, while walking
along the street, he suddenly heard his
name whispered, this continued & the
louder the street traffic. The louder
was his name called, while the quieter
the street more the more quietly was
his name whispered; towards night
this got worse, he took a distress to
whimpery & could drink none of it; he
telegraphed to a friend to come a stay
the night with him, he however met
another friend who went home with
him & stayed with him; the whisperings
were sometime of a jeering & sneering character,
s sometimes he heard laughter.

On Tuesday night he had his first ocular illusion; the handle of the jug seemed to him to move, he saw fantastic shapes on the walls. There never came near him, he saw a shadow of something looking in at the skylight & he asked his friend to hang some clothes in front of it to hide it; as this was done he heard a voice behind him say, "We will make it worse for you for that!" He did not sleep a wink all night.

On going downstairs next morning, he heard footsteps behind him; in the street, he saw a friend standing at the corner, but on approaching him, he disappeared & he then knew that it was his Satanic Majesty who had been impersonating his friend.

On the Wednesday morning, Oct 10th, he entered Ward 6. After luncheon, he saw the same friend standing in the doorway & jeering at him for being in the condition he was in. He slept a little better that night.
On the Thursday a remarkable incident occurred: he fell asleep and had a horrible dream. He thought that he had left this world altogether and that one of his friends was with him, that there was only one road for them, and that was downwards - down a deep, deep, deep pit They went together until he heard hideous noises & crying & he got a close glimpse of the Infernal regions; a Thought struck him that they might yet escape & with great difficulty they managed to retrace their steps & theawan.

(During this dream he had a sort of fit; he had been sitting up when he suddenly clasped his hands & fell back in bed, he became very cyanotic cyanotic - quite bluish in the face, his eyes turned upwards - his respiration ceased, so that the nurse sent for the President Physician. The fit lasted about 10 minutes.)

He fell asleep after this, a sleep some time. On Friday he had only the whisperings & sometimes footsteps, then gradually got less frequent but he heard them still occasionally.
For the next four days, after they had disappeared, he sometimes heard a silent whisper and felt at the same time a sudden push causing him to turn round; his mind was now more in control and he used to put his fingers into his ears a try to pay no attention to them. I should add that up till this time he had frequently heard his friend's footsteps in the lobby with the knocking of the stick his friend usually carried, as he then seemed his friend entered, but what he knew at the same time that it was really his Satanic Majesty imitating his friend.

As this patient came in a fortnight before I came on duty, I am unable to describe except from what I learnt from the staff. Never in his condition then. When I examined him on Oct. 27, his various systems were practically normal. He denied having ever suffered from Comeas. His urine was normal.
Notes on the Case.

I have recorded this case from its interest in exhibiting the delusions, illusions, and hallucinations which can owe their origin to alcoholism; the whole of the narration with the exception of the description of the "fit" I obtained from the patient himself, a very intelligent man.

The case is one of mild D.T. The patient had never to be restrained, did not attempt to get out of bed, did not talk or show outwardly that he was wandering; he took a dipper to drink. The threatening of the attack. The auditory illusions came on almost while he was drinking. There was no period of incubation through abstinence. The attack was mainly characterized by auditory and to a lesser degree by optical hallucinations and illusions, delusions, if we except the one he had during the fit, were almost absent. What was the cause of the fit? It occurred in broad daylight. The patient had been sitting up, when he
suddenly fell back etc etc became cyanotic etc 
& evidently in so serious a condition that 
the doctor had to be sent for. The 
length of time it lasted - 10 mins was 
remarkable.

The way the delirium passed off by 
auditory hallucinations & illusions as 
it had begun.

All these make the case, incomplete 
as it is, very interesting to me.
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<th>Name: Alex Shaw</th>
<th>Age: 49</th>
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**Temperature Fahrenheit Scale:**

- 106°
- 105°
- 104°
- 103°
- 102°
- 101°
- 100°
- 99°
- 98°

**Temperature Centigrade Scale:**

- 44°
- 40°
- 39°
- 38°
- 37°
- 36°

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**Sala's Notes:**

- From 100° to 98°
- Pulse and Resp.

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**Day of Dis.:**

- 101

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**Other Observations:**

- Reaction:
- Chlorides:
- Albumen:
Case of Alexander Shaw
Age 49
Shoemaker
22 Dean Park St. street.
Admitted Dec. 6, 1889.
Examined.
Complains of bad dreams
& of loss of sleep & of appetites.
Duration of illness about a fortnight.

Family History. Mother & one Sister died of consumption. Patient usually enjoys excellent health, he drinks in spells about once a year, in the intervals he has good nourishing food; when once he gives way to drink he cannot possibly give it up. Six years ago he was in the Infirmary under Dr. Affleth for ten days & then had suffered from D.T.

Present illness.
Patient being annoyed at some domestic affairs began to drink three weeks ago & has continued to do so pretty steadily ever since, he was hardly ever properly sober.
Case of Alexander Shaw continued.
If he had a good supply of liquor he could always sleep at night but not otherwise, for the last few nights as his money ran short he has not slept excepting on Wednesday Dec 4th when having plenty of liquor, he slept well, has had no food or but little lately for can only eat when well under the influence of alcohol. Patient has lately been troubled by confused horrible dreams which frighten him, his mind is always clear when not asleep. Patient applied at the waiting room a was sent to the Ward.

Examination.
Conjunctiva watery, not icteric.
Alimentary System: Tongue several, tremulous covered except at edges a lot with a white tinge, is moist, no appetite, vomited this a.m. No pain in epigastric region or tenderness, abdomen flabby, bowels constipated.
Liver normal, not tender on pressure.
Homeoctic System. Spleen a little enlarged.

Blood. The blood corpuscles appear large, many are swollen & globular, in some parts of the field they are squeezed together as in a mosaic. Some look hexagonal shaped, others which are isolated have abnormal shapes oval, reniform, many are creased, a small globular refractile bodies are also present in number about twice as many as the leucocytes. There appear to be fatty globules. The leucocytes appear to be normal. Their ameboid movements are marked.

Nervous System.

Sensory functions normal.

Pupils contract normally.

Optic discs normal.

Hearing normal.

Motor functions.

Stem & tendon reflexes exaggerated.

Hernian & subcutee tendineum on voluntary
movement; power fair.
co-ordination poor.
No vomit; no disturbances.

Cerebral functions: Insomnia evident but not under influence of drink.
Horrible dreams. Mind quite clear.
Memory impaired.

Course of disease & treatment.
Medicinal: Patient was given of Antipyrine gr. 60. of Caffeine gr. xvi
in divided doses.

Dec. 7. No sleep at all last night, condition unchanged, but taking food well.
was given gr. 40 of Antipyrine a gr. 22 of Caffeine.

Dec. 8. Slept well. feels better & steadier. Taking food well; same medicine today.

Dec. 11. Given a tonic of iron & arsenic.

Dec. 12. Left quite restored.

Notes on the Case.

This is a man who drinks in spells with long intervals between them. When not drinking he enjoys excellent health. His system has not been kept constantly saturated with alcohol & hence there are no circulatory changes & few nervous ones.

He had been drinking for three weeks & would have gone on doing so had not his money failed him.

By this pro tempore saturation of his system with alcohol he had functionally drained his alimentary system. His nervous system & his hemopoietic system - & certain abnormal ingredients were also...
found to be present in his urine.

That the patient, according to his own statement, was unable both to sleep & to eat except when well under the influence of alcohol, is an interesting point & is a condition that is often present & one that seems to me to throw light on the pathology of the disease.

His temperature was for the first two days a little above the normal, & it afterwards became subnormal.

Effect of remedies. The symptoms in this case were not very well marked & it is difficult to say that the medicines had any marked action; some he could certainly recover his ability to sleep & to take food rapidly, more rapidly, I think, than he would have done had he been merely treated by nothing else alone.
Urine: see Dr. Smith.

Reaction: Neutral for the first two days, it then became acid and remained so.

Urea: Marked diminution at first, it steadily though slowly increased in quantity until it had about attained to the normal.

Phosphates: also a little diminished at first, the amount excreted slowly rose to the normal.

Albumen: Not present.

Glucose: a small to a moderate amount present on the 2nd & 3rd days, it then diminished & disappeared.

Indigo: a small amount present at first, the amount present increased very much on the last two days of his stay & after he had been given the tonic.
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Temperature Centigrade Scale.

Temperature Fahrenheit Scale.
Case of Thomas Greig.
Age 31

Fishing rod maker, unmarried.
Salisbury Street.

Admitted Dec. 27 1889.
Examined Dec. 28 1889.

Complains of sleeplessness, pain in the epigastrium & over the sacrum after taking food & of cramps in the left leg. Duration of illness about one week.

History. Family history of petitvices & of alcoholism.

Patient is a chronic drunkard, he has been five times in the ward, has never had D. T. but has always felt as though it were coming on. Patient has not been drinking more lately than usual except for the last day or two a heavy meal made himself tipsy yesterday he was brought to the ward.
On Examination:

Motor tремор in all the limbs on voluntary movement.

Face anxious, eyes watery, conjunctival vessels enlarged.

Alimentary System:

Teeth much decayed, tongue very 

tremulous covered with a yellow film 

except at edges of tongue, appetite poor, 

after giving up drinking he suffers 

from attacks of vomiting usually between 

11 & 12 a.m. (he never vomits while 

continuing to drink), complains of 

pain in the epigastrium & over the 

sacrum after taking food. Bowels 

always regular (never has to take 

medicine).

Abdomen: Parietes flabby, no 

tenderness on pressure. Liver 

dullness extends from 6th rib to 

1/2 in. below costal margin in the 

midline line. Not tender on pressure.

Respiratory System: Has had a slight 

cough for the last month. Otherwise normal.
Circulatory System. Fairly normal, but heart excitable & weak. Pulse 120 on admission. early compressible vessel wall dilated.

Nervous System.

Sometime feels tinglings in the left arm & left leg; complains much of cramps which attack him when asleep at night & are only present in the left leg; they come on suddenly once or twice a night & last about 3 minutes at a time; they cause him to jump up & walk about. They are followed by a peculiar feeling of numbness & deadness & coldness also only felt in the left leg. Suffers from a headache after giving up drinking.

Sensibility to touch &c. normal.

Tactile sense normal.

Pupils contract normally.

Ophthalmoscope normal.

Hearing normal. Papillae on the eyes being suddenly directed to one side.
Motor Functions:
Skin reflexes normal. Tendon reflexes exaggerated on both sides.
Voluntary motor power of thigh & leg muscles much diminished on the left leg, with a tendency to foot drop. The left thigh measures at the same level one inch less than the right one.
Marschalam tremor in all the extremities, particularly in the hands & worse in the morning.
Vasomotor functions: Left leg more unstable than the right one.

Mental Functions: Memory getting very defective; tendency to sleepiness, often sees indefinite figures at night, often thinks he is falling over a precipice.

Course of disease:
When patient was admitted his stomach was washed out & the was given 2/1 of Bromide.
Dec. 23. Slept well last night - to have
gr. 120 of Pot. bromide a day.
Dec 30. Slept well.

Jan. 3. No tremor or current now.
Tongue quite clean, reflexes still a little exaggerated.

Jan. 4. To have a tonic.

Jan. 5. Discharged, quite recovered.

Notes on the Case.

This is a case of chronic and persistent alcoholism.
One of the brothers and one of the sister also drink.
The patient himself had already been in the Ward five times for the same complaint,
but it is interesting to note he had never had D.T.
On this last occasion he had not been drinking much, but having made
himself tipsy he was brought in & at the request of the relative was kept
in until the New Year was well over.

I have recorded the case here because it...
is a good example of some of the disturbances in the Nervous System that chronic drinking can bring about.

The patient had the ordinary physiognomy of a chronic drunkard.

In the alimentary system - this patient, like the last one, declared that it was only after giving up drinking that he suffered much disturbance, e.g., vomiting. He is also the first patient I have examined suffering from chronic alcoholism who complained of pain after eating in the epigastric region as also over the pancreas.

In the circulatory system, as usual no organic valvular lesion, but heart very excitable, weak, & probably somewhat fatty.

The pulse 120 at first fell to 66 before discharge.

Nervous system. The changes from which the patient suffered are a very usual symptom.
Care of Thomas Greg. continued.
The numbness is not such a usual one.
Sensibility to touch etc was quite unaffected.
No anesthesia or hyposthesia.
The dries were not hyposthetic or congested.
There was wasting of the muscles of the left lower extremity with marked loss of power & with foot drop.
The upper extremities were unaffected.
The tendon reflexes were exaggerated & did not return quite to the normal until the patient left, while I have noticed that they usually become very much diminished after recovery.
Tremor was exceedingly well marked & hyperkinesis was also present. The memory was much affected. With regard to the tremor the patient stated that it came on after about 3-7 days of which drinking (not beer) or that the tasting of beer or porter after the tremor had come on always put a stop to it.

The urine temperature normal at first afterwards tended to remain subnormal.
The Urine. See chart.

Reaction. Acid throughout.
Urea: a moderate excretion at first, it then rose so that on the 3rd day it amounted to about 92700 for that day, it then reached more again on the 3rd day to the same point, reached & more again on the 4th day to the same point.

Phosphates. A large excretion at first & then fluctuations almost exactly corresponding with those of the urea excretion, followed as the fevermore passed off & the patient gained strength by a somewhat diminished excretion.

Note that the acidity of this patient's urine on his admission together with the large excretion of phosphates (as there two condition almost invariably go together) were of themselves almost sufficient to negative any assumption that the patient was in a condition that was raging on D.T.
Albumen: absent.

Glucose: not examined for unfortunately until Jan 2nd when it was found to be absent & it remained absent.
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<th>Resp</th>
<th>Action</th>
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Name: Thomsen
Age: 5-7
Date: July 11

Temperature Fahrenheit Scale.
Infecion present in moderate or small amount until the day of discharge, when only a trace could be found.

From the general condition of the urine, it could not have been affirmed that this patient had been drinking hard, nor had he.

Case of Mrs. Thompson
Age 57
Housewife
76 Drummonds Road
Admitted Feb. 17th at 10 p.m.
Examined Feb. 18th
Complaints of nervousness
Duration of illness about two days.

History: Mother used sometimes to drink, rest of family history unimportant. Patient has often been in the wards before.
but has never had D. T. She herself recollects having been there three times, she never has had to remain more than a week in the Ward. She is in the habit of drinking in short spills, a very little whisky affects her, when not drinking she enjoys excellent health. The present illness began by patient's taking a glass of wine to keep off the Influenza & having once tasted liqueur, she could not refrain from taking more, so she went to bed & began to drink whisky. She drank about four large glasses full a day & after once beginning she was not at any time sober; she slept fairly & whenever she awoke she took another dram & went to sleep again. She has while drinking very little appetite, but took some beef tea & soup which she vomited, the only occasion upon which she vomited during this attack. She has no headache & no bad dreams. Her husband sent her into the Infirmary.
On admission, as she was not sober, the stomach was washed out & she was given 3 1/4 of Henry's solution & 3 1/4 of Bromide.

