Thesis
on
Cases from a
General Practitioner's
Note Book.

by
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Registered 1883.
Introduction to Thesis

In submitting the following cases, as the subject of a thesis, I have attempted to give such as from the main feature of the work, in which I, as a general practitioner, am engaged. Some, such as nos. vii and xxv, might be met with only once in the whole of one's career. Others, such as the group, nos. vi, xi, xii, xiii, and xvi, are of sufficiently frequent occurrence, to make them of the highest importance, both as to diagnosis, prognosis, and treatment from the outset.

Nos. vi, vii, viii, and ix, are types of cases, which general practitioners meet with occasionally; whilst the others are recorded as examples of general practice, some with marked peculiarities of their own; others as types of numerous almost exactly similar cases.

I have prepared, from notes, a Synopsis of 100 consecutive confinement, these having been under my entire control.

During the attendance on these
cases of labour, I was visiting many infectious cases, occurring in epidemics of scarlet fever, measles, smallpox & Russian influenza, as well as sporadic cases of diphtheria, erysipelas, &c. I had no case of "mergital fever," although one case of Russian influenza very much resembled one at first sight.

There was no occurrence of "post-partum haemorrhage," & if it had not been for the carelessness of a midwife, I should possibly have been able to prevent a fatal result, in the only case which I lost amongst the mothers.

The exceptional cases are unfortunately large, owing to the fact that in the neighbourhood in which my practice lies, midwives attend most of the cases, & only send for a medical man when they have either driven the patient into danger, or become alarmed at some trifling, though uncommon symptom.

The cases were amongst working
Introduction continued

Class patients, with no special nursing, the friends or relatives attending to them as well as their time would allow.

I make a uniform practice of scrubbing my hands with a nail-brush before each examination, to use thyroid jelly as a lubricant.

With this introductory explanation I proceed with the subject of the thesis:

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Sumptuary of "Labour"
Case No. 7

Jones W. 8, Franklin Lane, Oldham.

Aged about 24 yrs.

Saw her Dec. 7th, 1844.

History. Patient has been married 3 1/2 months. Menstruated on Aug. 26th for the last time. On Thursday, Dec. 5th, had some difficulty in micturition, only passing small quantities at a time, yet with a constant desire to micturate. Though of considerable pain, she continued to bear it; but on rising on the following morning she found it impossible to make any water though she strained hard, several times. She took some castor oil, her friends supposing that she was commencing to abort.

Saw her at 3.30 p.m. on Dec. 9th.

General condition. She was a very healthy-looking young woman, well made, of moderate height. She was evidently in great agony, tossing about the bed, & bent almost double.

On examining the abdomen, the bladder was found to project well above the pubes, & evidently very distended. The rest of the abdomen seemed in a natural condition on palpation.

Per vagina, the os. uteri was felt to be pressing against the pubes. The os. was elongated.
Case No. I.

The uterus could be felt to be enlarged, to about the size of a three months pregnancy. The fundus was pressed well down wards backwards, compressing the Rectum. The os uteri was not dilated, nor could any contractions be felt in the uterus itself.

Her bowels had not been moved for two days previously, though usually regular in habit.

With a gum elastic male catheter I drew off about 1 1/2 pints of urine, they being very pale, of a straw colour, & showing no deposit. She obtained immediate relief from her pain. The bladder had then receded behind the pubes.

In three hours she was again in great agony, the pain having returned about half an hour after my leaving her. I again drew off the water (about a pint).

An enema given by a professional nurse failed to enter the Rectum. At 5:30 p.m. I accordingly gave her an enema of 3/4 pints of soap & water, using a long rectal tube to pass the obstruction caused by the pressure of the uterus. It acted well.

At 10 p.m. she was anaesthetized (Chloroform & Ether in equal parts). I passed 4 fingers of the
Case No. 1

Left hand into the Rectum, & 2 fingers of
the Right into the Vagina. Then lifted the
uterus upwards & forwards by the pressure of
the left-hand, bringing the os down with the
Right. I then inserted a Hodges Vulcamite
Pessary, holding it in situ until she
regained consciousness, this being necessary
for the severe retching & straining caused by
the os open the. Her water was again drawn off.
She was kept very still & lay mostly
on her side with an inclination forwards.
A little Myrocyamus (Fluidextract), with big Am.
Aeect. was prescribed.

Dec. 10th after two failures, she succeeded
in the attempt to make water. (Clear stream down)
I again drew off the rest of the urine to pre-
vent her straining.

Evening. Temperature 99.3. Pulse 98. Tongue
moist. Vomited rice. Urine much darker, a
reddish brown, in colour. Has to micturate as
soon as feels desire, there being marked urgency.
\[\text{Uterus found (on examination) to continue in its natural position.}\]

Dec. 11th. Temp. 98.5. Pulse 82. Tongue dry.
Pills to be applied over abdomen (lower part).
Milk & Barley water ad libitum. Urine still
dark, but urgency to micturate not
Case No I (Continued.)
So excessive. Had a restless night
Evening & Temp. 98.4. Feels much better.
Very little tenderness above pubis at present, though
there had been some for the previous 24 hours.
The tongue was again moist.
Dec 12th Had slight return of pain over pubis
Temp. 98.5. Micturition easier. Bowels
moved by castor oil. Water much clearer,
but later in the day became dark again.
Dec 14th. Water quite clear, free from
pain in micturition.
Dec 15th. To have a little fish. Sat up in
bed.
Dec 16th. Was up in her room for 1 ½ hours
Dec 16th. Feels quite well.
The uterus continued in its natural
position & the perineum was worn until
she was considered to be six months
pregnant.
On May 13th the child was suddenly
born without any assistance. It was
living (it still is). It was not quite at the
full time. About 8½ months from last
micturition, & five months since
uterus replaced. She had a good perineum & the child developed into a
healthy boy.
Case No. 1

Cause.

The patient was a mill-worker, in very good circumstances. She was, sturdy & hearty, & after her marriage continued at her work in the mill. The work included dragging heavy heaps of cotton, from one place to another. Whilst doing this one day she felt something give way internally, but, not feeling any pain at the time, she took no more notice of it. Several days subsequently however the symptoms already described set in.

Her pelvis was a roomy pelvis, one, (considering that she was a primipara) to the sudden birth of the child emphasized this fact.

General Remarks. This case of Retroversio of the Gravid Uterus terminated favorably both for the mother & the fetus, this I think was due in great measure to the healthy condition of the mother, the obtaining of assistance not being too long delayed, & the facility in reposition, which the anaesthetic permitted.
Cancer III

Winterbottom Avenue 21 Main Rd.
Oct 5th, 1879

Patient is an overlooker at a mill, has not much laborious work, but constantly on his feet, looking after the other workers in a cotton mill. His work lies at a distance from home, consequently he stays away from home during the week and only comes home at the week end. In consequence of this arrangement he had to have his meals mostly away from home. The woman, who kept the lodging where he stayed, was very old and infirm, even unable to cook food for him. He therefore put up with rough and ready cooking, and lived almost entirely on ham and bread with a liberal allowance of beer, to keep him going as he expressed it. He was by no means a drunken man, never having been known to go so far as to lose control over himself. He had bread and butter (salt) to eat with the ham. Plenty of tea. But morning noon and night—his "pot of fare" had little or no variation.

It was not from want of circum-
Case No. \(11\)

stances, as for a working man, he
was in an extremely comfortable
way. He was, however peculiar in
his temper, would only have certain
things, & for the rest he seemed utterly
careless.

Even when he returned home at the
end of every week although it was a
large family & one where a well-prep
table was kept, yet here again his
peculiar habits prevented him from
doing justice to the food, rarely, if
ever, taking vegetables, not even potatoes.

This habit he said was induced from
the fact that many things produced
an irritable diarrhoea, almost-immedi-
ately after taking them.

During the last month he felt through-
ly ill & unfit for his work. His leg be-
came to swell & pains him about the
knee. Behind the knee it became swollen
& discoloured, as he expressed it, just as
if he had been kicked. Then the rest
of the same leg became covered with spots
of discoloration, some as small as peta-
thelial spots, others the size of the palm of
the hand. There was also a general dis-
Case 20: II

Coloration of the leg gave it a bronze-browning appearance. Above the knee there were small areas, purple in color, about the size of peas scattered over the front of the thigh, some of them appearing in the form of nodules almost like boils (but they gradually disappeared without suppurating). These patches faded slightly on pressure, but the color still remained. The leg was swollen so that the pleats became no longer loose, but were subject to a certain amount of tension in every part. It pitted on pressure unless over front part of foot, where there was no swelling.

The right leg also became discolored to a slight extent in a part near the ankle where there had previously been a mark from a previous injury.

He complained of his gums. He had taken one or two little bits out a week previously and tried to crush them between his fingers thinking they would crush up as they looked like blood clot, but he found them quite firm and persistent — just like a bit of liver. So he expressed it (without any prompting).

His gums had bled more easily than
Case No. II
usual during the last fortnight. They were, when seen, swollen & tired; between the few teeth that were present, but not elsewhere. He noticed his teeth were looser than usual. He had felt a faintness at times whenever he threw his head to far back, the first time he noticed this was whilst being shaved. His tongue was pale & wannaic, looking not coated, slightly pursed. His lungs & heart were in a natural condition. The heart was not as strong as one would have expected, considering the build of the man. The being well built slight tendency to emaciation, their snow-white. Temperature normal. His urine was high coloured, but contained no albumen, nor sugar.