Feb. 18th. She slept 1½ hours & was so violent during the night that she had to be restrained.

On examination. Face expression & not characteristic except that the conjunctivae were watery.

Alimentary System:
- Tongue furred, tremulous, from a-petite, complaint of epigastric pain.
- Bowels regular.
- Abdomen pendulous, flabby; epigastric tenderness; Liver normal.

Nervous System:
- Sensory functions normal.
- Pupil contract normally.
- Pupil dilates very by sydenhamic.
- Motor functions:
  - Tendon reflexes much exaggerated.
  - No Clonus.
  - Much tremor on voluntary movement.
in all the extremities.
Motor power below the normal.
Cerebral function.
Patient somewhat excited & fearing
that she will not get over this attack.
Otherwise normal.

Circulatory System.
No vascular disease, but pulse
excitable & irregular.
Other systems normal.

Course of disease.
Patient to have of fluid nourishing
diet & 3/10 of the liquid extract of speed a day.

In the evening she was much better,
tremor now scarcely apparent,
expresses her surprise at her rapid recovery.
Feb. 19. Slept two hours, much better,
no tremor, tongue cleaner. To
have in addition 3/7 of the Lig. Bismuth.
cum Pepsin Co. with food.
Feb. 20. The speed to be reduced to 3/7 a day.

Notes on the case.
This is a very typical case of those patients who usually enjoy excellent health, but who, at considerable intervals, give way to drink & who cannot resist their craving for it when once they have tasted it. Very little alcohol was sufficient to overcome this patient. She had only been drinking for about two days when admitted.

Her temperature ran to 99° the day after her admission, but afterwards tended to the subnormal.

In the alimentary system, the usual disturbances, 

in the nervous system - the tendon reflexes exaggerated & the involuntary tremors.

In the circulatory system - irregularity of the pulse, which was somewhat frequent at first, but
afterwards became less frequent.

Whether owing to the rigour of the look or not, the patient made a very rapid recovery, a much more rapid one than she had ever before made; after the head had fallen, the tremor was scarcely apparent.

The urine. See chart.

It was unfortunately not collected until thirty hours after admission; but it exhibits the characteristic features.

Reaction. Alkaline at first, it became acid & remained so.

Urea. Diminished at first, it rose at once to above the normal, & then commenced to react.

Phosphates. Diminished at first, it & the excretion rose at once to above the normal & then began to react, exactly corresponding to the excretion of urea.
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Name: James G. | Age: 18 | Status: Condition: Temperature: 96.5° F |
Albumen. A trace present at first. Chlorides not quite up to the normal at first, afterwards normal.

Glucose. None present when the urine was first examined, but before she left rather more than a trace was found to be present (about 9/17 to the oz)

Ferin. A small amount present at first it afterwards disappeared.

Case of James Grieve.

Age 48. A tailor.

45 Blackfriars Street.

Admitted Feb 25th at 11 a.m. Examined ... ...

Complaint. Found lying in the street.

Duration of illness - two or three days.
History. Patient is married & has had seven children of whom three are still alive; for the last ten years he has been a chronic drunkard, drinking usually for a couple of days at the end of every week, he has never had D.T., & has never been in the Infirmary before; he has not been able to get any work since Christmas. After drinking his appetite is small & he suffers from cramps & tremulous feelings in the legs. His hands have trembled for many years. He does not smoke, but he is a great consumer of tobacco; he sleeps fairly & does not suffer from bad dreams.

Present illness. Patient has been drinking rather more than usual for the last few days, (whiskey) but according to his friends his health has been good; this morning some friends came into town & he remembers drinking five glasses of whiskey with them but no more; the police found him lying in a half unconscious state in the street & brought him immediately to the Ward at 11 a.m.
On examination, the patient was in a semi-comatose condition; he could not be roused. His respiration was irregular & feeble, his radial pulse could not be felt. The cardiac sounds were faint & irregular in rhythm, the pulse, medium in size, reacted abnormally. Tendon reflexes exaggerated.

The stomach tube was passed. The stomach was washed out; the returning fluid did not smell of whiskey, nor did it give any reaction with the test for alcohol. The only solid particles it contained were a few fragments of partially softened tobacco. There probably came from the mouth. The patient was now in such a collapsed condition that ether was injected & he was put to bed & surrounded with hot bottles. In a few hours time he had sufficiently recovered to answer questions.

The eyes were watery, the face flushed & blotchy, tremor of the head when he raised it from the pillow.
Alimentary System. Tongue not tremulous, scarcely moved at all. Teeth black in colour but not decayed. Anorexia - never vomits, no pain in stomach, bowels every constive.

Abdomen, protuberant, flabby. Skin soft & white. Liver dullness normal. No tenderness on pressure.

Haemopoietic system. Spleen a little enlarged.

Nervous System.

Sensory function:

Slight cutaneous hyperesthesia of both legs. Suffers from cramps during the night after drinking. They are severe & attack the both legs, move the trunk or arms. Complain of a numbness & tingling in the feet - worst in the morning & after drinking.

Muscles sense are good.

Eyes: Conjunctivae injected.

Pupils react normally & actively. Marched mydriasis.

Ophthia dry. Left one has a myopic crescent.

Right one hypertensive capillaries enlarged - edge scarcely distinguishable from the retina.
Care of James Grievie continued.

Motor function.
Tendon reflexes much exaggerated.
Some ankle clonus present.
Motor power enfeebled especially of left up. Tremor on voluntary movement.

Vasomotor etc. Body bathed in perspiration.

Cerebral function.

Mind (in evening) clear, active.

Craving for tobacco & alcohol.

Feels very nervous. No bad dreams.
Never saw & does not now see anything when his eyes are shut.

Circulatory system. Heart sounds fairly action regular.

Temperature subnormal.

Course of disease.

Patient was given 31 of Belladonna
+ 9X of tr. of Carbonicum


Feb. 27. Better, was allowed at his urgent desire to go home.

Notes on the Case.

A case of a chronic alcoholic who had taken a toxic dose of alcohol.

He remembered taking between breakfast & 10.30 a.m. four glasses of alcoholic
whiskey, but he added that he might have taken more, he lost his memory
as to what followed, was flushed, etc. unconscious & was in a serious condition
when admitted.

He recovered under treatment very rapidly. It is said that in alcoholics
coma the pupils are dilated. They were of medium size in this case; after
a lethal dose of alcohol respiration fails
first as in this case, for it was the
irregularity & feebleness of his respiration
That caused anxiety. I might mention here that whenever the termination of the Vth pair of nerves were irritated he sneezed. This occurred regularly until the thoracic tube was passed, after which it was not again tried.

This patient was apparently not in much worse of D. T. There was no insomnia, no delirium, no vomiting. He had little appetite but his tongue was scarcely fevered and not tremulous.

D. L. Brunton remarks (page 771 of his Pharmacology) that in chronic alcoholism the bowels are usually loose, acting 3-4 times a day, in this case, as in the majority of other cases I have seen in this ward, the bowels were very constive.

In the circulatory system the patient suffered from the usual irregularity & feebleness of the heart's action.

In the nervous system, patient had many of the disorders.
That are commonly produced by chronic alcoholism. Cutaneous anaesthesia, 
weakness & numbness. Hyperesthesia of one side. Hyperesthesia I have not often 
noticed in chronic alcoholics before noticed or ever 
read of, & it may in this case tend to 
the habit of tobacco chewing, with which 
the patient indulged in.

Enfeebled motor power, exaggerated tendon 
reflexes, anisocoria, tremor.

Temperature as usual in chronic alcoholism, 
was subnormal.

The urone, see chart.

was obtained within two hours of the 
admission.

Reaction, Alkaline as usual at first, then acid.

Gfr. Gr. Very low. 100.4.

Urea, a very small excretion (about 90 grain) on admission rising the next day to normal 
or a little above & then rising a little.

Phosphates, a very small excretion at first, rising 
the next day to normal & then reacting to the 
very small excretion observed at first.
Chlorides. normal.

Glucose. a trace present on admission, when the Sr. & Fe. constituents were so low, but on the next day an amount equal to about 120 grains, falling again the following day with the lowered Sr. & Fe. much diminished phosphates to about a total amount of 30 grains.

Albumen. absent

Indican. rather more than a trace present on admission, a moderate amount on the next day & a trace on the following day.

Thus the urine on admission was according to my observations characteristic of the urine of a man who had taken an excess of alcohol & quite consistent with commencing D. T. So too the second day when the secretions were all increased but on the third day it lost the character, because if the man had taken the D. T. which from the previous characters of his urine
might have been thought to be improving. The phthisis would have very much increased.

Care of Robert of Preston

Age 32

Labourer in a Brewery.

Resides at Prestonpans. Admitted March 4th, 1890.

Examined...

Complained of a swelling on the right side of the neck. Duration of swelling about a month.

History: Married. Five children, all healthy. Family history unimportant. Patient is allowed to have been in the Brewery a he has been for a long time, a steady drinker of it and of whiskey. Has always been healthy. About a month ago a small swelling
appeared close to the angle of the lower jaw on the right side. It did not trouble patient much at the time but little noticed of it until about a week before admission when, as it was enlarging & becoming painful, he consulted a doctor, who said he thought it was an abscess coming from a bad tooth & that he had better extract it because of the pain patient complained even more than he was accustomed to. On Feb. 28th the pain & throbbing feeling in the swelling were so bad that he could not go to his work & he remained at home. He kept off drinking on the day before Feb. 27th & he has had no liquor of any description since. On March 2nd (three days after giving up drinking) his wife noticed that his mind was not quite right; he wandered a little & he slept poorly well that night. On March 3rd he became worse, his mind wandered, he would not stay in bed, that night he had no sleep but kept shouting & seeing
Cats & other animals. On March 4th his friend brought him up to the Royal Infirmary & he was admitted to the ward in the afternoon. His wife says that for a long time her appetite has been poor, but that he has not complained of pain after food.

On examination - Patient was found to be fairly sensible answering questions pretty rationally. Conjunctive watery face anxious.

On the right side of the mouth was a swelling filling the space between the angle of the jaw & a little above it & the clavicle, it did not project much, gave fluctuation on palpation & the skin was somewhat reddened over it & oedematous, it prevented the patient from opening his mouth widely.

Alimentary System. Tongue thick, furrowed, tremulous takes whatever food is given him. No vomiting or pain.
Abdomen. Liver from 7th rib to costal margin, otherwise normal.

Hematopoietic System. Spleen enlarged.

Circulatory System. Heart normal. Pulse 96 weak.

Respiratory System. Normal.

Nervous System.
Sensory Function.
Sensation & sensibility to touch etc. normal except that complain of pain in the swelling.

Pupils: Slightly dilated. Contrast normally. Both optic discs are very hazy, premenie & can barely be differentiated in front of colour from the surrounding retina.

Hearing etc. normal.

Motor Function.
Skin & tendon reflexes normal.
Motor power impaired.
Coordination poor.

Vasomotor function. Is perspiring freely.
Legs in comparison with the arms are much wasted.

Cerebral functions, in restless & excited.

Couver of decease.

Patient was given gr of Calomel. March 5th. No sleep last night & he got so restless etc during the night that he had to be strapped down at about 3 a.m. at morning visit he was in D.T., struggling, talking, wandering—perpetually to move & with marshed tremor upon movement especially in the head & upper extremities.

Dr. Duncan examined the swelling & pronounced it to be a Parestit abscess & said that it should be opened. This was done & some thick pus escaped, a drainage tube was inserted & it was dressed antiseptically. Tasteth food well.

March 6th. No sleep, but quieter, answers when addressed, but of self to himself he wanders. Pences normal. Pulse
more feeble. 120 in frequency.
To have mixt of the 3 of Digitale, + 3f of Gri Dietl Co. every hour.
As temperature is rising to leave ice cap to the head. Friends sent for.
9 p.m. Patient worse. restless wandering.
Temperature 105. to have ice cap to abdomen & brandy 3f every hour with Ammon carb. & 8f Ammon Aconit.
On the 7th at 3.50 a.m. had a severe fit. Face distorted & became 
to left side, after this became comatose.
Had one or two more slight convulsions, 
& died at 4.30 a.m. Temp. 105.8

For Post Mortem examination.
The Urine. See chart.
Owing to patient passing it unconsciously it could not be obtained until the
30 hours after admission.
Colour. Deep red depositing matter on first day of examination.
Deep red depositing ammon and stellari.
Ornament on the second day of examination.
Reaction. Acid on first exam... alkaline on
The next.
Urea: a little under the normal.
Phosphates: about normal in amount.
Albumen: a small amount present.
Chlorides: a very trace.
Glucose: got to the oz.
Uric: a very large amount.

Post Mortem examination:
Heart: Valves competent - muscle
pale - soft & fatty. weight 11 1/2 lb.
Left lung: Emphysematous - congested. weight 16 lb.
Liver: 4 lbs 3 oz. fatty - congested - some cloudy swelling.
Spleen: 7 oz. Pulp has a whitish punctate coloured with minute red blood vessels.
Left kidney: 6 oz. pale fatty - outline of cortex uneven - capsule strips off. arteries a little thickened.
Right kidney: 5 oz. Same condition. The Pathologist, Dr. Russell, remarking that the kidneys as a whole showed evidence of commencing contraction.
Case of Robert Renton continued.
P.M. examination continued.

Brain.

A considerable amount of subarachnoid effusion, brain shrunk down. A slight degree of milkiness all over the outer vessels at base fairly normal.

Pons well marshaled.

Slight pinkiness of grey matter.

Lateral ventricles normal.


Abscess in medulla surrounded deeply upwards & downwards - no carious bone to be felt.

Notes on Care.

This is the first case of a man dying in acute D.T. in which I have been able to obtain a P.M. examination.

If we leave the surgical affection out of account & consider only the medical aspect, we find that the D.T. came on about 3-4 days after the patient had given up drinking - that in other
words - it period of incubation was about eighty hours, a condition I have frequently noticed in other cases.

After the D. T. had run a course of about 34 hours the patient succumbed. During almost any period of the disease the patient, if sufficiently stimulated, would answer rationally.

The temperature 100° when admitted rose to 102°. The next day it in the 24 hours preceding his death, reached 105° & 105° 8.

The convulsions which the patient had at the end may have been the determining cause of his death which occurred suddenly.

The Alimentary system presented the usual features, but no history of vomiting.