On May 23rd after rest in bed & suitable treatment he felt much improved bodily, the tired feeling not being so marked. The discoloured parts were getting less markedly brown or purple, getting more of a yellowish green tint.

By May 28th Urine had become quite clear, much lighter colour. The swelling in the legs was diminishing, so was the intensity of the colour.
Case No. II

After May 22nd he persisted in getting up for a portion of every day.

In May 31st a fresh patch appeared on the inner side of the upper part of the left thigh; this however never became very hard & faded quickly.

On June 3rd he felt no worse but that he took French leave & went off to the seaside. He returned much improved in health & has continued so since.

Treatment. Lice juice & vegetables. Fruit. Lean meat. No light nourishment. Free from salt. With a mild stomachic medicine for some dyspeptic symptoms, of which he complained at times.

The fruit & vegetables he was for a time very fond of taking, owing to his having previously suffered from diarrhoea, whenever taking them.

Rest in bed, with a light flannel bandage as a support to the legs.

General Remarks. This was evidently one of those cases of scurvy, which occasionally occur in persons surrounded with fresh foods in every form, but who yet persist in pasturage of food, almost wholly preserved with salt.
Case No. 11
In this case a predisposition to the disease was no doubt to be found in the circumstance that he had lost nearly all his teeth. Hence deranged digestion followed as one of the results. This was intensified by the irritable diarrhea caused by the artichokes of his dietary.
There was no history of hemophilia. Previously he had no serious sickness.
Case No. III

Clarkeon, Mrs. 45 yrs., 6 Peel St., Oklahoma

Seen on Jan. 10th, 1888.

History. For six years, she has had Rheumat.
ism, which has affected most of her
joints, including the hips & knees. One of her
knees being permanently flexed, but only
to an obtuse angle. She has had to be assisted
in walking, & has ridden usually in a Bath
chair.

During the last two years, she has had an
ulcer on the back of her left leg, below the
knee & over the tendon activity. It began as
a swelling, which they punctured. The swelling
then burst & formed an ulcer, which has
never been healed up since. She has under-
gone many different kinds of treatment—pre-
viously, I tried almost every thing any
person has recommended. One of these
recommendations being the taking of pork.

If this she has done for the last six months.
She is a very temperate person, & no history
of Syphilis. She has 3 children, quite healthy
& grown up. Patient naturally stout.

Present Condition (Jan. 14th). The ulcer
gave off a foul, gangrenous odor, giving rise to an almost
unbearable stench in the room, in fact,
the family said they could bear with it no
Case No. III

It was said to have been very similar for the last five months. She herself
looked anxious, careworn, and pale. Her appetite was poor. Very thirsty,
with intervals of extreme thirst. Her tongue was dry. Urine loaded with
protein, one-twentieth of albumen. Temp. 99.2.

The ulcer occupied part of the middle and lower thirds of the leg. Vertically, it ex-
tended 1 inch, whilst from side to side there was a distance of 8 inches;
measuring two-thirds of the limb, which (naturally a large one) was very much
swollen, and pitted under pressure. There was no oedema in the other limb. The floor of the
ulcer exposed the muscles, over its whole extent. The ulcer was in appearance roughly
and pungent, with shreds of dead tissue hanging loosely. Edges abrupt, raw, and greatly in-
flamed, as was also the whole of the limb below the ulcer.

She was put to bed, with the limb raised on pillows, as well as could be done, the perma-
nent flexure of the knee rendering this almost an impossibility, unless when laid
on its side; the natural tendency, owing to her rheumatism, was very uncom-
mfortable.
Case No. III

She was put on a mild diet, with milk. The ulcer was sprinkled lightly over with zinc chloride, covered with lint spread with a paste of charcoal and water. A lead of opium lotion was applied to the inflamed limb & the whole covered with gutta-percha gauze.

Internally she took a mixture containing iodide of potassium, digitalis & ammonium acetate.

Jan 15th She had passed a comfortable night, for some hours previously having had very restless ones. The stench from the ulcer was quite bearable & though detachable. The swelling of the limb had gone down considerably.

Jan 17th Smell only noticeable now when dressing were being removed. Ulcer & ulcer looking more healthy.

No albumen in urine to-day.

Jan 21st There is now a healing margin beginning to show at parts where the hardness of skin tissues had disappeared. Boracic lint now used as the dressing for the ulcer. A splint of cardboard was placed on the front of the leg & foot, the limb having previously been enveloped in cotton wool. The splint being applied for the purpose of
Case No. III

Preventing motion, in the muscles at the floor of the ulcer. The cotton-wool & bandage to exert elastic pressure on the swollen & edematous limb & edges of the ulcer.

Jan 24th (10th day) There is now a healing margin all round. The swelling subsiding. Edges of ulcer not so indurated. Granulations forming & rapidly filling up the wound.

Black Wash now substituted as a dressing.

Jan 28th Granulations on floor of ulcer now on a level with healing margin, in all except two parts. The wound had now retreated, & been filled up to the following dimensions, vertically 2 inches, laterally 5 inches. Healing margin at broadest part 1 inch.

Boric acid powder (dry) covered by gutta-percha tissue (perforated) was now applied as the dressing. When this was removed, suppurative exudate, & to disperse powder was used as a change, on alternate days.

It was not, however, until Feb 14th that the whole floor of the ulcer came on a level with the healing margin; the latter in the meantime showing a continuous encroachment. No weak ulcerations.

On Feb 15th a skin graft was taken & divided into ten parts, & applied under a per-
Case No III

A small piece of gutta percha tissue, when

uncovered on February 4th, four of them were found
to have taken hold. These gradually increased
in size, materially helped in filling up
the large gap. One of the skin grafts, before
the ulcer finally healed, had grown to
nearly an inch square, growing more rap-

dily than the margin & giving a much
fermer cicatrix than otherwise would
have occurred.

By March 18th the ulcer was completely
healed, this being nine weeks from
the commencement of treatment.
The leg was then supported with an elastic
bandage & has since remained quite
whole.

Her general condition had greatly
improved in the meantime. Her temperature
was usually raised half a degree; occa-
sionally normal. She often sat up in bed,
but, until the leg was healed, she was
not allowed to remain out of bed. After
being in bed only two days she felt that
she had lost what little power of co-
motion she had previously had. Her
arms, however, became much more mobile.

Bodily she feels greatly improved since
Case No. 111
her leg began to heal.
In the beginning of March (when the ulcer was nearly healed) she had an attack of general febrile disturbance with accompanying rheumatic pains. The effect of this, in her already enfeebled condition, almost proved fatal. She soon however rallied from this. Curiously during the illness the ulcer itself healed more rapidly than it had done previously. She is now able to be in her chair most of the day. Has good nights. General nourishment very good. The want of locomotion being now her chief complaint.

General Remarks. When I first saw this patient, the local affection was evidently rapidly increasing a form of general blood poisoning. Suitable treatment however, soon produced a surprising change both constitutionally & locally. The stiffness of the knee joint, & the helplessness of the patient (occuring in a heavy woman) were especially drawbacks, & altogether at first it looked a hopeless case. The patient, however, was in comfortable circumstances, & had good nursing.
Case No. III

These two factors were of great assistance in obtaining the successful result. The service of skin grafting was especially well-marked, not only shortening the length of the illness, but strengthening materially the eciatrix.

The ankle joint is quite movable, the tib joint she considers to be the part lacking power.
Case No. IV
Henry Deighton, at 50 yrs. shoulder
Reured at 3 50 Middleton Rd, Oldham.

On Monday, Dec 26th 1884, the patient was engaged looking after his pigeons at home. Whilst doing so he had occasion to mount a step-ladder, in order to secure one of them. His wife, hearing something fall, ran out, & found him lying on his back & across the broken step-ladder, one of the uprights of which had broken with it.

The patient was bleeding from the head, but still grasped firmly the pigeon, it was said to be "quite pallid & apparently lifeless." They gave him some brandy & carried him into his house.

I saw him about ten minutes after the accident happened; he was then sitting in a chair apparently very drowsy but still he could be roused. I answered questions, though confusedly. He walked upstairs with assistance.

His face was pallid; pulse very feeble about 42, but no irregularity. Pupils of the eye moderately dilated & reacted to light. He felt chilly & cold, he said.
Case No. IV (cont'd)

He was put to bed, & a hot bottle put to his feet, his body to be kept warm & his head cool, a temporary dressing being put on. He had a slight rigor half an hour after getting to bed.

There were 3 wounds on the back of the head. They were all continued, & very swollen, on being dressed two hours afterwards. One wound laid bare the bone on the right side of the head just below the occipito-parietal suture & extended beneath the skin for about 1/2 inch.

Insert Bovine lint was applied & covered over with a compress of absorbent wool with a bandage over all. Jodoform was used as a dressing after the first day & these wounds gave no further trouble.

General condition. He dosed off & afterward, became sick & vomited in about an hour after the accident. He vomited at intervals throughout the night.

I saw him six hours after my first visit & found him in a dull, heavy condition, apparently unconscious, but when his eyes were raised to the level of the pupils & a light shone in he attempted slowly to shut them. His breathing was
Case No. IV (Cont'd)

Hardly audible; the pulse very feeble & irregular.

Bleeding took place from the right ear about 4 hours after the accident. (the auricle was not wounded) He passed urine fairly freely about 9 hours after the fall. The urine was pale & clear.