The Haemosporitic System. The spleen enlarged - as I have usually found -
The lungs - presenting small hemorrhages & congestion (see P.M.)

The Circulatory System. Pulse rapid, weak, cardiac movements fatty.

The Nervous System. Sensory function normal. But of the olives very hypochromic. Reflexes normal (are usually in the acute stage exaggerated). Leg weakness common in beer drinking.
generally in chronic alcoholics, but especially marked in teen drunkards.

**Urinary System.** Kidneys—commencing cirrhosis.

Urine was not examined early enough in the disease to give the typical reactions of commencing D.T. but it contained the abnormal ingredient I usually find in such cases—present viz., sugar, much Indican, & albumen which latter is not so invariably present.

The remarkable absence of the chlorides was, as it were, a danger signal, & it was their absence coupled with the rising temperature that caused me to have the friends telegraphed for. The lungs were found P.M. to be much congested, but no direct evidence of pneumonia could be seen, what bearing the absence in the latter had to the absence of the chlorides I do not know. The urine was alkaline on the last day.

The brain showed the P.M. appearance, usually noted in drunkards, & it could not be affirmed from the P.M. that hypnencephaly had been present during life.
The next case, that of D. Finlay, being mainly of interest from the condition of his urine I will in other respects compress as much as possible.

Case of David Finlay.


Resides in Dundee.

Admitted March 2nd, 1810.

Examined

Complaint of Fits.

Duration of illness about one day.

History - unimportant as regards Family.

Patient since he took to the trade of Grocer & Wine Merchant, has been

occasionally to excess, but has never had D. F. nor been laid up from the effects of drinking. Two days ago having sold his business he came to Edinburgh with a good deal of money in the poetst.

He has during the last few days 1 especially during the first day he was in Edinburgh had a good deal of Whisky to drink. Late on the night of Feb. 28th he had a
a fit of which he remembers nothing, but that he found afterwards that the
had been robbed of two gold watches & £40. On March 17th, he went to
the Police office & accompanied by a constable walked about the city & up
to the Castle in search of a soldier
whom he suspected of the
Theft; at the Castle he led another
fit & he was then brought to the
ward.

On exam. Some excitement present
but perfectly rational.
Alimentary System. With the exception
of his tongue being swollen & bitten in
two places, & slightly tumefied, the
system was found to be normal.

Nervous System. Sensory Functions.
Never had cramps etc.

Motor Functions.
Tendon & Plantar reflexes much exaggerated.
Some myasthenia. Tremor of hands
& feet in voluntary movement.
Otherwise normal.
Other systems normal.

Course of disease.
Rats. The stomach tube was passed & the stomach washed out & then 3/4 of Henne's solution poured in.

March 4. Has slept well. Much steadier. Given mixture of caprinsin in 4 x 5 doses from time to day, tongue still swollen.
March 7. Much better. Tremor no longer discernible; but tendon & plantar reflexes are still exaggerated. Discharged.

Notes on the case.
Patient denied having ever had any fits until the present ones & had none while in the Infirmary. The ones he had were apparently of an epileptic nature & due to excessive indulgence in alcohol. He looked at fruit as though he might be going...
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to have an attack of D.T. but as he was not already in D.T. the condition of his urine negatived in my opinion the supposition that he might be going to have such an attack.

His temperature was at 100°6 on admission & it did not fall to the normal until the third day.

The Urine. See chart.

Amount normal.

Colour. Red.

Sp. Gr. Hlph. 1030

Reaction. Faintly acid at first, it became strongly acid until the day before his discharge when in correspondence with the low Sp. Gr. & very much diminished execution of the Urea & Phosphates it became almost.

The Urea. Rather above the normal execution on the first day it rose to 9x690 on the second day & then fell so that on the fifth day the execution only amounted to a total for that day of 9x208.
The Phosphate. Above the normal excretion on the first day, it then rose to a high point on the next day & then fell so that on the fifth day the total amount for the day was only about one gramme.

Albumen. A small amount on the first day only.

Glucose. A large amount (94.350) on the first day — about half that amount on the second day & so on until none could be found to be present.

Indican. A very large amount for the first three days, but on the last day a complete absence of it.

Chloride. A little diminished at first — then normal.

If the patient had been going to have D. J. the Dr. Jr. would I think have been lower. The reaction would have been alkaline; the amount of the base & of the Phosphate were much less than it was. The amount
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|------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Pulse | 120 | 120 | 130 | 120 | 135 | 144 | 121 | 120 | 120 | 120 | 140 |
| Resp. | 6 | 115 | 121 | 125 | 144 | 130 | 120 | 120 |
| Motions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Urine O. | 24 | 15 | 30 | 45 | 36 | 18 | 20 |
might also have been less.
The urine in fact resembled closely
the urine that is usually secreted
when D. T. is fully developed.
E.g., it contained much uric acid, phosphates,
much glucose. Indicating a little
albumen, it was yellow colored
of high Sp. Gr.
The abnormally large amount of
Glucose perhaps owed a part origin
to the Fibrin the rhab had lead.
The urine became alkaline when
The solids in it became so much diminished; a condition I have
often noticed.

Care of Alice Brady. Second time of admission
during my appointment to The Ward
& whose case I have already narrated.

Aged 50. a fish hawker.
Resides at 18 Blackfriars Street.
admitted March 3, 1890
Complaining of fits.

Since patient's discharge on Jan. 1st, 1890, she has been drinking more or less all the time & for the last few days has remained constantly in bed. Yesterday she had five fits & this morning she had two before admission. She has had nothing solid to eat lately & has only slept in smother, in consequence of the fits her daughter brought her up to the Infirmary.

On examination.
Patient seemed to be rather stupid; her breath had the foul alcoholic odour. After being put to bed she had several fits at intervals of about half an hour. They were usually preceded by a cry & were exactly of epileptic type; patient seemed after every fit to take a longer time to come out of it. She was given gr. XX of the bromide of potassium & towards evening became better.
Alimentary System. Tongue tremulous, covered with a dry brown film. Tasted food pretty well; complained of pain over the liver & there was distinct tenderness to pressure there. Bowels usually constipe. She was given an Enema.

Circulatory System. First sound of heart very faint. Pubis crests - frequency 125.

Her face was much congested, the conjunctivae injected & watery.

Nervous System.

Sensory Functions. Both optic discs were marked congestion & hypocoemia. The veins engorged & the disc, searea to be distinguished from the retina. Sft. Some muscular hypocoemia; otherwise normal.

Motor Functions. Plantar & tendon reflexes are well marstred. Otherwise normal.
Vasomotor etc. From time to time is bathed in profuse perspiration.

Cerebral function.
Patient is fairly rational, but is restless.

Temperature at 4 p.m. was 103.

Course of disease.
March 4. No sleep last night & no more fits, fairly rational. Pulse 108, weight, temperature normal. At about 4 p.m. she began to talk to herself & D. T. rapidly came on.

March 5. No sleep. D. T. present. To have 5 cc. of caffeine a day.
March 6. No sleep. Worse. Violent seeing cats & dogs, swearing, wanting water & pressing urine in bed a little of it, perspiring at times, tongue only slightly furred. Tendon reflexes, when the legs are not voluntarily held seem to be increased. The Plantar
Case of Mrs. Alice Brady continued.

Sweats have increased. Pulse 120.

No urine could be collected today.

The patient severely fevered any.

Right pupil more dilated than the left one.

Given a hot air bath in the evening.

Patient perspired very profusely &

seemed to be rather quieter after it.

The effect was kept up by placing

hot bottles around her.

Eats food well.

March 7th. No sleep. D. T. present.

Caffeine to be suspended. Pulse

144. Small in volume & somewhat

harder. Temp. at 6 a.m. 101.6

Tendon reflexes are diminished.

Patient slept for about two hours in

the afternoon & in the evening was

violent again & had to be restrained.

Tongue dry. Coughs. To have another

air bath & 97 x 8 of the tincture of

Digitalis + 31 of Sp. Atk. Co. every 3

hours.

March 8. Slept one hour last night.
D. T. present. Tendon reflexes are absent. Plantar reflexes are lively. In the evening had another air bath, was quieter after it. To have now 7th of Digitalis + grain of Ammon. Bromide every 3 hours.


Refused food today once or twice for the first time. Tongue fairly clean.

March 10. No sleep. D. T. had an air bath & seemed to be somewhat soothed by it. Right pupil larger than the left. Conjunctiva very much injected, some Horaces on the left upper lid. Refuses food at times. Passing urine in bed. Then the she is being poisoned, often very violent, orders spits etc.

Evening. Quiet. The Bromide to be replaced by Sal Nitrate.

March 11. Slept all night, looking much collapsed, & shrinking down in bed. Eyes glassy. Passing every thing in bed.

Rule 136. Perpiration. 58. No physical.
Sign of pneumonia. Her blood was examined today & with the exception of a few granules with slight refractive margin, nothing abnormal could be seen. There was no eczema.

At 8 a.m. the temperature was normal. At 10 a.m. it was 103°

At 1.30 p.m. -- 105°4

At 2.15 she died & it was 106°4.

Note on the case: The urine & P. M. examination.

The urine, see chart.

Amount very small every day but particularly upon the day after her admission (when D. T. came on) & on the days preceding her death.

Colour. Bright red the first day, afterwards a deeper red & on the 4th & 5th days a deficit of water occurred.

Reaction. Alkaline for the first two days, afterwards acid.
The Urca. About gr. 280 the day of admission only grs 186 on the day the D. J. began, it afterwards increased & on the 5th day reached grs 500; it then began to diminish & fell to grs 210 about 48 hours before her death (the last time it could be obtained.)

The Phosphates. Only .576 gramme the day of admission, it fell to .27 of a gramme the next day when D. J. came on, it afterwards rose a little reaching upon the 5th day 1.62 grammes, & afterwards falling again & showing a complete correspondence to the excretion of the Urca.

Albumen. A small amount present for the first two days, afterward a
more trace.

Chloride. A small amount present on the first day, less on the next day when D. J. began, afterwards more reaching the normal on the 5th day & then becoming again diminished.
Glucose, gr 16 to the oz. on the first day.
    gr 3 ... on the 2nd day.
    gr 3 ... on the 4th day.
    gr 4 ... on the 5th day.
    afterwards, gr 4 ... every day.

Indicain, an exceedingly large amount present every day.

Bile pigments present in fair amount on the 5th day & traces upon the other days.

P.M. examination.
    Much subcutaneous fat.
    Skull cap thick, much subarachnoid effusion; venous congestion of the meninges present, veins very full.
    Beads at base normal; brain substance of moderate consistence, ventricles normal.
    Brain weighed 2 lb 12 oz.

The heart. Endocardium blood stained, valves beautifully normal. Cardiac muscle very soft & flaccid, light brown in colour.
The muscle was marbled. Weighed 8¼ oz.

Left lung. Far very much congested but not diffusely throughout. Weighed 14 oz.

Right lung. Same condition.

Liver. Much enlarged, yellow points, dots over it, extreme fatty degeneration present, also marbled yellow pigment in the cortical zone of the lobule, the periiphery of the lobule showed grey translucent areas; it looks as though it were a case of phosphorus poisoning. Weighed 5 lbs. 8 oz.


Left kidney. Capsule stripped off. On section the cortex was yellow brown & swollen, the epithelium being fatty degenerated. Weighed 3½ oz.

Right kidney. Same condition. Weighed 4½ oz.
Stomach dilated, wall thin, a good deal of ecchymosis present.
Pancreas normal.
Bowels injected.
Supra-renal small but healthy.

The whole P. M. resembles that of a case of phosphorus poisoning.

In describing the P. M. I have merely repeated exactly what the Pathologist Dr. Russell said.

The Notes.

This case is for many reasons exceedingly interesting & especially in that we have a previous attack occurring only two months earlier to compare it with.
The patient too, to drinking almost immediately after her discharge, though she had only just recovered from a severe attack, & it took about two months' saturation of the system with alcohol to produce the same disturbance of the system, to again induce the same
Functional disorder of the brain.

On both occasions it was on account of the epileptic fits that she sought relief; she had no previous history of fits, she had had none after her discharge until the day before her readmission, they ceased off on both occasions after the alcohol had been withdrawn. I think we may therefore conclude that they were evidently & solely due to the alcohol, so that alcohol can therefore bring on perhaps only in people predisposed to them absolutely characteristic epileptic fits.

The D. T. came on about 48 hours after alcohol had been given up, in her previous attacks 96 hours had elapsed, & it lasted until the night before her death (when she slept well) a period of six days; her previous attacks lasted about 34 hours.

Hence the attack was a most prolonged one & she seems ultimately to have died of exhaustion, indeed the wonder
is that, with her organs in the condition they were found to lie in, she was able to outlive so much want of sleep, coupled with continual movement & mental excitement & elevation of temperature.

The irregular temperature, the rapid respiration, the Hoepfner labialis & the diminution in the chlorides (the latter not however marvelled to corresponding to the evaporation of the other solids) seemed at times to point to a latent pneumonia,

no such condition was however found to be present.

Antemortem hyporexia came on; this is of frequent occurrence in alcoholics.

In the aliment system, the tongue was not moist & yellow white but dry & brown; the head pain in the region of the liver & tenderness there, the bowels were costive.

In the circulatory system, there was evidence of fatty change &
it was remarkable how persistently frequent her pulse was, scarcely ever below 120.

In the nervous system, some muscular hyperesthesia & marked congestion & hyperemia of the Discs. The tendon reflexes at first exaggerated gradually became lost, a sort of spastic condition of the muscles was also present for the first few days. The temperature 103° on admission fluctuated afterwards irregularly between 102° & 97° until a few hours before the death which occurred on the 8th day after admission when it ran in about six hours from normal to over 106°. In her previous attacks the temperature never exceeded 100°.

There was comparatively suppression of urine & of the urinary solids at first & particularly as D. J. came on, followed by attempts at a more normal secretion during the height of the attack; comparative
Suppression again came on.
The urine as a whole presented in a marked degree the ordinary bad features of the urine of a case of D. T. The preliminary althamine reaction & suppression of the solids, the abnormal constituents, the albumen, glucose (large amount) tydocen (large amount) all three were also present during the previous attacks. Though in a less degree & with her recovery the abnormal constituents had disappeared.

The fever hot air baths that the patient had was which were given here both to attempt to treat the D. T. in a more rational way as well as to aid the elimination which the kidneys seemed to be unable to perform properly in spite of the administration of Caffeine & Digitalis seemed at least to have a soothing & quietening effect & they caused
a most profound diaphoresis.

The P. M. exhibited not only the usual features, viz. meningeval venous congestion & subarachnoidal effusions with intense congestion of the lungs & fatty degeneration of the liver, heart & kidneys, but such an extent of degeneration & necrosis of the liver & in a slighter degree of the kidneys that the case much resembled one of postphlebitic prostration.