On the second day (Dec. 27th) his general condition was rather better, having slightly rallied. The vomiting had now ceased. He however complained of great pain across his forehead.

Temperature 99.8. Pulse 84. weak, but regular vi rhythm. His tongue was dry & he complained of thirst. Pupils normal. Urine thick with urates. He passed a quiet day.

In the evening Temp. 99.6. Pulse 84. Bowels not moved. Sulphate of magnesia prescribed.


He can now talk quite rationally, the pain in the head also not being so severe.

Evening Temp. 99.8 & the pulse now a little regular. He slept nearly the whole of the day & night.

Dec. 29th Temp. 99.4. Evening 99.3. Still lies in a heavy sleepy condition, but can be
Case No. IV (continued)

Easily awakened. His veins were moved freely during the afternoons, but his tongue still continued dry.

Dec 30th. Pain mostly in region of right eyebrow, being now more localized. Temp. 99.5, Pulse up. He remarked that if he lay for any length of time on his right ear, there came a noise in his head like the "letting off of steam."

Dec 31st. Temp. 98.8, Pulse 64. Urine contained urine and crystals, but no urates, it was dark-brown in colour. No albumen.

Jan 1st. Temp. 98.8, Pulse 60. On the left side of the head in front of one of the superficial wounds, I noticed a swelling about two inches in diameter. It felt soft on pressure, but did not fluctuate. The elastic pressure of the cotton wool was continued, but vanished away in a few days.

Jan 2nd. Temp. normal.

Jan 3rd. Temp. 98.8.

Jan 4th. Normal. Pulse up. From this day onward he gradually recovered. His pulse gradually returned to its natural frequency. On the 15th January, being at the rate of 82. He was allowed to get up on that date (Jan. 15th). After
Case No (IV) (continued)

His head was kept cool, with cold water cloth, after the first 12 hours. Low diet of milk and beef tea (ad libitum). After consciousness returned, I prescribed a diaphoretic mixture with 10 gns. of Bromide of Potassium. 3 or 4 times a day. Room to be kept dark.

General Remarks. In this case after the first effects of the concussion of the Brain, we had, in all probability, to deal with some compression of the Brain, seeing that there was a secondary state of collapse with irregularity of the pulse & almost total cessation of
Case No. IV (Continued)
respiratory action for two hours; also that the pulse became slower though the temperature rose, the pulse afterward, rising when the temperature was normal; also the continu-ous pain in the right side of forehead & peculiar noise in the head on lying in a certain position.

The swelling, noticed on Jan. 1st, caused a little anxiety at the time, as it very markedly pitted on pressure; but seeing that there was no rise in the temperature, & that there had been no inflammatory action in the wound, I came to the conclusion that it was either serous or sero-sanguineous exudation & would pass away with the pressure of the cotton, which fortunately happened.

He remembered nothing as regard the manner in which the accident occurred, & curiously when found still grasped the object he had held previous to falling.

As regards the significance of the pulse rate in head injuries I had a curious experience in the case
If a patient whom I had previously attended, being afflicted with phrenotomy, John J. 42 yrs. was brought home in a faint condition, I was said to have had a fall on his head. When seen he was quite pale, but getting rather more conscious than he had been. His pulse was only 48 per minute, but that, I knew, was about the natural rate of his pulse; so that there being no other symptoms of serious import, I was enabled to give a more favourable prognosis than otherwise I should have felt justified in doing. Next day he was himself again.
Case No. V

Hall John Wellington St. Oldham Oct. 28 yr. Collier by occupation.

On Jan. 10th 1888, was working in pit No. 1 while passing from one part of the pit to another was suddenly caught by a tub (little coal wagon) coming down the bank. Unable to get out of its way his head was jammed between the roof of the gallery and the tub. He felt quite stunned and faint, but was able to walk home, the wound bleeding freely meanwhile. He had a wash and a cup of tea (!) and came on to my surgery. He was then very pale and a little confused, pulse slow & feeble. Pupils equal.

On examination, his head, there was been a wound over the left eyebrow. It was three inches in length. Edges ragged, bruised & filled with impregnated coal dust. Scalp raised from bone, all tissues in wound dirty, bruised & coal dust embedded into periosteum. On probing, about 1½ inches above level of incision, bare bone felt, demarcated from periosteum for about an inch square. On raising the flap of skin & scanning this the edges of the periosteum were seen free & ragged. The forehead had come into contact with the roof. The right ear had received
Case No V

the blow from the tub.
The ear had its helix, cartilaginous cut through,
the cartilages being severed, if the tissues, between
the external meatus & the bone, were cut into
for about an inch or more from the surface.
The whole ear had been completely crushed,
bruised & filled with unpained cartilages;
so it was, with difficulty, that a respectable
ear could be shaped, the parts being torn
out of position.
The parts were well washed with carbolic
lotion, then pressed dry, several stitches
inserted (silver wire). A drainage tube used for
both wounds. Iodine sprinkled on &
a small piece of gutta-percha tissue placed
over the part of drainage tube external to
wound in order to keep tube moist & allow
the exudation to escape. Peely cotton absorbent
carefully applied into hollow of ear
& behind, then bandaged & elastic pressure
thus used. Similarly on forehead.
The forehead gave no trouble whatever. The
parts of bruised tissue came away through
tube, but only a drop or two of matter.
It never showed the slightest redness
of skin, notwithstanding the severe
burning on the seventh day, the patient,
Case No. 5

were removed & the wound healed. Small hole of drainage closed rapidly.
The ear was rather more troublesome as on 2nd day a little inflamed posteriorly. Fresh cotton & pressure again used & by 3rd day it was passing off. Swelling going down. By the 5th day the ear had resumed more its normal size & two fresh stitches were inserted in order to get a more natural shape. Two previous sutures being removed. They acted remarkably well. By the 14th day all was well & healed with hardly 20 drops of pus during the whole treatment.
The only thing wanting, to make the ear of the natural shape, was caused by the union of the anterior part of the antitelluric with the helix, thus leaving no interval where tip of finger can usually be passed round.

He was kept at rest 8 on low-diet until the 45th day.

General remarks. The force applied in this case must have been enormous. The tug being in full motion of his head acting as a buffer.
The great use of Tostiform as a dressing & the elastic pressure of the cotton in keeping down inflammatory action, when combined with drainage, are well exemplified in this
Case No. 7

Case where otherwise the amount of bruising or dirt might readily have caused great interference with healing action, if nothing worse.

Whilst using the dry dressing with drainage in wounds there is a little point which I have found very useful in keeping the tube from getting dry at the end or exit from wound & so causing retention of the discharge. Two small pieces of gutta-percha tissue are applied, one just at exit of tube from the wound, & the other larger over the open end of tube, a portion of the absorbent cotton being placed round the tube & between the piece of gutta-percha tissue & then absorbent cotton covering all.

Diagrammatic section to illustrate this point. The red lines being the gutta-percha.
Case No. 71

Harpreet Singh (age 18 yrs.) 7 Board St.

Seen on Feb 24th, 1889.

On Feb 24th he hurt himself but took little notice of it at the time, as it was not a severe blow. He received it from a pointed piece of iron attached to a rod, in pulling it out of the machine (in the mill). He had overdrawn it, thus forcing it into contact with the side of his belly. When examined however two days subsequently there were no external signs of a bruise.

On Feb 23rd he had played at football.

On a cold wet day, I wearing only a thin jersey. Whilst during the morning whilst working in the mill he would be subjected to a heat of over 90°.

On Feb 24th he felt chilly. I presumed

Seen in the afternoon. He complained of pain in the abdomen with a tendency to feel it mostly on the right side. It was tender on palpation, but no dulness on percussion. He felt very sickly & inclined to vomit.

Tongue was dry & furred, the dryness being mostly at centre.

Temp. 103.4 F. Pulse 108. Evidence of slight bronchial cataract, but nothing markedly abnormal either in the lungs or heart.
Case No. VI

Urine free. Bowels moved two days previously.

There was no apparent expression of heat, but evidently very ill.

Poultices were applied to abdomen.

Antifebrin (2gr) every 4 hours. Pills Calomel 1/2
Pulv. Nux vom 1/4 each every 3 or 4 hours.

Feb 25 — Temp. 104. Pulse 96. During the following week the temp. varied from 100° to 102°
having no regular course.

Feb 29th. There is a commencing hardness in the right side of the abdomen over the lower half. This swelling gradually increased both in area & in prominence. He suffered severely from pain in that region. There was no tenderness for the swelling to pass under Poupart's ligament, in fact the swelling hardly reached to that structure, nor to the iliac bone. It was dull on percussion, very tender.

He was in great pain from it, but was relieved greatly by the Calomel 60 pain pill.

He parted with flatus from the bowels. Considering this, a suggestive to the more localized nature of the inflammatory action, endeavoured to set his bowels moving. This was done with
Case No. VI

Suppository was on March 24. They brought away some hard masses of feces. Subsequently a free motion. There was only occasionally vomiting which was relieved with a little Mandy & Soda water.

He was kept on milk & soda water occasionally.

From this date to March 25 the tongue was burned & dry in the centre. Sore on teeth & lips. He was very restless both night & day. Very anxious looking. Keeps his legs well drawn up. The swelling began to appear red & inflamed on the skin surface, & the hardness became less resistant, evidently filling with fluid, & it is becoming well raised above the surrounding parts of the abdomen. It was about 4 inches across, & extended to about an inch above the level of the umbilicus, to near the parts uppermost, encroaching on the right & left of abdomen across the middle line. The abdomen generally was tympanitic & swollen, but the swelling itself was still quite dull on percussion.

On March 25th he was even more restless than usual. Pulse excited & temp. 101.6.
Case No. 71

Suddently about noon he was seized with a
fever. Vomited severely. Had a sudden call
to stool. Desperate & even before he could
be lifted out of bed, he parted with a
large quantity of highly offensive se-
cretum, yellowish fluid.

About an hour after, his pulse was,
then 140. Temp. subnormal. Brandy &
rest prescribed. He rallied by night-
time. Immediately on seeing him, I ex-
amined the swelling & found it much
decreased in size & quite tympanitic.
The pain was quite easy for a few hours,
but after that it became worse even than
before, & the swelling still more tympanitic.
He became quite haggard looking from
pain & looked about constantly.

During the next few days the lost flesh
was giving more rapidly than before, there being
very little covering left for the bones.

On March 7th he had another motion
that was largely composed of blood &
very putrid.

He soon began to complain of pain
in the front of the left leg on the side
opposite to the swelling.

He was still relieved by the Colonel's
Opium
Case No. 56

On March 23rd, the pain was so bad that I gave him a large (2 pint) enema, & a free motion ensued. Pain that night was worse still, but afterwards rapidly ceased. By March 24th he was remarkably easy.

On this day his temperature was natural for the first time in two consecutive days. Pulse quiet; (84 per minute). Orine most clean, having up till to-day remained dry in centre. He passed his first good night, since commencement of illness.

Progress afterwards was slow, but almost uninterrupted.

On one occasion, he had taken some food which disagreed with him, & this brought on a return of the pain, & febrile symptoms; but these passed off in the course of a few days, after having an enema administered, & after having returned to the Colonel's Opium pills.

He was at this stage of his illness little more than a frame, his sister being able to carry him from one bed to another just like a child. But he rapidly improved. His appetite becoming (as he termed it) "enormous."
Case No. 6

By the end of April, he was able to sit up in his room.

By May 3rd he only had pain in the region of the affected part very occasionally, then only an aching. There was still however a hardness in that place. This was painted with Tubet-Dolice & was gradually subsiding when last seen. [A few months later] when he was stronger & heartier than he had ever been before.

The patient had never previously been ill.

He had two sisters, who succumbed to consumption. He has a sister still alive, who is apparently healthy & has not a strong chest. A young brother, who never did anything. Father & mother alive & well. He is however a rheumatic subject.

General Remarks. This case is one of those remarkable cures which nature effects without the aid of surgical interference. I would deem almost an impossibility that an abscess (such as we are accustomed to see externally)
Case No. VI.

should have an opening communicating with a cavity, containing putrid substance (such as the intestine does); that this abscess should empty itself, then become filled with putrid gas; yet notwithstanding all these adverse circumstances, that nature should at length cause almost absolute restoration of the parts to their natural condition.

In these days of antisepctic surgery, such a case seems even more remarkable than perhaps it would have done formerly.

By keeping up the patient's strength, relieving his pain, keeping the bowels open, & the part warm with poultices, nature was given the best chance for completing its cure.

After the first few days there was little difficulty in the diagnosis of the case. For a time it seemed doubtful whether the swelling would extend under the perineal ligament, or discharge its contents there. The most prominent part of the swelling was however nearly two inches above that structure.
Case No. VI.
It was in all probability an abscess forming round the head of the colon in the loose areolar tissue situated there & afterwards penetrating the bowel.
Case No. VII.

Wife of Mr. J. aged 30 yrs. had five children. 38/1089 North St. March 20, 1888.

Seen on March 21st at 11:30 a.m. at full time of pregnancy & when in labor. Child born in two hours. Presentation right breech to posterior. Membrane intact. 6 fully dilated.

Pains at long intervals. Membranes very thick & ruptured with difficulty.

By using pressure upwards in frontal position & afterwards laterally, rotation to natural position obtained in about half an hour. Child born in about half a dozen pains after.

Expression with hand over uterus used. & no traction whatever on cord. Successful at 3rd attempt, using considerable pressure. Especially dilated portion being at right upper portion of uterus.

Special pressure had to be exerted there. The placenta was expelled to vulva. Membrane twisted into a cord.

Easily extracted entire, coming quite eagerly. Being very tough.

Pulse 85 one hour after labour.

March 20th Pulse 84 Temperature 99.2. Had pains at intervals. Has lost considerable amount of blood. Far more
Case No. VII
than is usual with her. Feels very comfortable. No tendency to faintness or blanching. Thoughlochia free, nothing approaching to flooding. Water passed freely soon after delivery.
Was taken suddenly about 5:30 p.m., with a pain like labour pain, turned quite sick & faint. Then felt a substance with numerous clots expelled. Seen at 6 p.m. Pulse 68. Temp 98.4. Feels comfortable now. Uterus firm.
The uterine had contracted firmsly the same morning after labour, before the binder was applied. Several folded maftrains being used as pad to exert pressure. Before putting on binder, I expressed some clots.
The substance expelled was a portion of placenta. Its shape is shown in accompanying diagram. With a large blood channel branching through it. The apex of the spindle shaped mass was formed of blood clot, & the substance of the placenta at maftrains was separated up by blood clot, which covered all the surface of enlarged portion. The thin
another narrow portion was quite free
Case No. 37.

From blood clot.

She got up well after confinement.

General Remarks. The substance had the appearance of being a cast of the contents of the womb, the blood clot filling up the irregularities of the central mass, which was evidently a cotyledon of a cotyledonal placenta. The narrow part lying in the os.

There was no traction whatever used, the placenta being expelled by pressure. There was no difficulty with the membranes which were unusually tough.

This is interesting as showing that in abnormal cases even without traction we may have retention of a portion of the placenta.

With the exception of rather free lochia and after pains, there was nothing in her general condition (pulse, &c.) pointing to anything out of the common.

The portion outside the red line consisted of blood clot, there was no blood clot in the narrow neck.
Case No. VIII

13 Barland Street, 14 Higher Hamilton St. Edinburgh

Oct 19 yrs. Seen May 11th 1888

Previous History. She began to menstruate about 4 months since. The signs of puberty were all late in forming. After the menarche began, they continued for 13 weeks with only one intermission, of 5 days duration.

She was a factory girl, & continued at her work, although very uncomfortable, all her underclothes being soaked with the discharge. At her work she had to stand all day, & constantly felt chilly owing to her wet condition. She felt quite unfit for work, but never fainted. Her bowels had been quite regular. Her appetite was fairly good. Condition on May 11th. Her tongue was slightly coated, but moist. Urine normal. Fever noticed. Pulse 84. She had no pain. As, when seen, the bleeding was urgent I examined the external genital organs. She was virgo intacta. The discharge was almost entirely blood, & flowed in a continuous, though gentle stream. She was ordered to bed. To be kept on milk diet. Bowels to be moved. A mixture of ergot & digitalis was prescribed.

She was a thin, wiry, intelligent, young woman, girlish looking & very bright.
Case No. VIII
She was kept in bed for about a week, on the above treatment, improved a little. The flow was not so excessive. At the end of that time she got up for a day, or rather an hour or so during the day. She then began to see as much as ever.
She was afterwards kept in bed again, under similar treatment for a fortnight. But she received no benefit, as was evidently losing ground, rapidly. I accordingly proposed a per vaginam examination, & this was granted. The Uterus was found to be small & thin walled, no tenderness at any part & no displacement of the womb.
Acid antiscorbutics were then prescribed, with tonics. But no benefit resulted.
I then advised a change to the sea side, (the Isle of Man), giving her a mixture containing Triacetramine. Her diet to be whatever she wished for. After being there 3 days, she only required one cheaper podberg, previously requiring 3 or 4 every day. During the three weeks she stayed at the Isle of Man, she 'saw nothing', until the morning of her return home, when the flow began again on her return she looked vastly better & had gained flesh. She had eaten well all the time.
Case No. VIII

As the flow was continuing, when she got home, she again took the scent cinnamon, but continued to go about. At the end of seven days it ceased, and continued absent for various periods, sometimes for several months at a time, but always free when it began, but now never continues for more than a week. She is now quite well & hearty.

Her general condition during the whole of this time showed nothing remarkable at all in other respects. Her heart & lungs were sound. The temperature was at times, raised a degree from general colds, but these soon gave way to treatment.

General Remarks. No ordinary hemorrhagic diathesis could be discovered in the family. But curiously her aunt & cousin had begun menstruating in a similar fashion. Her aunt had been kept to bed for months by her medical attendant, & almost given up as hopeless, having gradually lost strength on the milk diet, to which she had been restricted. She however one day died against orders, got up, made a hearty meal, & feeling none the worse, continued to do likewise. She was soon restored to health & the
Case No. viii

Her cousin had gone to the Isle of Man for a similar condition, and rapidly improved. She always felt well whilst there, but soon became upset on returning here. Consequently she now permanently resides in the Island.

The patient's sister menstruates every 3 weeks, and always profusely.