The prognosis of this case judged from the chron day to day condition of the urine was essentially bad, except on March 7th and 8th no attempt at a precise elimination either of the amount of urine or of its normal constituents occurred, while traces of albumen were always present and much red blood and glucose. The chlorides became much diminished as the end approached.
Care of Alexander Ferguson.
Aged 19.
Agricultural occupation.
Resides at Edinbane.
Admitted Jan 30, 1890.
Examined Jan 30, 1890.
Complains of fever & cough.
Duration of illness seven days.

History. Patient had bronchitis & inflammation of the lungs when ten years old.

Present illness began with a shivering fit seven days ago while patient was in the Calton prison where he had been sent for 21 days for poaching. Patient has been very ill with fever & weakness ever since; he was sent up to the Roy...
Angle of Scapula - with tubular breathing.
Bicornophonia and a few vesiculations. Spitum rusty.
Hemopoietic System. System enlarged.
Other System normal. Except that the tendon reflexes could not be elicited.

Course of disease. Patient was given a mixture containing strychnine and ammon carbonate.

Jan. 31. Slept well. Temperature fell to normal today. Then rose again.

To have 3/4 of port wine a day.

Feb. 1. Slept well. Feels better.

Feb. 2. Temperature fell to normal today.

Physical signs not so marked.

Tendon reflexes diminished.

Feb. 5. Much better. Mixture replaced by a tonic.

Feb. 10. Steady improvement.

19. Left for Convalescent.

Notes on Care. My only object in quoting this case is to show the condition of the changes...
in the urine in a case of uncomplicated lobar pneumonia.

The urine, see chart.

Reaction, acid throughout.

Urea. A very large elevation until 48 hours after the temperature had reached the normal. It afterward fluctuated but maintained on the whole a very high point.

Phosphates. A very small elevation until the temperature became normal, it then rose to a high point and afterward fluctuated in a corresponding manner to the urea.

Albumen, absent.

Chlorides. Entirely absent on the day of admission; only a trace on the two succeeding days; a moderate amount on the day the temperature became normal and afterward a normal amount.

Glucose, absent.
Indican. From a trace to a moderate amount during the first week - afterwards an absence of it.

The interest in the urine lies in the exceedingly small excretion of the Thymol, with the large excretion of urea during the fever, & in their correspondence during convalescence.

The fever placed them at opposite poles & when it was past, they resumed their normal parallelism.

I have not before found the Chloride absolutely & entirely absent in Pneumonia, a trace or more has always been present.

In Alcoholic Pneumonia, glucose would have been present & the amount of urine would probably have been less, the reaction alkaline at first, diarrhoeic.

Care of Robert Young.

Age 60.

Formerly Janitor at Museum of Science.

Resides at 17 Bread Street.

Admitted Feb. 9th, 1890.

Examined Feb. 11th.

Complaint of headache & loss of sleep.
Duration of illness—Three days.

History. Patient is a chronic beer drinker. He is a widower & has five children. Has always been a healthy man; children are strong & well. For last three years he has taken to drinking beer & very little else; then, he used to drink in spells & at these periods he would talk through the night & be noisy, without there he says that he cannot sleep; his appetite has been poor, but he does not vomit food. He also suffers from tremulous feelings in his feet & hands; never has complained.

Present illness

Patient had one or two glasses on Saturday night Feb 8th & then fell down the common stair; he was found by the Police lying in an unconscious condition & was carried to the Police Office & left there all night & brought on Sunday morning up to the Royal Infirmary. He was admitted by Dr. Dobie, President Physician to Prof. Chirn to Ward 6.
He was bleeding from the Right ear & had an effusion of blood over the right mastoid process. He was rational & slept fairly that night.

On Feb 13th as he began to wander he was handed into Dr. Smart's care.

On examination, he was found to be restless & moaning & at times wandered.

Hair not Characteristic. Conjunctiva was injected, except the right one. & an effusion of blood below the right eye.

Alimentary System

Tongue coated with a moist yellow film, appetitive, bowels did not work (vomited after admission): Bowels constic.

Abdomen: Skin soft, white, flabby. Laxity from 7th rib to costal margin. Some tenderness to pressure in both hypochondriac regions.

Hemopoietic System

Spleen a little enlarged. Blood: corpuscles appear to be normal, all vacuolated; leucocytes normal.

Very many fatty globules present. (i.e. globules with highly refracting margin)
Circulatory System. Heart sound prolonged & reduplicated; action very irregular.

Nervous System

Sensory function

Complete deafness of right ear.

Complete numbness of feeling in the lower extremities, never present.

Otherwise normal.

Motor functions

Tendon reflexes greatly exaggerated.

Plantar - normal.

Motor power much enfeebled.

Course of disease.

Feb. 12. slept fairly, wandered a little during night but rational most of the time. The D. T. seems to have passed off. Taking food well.

Some paralysis of the right side of the face is to be noticed, not of the tongue.

Complaints of pain in the right ear & of tinnitus. Tongue yellow furrowed & tremulous.
13. Th Facial paralysis more marked, some anasthesia in the distribution of the right Vth nerve present also. Reflexes much exaggerated. Pupils contract normally, but the afferent fibers appear to be in a state of commencing papillitis; margins are not defined - a wooly striaed appearance.

14. Slept badly. Tongue much curved to have epigastrium the term, & gruel of Calomel a day. Paraldehyde 3/4 at night.


16. Slept better, expresses a craving for drink & wishes to go home.

17. Pulse regular. Otherwise State quo.


21. Dr. Martin examined ears & found marked double of the Kernicterus. No disturbance of vision.
27th. Patient insisted upon going home. The Orbital Neuroma was more intense. The facial palsy is the same (could not shut the right eye etc.) absolute deafness of right ear, rephrase, cramp, etc. etc. etc., but feeling much better. The affected facial muscles contracted more sluggishly & slowly, to the Galvanni current than did the other healthy muscles, owing to the proximity to the head. The Paradie current was not tried but beyond contracting less rapidly, the Galvanni reaction were more.

Notes on the Case.
This case is interesting, not so much from the point of view of the Student of Alcoholicism, as to the Surgeon & Physician. A case of Basal freakure from a fall onto the right side of the head with absolute interference with the function of the Right Auditory. The Right Facial was to a less degree of the Right Vth. nerve, with consecutive double orbital Neuroma.
Beyond broadly speaking the above mentioned disturbances & excepting the condition of the urine, all the other phenomena that the patient presented could be referred to his alcoholic habit.

The alimentary symptoms & signs were those of a drunken man.

The circulatory ones (irregularity, etc) also.

The hemopoietic ones — salt granules in the blood, slight entrapment of the spleen.

The nervous ones: Exaggerated reflexes, tremors, slight loss of sensation, muscular tremor & emasculation.

Double of the external: following a cranial fracture is, I believe, rare, & Dr. Macnay & Dr. Miles (who has made experiments on this matter) tell me that they consider it to be due to effusion of blood into the sheath of both optic nerves. The Revisit followed the injury were rapid.

The facial paralysis was not present.
for the first day or two it increased as time went on. The Auditory paralysis was present from the first.

The Urine. See chart.

was not examined until the patient passed into Dr. Smart's hands, viz. 36 hours after administration.

Reaction: acid until Feb. 21. When it was almost neutral (the Urea & Phosphate being on that day very minute diminished) - afterwards acid.

Urea. A very large excretion for the first four days - then a gradual fall during the next 7-8 days - then a rise to above the normal - followed by a sharp fall.

Phosphate. A moderate excretion at first followed by a steady & rapid rise to an exceeding high point - then a corresponding fall along with the Urea & afterwards an almost complete correspondence to it.
Albumen: absent.
Chlorides: about normal.
Glucos: a moderate amount to a small amount, present for the first week then a disappearance of it.
Indican: a little more than a trace present at first then a gradual increase until a large amount was present on the day of the maximum excretion of phosphates, then a gradual fall until only a trace on the day the phosphates attained their minimum, then a rise again & on the last day a complete disappearance with the diminished excretion of the other solids. It then exhibited a remarkable correspondence to the excretion of the phosphates.

The urine differed from the D.T. urine in that the urine was so much in excess at first, this being due to the elevation of the temperature, to the changes & metabolism set up by the basal reaction - effused blood being absorbed etc. The reaction usually alkaline at first.
Care of Robert Young continued.

The urine.

was in this case acid when examined as it usually is after the first two days, and it may very well have been alkaline on admission.

The Phosphates behaved very much as they would have done in a case uncomplicated with basal fracture & of the nervous system in spite of the intense nervous going on during the last fortnight of his stay. Their excretion was if anything slightly below the normal.

The excretion of Glucose was much what I would have expected in an uncomplicated case.

The excretion of Indican (corresponding as I have remarked with the excretion of the Phosphates) was more persistent in amount than it ordinarily is in acute alcoholism.
Care of Charles Lowe.

Age 43

Clerk in Scottish Union Insurance Office

Admitted March 5th at 10 a.m.

Examination

Complaint of weakness in the legs & of shakings.

Duration of illness four days.

History.

Father used to drink, he died at 60.

Of drugging, a brother in Macintosh drank.

Patient in a swimming drunk.

He has had twice to leave his work for a time in consequence. Never
had D.T. a small cutter.

Present Illness.

On Thursday Feb. 27. he had more

than usual to drink—perhaps six glasses

of whisky. (usual amount is about 3

glasses of whisky a day or a pint of beer);

on this day his legs seemed to suddenly

give way under them; his head was

not affected as never is. On Friday

he went to his work as usual & only

drank in about 1½ glasses (because he
He did not sleep well either that night or the night before. On Saturday went to work again & had a brandy & pepper (the last alcoholic drink he had). He began to feel sick about midday, went home & vomited. He took a great dispatch to liquor & could not even threat of drinking any more. Slept fairly that night but vomited very much the next morning. On Sunday lay in bed all day, had no appetite. Slept a little on Sunday night, rose on Monday morning to go to the office, but felt too squalmy. His lips were very chaffy. He lay on a sofa all day & eat nothing. Slept badly on Monday night & during that night had his first hallucination & illusions; he saw things of indefinite shape floating about, also had seeing sounds in his ears. No headache. He was not afraid of what he saw; common objects took form & faces, & though he knew all the time that it
was no convalescence, yet he could not shake it off. On Tuesday morning felt better, but lay in bed all day, he did not feel capable of reading anything. On Tuesday night the hallucinations returned but were no worse. On Wednesday morning felt well enough to go to the office -- he got up to go but Dr. Scott Lany whom the wife had sent for recommended him to come to the Infirmary.

On admission & examination he appeared to be quite rational, but there was a certain restlessness about him that was suggestive. The conjunctivae were injected & watery.

Alimentary System:

Tongue: a little furred & tremulous.

Appetite: poor, eaten little for last four days, several times had severe vomiting usually in the morning. No pain after food. Bowels quite regular.

Abdomen: Parities soft & flabby.

Liver: from 7th rib to costal margin.

Otherwise Normal.
Hematopoietic System. Blood. Red
Microscopic very many small round
granules were to be seen with reflex
outline, the quite as many in number
as the Red corpuscles. Red &
White corpuscles normal.
Spleen not enlarged.
Circulatory System.
Heart &c. normal. Pulse 120
Somewhat large & diastolic.

Nervous System.
Sensory Function.
Neck pain, & very nearly ear pain.
Slight analgesia in the legs.
No muscular hyperesthesia.
Right pupil more dilated than
the left one, both contract normally.
Motor Function.
Tendon & Plantar reflexes exaggerated.
Muscular power good. Much benefited
on voluntary movement.
Vasomotor etc. No perspiration, legs
are thin & wasted.
Mental Function. Sane, rational.
knew all about himself & gave his history (confirmed afterward).

Course of care.

In the afternoon the patient began to wander, would not stop in bed & was being reprimanded with much violence so that he had to be put into the Padded room. At 9 p.m. he was in a very excited & violent state. The fever, yet upon being sufficiently stimulated, he would give a fairly rational report. 9/20 of Hyoscine was injected after which he became quieter.

March 6. No sleep, drank no wine all night. D. J. present. In the afternoon became quieter & was put to bed, taking good care. The Tendon & Plantar reflexes most markedly disappeared & some ankle clonus present. was given a hot air bath.

At night was quieter but still wandering. They say he is in the police cells, eyes are blood shot, both of feet does so
hyperventilating that they could not be properly differentiated from the mucus & the vessels were observed at the margin of the trachea. The voice was enlarged & tortuous.

March 7. No sleep. Eyes very bloodshot, pupils small. D. T. present. Tongue dry & brown, constant muscular twitching. Pulse enlarged. Reflexes exaggerated. Senses vague飞行 about; towards evening became quieter, went to sleep at about 8 p.m. slept two hours. At 10 p.m. better, almost rational. After dinner still very hyperventilating. Had title another but we both in the afternoon & now says that he felt the better for it. With the curious two of his children on Sunday, but acknowledges that it may perhaps be a delusion.


On being questioned he remembers all that happened until he was put into the Paddled room & even the injection of Hypotene. That was given him there. After that he remembers nothing until the 2nd hot air bath. Had no fear that he remembers no occurrences, no disturbances whatever of memory for events that occurred previous to this illness.

March 14. Blood gave micro found to be normal. Dinsharped on March 16.

Note on the Coal & the Urine.

The Urine. See chart.

Amount only about 310 a day for the first three days (until the D.T. had passed) followed by a rapid increase to beyond the normal—finally 0730 in the day.

Colour. Bright red for first two days with no deposit. Then a deposit of earthy phosphate. Then high coloured, finally becoming paler & paler.
Reaction: Acid for first two days, then alkaline for two days—afterwards acid.

Sph. JR. High at first—afterwards diminishing daily.

Urea: A remarkably small total, excretion for the first 3 days (from gos 65 to gos 126) followed by a rapid increase to much above the normal—gos 670.

Phosphates: A very small total daily excretion until the D. T. had passed away (first 3 days) followed by a remarkably sudden & enormous increase to a daily total of about six grammes, then a reaction & a gradual fall to a point a little below the normal.

Albumen: A small amount present upon the day of admission only.

Glucose: gos 4½ to the ounce the first day.

2nd... afterwards a gradual disappearance of it.

Chlorides: a normal percentage but
owing to the small amount of wine
proved a very much diminished total
amount.
Induced a large amount at first
afterwards a rapid disappearance of it.

The Notes.
Temperature rose to 100° on the third
day of the D. T. afterwards about
normal.
Pulse 120 to 96 during D. T. afterwards
normal.

Patient stopped drenching on the Saturday
in consequence of taking a great digest
of it, & he experienced his first
hallucinations about two & a half
days afterwards; the period of
incubation then was about 60 hours;
during this period he had remained
for the most part in bed & had
been very restless.
The D. T. did not seem to make
much headway for two days more
until he had been in the ward.
about six hours, & it is to be noticed
that, under the stimulus of being
brought into the Infirmary, he
became to all intents & purposes
profoundly rational & in full possession
of his memory & judgment, & it
was not until the novelty of being
in the Ward had worn off that
the brain disturbance again began
to assert itself. The D. I. lasted
until the evening of the 7th, viz.
four days duration if we count from
the first hallucination, at home,
but if we deduct the intermissions
& brief intervals we may perhaps
put its duration down at about
72 hours.

Alimentary System: The usual features.
Hematopoietic System: Note the refractile
granules in the blood & the enlargement
during the acute stage of the Phlegm.
Nervous System: Dies very hyperemic
& vessel distended, torture & partly
involved at the margins of the dies.
Tendon & Plantar reflexes, normal.
except a shot of Colonel he had on the 8th & a colonnade fell on the 11th.
increased as usual during the acute stage afterwards becoming normal. The comparative suppression of urine and solids is the most interesting feature in the case. This lasted only during the D.T. while afterwards the amount of urine rose to even beyond the normal. & that though no medicinal treatment whatever was until the last two days of the story in the ward, given him. On these last two days he was given a tonic of some phosphorous.

The two hot air baths seemed to have a favourable effect in soothing the patient. The rest of his treatment consisted in the administration of nourishing liquid food to an amount that is stated elsewhere.

I should like to add that I believe that if the urine could have been examined at the beginning of the attack & its reaction would probably have been alkaline. The hot air bath had no doubt an influence in suppressing the secretion of urine.
Care of John Wedell.
Age 45
Cobdenose
2 St. James Place

Admitted March 5th at 5 a.m. 1870.
Examined March 5th.

Complains of a blow on the head &
Of nervousness.
Duration of illness about five days.

History: Patient is a stoicine drunker,
But has never been in this world before, nor had D. T.
Present illness. Has been drinking
More heavily since the new year,
Perhaps about five glasses of whiskey a day. On Friday last Feb. 28th, he
Fell off the cab while in liquor,
Got up again & found the head cut
The forehead; he was nevertheless
Well enough to do another job a
After that he went home. On
The Saturday he had a fit at about
6 a.m. & did not after it feel well.
enough to go to work. He had a pain in his head & the trembled very much; he had about two glasses on that day, but has had none since because he did not feel well enough to taste it. He could not sleep on Saturday night, on Sunday he complained much of the cut on his head, the trembled all over & could eat nothing. On Sunday night he could not sleep, nor could he sleep on Monday night; on Tuesday he began to wander, he saw mice running about the floor, & he would not stop in bed. Dr. McClel advised his friends to bring him up to the Wood.

On examination; Patient was in the quiet stage of Del. lemmen: full of hallucination & illusions. Thought the cab was at the side of his bed, etc. but was fairly quiet & easily managed & was obedient. Much restlessness was present; he could not lie in one
position for more than half a minute. There is the mark of a recent bruise over the right frontal bone.

Alimentary System. Tongue moist, covered with a slight yellow fur, scarcely tremulous. Tastes any food that is offered him, does not vomit. Bowel regular.

Abdomen: feels the abdomen persistently protruded; variates soft, velvety. Liver seen of the rib to six below costal margin in nipple line. No pain or tenderness on pressure.


Circulatory System.
Reduplication of the joint sound.
Pulse 110. Somewhat dicrotic.

Recurrent System.
Sensory Functions.
Suffers from cramp in calves of both legs at night after sleeping. They are very severe. No paresthesia or numbness.
No disturbance of sensibility.
Eyes: pupils equal and react normally.
Slight mydriasis present.
Retina: left disc reddened and of same colour as the retina, also somewhat enlarged; right one normal.
Hearing normal.

Motor Functions
Tendon reflexes exaggerated.
Biceps reflexes absent.
Plantar normal.
Otherwise normal.

Cerebral Functions. Always answers abnormally. When addressed but when left alone, wanders in succession delusions. Hallucinations & illusions, expresses himself as being quiteHappy.
Course of Disease.

March 5th. Evening. Much more excited; has had to be restrained; he imagines he is driving the cab about the town; in perspiring freely; pulse 130 & weak.

To have 1/3 of the Tincture of Digitale every 3 hours. March 1st.

March 6. No sleep all night; at 11 p.m. last night was so violent that 1/20 of Hyoscine was injected; he became somewhat quieter after this. March 1st.

Temperature only slightly fevered. Lungs are in a sort of spastic condition. Tendon reflexes exaggerated. Taking food well; is perpetually driving the cab & trampling to his home & re-creating the whip; when addressed loudly enough the reflexes fairly rationalised. March 1st.


Spleen more enlarged. Eyes bloodshot. Tongue moist, not much furred. March 1st.

To have 3/4 of Gr. Atropin. 1/2 only 1/3 of the Tincture of Digitale every 3 hours.
March 7. No sleep all night but has been getting quieter a little now 10 a.m. sleeping off to sleep. Much muscular twitching present, pulse stronger. Eyes bloodshot glazed. Tongue dry. tongue sore on lips. Pulse 114. Tendon reflexes a little exaggerated, no ankle clonus. Spleen enlarged.

Evening: Slept a good deal today, in snow fairly rational, eating well. Feels sore all over. Tongue covered with a thick yellow, white, fine, fur, somewhat contracted. Sensory function normal. Tendon & Plantar reflexes normal. Disc less hyperemic, but veins dilated.

March 8.

Slept fairly. Tongue covered with a thick white film; quite rational, all the reflexes diminished. Pulse 84.

Evening: complaint of frontal pain & general weakness. Feels sore all over. Bowels very constive.

March 10. Tongue clearer. Feels very weak. Reflexes cannot be elicited.


... 15. Complaining of pain in the loin.
to be rubbed with Turpentine & Laudanum & to have Turpentine internally.

March 18. Fowe better, pain gone, instead of the Turpentine has had Guaiane & Fufi[..]

March 20. The fleshes normal, much better & stronger. Left the Ward today.

Note on the Care of the Urine.

The Urine. See extract.

obtained quiet within one hour of the admission & examined twice on the day of admission.

Amount. A little under the normal at first but afterwards increasing until from seventy to eightyfive ounces were found a day.

Colour. Bright red for the first two days, with on the second day a copious, deficient of water, afterwards lighter coloured.

Sp. Gr. A tendency to be high at first (1035 on the second day) afterwards inclining to be low.

Reaction. Acid until the 7th & 8th days when coincidently with the small secretion of the phosphatite of the urine it became neutral.
I have noted a little above the normal excetration upon the first and second days of the D.T. & a greatly increased excetration (about 128 c.c. a day) on the last day of the D.T. & two subsequent days followed by a rapid reaction to 9 x 330 & then another rapid rise to the highest point reached (9 x 980) then a little fall, another rise to about 9 x 350 & then a fall to normal.

Phosphates - shown in red on the chart. On the patient's admission the excetration, if it had remained at the same point all day & assuming a yield of 0.7 grammes per 50 c.c. of urine, would have been below the normal, but in the evening the percentage had risen to 0.17 grammes per 50 c.c. of urine & upon the 2nd day of the D.T. while in the looped the percentage had risen to 0.35 grammes per 50 c.c. of urine (yielding nearly eight & a half grammes as a total for that day) one of the largest excretions.
of the Phosphates, that I have ever observed, on the third day the
excretion fell a little though still keeping above the normal, and
increased excretion again upon the
fourth & fifth days & then in
coincidence with the lean a rapid
reaction to the lowest point reached
(1.4 grammes a day) when the urine
became neutral; afterwards
fluctuation, that are coincident with
those of the urea but with a tendency
to return to the normal.

Chlorides. Remained at about the normal.
Albumen. Absent.

Glucose. One grain per oz of urine for
the first five days, afterward none
could be detected.

Indican. A large amount upon the
2nd & 3rd days - followed by a diminution
& eventual disappearance of it.
The patient had already been for about a day in D.T. when admitted, so that the preliminary suppression of the Phosphates & of the Urea with an alkali and reaction of the urine could not be obtained, but apart from that the urine exhibited the characteristic features.

viz. During & toward the termination of an attack of D.T. a greatly increased excretion of the Phosphates & of the Urea with the presence of certain abnormal substances in the urine.

This man was a chronic drunkard, who had a fall from the cab on a Friday which cut across the shin of the forehead but did not render him incapable of going on that evening with the worth. On the Saturday he had a fit & began to be shaking & to feel ill, & on that day he left off drinking because of his feeling ill; on the Tuesday following having had no sleep at all.
anything to eat since the Saturday he began to have hallucinations & D.T. came on, that is to say there was an incubation period of about three days from the giving up the alcohol.

The D.T. lasted until the Friday that is to say it's duration was also a period of about three days or a few hours less.

Broadly speaking we may divide the Del. temperaments into three stages.

First stage. The patient had hallucination & illusion, a loss of sleep & restlessness but was comparatively quiet & manageable & always answered rationally upon being addressed.

Second stage. Intensification of the illusion etc with violent excitement & deliriums. The patient having to be restrained. During this stage it required much stimulation to get the patient to give anything but a improper & rational answer.

Third stage. That of exhaustion & collapse. The patient still delirious & in a
state of restless excitability, constantly mumbling etc., but not violent & easily managed & the whole system exhibiting evidence of great exhaustion (rapid pulse, high temperature, sores upon the lips etc.)

The characteristic of the patient's delusion, are worthy of note; they referred constantly to his occupation; he would shout to his horse & go through the motion of reaching his whip hour after hour.

Given the precipitating cause of the constant salutation of the system with alcohol, was the fall he received an exciting cause?

The attack terminated as usual by what I might term the Post Delirium sleep from which the patient awoke in a rational but in a very exhausted condition with his whole body aching.
Care of John Weddell continued.
Note on the case.
The Alimentary System.
The tongue not much swollen during the acute stage but becoming dry and brown towards its termination, but on the day after the cessation of the attacks it was thickly covered with a whitish film.
The bowels usually regular became very constive during the attacks, not being moved for the first four days in spite of a dose of Colonol & Henrey's Solution.

The Hemopoietic System.
The blood appeared to be normal, but the spleen, a little enlarged upon admission, became distinctly more enlarged during the acute attacks.

The Circulatory System.
The first sound of the heart was persistently reduplicated. The pulse was 110 in frequency upon admission, rose to 156 during the height of the attacks & did
fell below 140 until the attack was over when it fell to 34, reacted again in a day or two to 96 & then finally fell to about 70.

The Pericard System.

Always suffers from oedema in the calves after drinking. Slight myasthenia. Hypopresoria of left side. Veins dilated. Tendons reflexes exaggerated during the whole of the acute stage. became normal after the febrile stage. diminished the day following & could not be elicited two days later; a few days later they returned again & were even somewhat exaggerated but before the discharge they again became normal.

During the second stage of the D.T. a sort of spastic condition was present; the muscles were kept constantly in a state of contraction & they could not be voluntarily relaxed.

The Temperature normal upon the day of admission.
it rose to 101° upon the 2nd day & to 102° early upon the third day (toward the cessation of the P.T.) & then fell with the P.T. thermometer to normal again, rose again a little the next day & then fell, rose again a little the next day & then fell & gradually tended to become normal.

Case of John Sample.
Age 40
a Plumber.
9 Davie Street.
Admitted March 15th, 1890.
Examined

Complain of nervousness & of being unable to give up drinking.
Duration of illness about one week.

History: Family history good - no history of drinking.
Patient is a healthy man, but is in
The habit of drinking at intervals in spells, & when once he has begun he cannot give it up.
He has never had D.T. & never been in this Ward before. Is able to sleep when the drink is sufficient to drown the dizziness during a drunken spell, but cannot sleep when the drink is withheld; after a drunken bout he sometimes suffers from headaches & not at other times. Does not vomit or retch except when giving up drunkenness. During & after a drunken bout, he is sometimes seized with sudden loss of power in his legs; he does not suffer from cramps.

Present Illness.
One week ago he began to drink & he has continued doing so since, taking on an average about eight glasses of whiskey a day. During this time he has eaten little solid food & has not slept very well. He has had no delusions; as he seemed unable
to give up drinking of his own accord, her wife persuaded him to come to the Infirmary.

On examination:

Patient was in a restless nervous condition but his mind was quite clear.
Conjunctivae somewhat watery.
Breath had the alcoholic odour.

Alimentary System:

Torpors fairly dean severe tremulous sometime vomits, but more often retches usually in the morning.
No pain etc after food. Bowels are coherent when drinking.

Abdomen: Liver in nipple line from 5th rib to 1in above the costal margin.

Respiratory System:

Has a slight cough otherwise normal.

Circulatory System: Pulse 96 somewhat large. Heart normal.

Nervous System:
Sensory functions.
Never suffers from cramps or pain etc.
Normal.

Motor functions.
Tendon reflexes very much exaggerated.
Plantar a little exaggerated.
Occipital reflexes normal.
Motor power fair - but much tremor present.
Otherwise normal.

Mental functions. Mind clear, has not had any delusions. No bad dreams.

Course of disease.
March 16. No sleep during the night but feels somewhat better. Tremor less marked. To have 1/3 of calomel. Taken food well.
March 17.
Slept in snatches. Tendon reflexes not so exaggerated. Tremor much less marked. Has sudden outburst of perspiration. To have 1/20 of the T of cupricum to be in die.
Last night slept fairly after it. Reflexes are now normal.


Notes on the care of the urine.

The Urine. See chart.

Amount 0.50 - 60 a day.

Colour. Pale coloured for the first two days - then pale red coloured.

Sp. Gravity. Low 1008 to 1015

Reaction. Neutral for the first two days afterward acid.

Urea. A much diminished excretion for the first three days viz from about a daily total of gr 190 to gr 250 then a rise to gr 360.

Phosphates. A diminished excretion for the first two days - afterward a normal one.
Albumen. absent.
Chlorides. normal.
Glucose. $\frac{1}{2}$ to oz of urine present for the first two days, afterwards none present.
Indican. a small amount (+) present for the first three days only.

The notes:
The urine presented in a moderate degree the usual characteristics of a urine of a case of temporary excess in drinking alcohol.

Namely though the amount secreted was fair, yet the excretion of the solids was much diminished, the reaction was neutral, the colour red, & a small amount of glucose & indican were present. Had these characters been a little more marked, in particular had the amount of urine secreted been less, the urine would have been quite consistent with that of a case of commencing D. T. In fact there was no character in the urine to negative the hypothesis that the man
Name: John Anderson  Age: 22  Disease: Alcoholic Exan.  Result: Recovery.