It was a remarkable circumstance that the patient should have a haeomorhagic flow, for so long a period as 14 weeks, with only the one intermission of a few days, especially so without there being any recognizable local disease. The ordinary treatment for haeomorhagia had no effect whatever, at any rate towards improvement. But the change to the sea-side & liberal diet rapidly induced the wished for result.
Case No. IX

Elizabeth Hilton, aged 2 yrs. (10 Golden St.)

Seen on Nov. 6th, 1889

History. She had been ailing about 3 weeks. A small pimple was first noticed on the Mons Venereus, which (i.e., the pimple) gradually enlarged. & soon caused excoriation on labia & surrounding parts.

Condition when seen. All the parts in the vulvar region were swollen & inflamed. Ulcerated surface extends laterally for half an inch across both labia & round about 1/2 to 1 inch between thighs & perineum. A deep ulceration was extending to all the surface of the ulcer was sloughing. The labia & anus had become swollen to a remarkable degree. The swelling being bluish-red, tense & hard. There was a sloughy looking, irritable condition of the skin on the thighs & lower part of abdomen. Also on the inside of the labia, the latter causing an irritating discharge which passing over the anal region we doubt caused the ulceration there. The labia were quite an inch in thickness.

Any attempt to get a good view of the part caused intense pain to the child. In micturition & defecation the child had intense
Case No. IX

pain, causing it to hold its water for over 24 hours at a time.
The child was very irritable, fretful and constantly crying, & the mother informed me that it had had no rest for over a week. It had lost its flesh rapidly.

Treatment: Black wash was applied on tint. between labia was swabbed with absorbent and cotton. 8 oz. pure & borax powder dusted in.

A sedative mixture was prescribed.

Nov. 8th. Swelling rapidly subsiding & strength increasing. Looks more healthy.

Improvement rapidly took place & the child obtained more rest. By Nov. 16th the elevated parts had filled up to a great extent & by the 21st Nov. locally everything had become natural.

Nov. 24th I was called in to see the child & found it in a state of collapse. Cyanotic, gasping in throat, & evidently in a dying condition. Face flushed, hands blue & cold. The mother says it seemed quite well until about 1/2 hours before I saw it, when it suddenly became faint after throwing itself into a temper. It then began to rattle in its chest.

With free stimulation it rallied for a time
Case No. IX.

I then found a commencement of consolidation at the base of the left lung, with numerous crepitations. It vomited up some dark bloody looking fluid (streaked), and later a bitter bloody phlegm.

Its temp was 104°, Pulse 160, feeble & very irregular.

It died in 24 hours after the first onset, though it had rallied sufficiently to take nourishment (fluid).

General Remarks. The child was in a working man's family. It had not been too well looked after. There being a large family & not too much of the working at all. When first seen it was in a pitiable condition. Bodily, it had been fairly well clothed & its skin had been kept very clean. It rapidly improved under treatment & was convalescing nicely on Nov. 21st. & with care & good nourishment would no doubt have continued doing so. These being wantin, were unfortunately some of the causes of a fatal result.

I have seen two other cases of whom, & in both these likewise there was similar exhaustion of the vital...
Case No. IX.

In one, a child of 4 yrs, ultimate recovery took place. In the other, a form of general blood poisoning early set in, of which, in this case, the dangerous condition of the sufferer seemed a local manifestation.

There is, in these cases, a peculiar exhaustion which causes complication rapidly to attack the patient, & very often produce a fatal result. In this case, the sudden attack of lobar pneumonia caused exhaustion of the heart, & subsequent death of the child. Healthy children, as a rule, rallying from that form of pneumonia better than adults.

The Family was of a strong nervous constitution, but not markedly so, & the patient had otherwise no special indication of that constitution.
Case No. X

T. F., 5½ yrs., 46 Victoria St., Woolner

Has been ailing with a cold & coryza for some days, previous to Oct 24, 89. when he was first seen by me:

On Oct 23rd he stayed at home, his mother put him on a pillow at night, as he seemed short of breath & coughed.

He has never been a strong boy, though previously he has never had any serious illness. Has lately attended a school, which is said to be cold & damp.


Case No. X

Vocal resonance very marked. There are no expectorations to be heard.

Oct 23rd. Temp. 104.1. Pulse in same condition as yesterday. Respiration 40 per minute. He has slept at times for about half an hour. He is very thirsty. Otherwise much as yesterday. His heart sound round head at the apex is duplicated. Sels phlegm loosened, but hasn't sense to spit it out. Herpes labialis.

The evening temp was rather lower. 103.


Evening temp again lower. 102.5.

Oct 27. Bowels moved. Water loaded with urine. Pulse 128. Temp. 102.8. Breathing very rapidly, more than 40 per minute. Still inclined to dose, rather exhausted looking. Bronchial breathing heard more inculcata, as well as posteriorly. Expectorations now heard, but not numerous. Tongue moist at sides, tip of tongue tending to become dry.

On being seen in the evening the temp was 100.8

Pulse 120, much softer. He seems more like himself. Prolivened up suddenly in the afternoon after being very low & exhausted.
Case No. X

Looking all day. The crisis evidently took place in the afternoon. Leveing her very faint, for nearly an hour. Respiration now 68 per minute but evidently much easier than in the morning. Tongue moist at edges; clean. Urine freely in urin.

Oct 28th
Temp. subnormal. Pulse 72.
Respiration 44. Tongue moist & beginning to clean slightly from edges. Slept well last night. Breathing still bronchial all over; a few crepitations. Percussion note becoming resonant. Pulse regular. Slight flush on cheeks. Pharynx not so widely dilated as prior.

Oct 29th
Temp. subnormal. Pulse quiet.
Still pleads well. Flushed her left cheeks.

Oct 30th
Bronchial character of breathing disappearing. No crepitations. Tongue quite clear.

Nov. 2nd
Both pleats & eats well. Chest sounds now nearly natural. Has a slight tickling cough.

Nov 4th
Temp. normal. To get up. Seems much better.

Nov 7th
Convalescent.

Treatment. Powdered linseed meal, back & front. Eucalyptus. Sulfur grt. twice or in die.
Case No. 5

A mixture containing lyp., morph., tur. (imin. dose) lyp. am. rect., bsearb. sketch, carbonate of ammonia & first linchon.

Brandy was given about half a teaspoonful every 2 hours. Milk & Beef Tea ad libitum.

General Remarks. The crisis took place in this case on the 4th day of attendance, the 5th day of his confinement to the house. The family are fairly healthy.

This case was a good example of acute labor pneumonia in a child under seven yrs of age, & it ran its usual course, with a successful termination, as in uncomplicated cases about that age, I have almost invariably found to be the case.
Case No. X  Lee. 5½ yrs. Male.

Temperature Chart.

Entered at Stationers Hall.

3rd St. Thomas's Street, London, S.E.

From a central part, moist towards the edges. At 2 p.m. Temp. 104°6, pulse 160. Whilst at 4 p.m. Temp. 102.6°, 11 p.m. 100.2, Pulse 132.

The tongue was again moist and the child more conscious. Rumbles less. Has mico-
Case No. 51

Sarah Treadland, 46 years old, Oldham, 6 yrs.

Seen on October 5th 1868. Had been to school for first time on October 1st. Had come home complaining of cold feet. Had been purged frequently. Had been sick on the 4th Oct. & seemed to have a cold about her during the previous week.

Oct 6th. She complained of her hands & feet, in which she had cramps. Temp. 104°. Pulse 144. Throat red, being slightly inflamed, not much swelling. No rash. Slight trace of albuminuria. Induced to ramble. Tongue white coat of fur, moist. The breath sounds, were rough posteriorly but not markedly so, no resonance; no dulness on percussion. No bronchial character of breath sounds.


Temp. at 11 a.m. 105°. Pulse 168. Tongue dry & brown in central part; moisture towards the edges. At 2 p.m. Temp. 102-6 pulse 160. Whereas at 4 p.m. Temp. 102-6. 11 p.m. 100-2. Pulse 132.

The tongue was again moist & the child more conscious. Rambles less. Has not—
Care No. XI

Tended: Complaints of her belly at times.

Calomel (½ grain) with castor oil. & prescribed.

There was no especial tenderness of abdomen,
slightly tympanitic.

There were no herpes tabica.

Oct 10th. Her bowels were moved this morning.

Temp 103.2. at midday 103.5. evening 102.2.

Morning pulse 144. Evening 132. The tongue was moist throughout the day. 6th-11th T.103.6-10.102.4.

A few expectorations were heard in both intercostal regions. Resonance to percussion

unimpaired. Breathing rough vesicular.

Since the commencement of her illness her breathing has been quite unembarrassed

there being not the slightest difficulty: never

more than 36 per minute, always breathing

shallowly & quietly there being no evident

desire for air. Lips good colour, & not the

slightest appearance of thirsting at the

child of this being or likely for being a

chest case. Only occasionally a little

cough: as if something at back of mouth

required to be dislodged, no chest cough.

(Parents dissatisfied with diagnosis as

breathing so easy & cough absent.)

Next day 11th. Temp 102.2. in morning

102.2. at midday & 103.4. at night. Pulse
Case No. XX

Date 132 morning & evening 140.
Oct 13 Temp 100.3 morning, evening 101.4.
Pulse 118.

Bowels moved with calomel & water free.

Percussion showed that there was distinct dulness perceivable, for the first time in illness. This occurred in the right lung posteriorly, at base up to angles of Scapula. Breathing & increased vocal resonance over same part. Left lung still resonant, a few moist crepitations still heard. Breathing more hurried.

Oct 14th Temp 102.4 evening 98.3. Pulse morning
120, irregular, feeble & flickering. Child sensible but very quiet. Lips & face bluish. Eventually a tendency to collapse. Brandy freely given 3" every half hour, as crisis expected. At midday the temp. was 101.8. Pulse 120. But steadier & more tone, inspirations more definite.

Evening temp 98.4. Pulse 96. Breathing much easier.

Pulse 108.

Oct 16th Temp 98.5. Evening 98.6. Pulse 108 &
evening 120. Resonance on percussion re-
turning over back of affected lung.

Case No. XI.

On Oct. 18th. Temp. 98.6.

Treatment. Brandy in teaspoonful doses was used from commencement of treatment. While milk & beef tea as much as they could get her to take. Cold was applied to the head. Room kept dark. Sinusoidal measures were applied from the first day. Ailiness until Oct. 18th. Mixture in quarter doses was used every 4 to 6 hours.

Case No. XI

Indication of disease in heart, lungs, or kidneys sufficient to account for the severe symptoms during the first five days.

On being seen in consultation with another medical practitioner who was of opinion that the illness was due to some blood poison, typhoid or otherwise, affecting the brain chiefly.

Given however, to the height of the temperature, sudden nature of the attack, previous good health, & absence of definite signs of implication of any one organ, I gave my diagnosis as that of latent pneumonia, which sooner or later would show itself in the usual manner. And with a mind in view, the above treatment was persevered with.

There was a complete absence of the difficulty in respiration such as is always met with in an ordinary case of pneumonia. Almost total absence of cough. Respiration quite painless. The height of the temp. (per. 2) was not sufficient to account for the unconsciousness, a, even when
Case No. XI.

That fell to 100. there was no marked return to consciousness, merely a lightening as it were, in the unconsciousness.

The temperature curiously was almost uniformly lower or in the evening, lower than, or equal to, that of the morning. The day previous to the crisis being the exception, this being at 100.8 morning and 100.4 in the evening.

There was a marked return to consciousness on Oct 13th, when signs of life became manifest, although the temperature went up on the following day yet there was then no return to unconsciousness.
Case No. 311


Boy with a red, chubby, florid face, but his body is not proportionately stout. A precocious child, frequently giving recitations at public gatherings.

Family History: He had three other children who have died in convulsions. This boy (the patient) is the eldest, & hitherto has had fairly good health, has been subject to cold, but no serious illness. The father is strong, & so is the mother with the exception of being subject to fits (very occasionally) which however have not witnessed. They occur only once or twice a year. From the description of them they are probably hysterical.

On July 5th he was brought down to my surgery. The family had noticed nothing very unusual about him in the morning. He had got up as usual in the morning. They are rather careless people, I didn't notice his appearance particularly. He went out by himself & walked a distance of nearly half a mile to see one of this relation. Whilst at their house he felt chilly & went close to the fire. He then...
Case No. XIII

ever walked alone without assistance. A few hours afterward his father carried him down to my house. He was then in a semi-conscious condition. Stupified. On attempting to him one could get him to put out his tongue, but he would then leave it out. His tongue was dry & had a dirty whitish brown fur on its surface. It was dried up in the centre. His temp was 105. Pulse 60 not almost uncountable, & very feeble. His pupils reacted to the light. His breathing was quite easy in action & not markedly rapid, in fact seemed little quicker than usual. His chest back & front, on percussion was resonant. No bronchial breathing rounds, Breathing sounds slightly rough posteriorly on both sides.

On July 9th he was seen at home, very thin. Pulse 108. Tongue moist & white thin fur. He was not however conscious, but continued in a dull stupid condition. Could be made to protrude tongue on protracting to him. Chest in similar condition to yesterday. Urine showed a trace of albumen.

Meaning temperature 105.2. Tongue again
Case No. XII

Dry, breathing unembarrassed, & shallow. No cough. Pupils react.

Through the night for several hours he was quite unconscious, unable to swallow. Brandy steadily persevered with, a teaspoonful every hour when possible.

July 10th Temp. 101.8 JABs & herpes labiales has become evident on the face

Evening temp 102.

July 11th Temp. 99.8 came swallow easily. Pulse steady about 96. Tongue moist.

July 12th Temp 100.5 in morning. Whilst the evening temp again rose to 104°.

July 13th Temp 101.2 in morning & evening 104.8.

July 14th Temp 103.4 in morning. I hear for the first time there became evident on the right side of the chest, both anteriorly & posteriorly at base, evidences of consolidation (audible in percussion, bronchial breathing & increased vocal resonance) & expectoration were heard during the same day.

Temp in the evening 103.8.

Although the temp. this morning was higher.
Case No X

than any previous morning temperature yet the boy began to look brighter & the pulse to keep its tone better.
In the evening he was quieter & more naturally settled, not so dull & listless.
July 5th Temp 99.8 morning 100.4.
July 6th Temp was sub normal 99.2
On the subsequent day to 99. It gradually returned to the normal.
The boy soon began to relish light nourishment, & made a good recovery.
Treatment. As in case of girl marshall.
(Case No IV) Diaphoretic mixture with a little morphia & Bromide of Phosphorus
Bismark's sulfide every 4 to 6 hours.
Mundy peely. Ice to head. Milk & beef tea. Potatoes on sheet to trace from commencement of illness.
To assist convalescence. Extract of malt
sherry 1 egg & milk were used freely after active signs in lungs subsided.
General Remark. This I consider to be a very good example of the latent
form of Pneumonia. Sudden onset with
High temperature, brain symptoms
which disappear as changes in lungs develop.
Late appearance of changes in lungs, little
Case No. [111]

Primary disturbance of respiratory action

More hopeful prognosis than in corresponding conditions resulting from some form of internal cerebral disease.
Case No. XII  
Till, 67 yr. male.

July 1888

Temperature Chart.
Entered at Stationers Hall.
3 & 4 St Thomas's Street London, S.E.
Case No. XIII

Femina Albert, set. 60 yrs. Crounter St. Othea.

Patient has had fairly good health previously. On one occasion he had a suppuring swelling under the jaw. Though never very strong, yet he has never been confined to bed previously.

On Jan. 11th, 1886 began to feel out of sorts. I wanted to lie down. His bowels had been well moved the previous night.

When seen, temp. 104. pulse 156. Breathing about 34, quick & short. Has a very slight cough.

Tongue has a white coating of pur, not thick & moist, & cleaner in centre, very drooping.

On Jan. 12th, temp. 104. 2. He continues unconscious.

Takes notice of nothing, is very irritable & likes in a semi-unconscious. Tongue very dry, but not coated with any more pur than previously. Sore on teeth & lips.

Evening temp. 103. 8. Still continues in almost unconscious condition. Suddenly cries out as if frightened. "Mother Mother. It then falls off into a doze again. Pupils react to light. Throat clear. Lungs & heart carefully examined, but as yet in quite a natural condition.

Case No. XIII

It continued so for nearly a week, after which it gradually returned to its natural character.

On the 12th day they allowed him to get up and dressed him. He rapidly improved and ate well, and since continued quite well.

General Remarks. This was a very interesting case of Latent Pneumonia. The pulmonary signs only appearing on the 8th day of the boy's illness. During the first 6 days there was nothing in the case, at first sight, to point to the chest; the breathing though accelerated, never was more than 34 per minute and came quite easily, no gasping or evident desire for air, merely a quicker breathing such as found in any illness with a heightened temp. without affection of the chest. He very seldom coughed and was in no pain. There was no herpes laboris.

In fact every thing but the temp. pointed to a brain affection. This continued high temp. with no irregular variations, guided me in my treatment, which from the first day went on the assumption that it was Latent Pneumonia.
Case no VIII

Another interesting point was the child's remaining consciousness when the temperature of the body was at its highest & the tongue beginning to be freed from purulent secretion which then left it for the rest of the illness like a post-scarlatinal tongue.

Treatment: As in the boy Lees (case no IX) with the addition of cold cloths applied to the forehead. Poliotherapy on chest (back & front) were applied from the first day.
Case No. XIII

Jan 10th/88.

Entered at Stationers Hall.

38 St. Thomas's Street, London, S.E.
Case No. IV

Moore, John, Oct. 21st, 18--. Age 95. Middletown, N.Y.

He was noticed to be quite chilled two days previous to being seen. He was kept at home. On Dec. 11th he had a restless night. Breathed very quickly.

Seen on Dec. 12th. Temp. 104. Herpes Zoster well marked on right side especially. Breathing very rapidly, with difficulty & evidently restricted from each inspiration causing pain. On auscultation a small patch was found at base of right lung posteriorly which bronchial breathing was heard & this fact was also dull on percussion. His tongue was moist, & coated with white fur.


On Dec. 15th. Temp. subnormal. Tongue began to clear. On Dec. 18th could sit up in bed & was eating an egg when I called. By Dec 20th he was able to sit up all day & seemed quite recovered.

He had never had any previous illness. I was a strong, active, healthy-looking lad.

General Treatment -- as in boy cases. (Case IV.3)

Remarks. The crisis took place on the 4th day of attendance, & the 6th day from
Case No. XIV

Being chilly. The rapid recovery was to a large extent accounted for his strong constitution, as well as by the limited extent of the pulmonary affection.

About six months after he again caught a chill, he had an exactly similar illness, with just as rapid a recovery, and since then has remained well and hearty. During the second illness the part affected was the middle lobe of the right lung.