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MACLACHLAN & STEWART 64 SOUTH BRIDGE, EDINBURGH
was going to have an attack of O.D. J. except the amount of fluid secreted.

The only other point in the case that I wish to draw attention to is the condition of the tendon reflexes. When the patient came in & was at the worst, they were very much exaggerated, while as he recovered health & tone they became successively less exaggerated, later on normal & eventually subnormal.

Care of John Anderson.

age 22

assistant to auctioneer.

resides at Dunfermline.

admitted March 15th, 1890.

Examined...

complain of loss of appetite & of weakness.

Duration of illness about nine days.
History. Patient is an orphan & enjoys a small annuity; he is a chronic drunkard & has already been in the Ward five times, once for attempting to commit suicide for he shot himself under the left nipple & the bullet has never been extracted. Has had syphilis & acute Bright's disease, the latter five years ago. He was in bed five weeks with it.

Present illness. Patient has for the last nine days been drinking about four to seven glasses of whiskey a day. This is not a large allowance for him; he has had little food but he sleeps fairly; he has been much troubled with cramps in the calf muscles of the left leg & therefore sought relief at the Infirmary.

On examination. Patient was in a somewhat tremulous condition; his face had a frightened look & he could not look at one straight forwardly.

In the alimentary system the teeth were much decayed (from mercury, the patient said) - the tongue was a little fevered.
Posteriorly is very tremulous. Somatic suffers from morning vomiting. Bowels are regular. Abdomen normal. Liver dulness normal.

Circulatory System. The heart action is somewhat irregular in strength and frequency. Pulse 100 - somewhat soft. Often bleed from the nose.

Hemopoietic System. normal.
Respiratory System. normal.
Nervous System.

Sensory Function.
Sometimes after drinking he has a numbed dead cold feeling in the left foot; he often has cramps in the muscles of the calf, principally of the left leg. This is becoming more frequent, it comes in at night & goes up from the sole of the foot to the thigh, but no higher; it causes him to try out & jump out of bed.

Great cutaneous hypersensitiveness of both legs below the knees & becoming
greater as one descends so that the slightest touch to the feet causes pain & an instantaneous withdrawal of the limbs. There is some muscular hypaesthesia of the right leg & the pain lasts after the withdrawal of the hand that has grasped the muscle.

Pupils dilated - react normally.

Dics normal.

Motor function:

Tendon reflexes very much exaggerated. The Plantar reflexes could not pivot to the cutaneous hypaesthesia the properly examined. Muscular power fair but sometimes suddenly loses power in the legs & falls to the ground.

Great tremor especially of the lower extremities upon voluntary movement.

Cerebral functions etc. normal.

Course of disease:

March 16. Slept well. A dose of Calomel at night.
Care of John Anderson continued.
March 19. He slept well. Much better.
Sensory functions in mouth the same condition; discharged.

Note on the Care of the Urine

The Urine. See chart.

Amount. About normal.
Colour. Flesh coloured for first two days - afterwards paler.
Reaction. Acid for the first two days - then coincident with the diminished excretion of the Phosphates.

It became alkaline, but the next day when the excretion of the Phosphates had again increased it became acid again.

Urea. A large amount excreted everyday & varying from a total of 90600 the first day, 90630 the third day to about 906500 the last day.

Phosphates. A large amount - a total of 40 & a half grammes, upon the first day - then a fall to a very small excretion (grammes 1.4) the third day.
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**Phosphates**

- Total: 100 grains
- Phosphates in urine: 0.15, 0.13, 0.04, 0.07 g per 24 hours

**Temperature**

- Fahrenheit's Scale:
  - 108°, 106°, 104°, 102°, 100°, 99°, 98°, 97°, 96°, 95°, 94°, 93°, 92°, 91°, 90°, 89°, 88°
- Centigrade Scale:
  - 41°, 40°, 39°, 38°, 37°, 36°, 35°, 34°, 33°, 32°, 31°, 30°, 29°, 28°, 27°, 26°, 25°, 24°, 23°, 22°, 21°, 20°, 19°, 18°, 17°, 16°, 15°, 14°, 13°, 12°, 11°, 10°, 9°, 8°, 7°, 6°, 5°, 4°, 3°, 2°, 1°, 0°, -1°, -2°, -3°, -4°, -5°, -6°, -7°, -8°, -9°, -10°, -11°, -12°, -13°, -14°, -15°, -16°, -17°, -18°, -19°, -20°, -21°, -22°, -23°, -24°, -25°, -26°, -27°, -28°, -29°, -30°, -31°, -32°, -33°, -34°, -35°, -36°, -37°, -38°, -39°, -40°, -41°
Then a rise again to about the normal.
Albumen. A fair amount (+ +) the first day. Afterwards none could be detected.
Glucose. Two grains per oz. of urine for the first three days. Then an absence of it.
Chloride. A little below the normal for the first two days. Then normal.
Indican. A fair amount (+ +) at first. Afterwards a gradual disappearance of it.

The Notes.
The condition of the urine quite negatived any idea that the patient was going to have an attack of D. T. For the fluid secreted was normal in amount and the solids (urea & Phosphate) were in excess; the reaction was also acid. The abnormal constituents commonly present were however found.
After having examined the patient's urine I came to the conclusion that he had not been drinking so hard.
as he wished to make out; & I learnt upon inquiry that the money having become exhausted he had been for some days hanging about the Infirmary gate trying to gain admission to the Ward, & that he had eventually prevailed upon a medical man residing in George Square to give him a letter of recommendation upon which he obtained admission.

This case is interesting from the nervous decaemenet that had occurred from Chronic drunkenness in one so young. Why the cramps from which he so much suffered should have been confined entirely to the left leg I cannot tell, but I have noticed the same selection in one or two other cases. viz. John Malcolm's.
Name: W. Mitchell  
Age: 60  
Disease: D. J. Pneumonia  
Result: Recovery

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Care of Mr. Mitchell.

Age 53

A dairyman.
Residing at Braithwaite.

Admitted on March 2nd at 7.30 p.m.

Complains of weakness & of tremulousness.

Duration of illness uncertain, but patient has been drinking about 3 wees.

History. Is a chronic drinker & has been in this ward before with the same complaint. Is in the habit of drinking about seven pints of beer a day. Health is usually excellent, but sometimes suffers from pain in the face.

Present illness.

Patient has been drinking heavily for the last 3 weeks, & more or less since the New Year (according to his friends), he drank a bottle of beer & whiskey; he was during this period rarely sober & his appetite was poor. On Wednesday February 26th he was admitted upon
The Sunday following) he soon seemed to be ill; he came home & went to bed & slept all Thursday on which day he drank two glasses only of whisky & he has had no alcoholic drink since. On the Friday he was quiet & appeared, had no sleep on that night, on Saturday he was very sleepy & towards night began to see things - rats & serpents etc. He had no sleep that night, but he would answer terribly when addressed. On the Sunday he was worse & became somewhat violent; he thought his bed was full of dead bodies, & that he was accused of murder etc. He had no head ache. In consequence of this increasing violence two friends brought him up on the Sunday evening to this Ward.

On admission:

He was fairly rational & quiet (under the stimulus of the change of quarters) he was given a bath & put to bed. Late at night he began to wander...
& became so violent that he had to be restrained.
March 3rd: No sleep last night was very violent.

On examination:
The face is blistery, petechiae of acne
Pustules on the forehead, the
Conjunctivae are watery, injected, cataract,
Toothache present.
Patient is very restless, is constantly
talking & does not know where he
is.

Alimentary System:
Tongue is very tremulous, is covered
with a yellow fur; the teeth ate
the food that is given him, does
not vomit (but used to in the morning)
Bowel movements constipated
Abdomen. No tenderness to pressure.
Liver dulness in right lower
extends from the 5th right to 1cm below the
Cortial margin.

Hematopoietic System:
Reaction of blood not tested. Poor
Microscopic: The red corpuscles presented a normal appearance, but with some tendency to necrosis. The leucocytes appeared to be normal. Many globules with refracting margin were present. The spleen did not appear to be enlarged.

Circulatory System:
- Pulse frequency: 110, soft, in somewhat irregular, otherwise normal.

Nervous System:
- Sensory function, so far as could be determined, was apparently normal. Optic Disc normal.
- Motor function:
  - Organic reflexes. Swallowing is carried out in a spasmodic manner; but the reflexes are under control. The superficial & deep reflexes are diminished. (But were difficult of investigation.)
as the patient was continually fighting & struggling it was restrained by straps. Much tremor present on movement.

Respiratory system normal.
no history of cough.

Urinary system considered later & with the days groups.
Covers of desire.

Patient was given nothing but plenty of nourishing liquid food which the took well.

March 4th. Became more exhausted yesterday afternoon and quieter in the evening eventually falling asleep at 11.30 p.m. & sleeping more or less until my arrival today.

Is now quite rational; yesterday & the day before were quite blander to him, does not remember coming here. Tongue is furred yellow, tastes food well, bowls often.

Hands tremble, reflexes diminished.

Temp. is about 102.
March 5th. Slept well.Feels better. No coughing. Chest clear. Perfusion rate 30 in the minute. Some blood stained expecoration. Spits slightly, acid, medium. Movements are heard at the base of the right lung. Breathing at the right apex is somewhat bronchial. Given a cough mixture, and a turpentine suppository to the right lung posterior.


Three reflexes absent. Plantae are exaggerated. Tongue furred yellow in moist. Temperature 103.6°.

Breathing 30. Pulse 100.

March 7th. Slept well. Bowels loose. The number of times the patient's bowels were moved are not all recorded on the chart. Temp. fallen. Pulse good.

March 8th. Tongue clean. Feels much better. Less cough. Physical signs present but the crepitation are coarser.
Tendon & Plantar reflexes are normal.

March 11th. Continuing to improve, dulness at apex less marked.

16th. Thrombus a little disordered. & some return of the cough. to have a temperature.stupef.

21st. Much better, got up today. Tendon & Plantar reflexes slightly exaggerated. He went home on the 26th. His temperature for the last week or was subnormal.

The Urine and Notes on the Case.

The Urine. See Urine start. Amount at first normal afterwards becoming excessive (390 on March 8th.) Colour. Bright red for the first four days - afterwards of a yellow colour, finally becoming pale.

Sp. gr. about normal.

Precaution. Acid throughout.

Urea. Total daily amount about 94.530 on the first day and a
a fairly steady rise day by day afterward until a maximum of a total daily excretion of 94,900 was attained upon the eleventh day from the day of admission. Then a reaction to a normal excretion followed by another rise etc. So that throughout the patient's stay in the ward the daily amount of urea secreted was always excessive.

The Phosphates.
A normal amount 2.8 grammes upon the first day; 3.6 grammes upon the second day & then in correspondence with the rise of temperature and the coming on of the Pneumonia a fall to an amount of less than one grammee for the 6th of March, when the temperature was highest and the attacks of Pneumonia most manifest; afterwards a steady rise to 4.3 grammes on the 10th of March. Then a fall and a fairly normal secretion etc.
Albumen, a small amount (+), present for the first two days only.

Chlorides. An amount under the normal, upon the day of admission, although the other solids were rather in excess. A smaller amount upon the next three days and on March 6th when the Pyaemia was at its height an amount equal to the amount secreted upon the day of admission. On March 7th, the day of the crisis, a normal amount was secreted it remained normal afterwards.

Glucose. 90 to the oz. for the first two days. Afterward less & finally a disappearance of it.

Indican. a very large amount (++++), for the first two days, afterward a smaller amount which persisted for about the first 10 days & then disappeared.
Case of W. Frithshall.
The urine continued. The Notes.
As the patient was in the violent stage of Delirium Tremens when admitted, his urine does not show the usual primary characters, but it corresponds with the urine of that stage (the violent stage) for the amount passed is a little above the normal—i.e., highly acid, of a bright red colour; the Urea & Phosphate are rising & certain abnormal constituents are present, but the approach of the Pneumonia is already foreshadowed by the diminution in the Chlorides which became more marked the next day. The diminution is certainly not of itself a marked one, but when judged by the standard of the other solids which were at the time rather in excess, it is noteworthy enough. The approach of the Pneumonia also cut short the rising tendency of the Phosphate & brought on a severe fall, while it greatly increased.
The amount of the urine.

This case is an interesting one from the fact that the patient recovered; it is I think the only case of a Del. tremens, complicated with a pneumonia that I have seen recover.

The patient left off drinking on the Wednesday because he felt ill, the had only two glasses of whiskey upon the Thursday, and he began to wander upon the Saturday; hence the period of incubation was about from two to three days in duration. The attack lasted until the Monday night when he fell asleep, hence the duration of the actual acute Paroxysm was also about two days; on the day after this sleep his temperature began to rise but not to a point above 100.2°; but there was one cough or other condition about him that would lead one to suspect the approach of pneumonia (except the indications furnished by the urine).
On the 5th & 6th. The Pneumonia was evident; on the 7th it resolved by crisis. I although much anxiety was felt but it should reappear it did not.

I will not say more about the case except to point to the diarrhoea which also continued more or less (in spite of Bismuth, Lime water etc) for some time after he was in all other respects much better.

I have noticed in other cases of Pneumonia both simple & complicated that the Tendon reflexes are often absent.

With regard to the treatment of this patient, he was given no hypodermic but a cough mixture of Arom. Caco. and Strophanthidin & afterwards Bismuth & Lime water for the diarrhoea. No opium.
Case of Philip Boylan.

Age 36.

A compositor.

Resides at 37 Ashleigh Buildings, High Street.

Complains of vomiting and of restlessness.

Duration of illness about 4 days.

Admitted and examined on March 20, 90.

History.

Patient is married. Is a chronic drunkard.

Earns very good wages in the office of Chambers's Journal.

Present illness.

Patient began to drink about ten days ago and left off work; he has not been sober since; has had no sleep and scarcely any food. Four days ago (Sunday) he began to relapse and to vomit & the gases rose strongly; he had not vomited previously; he continued vomiting for 36 hours & his throat became very sore. Yesterday he first began to wander and this morning he said he saw women looking for him.
On admission was fairly rational but toward evening he talked to himself and saw the things dancing about.

6. Pupils are a little dilated, contract normally to light and accommodation.

Tongue somewhat tremulous, covered with a slight white fur; not vomited today and taking food well; bowels regular. [Drinth looens them.

Hands and legs quite steady. Liver from 6th rib to 11th below rib in nipple line.

Circulatory System: Heart action a little vacillating.

Nerve System: a slight cough, in hoarse & complaint of a sore throat.

Spleen normal. No abdominal tenderness.

Nervous System: Sensory function normal, but veins of legs are enlarged and tortuous. The lips are of the same colour as the retina.