This case contrasts well with the almost exactly similar affection in the case of the boy Booth (Case No. XV), where the constitution was entirely different, and caused a lingering convalescence.
Case No. xv

Booth John, 5 yrs. 14 Hamilton St., Holden. History. This boy had been out of sorts for some months, previously. He had however been able to run about until the week previously, when he received a severe chill. He had always been an ailing lad, and suffered from a general debility.

On Dec. 5th, 1884, Temp. 102. Breathing rather excited, but not markedly. Pulse 120. I excitable. Tongue moist, thin white fur. Urine normal. Troublesome cough, but little pain. There was no Herpes labialis, so the boy was not particularly thirsty. He slept well during the night.

On examining his lungs, there was found to be a general roughness in breath sounds, both anteriorly & posteriorly. On the right side, at base, in axillary line, there was a small area, with the signs of consolidation.

On Dec. 9th, Temp. 100.4

On Dec. 10th, Temp. 102.4.

On Dec. 11th, Temp. 107.4, from this point the temperature continued fairly low, but constantly fluctuating. The condition of the chest slowly improved. His appetite did not increase much, taking almost entirely
Case No. XV

Liquid nourishment.
It was not until Dec. 22nd that any real improvement in his general condition was noticeable. After that day, improvement continued, but it was not until months after that he became fairly strong again.

I saw him again about a year after his illness, and he was then stronger than he had ever been in his life before.

Treatment: Same as in boy Lee (Case IV) with the addition of post-natale, extract of malt & general tonics after the ninth day.

General Remarks: This is a case which may be taken as illustrating the difficulty which weakly children have in recovering from any inflammation of the lungs, however slight.
Case No. XVL

Patient No. 22 John St, Oldham

Age 52 yrs, Seen Dec 5th 64

During the last three years he has suffered from shortness of breath, an affection of the heart, and chronic bronchitis.

He has become much weaker lately, having left off work 3 years since. He had no ignora for some years, previously took a small allowance of Home Brevig regularly, but never addicted to excess.

On Dec 5th he had been out & felt rather chilled on his return. His breathing got some days previously had been worse.

When seen his temp. was 100°. His pulse was beating at the rate of 144 per minute, but quite regularly. Pulse weak & not well filled. His breathing when he was quiet was not very quick compared with the rate of pulse & temp. as a rule about 24 per minute.

He kept coughing. Phlegm white, frothy & at times very viscid, containing embedded with our bubbles. At other times the phlegm was transparent, lightest brown colour, not typically rusty, merely a brownish shade in expectorated matter. Some of mucins came up at long intervals quite bright red, frothy & viscid, as if fresh blood had stained it uniformly.
Case No. 11

Throughout, the sputum was all frothy.

Urine dark amber colored, but quite free from swelling of legs, liver dulness doubtful, no emphysema of lungs present.

On auscultation of chest, there were vibrant & sonorous Rhonchi scattered over different parts of the lungs, chiefly heard posteriorly. Breath sounds rough, but no tubular character audible. The percussion note was resonant (fleecy) all over, due no doubt to the emphysematous condition. A few crepitations (moist) were heard towards the base of the lungs posteriorly, but scarce & distant.

Heart sounds rather short & sharply defined. No murmurs nor thrill. Cardiac area of dulness diminished on tip to encroachment of emphysematous lung.

He had a slight enlargement of liver.


But feels more comfortable propped up. Today on auscultation two patches of lung tissue had changed in character. Over these the breathing was bronchial & a few crepitations were heard, with increased vocal resonance. They were both small, one
Case No. XVi

being situated near the apex of the left lung anteriorly, the other in the right lung near the base & in the axillary line.
The rest of the lungs were as yesterday.
The parotid gland was easier, having been punctured.

Evening Temp. 100. Pulse 150. On setting up pulse rather quieter about 144 per minute.

Dec 4/C Temp. 102.4. Pulse 157. Bowels have been moved, rather short of breath from exertion
Had a better night - Cough easier. Water much lighter coloured. Chest in similar condition to yesterday.

Evening Temp. 102. Pulse 154. Stomachril 2/30

Stained Fire in the room, having gone out & smoke coming down chimney got into the room & upset him. His breathing became quicker about 40 per minute.

Had a severe attack of shortness of breath about 3 a.m. of the 8th Dec. Rattling in chest, panting for breath, pallid features. Veni, distended on hands &c. He became easier about 4 a.m. Urine still free, but again highly coloured. Temp. 102.6. Pulse 160. Persist, in setting up dressed. No improvement in general condition. Free expectoration.

Evening. Objected to having temperature taken.
Case No XV

Pulse 160, impact still decided with each pulsation. Bowels moved.

Dec 6th Temp 100.6 Pulse 160. Had a quiet night. In the afternoon wakened up suddenly apparently from palpitation or some irregularity of heart's action, during a very comfortable sleep.

Dec 10th had a fairly good night, until about 4 a.m. when a heavy fit of being outside caused his breathing through to become worse. At 10 a.m. I took him & found him much upset. Breathing very rapidly. System free.

Under treatment settled quietly until afternoon, when was again wakened by an attack similar to yesterday's. Breathing suddenly stopping then sudden attempt at respiration or spray up excited. He exhausted him. His breathing became restless & panting. Seen again at 8:30 & 10 p.m. Propped up in bed. Panting for breath. Pulse 180. Indefinite impacts, as well as definite ones. Expiration not so free.

Free stimulation relieved him for a time, but he soon relapsed because worse. Died at 2:30 a.m. on the 11th Dec.
Case No. XVI

Treatment consisted in Poultices to the front of the chest. With tin plate on. Acetis sprinkled on flannels & applied to the back of chest, as changing the poultice. A back erect line too much. Free stimulation with Brandy, unless when, being of an irritable temperament, he resisted it about half an ounce every line or two hours being used as required.

There was a little fire kept in room. Medicines. Mag. Am. Acetatis, Carbonate of Ammonia, Tinct. Strychnin. (5c every two hours) & tinct. Lach. Ether was used (10 drops) to relieve the attacks of dyspnoea. Milk & beef tea, with e.g. flour occasionally.

General Remarks. The most important point noticeable during the course of the illness was the persistent high rate of the pulse, being 144 from the first day, without corresponding height in the temp., & running up to a steady pulse of 180 on the last day. This caused me to give a grave prognosis from the first, which the course of events unfortunately justified. The patches of consolidated
Case No. XVI

lung tissue were very limited, no doubt due to diminished vitality in those parts from the pre-existing emphysema and bronchitis.

There was no doubt some dilatation of the right side of the heart, though this could not be verified from percussion due to the overlapping of the heart by the emphysematous lungs.

The patient unfortunately, as much patients often are, was of a very irritable disposition, a strong will & a very temper. He put great obstacle in the way of treatment & could hardly be brought to understand that he was ill enough to be confined to bed.

The attacks, as described, which occurred on two successive afternoons were very curious. They originated when apparently the patient was most comfortable, lying quietly asleep. They were no doubt caused by some obstruction to the action of the right side of the heart.
Case No. XVII
Devonport. Harry, 13 Cobden St.

He had been ailing two days previously to being seen. Felt to have a cold in him. When seen in May 16th he had a dull, drugged appearance. Lying very quietly & breathing low, without much difficulty. His tongue was dry, with soreness on his gates. His temp. was 103.5. Pulse 108.

He complained of pain in his side (left) & on percussion over region of 6th, 7th, 8th ribs posteriorly & laterally there was marked dulness. On this region also bronchial voice was very marked. There was no albumen in his urine, & his bowels had been opened.

Temp. in the evening, 102°.4. Pulse 108.
May 15th. Temp. 103°.6. Pulse 108. Evening 102°, Pulse 96. Condition of chest much as previous day.
May 16th. Tongue still dry in the morning, but had become moist by the evening. Bowels feel very moved, & slept much better. He had had very little rest during the two previous days.
Case No. XVII

On the day (May 17th) temp. 102.9, Pus E56.

In the evening 101.6, Pus E56. He has no other
symptoms, nor has he had throughout
the illness no noticeable cough. Breathing
never excited, rather having the appear-
ance of a typhoid case.

May 25th: His back had now become
quite resonant. No breath sounds, auscultation almost natural.

Temp. 98.2. Pulse 42. After this
day he soon rallied and quickly recov-
ered.

General History: He had always previously
been a healthy lad. But at his work he
usually stood in a draught, & very
often noticed foul smells arising
from a mill lodge near by, these
lodges containing filthy sewage water
& causing illnesses contracted in their
neighbourhood to assume in very many
cases a typhoid character. This illness
in the lad would not doubt have had
a much worse termination, if he had
been a more weakly subject, or kept
on low diet. Stimulations was never used
in this case, as in many others orig-
nating in similar localities. The pul-

Case No. XVII

Important factor of the aggravating cause, as well as the exciting cause, having to be taken into account.

Treatment. Poultices to side. Diglucor, etc. with morphia. & .cemine (25c 3 or 4 times a day. Brandy later. Later well. Digitalis & acetate of mor.

Diagnosis. Evidently a case of an originally simple pleurisy with effusion, but character of illness rather obscured by the aforementioned cause, giving rise to asthenic characters, ex subject naturally thin and formed.
Case No. XVIII

Heywood Joseph - 38 yrs. 1st Carpenter, Hadderston

Seen Jan 15th 1889.