Reflexes diminished. Muscular power good.
Cover of disease.
March 21. No sleep, more violent, had to be strapped; at first every excited, showing tongue moist, slight fur. Think that there is poison upon one side of the bed, and a revolver upon the other; see hundreds of people; the exhilaration of spirits present yesterday tea passed off. Pulse distinctly enlarged. Evening take quin. Had a hot air bath, which seemed to have no particular effect. Tendon reflexes absent. Plantar diminished, pupils more contracted; some photophobia; perspiring profusely. He is less conscious of what is going on. Tastes good well. Temperature is up.
March 22. Not so well. P. still present; but patient looks collapsed,eresa breathing, cough moist, scales at both bases but no sign of pneumonia. Pupils are contracted; tongue moist, white fur. T. reflexes absent; having of the 3 of Digitalis 1/4. Of Sph. Celt. 6c 31 of Sal volatile 31 every hour, and 36 of whiskey every alternate hour.
Evening. Pupils much contracted.
Bowels moved seven times today.
March 23. No sleep, but in more
rational; much yellow expectoration.
Today: tasted: food well; Whiskey to be
stopped. Pupils less contracted.
Evening. Tongue moist. Thin yellow
fur; Mind clear. D.T. passed off.
Pupils contracted: talk of his previous
hallucination.
March 24. Slept a little.
Tongue creamy white yellow fur.
Coughous mucous rale at the bases
of both lungs. T. reflex absent; Plantar
present. Diaphoresis continues.
25. Slept a little; Status quo.
26. 05.
27th. Some dulness over right scapular
region. Diaphoresis worse in spite of
3 doses of Bismuth. Pupils much contracted.
28th. No sleep. Wandering: fierce irritable,
incoherent; pupils not so much contracted.
Increased dulness over right scapular
region. To have Whisky 3⁄3 every hour.
Died at 1 a.m.
Post mortem examination.

Dura mater is slightly adherent to the skull case; Pachymeningeal bodies are marked; Membrana are milky convolution are somewhat absorbed. Subdural and subarachnoidal effusion present. Evidence of subacute Lefts menigitis. at the base pressing upon the 3rd nerve. Brain substance oedematous and anemic. Ventricles not dilated.

Abdomen: Fatty; fatty spots on the liver; it weighed 4lbs 10oz. it was fatty infiltrated and also congested. Kidneys showed signs of cloudy swelling. Spleen contained small hemorragia. Heart - enlarged - flabby valves normal no fatty or fibroid degeneration.

Lung

Left lung weighed 1lb 7oz and showed evidence of Broncho pneumonia. Right lung weighed 1lb 13oz. showed also Broncho pneumonia, but at one point in the middle lobe there was a small abscess due to a focus of pneumonia that had broken down.
Larynx: showed great epithelial thickening & there were ulcers upon both vocal cords. Death seemed to be due to an infective Pneumonia from the ulcers on the vocal cords in a patient with Del. Tremen.

Notes on the Care and the Urine:

The Urine. See Urine Chart.

Amount: first day: 0.340 oz.; second day: 0.30 oz.; third day: 0.360 oz.; fourth day: 0.375 oz.

There was a rapid increase in the amount. A deposit of urate occurred upon the 3rd day.

Sp. Gr. about normal. Throughout.

Phosphate. Acid for the first five days, then almost normal, then faintly acid.

Urea. diminished at first but after the 2nd day a rapid rise to a very high point (gr. 9.75 a day) which was nearly maintained until the end.
The Phosphates in red upon the chart diminished for the first two days then a rise to grammes 2.1 and then a great fall to about half a gramme a day which was about maintained every day until about 24 hours before death, when the amount rose to the normal. (a little above two and a half grammes a day)

Albumen: A trace present upon the 3rd day only.

Glucose: From get 2 to get 4 for the four four days only.

Indican: A small amount present for the first three days only and then again a small amount upon the 7th day.

Chlorides: A mere trace present everyday.

The Notes.
The urine exhibits the usual features of a case of Del. Reemans and Pneumonia.
for during the Delirium, which began before the patient was admitted, the Urea and Phosphates tended to rise, the Urea reaching a very high point, but the rise in the Phosphates was cut short by the supervention of the Pneumonia, hence we see the antagonism between these two excretion, induced by the Pneumonia.

Some glucose and a little Indian were present.

The interesting feature however of the urine was the great diminution in the Chloride, which was present from the very first, and which gave undoubted warning of the approach of a Pneumonia or other extremely serious condition.

The case otherwise exhibits the loss of the Tendon reflexes, which has seemed to me to be always the case in Pneumonias of this description.
It exhibits further the diarrhoea which seems to me to be a constant feature of alcoholic pneumonia. The irregular temperature, the very rapid respiration, and pulse, and the Delirium of a pleasant kind at first; he said he was in excellent spirits.

An interesting feature was the contraction of the pupil which came on during the attack, and which appears to have been due to a meningitis irritant of the 3rd nerve.

The Period of Incubation began with severe weakness and incapability of tasting more alcohol, & it lasted about three days. The acute stage of Del. remained lasted about four days.

Besides the hot air bath which he was given at first, the treatment was of a stimulant and supporting character.
Case of Charles Browner.

age 35.

a dairyman.

Resides near Nicholas Street.

Complains of weakness and restlessness.

Duration of illness about twelve days.

Admitted & examined on Jan. 14, 1890.

History - Family good - Patient is a STEANS man, never had D.T. before; he denies having had Remora. Has had acute Pneumonia many years ago.

Present illness.

Patient has been declining steadily for the last few weeks; about 12 days ago he had the Influenza & after being in bed a week with it he began to be very weak especially in the mornings, he could take no food & but little to drink; yesterday he talked to himself and his friends becoming alarmed brought him up here.

On admission he was in an excited and restless state but would answer rationally on being addressed to
Patient is a big man with red hair.

His Conjunctivae were injected and watery.

Alimentary System:

Tongue furred yellow, very tremulous, has been suffering from severe morning vomiting, appetite fair now, bowels regular.

Liver from 5th rib to 2nd below costal margin in the lappelle line.

Circulatory & Respiratory Systems are normal.

Nervous System:

Sensory function:

Has suffered severely from cramps for the last four years. Right pinprick contract normally, the left one somewhat shakily. The right arm is somewhat hypotonic.

Motor function:

Deep pain reflexes normal. PERRIT & TENDON reflexes exaggerated.

Motor power fair, march cawse tremor on voluntary movement.

Mental function:

Is rational when spoken to, but
at other time wanders; is in the second stage of Del. tremens.

Course of disease.

Given on 7970 of the tincture of Digitalis every two hours. Became violent towards night.

Jan. 5. No sleep - took food well in somewhat quieter.

Jan. 6. Slept about 5 hours; is quite rational now but has a slight cough. Temp is going up; mucous scales at the bars of both lungs. Some dulness at base of right lung; to have Ammon. carb. gr. 1/4; taken.

Jan. 7. Slept well; some pain in left side; feel better.

Jan. 8. No sleep; began to wander again; some muscular twitchings.

9th. No sleep; status quo.

10th. Had an ice bag to head a slight facial.
in rational to day.

11th. Temp. has risen again.

13th. Februmina - pain left side,
dullness & tubular Breathing & Bronchopathy at the left base.
Put on Strph. thom. Thm. & 8 Fr. pellet Co
and Whistey. Is more drowsy.

15th. Died

Notes on the Case of the Urine.

The Urine - see chart.
Amount about 340 a day at first - afterwards from 360 to 375 a day.
Gfr. Gt. about normal.

Reaction. Neutral upon admission.
Afterwards acid.

Urea. A normal excretion upon admission, afterwards a very much increased excretion.

Phosphates. Diminished upon admission.
A large excretion upon the next two days, then a rapid fall to a low point which was maintained for three days & was followed by a rise to normal - just before death by another fall.

Albumen - from a moderate amount.
to a trace present every day.

Glucose. From one to two grains per oz. present every day.

Indican. A large amount for the first four days - then less.

Chlorides. A trace present for the first two days, then more present but just before death there was again a diminution to a trace.

The Notes.
The urine exhibits the features of the urine of a case of Alcoholic Pneumonia. When the Pneumonia supervened it antagonized the excretion of the Urea & Phosphates, largely increasing the one, but much diminishing the other.

Albumen continuing persistently present added great gravity to the case. The Chlorides were diminished upon admission to a trace and also just
before death, but were in larger amount during the rest of the duration of the care. They gave a distinct warning of the approach of a Pneumonia.

The case of Pneumonia exhibits the very variable temperature of such cases and the apparent interminable in the severity of the symptoms. The bowels were in spite of bismuth and other remedies persistently loose. The tendon reflexes were marked at first. This is not what I have usually observed in Alcoholic pneumonias.
Care of Michael Osbourn
This care was in Ward 6, but was not under Dr. Smith's care; I was however briefly given a chart of the temperature which I append. It exhibits the irregularity of the temperature, varying sometime to a day of an Alcoholic Pneumonia and also the looseness of the bowels.
The Care of John Bell - (I shall only give few details about)

Age 29.

A soldier just returned from India.

Admitted Jan. 9th, 1890.

Was in acute delirium tremens upon admission and was coughing freely.

Respiratory System:

All the signs of a Pneumonia at the right apex.

Patient was given Digitaline graminee, Amm. Carb. and stimulants, but he gradually sank & died at 7.40 a.m. upon Jan. 13th.

Notes:

The chart shows the irregular temperature and the looseness of the bowels. The Physical signs of the Pneumonia were excedingly well marked.
The care of James Corbett I shall also narrate as briefly as possible.

Age 32
Resides at Cooteh.

is a medical student.

Complains of fits.

Duration of illness about one day.

Admitted and examined on Dec 16. 1889.

Patient is a chronic & hard drinker.
Six months ago his face & lips began to swell; the urine was examined & was found to contain albumen.

Four months ago he had several epileptic fits.

Present illness: Has nearly been sober lately, yesterday he had three typical epileptic fits followed by loss of memory & headache.

On admission, he was wandering.

He was confined to milk diet and given Chloral at night. He improved a little but then got worse again on the 19th & had very severe & painful Delirium; this pulse was rapid & weak.
he remained in that condition until the 23rd. when he had eight hours sleep. he did not really after that, feed well, urine & feces in bed, became more brawny 
& died on the 24th.
No P. m. was obtained.

The urine see chart.
Amount very small at first & on the last day but except at these periods was about normal.
Sp. Gr. about normal.

Reaction. Alkaline at first & then acid.

Urea. Much diminished at first afterward, for three days, a large amount then just before death a great fall.

Phosphate. Correspond to the urea.

Albumen. Blood present at first, afterwards albumen present in fair amount every day.
Glucone, from 1/2 to 1/2 oz. present every day.

Urine, a large amount present every day.

Chlorides, a little below the normal amount at first, diminishing to a mere trace as the end approached.

The Notes.
The urine exhibits the ordinary features of Delirium Tremens; for the Urea & Phosphates were in much diminished amount until acute Del. tremens came on on Dec. 19th, when it they rose at once to high points. These were about maintained until the day before death, when depression again came on.

Blood and albumen were present & made the case one of great gravity. Glucoe & inulin, the latter in large amount, were persistently present. The Chlorides became diminished to a trace two days before death.
Death seems to have been due to heart failure & congestion of the lungs occurring in a case of Del. fremain, complicated by Bright's disease.

The case of E. D. Ward I will compress as much as possible.

Aged 32
an actor of Toole's Company.
complains of stiffness & want of sleep.
DURATION OF ILLNESS about 4 days.
Admitted & examined Nov. 3rd.

Patient has been drinking for the last ten years: about six glasses of whisky a day on an average.
Four days ago he felt quite ill, he could not sleep, most of the food was thrown up; two days ago he had to
to the bed, & at night he began to wander. Yesterday he was worse, would not stop in bed & seemed disinterested. Dr. Greene advised his wife to take him to the Infirmary. On admission, he was in Del. Coma, imagined he was in jail, etc.

On Nov. 5th, his temp. rose to 102.8° & his stools began to take on a Typhoid appearance. More rational on Nov. 7th. The rose spots became visible from this time he seemed to improve till Nov. 10th, when the stools became bloody stools; he improved again until the 12th, when his temperature rose suddenly to 104.4° and he coughed a good deal. On the 15th, he had constant coughing & was delirious and at 4.20 p.m. he died.

The spleen did not at any time seem to be enlarged, the stools were typicallty Typhoidal.

He was treated by Sulfonlin at first & afterwards by milk diet & got doses of Iodo Sulfoncarbolae & later on by
Digitals, stimulants, poultices and
Detergents.

The urine - see chart.
Amount under the normal as a rule.
Reaction - Acid throughout excepting
upon the 13th & 14th.

The urine was only four times
examined for.
The Phosphates were a little increased
on admission & on the day but one
before death, but were on other
days about normal in amount;

Albumen. Traces were present from
time to time.

Glucose - Small quantities present for
the first week.

Indican. Large amounts were
persistently present and increased towards
the end.

Chlorides - remarkably diminished throughout.
The noteworthy features of the urine are the diminution in the Chloride and the very large amount of Indican present.

The irregular and remitting character of the temperature are noticeable; more or less congestion of the lungs seems to have been always present.

Care of John Noble. (compounded as much as possible)

Aged 63

Resides at 7 Grendley Street

Complains of having had too much drink.

Duration of illness about ten days.

A stomachic drencher, drenching more for the last 3 weeks, took little food & slept but little, became so weak that he had to remain in bed; Stomach has been much disorderd for the last few days & he has had fist.
drank in consequence, had no sleep but night & kept getting out of bed.

On admission was fairly quiet & rational but became violent towards evening & had to be restrained.

Much tremor or voluntary movement.

Pupils dilated - contract normally.

Conspicuous watery

Tongue cannot be protruded from a sort of ataxia.

Abdomen in flaccidity protruded in its upper regions, a tendency to opisthotonos. Liver extends from 2/4 of the ribs to 2/3 in. below C. margin.

Circulatory System

Fist sound reduplicated.

Nervous System

Has suffered from severe cramps.

Some cutaneous anaesthesia below the knees, particularly in the right leg. Some muscular hyperesthesia present. Tendon reflexes absent.

Plantar reply, Bromsulphalein present.
March 26th.

No headache, very violent. Acute D. Tremor.

Reaction of blood tested by Wm. Harecraft and Marshall. Alkalinity found. (iene very acid at same time).

Per micro. Many of the red corpuscles are fused together to form indistinguishable masses; others are globular & swollen. Many refractile globules are present. Spleen, a little enlarged.

Was given two hot air baths, after which he became quieter.

27th. Slept a little last night; is fair, rational today but has one or two delusions. Tendon reflex replaced by extension movements of the four outer toes of both feet. Plantar reflex lively. Marshalled myotomiae present.

28th. Dr. Harecraft again examined the blood and found the marshaled alkalinity had failed off.

29th. Great myotomiae. Spleen normal. Tendon reflexes as before. Right palmar veins dilated than the left one.

April 3rd. Some delusion still; ataxia.
and muscular weakness upon attempting to stand.

Patient was still in the Ward when I left the Infirmary.

Notes on the Care of the Urine.

The Urine - see chart.

Amount: Somewhat diminished at first but rising to 334 before I left.

Colour: Bright red for first two days then a deposit of urine.

Reaction: Acid throughout.

Urea: Much diminished excretion at first (about gr 150 a day), then upon the next day during the height of the Paroxysm the excretion jumped to a normal amount (gr 440), it then slowly reached a rose again.

The Phosphates: Much diminished at first, rose greatly the next day during the period of violent delirium, & then reacted slowly.

Albumen: Absent.
glucose, 2 oz to get 1 per cent at first.

Chloride, normal.

The urine exhibits the feature of the urine of a case of D.T. the urea &
Phosphates diminished much at first & then rapidly increasing during the
paroxysm.

Otherwise the case is interesting from its being one of the few case in which
the reaction of the blood was examined.

The urine became rhyphalethamine
during the violent stage.

There was some delusion, & the abdomen
was kept protruded.

The patient was an old chronic
drinker & had symptoms of
Peripheral Nervitis & the T. reflex
was absent. His temperature rose during
Del. tremor. One or two delusions persisted after the
acute attack. "He would tell one that he had been
down Seibt's Wallit."
Case of John Malcolm
age 49
a cooper.

admitted for the second time
on March 25th.

Had Del. tremens when here last about two months ago, has been drinking hard since & had 8 - 9 glasses today, does not sleep very badly, but had no food for a week. Mind has been clear.

On Admission:

feel excited & restless; marked tremor.
never had an epileptic fit.

Pupils dilated - contrast normally, eyes are closed shut.

Tongue has fibrillary twitching, covered with a thin, white fur; bowels constipated.

Nervous System:

Constant cramp in left calf.

Disc a little hyperemic at the edges. Tendon reflexes absent; Plantar & cremasteric lively. Suffer from manipulative weakness. Quite rational.

March 26: No slept. Feels nervous.

Reactions of blood examined found to be normal.

(wine alkaline)
17th: suffered a severe epileptic fit at midday.
17th: slept a little. quite rational the night.
18th: passing into delirium about midday became violent; thought he was to be killed & trenched for mercy; was given a hot air bath for one to two hours; the paroxysm most probably a was quieter after it & towards evening more rational. Blood: very alkaline. (Urine acid)
Patient now steadily improved & left in April 2nd.
Reaction of blood again examined & found to be normal.

Note on the care of the urine.
The urine: see chart.
Amount: varied from 2.18 to 7.35
Colour: pale at first, it became gradually deep red, as the violent period came on afterwards becoming pale again.
Sp. gr. low at first (1008) rising to 1028 during the acute stage.
Reaction: alkaline & neutral upon the first two days - afterwards acid.
Urea. Diminished to 100 at first a day, it gradually increased until during the acute stage it became of normal amount.

Phosphate. Corresponded to the Urea.
Albumen. Absent.
Glucose. go. 2 1/2 to go. 1/2 per oz. for the first few days.
Indican. A moderate amount for the first few days.
Chloride. A little diminished at first, afterwards normal.

The Notes.
The urine is very typical.
Alkaline reaction. Pale colour.
Low pH. 9. 5. A diminished excretion of the solids, certain abnormal ingredients during the Period of Incubation, followed by an acid reaction, a deep red colour. High pH. 9. 5. And increased excretion of the solids, during the Violent stage.

The Period of Incubation was in this case about 2-3 days; the Violent stage was very short, it would seem as though the
but air bath produced the favourable result.

The reaction of the blood was at first normal, then during the violent period it was hyper-aëtheline, becoming normal again afterwards.

The patient had been frequently in the ward for D. Freeman before, he had some symptoms of Periphteral Neuritis, & his Tendon Reflexes were almost absent.

Case of W. Patterson. (the main points only will be mentioned.)

Age 4, 3

a commercial traveller,
resides at 16 Parnmore Place
complains of weakness
duration of illness about one week.
Admitted & examined on March 18, 1890

History, is married & has 2 children, his wife chronic also; has been for several
years a chronic drunkard & has been in the ward before, for Dr. Teunen, about 2 years.

He has been drinking hard for the last weeks, had little sleep & food. (his wife said he had a good dinner every day)

Four days ago he began to be quiet & melancholy, and would not speak & gave up drinking; in two days time he became worse, he could not sleep & he watched about the house & was very shaky. He imagined that people were in the house; yesterday he tried to commit suicide by jumping out of the window; drinking always relieved his excitability & low spirits.

On examination:

Patient answers very slowly & with difficulty; Conjunctivitis very much injected, swelled inner side of eyes, 

Whole body very tremulous.

Alimentary System:

Tongue tremulous, moist - slight fur; retches, but does not vomit; poor appetite.

Abdomen retreating; bowels regular.

Nervous System: Sensory function.

Suffers from cramp after drinking; sometime in the arms, often in the legs.
Cutaneous sensibility below the knees is much diminished but above the knees there is cutaneous hyperesthesias. Muscular hyperesthesias of the calf muscles is present & marked. This could not be examined.

Motor functions

Superficial & deep reflexes are increased. The muscles are in a sort of cataleptic state, are semi-rigid & remain in the limbs remain in whatever position they are placed; if asked to bend the knees he cannot do so, if it be bent he cannot extend it; he is unable to protrude the tongue properly.

Imagines lies in the amphitheatrum room and answers very slowly & only if well stimulated.

March 19. Slight fever. Has lain in one position since the visit yesterday, quite rational, otherwise stable as.

Patient continued to slowly improve; he began to answer more rapidly & to be able to move his own limbs. The social condition passing off, the reflexes diminished until the right T. reflex could not be elicited.
The man. Hypertension persisted a long time; he went home upon the 29th.

Note on the care of the urine:

The urine: See urine chart.
Amount: 320 - 330 a day at first
345 - 350 a day when he left.
Colour: Rick red for the first four days
Then paler.


Phosphate: Acid throughout.

Urea: About 0.220 a day at first.
Rising afterwards to about 0.400 a day.

Phosphates: Also diminished at first but
Rising afterwards to about 0.400 a day.

Albumen: none.

Glucose: A small amount for the first four days only was present.
Indican: A small amount for the first three days only.

Chlorides: About normal.
The urine exhibited the ordinary features, but no positive pathognom of D. I. came on, the elevation never rose much nor very rapidly. The temperature was a little elevated for the first week. The case is interesting from the cataleptic condition which was present; it is interesting also to note that below the knee cutaneous depression symptom and muscular involuntary symptom were present while above the knee cutaneous involuntary symptom were present, while the muscles there appeared to be less affected. There seem to point to the gradual ascending progress of the disease.

Case of J. Dundas.

Aged 58.

a comb maker.

resides at 9 Pulford's Lane, London.

complain of loss of sleep.

fell about 9 days.
Admitted and examined on March 27th.

History. Had Del. tremens 12 years ago in Aberdeen, the attack was preceded by his vomiting a large amount of blood. Has been drinking the whole since he came from America. He about four months ago & at the rate of a bottle of whisky a day. No sleep for the last 9 days & had little food; had his last drink in the morning. Two nights ago he thought he saw the picture moving during the night. He talked of suicide.

On Examination:

Was quite rational but in an excited & restless state & very much depressed. Conjunctivae are watery, slight epistaxis, marred tremor of hands.

Alimentary System:

Tongue tremulous & has also fibrillary twitching; breath yellow fur posteriorly. Abdomen normal. Bowels regular, drinkn to toilet. Throat

Nervous System. Sensory function.

Complain of shooting pain in the face after drinking.
Some cutaneous hyperaemia below the bones; Pupil's contract normally.\n
Right disc cannot be distinguished in colour from the retina; left disc more normal.

Motor functions:

Superficial reflexes well marked.
Tendon reflexes much exaggerated.

Voluntary motor power impaired & accompanied by loss of sense.
Mind clear, has a craving for drink.

Patient vomited about a pint of thin, dark coloured blood.

March 18. Quite rational, but no sleep.

Reaction of blood examined as found to be normal (urine in alkaline).
Feels very weak, vomits the food.
29th slept a little. Put on 3J of Lepurine am7 + t. c. d.

Patient steadily improved & went away on April 1st at his own request, though he was not really well enough to go. His tendon reflexes were normal, he had Beneficial headache at times.
Notes on The Care of The Urine.

The Urine: See Urine Extract.

Amount about normal.

Sp. Gr. 1012 to 1020.

Reaction: Acid on admission, but alkaline for the next 24 hours then and again.

Urea: diminished at first then a slow rise.

Phosphates: amount varied but below the normal on the average.

Albumen: absent.

Glucose: a trace for the first 3 days.

Indican: a moderate amount for the first 3 days.

Chlorides: Normal.

The Notes.

The Urine had not recovered itself by the time the patient left; there was no D. T. a no recent a great elimination.

The only other point about the case; the vomiting of blood which he had to which he had also previously been in Aberdeen before Del. Freeman.
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**Temperature Fahrenheit Scale:**

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**Temperature Centigrade Scale:**

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**Names:** John Forsyth

**Age:** 50
Care of John Forsyth.

Age 50

Labourer in Custom House

Resides in Leith.

Complains of morning headache & vomiting & of loss of sleep & appetite.

Admitted & examined on December 11, 1889.

History: A single man, a chronic heavy drinker - from 6 to 30 glasses of whisky a day; was in this ward for D.T. five years ago. Has morning vomiting regularly.

Present illness: For last 3 weeks he has been drinking more heavily & eventually felt weak and weak & had such sleepless nights that he sought relief here. Had the last drink this morning.

On examination:

Conjunctiva watery injected.

Alimentary System presented the usual alcoholic features; Bowel, cutaneous, anaemia, etc.

Nervous System: Sensory function.

Complaints of morning frontal headache, also of tingling in extremities; Marked anaesthesia of dorsum of left foot.
and of dorsum of left hand. Slight muscular hypomotricia of calf muscles. Pulses not normally.; slight primary atrophy of the left side of the face. (Dr. Robertson kindly examined it for me)

Motor function

Superficial reflexes normal.

Tendon reflexes a little exaggerated.

Left foot in a condition of foot drop.

Mind clear, but much depressed.

Hemopoietic System

Red corpuscles globular extraordinarily.

Flexible & ductile. Squeezing and fusing each other in a wonderful way, a small one of globules with refracting margins present. The corpuscles tend to cohere together in masses with mosaic-like form.

Hemoglobin 75 percent.

Dec. 12. Slept well after 240 of chloral. He now steadily improved a little on Dec. 20. His principal ailments had been dyspepsia and headache.

Note: on the Case and the Urine.

The Urine: The Urine chart.
Amount. 230 to 276 a day.


Reaction. Acid except upon the 7th day when it was neutral.

Urea. Normal at first then alone the normal, then a rapid fall to a low point.

Phosphates. About normal at first then a rise to above the normal & then a fall corresponding to that of the urea.

Albumen. absent.

Glucose. a mere trace at first.

Indican. a large amount the first day, then a gradual disappearance of it.

Chloride. normal.

The Notes.

From the condition of the urine I should conjecture that the patient had not been drinking so heavily at any rate lately as he maintained; I imagine that he was mainly suffering from disorder of the stomach which would account for the Indican.
& the fact that he also slept well upon
the night of his admission after home titrate
strengthens my opinion. He complained
also of pain in the epigastrium & of tenderness.
The evidently had signs of Perforated
Raeus Rectus

Case of William Bruce Mutchie.

Age 45
Hairdresser.

Resides at 4 Balmoral Place.

Complains of severe example
of weakness in the legs.

Duration of illness about six weeks.
Admitted Nov 9th 1889
Examined

History. Family history good. Parents
temperate. Patient is married &
has had 9 children. Occupation is very
confining; is a severe drininker & was
in the ward three years ago for Del. Irtemen.
Health good since

Present illness began & about six weeks ago
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<th>Date</th>
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<th>Resp</th>
<th>N.</th>
<th>Reaction</th>
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**Note:** The graph shows a temperature scale with Fahrenheit and Celsius conversions. The chart records vital signs and other medical observations over several days.
by his having a severe attack of cramps in the calf muscles during the night, he was obliged to jump up & to walk up & down & he was very much exhausted by it; at first these cramps came on occasionally but after a time they came more frequently & often twice a night; he could obtain no sleep from them; he began also to find that he was losing power in the legs, he grew less able to walk; they felt heavy & dropped & he could not move them smoothly; sometime they felt as if they did not belong to him; he has also been growing very unsteadily & could not get on without using a stick.

On Examination.

Patient has a distant expression; Conjunctive are watery & yellow. Facial muscles flabby.

Aliment. System

Tongue red - is tremulous; sometimes has morning bowel regurgition. Vomiting; bad appetite. Abdomen large; protuberant. Liver dulness from 6th rib to 2 in. below Costal margin.

Nervous System. SensoryFunction.

Complains of the cramps already mentioned.
Slight cutaneous anesthesia of legs below the knees & of the arms below the elbows. Hypoesthesia of calf muscles & of the Biceps of the arm. Sensibility to temperature impaired below the knees; coordination good; much tremor on voluntary movement. Pupil contract normally.

Voluntary motor power is much weather than he was; his legs feel very heavy & they ache; they are much wasted. No foot drops. Superficial & Deep Reflexes are exaggerated. Is quite rational. Patient was put upon Calomel & Acetate of Potash.

Dec 4th. has improved steadily, the cramps have left him.
Dec 11th. much better looks brighter can move his legs quietly & can walk quite well alone.

Notes on the Care & the Urine.

The Urine. See Chart.

Only the Phosphate, were regularly examined.
examined for:
The Reaction was alkaline for the first three days, then acid for a day, then neutral for the next day & afterwards acid throughout.

The Phosphate were very much diminished for the first four days but then reacted to a large excess & afterwards remained at about the normal.

The Notes:
This urine was only partially examined by me, because at the time the patient was in the Ward, I had not observed that the urines of these cases were always interesting & that they usually contained abnormal ingredients; but it was the alkalinity of the patient's urine which at first drew my attention to the importance of examining the Reaction immediately upon the admission of new patients. The interesting features of the case are the symptoms of the Alcoholic
paralysis which was coming on and of etc their rapid disappearance upon suitable treatment.