On Sunday Jan 14th 1889, was taken suddenly ill.
Rumbling in his belly & complained of his head - He was pale. During the night he had some kind of a fit.


Seen again at 11 a.m. Temp. 101°F. Pulse 74. On shouting into his ear can get him to sob.


Jan 16th. Temp. 101°F. Same in evening. During the day he was rambling, talking incoherently of singing. Pulse very soft - 80. mitch 140 to 150 even more frequent. Sordes on lips & teeth. Dejection & incontinence still involuntary. Grinding teeth. Tongue still dry except at times in centre from mouth being kept open. No signs of lung mischief. Heart sounds natural.

Nervous twitching. These however passed off later in the day.

Jan 17th. Temp. 104°F. 9103°F at night.
Case No. XVIII

general condition remains much the same.

Jan. 15th: Temple 105.4. 8:00 a.m. - night. Acute.

Pulse very feeble & rapid (160 per minute). Was taken as notice, but can still swallow at times.


This morning there were signs of commencing consolidation of the right lung posteriorly. Breathing, becoming almost hiccough & resonance impaired on percussion.

He was said to have become slightly conscious just before death which took place at 2:30 p.m., but till then he had remained in a condition of insensibility since Jan. 15th. He had slight attacks of vomiting, but not frequent.

His breathing was 'Cheyne Stokoe' in character, but not constantly & only during the last 3 days. During the last 24 hours his breathing was very rapid.

Until the commencement of the illness, the lad had always been strong, healthy, & very intelligent. He attended a school, over the playground of which passed the steam, arising from a lift water cooler in connexion with a mill (cotton), the water being foul sewage.

General Remarks: This case appeared to me to be a case of Latent Pneumonia.
Case No. XVIII

developed in a subject in a family with tubercular tendencies, & probably with an increased intensity due to his surroundings at school.

The only thing that the course of the illness at all resembled was Brani mischief (per. se.) if it had been this, one would have expected a more irregular course of the temp., not a persistent increasing of it. There was no irregularity in the pulse.

The patient had been quite healthy & free from complaints until five days before to death. The ague in the right lung also on the day of his death pointed more to Pneumonic mischief (later) than to primary Brani mischief, though not actually precluding the latter diagnosis.

The probability of a tubercular mischief was increased by the subsequent death (a few months later) of his elder sister from tubercular meningitis (Case No. XXIII).

His mother was said to have died of some general weakness. Rest of family otherwise apparently healthy.

Treatment: Ice bags to the head. Iced meal poultice on back & front on chest. A Diaphoretic mixture with Bromide of Mercury, friction, and subsequently antifebrin as antipyretics.
Case XIX

Jenev: 31 Wellington St.

Child, 21/2 months, Nov 14th 1859.

This child was very plump & short in the neck. Since its birth, the mother says, it has had spasmodic closure of the sutures, at intervals of from a few minutes to a few hours, seldom without for twelve hours. It wakes in the night, struggling for breath & crying, can't suck breast continuously, as mother says it seems to meet something halfway down, & keeps the milk from being swallowed, until it gets its mouth free.

Its movements are regular. Nothing of a natural color. Temperature normal.

Belladonna & Brandy of Potassium prescribed.

Nov 18th: has been much easier. Breathes more freely. Previously had never seemed at ease. But slept last night.

Nov 19th: Good during the day. Between 6 & 8 p.m., breathing worse at the room being very close. To be kept cooler.

Nov 20th: Spasms better, not so numerous nor so severe.

Nov 21st: Child more restless, but spasms better, its motion were now quick.

Nov 22nd: Spasms gone. Feels natural. Child seems
Case No. XXIX (Continued)

quite well.

Cause. The probable cause was from the child having been fed from the very first day, with breast milk. Constitutional cause also predisposing.

Treatment. To have very dilute milk, Politics to throat & stomach. With Calomel (3 grs) every morning when motions became frequent.

The following medicine was used throughout.

Sig.

Bellad. U.B.P. 3 x
Pos. Balsam. 3 x
Vie. Opee. 3 fil.
Sig. in acet. cont. 3 fil.
Glycer. et aq. 3 fil. & 3 fil.

Sig. one teaspoonful every two hours.

Family History. Three other children in this family have died from illnesses, the nature of which mother did not know. One however affected the chest, another the bowels, the third (at 4 yrs) died quite suddenly, when all appeared in good health, but all curiously were subject to these spasmodic attacks & all had it while dying.

The mother & Father were both short & stout, the former especially so. The father was a heavy drinker.
Case No. XIX. Continued.

General Remarks. The early onset of the laryngospasm Stridulus, the family predisposition to convulsive attacks, and the indigestible feeding of the child, appear to be worthy of remark.
Case No. 88

Primer Matilda 598 Middle St. E.

Age: 8 yrs. Seen Sept. 13th 1884.

On Sept. 11th she had a 'fit' but not convulsed in it. Complained of feeling chilly on the 10th. On the 11th after the attacks described as a 'fit' she vomited. Since then she has taken nothing solid. On Sept 12th she complained of her throat, was thirsty and drowsy, and complained of her head ache.

Saw her on Sept 13th.

Her tongue was dry and red at tip and centre of anterior two thirds. The sides and post third of tongue were thickly coated with a white, readily detachable, fur.

Throat would swollen & very vascular on surface. There are prepuce white staphylo-
looking patches on tonsils, but they do not extend beyond these, nor are the patches very large even on the tonsils.

Scattered over the skin of chest, abdomen & back there is a full rash, minute pimple, with dull dusky reddish brown rash between. It does not present the usual appearance of the scarlatinal rash, being darker also.

Temp 102.5, Pulse 110. Bowels not moved for two days. Thirsty & swallows without much pain.
Case No. XX

Febr. 1st. Temperature 104.8 Pulse 132. Rash getting fuller.


Evening. Temp 105.2. Tongue dry, red, glazed & clean.

She rambled all the night from till 5 am.

Next morning.


Evening. Temp 104.6 Pulse 120. Rambles picking better to the lips & nose. Can be made to protrude her tongue & to keep her eyes open for a time. Has been rambling most of the day. Throat still better, breathes through the nose.

At midday— Temp 104. Still rambles.

Case No. XX

in the night voluntarily. For two days previously had been involuntarily.
Rash slightly faded.


Sept 14th. Passed a good night, no

fever. Temp 100.6. Pulse 108. Motion

more (fluid). Takes milk well. Quite sen-

sible.

Evening Temp 101.8.

Sept 15th. Temp 100.6. Pulse 120. Water

not very free, contains a trace of

albumen. Bowels open.

Evening. Temp 101.6. Sleeping soundly

Rash drying. No pain.

Sept 16th. Temp 99.2. Pulse 108. Not as

thirsty, rash still fading.

Sept 18th. Temp 99.4. Tongue rather dry

in the centre. Albumen in urine about

one twentieth. Slept well.


Temp 99.2. Pulse rather irregular. Urine

not very free. Heart sounds good.

Sept 22. Temp 98.8. Pulse (of more regular

shen) commences to come off. Not

quite as much albumen.

Sept 23rd. Pulse 96. Temp 98.8. Pulse slightly
Case No. 88
irregular.

Pulse 108.

Sept. 25th. Fever 98.4. Pulse 84 with occasional irregularities.


By Sept. 27th. Temperature was normal again & patient convalescing. She has since remained quite well.

Treatment—For the throat a syringe was used with solution of 1/1000 soluble salt of soda. A diaphoretic mixture with Dunine (gr. 6 of. 2. hrs.). Whilst the pulse was weak & irregular, aminade, of picrohantin, mixture were used.

With beef tea, alcohol. Cold application to head. After Sept. 18th, Poultices to toes were used with acetate of Morrh & digitalis internally. Subsequently, Quiet Ferr. Perchlor. & Liquor Acmismont. Acetate.

General Remarks: This case may
Case No. 19
be taken as a good general example of scarlatina with danger arising from the throat, excessive temperature, & fevers. But happily, in this case, they did not go beyond the favourable limit. The rash had an ominous dusky look about it on the first day, almost like that seen in fatal cases, where there is a sudden disappearance of rash, with concomitant hyperpyrexia & coma. I rapidly fatal result. After hour, ever setting this patient to sweat well the rash attained the usual appearance.
Case No. XXX
College Road 6 Baker St. Oldham
Oct 6 yrs. Seen 22nd March 1858

He had been attended by another medical gentleman since March 15th. It was given up as beyond hope of recovery, his illness being ascribed to tubercular meningitis.

On March 22nd when seen he looked heavy of skull, lying in a semi-conscious, almost unconscious condition. He could however protrude his tongue when shouted loudly to by his mother, he protruded it very sluggishly. He did not open his eyes whilst doing it. His tongue was dry, I covered with soreness, with a glazed appearance. His teeth were also covered with soreness.

He had a slight cough, with a few Phren.

chi at the right apex, but nothing markedly wrong in viscera of chest or in those of abdomen.

He had complained for a few days previously of his head and still kept moving his hand towards it. During the whole of March 22nd he had depressed & simi-
tuated unconsciousness.
The pupils reacted to light, though not very sensitive.
The throat is quite clear. There is no-
Case No. 34

appearance of rash on the body.
His bowls had not been moved during last 24 hours.
The previous night he had been very restless.
The temperature was abnormal, likewise so in the evening. Pulse 84, not perfectly regular.
March 23rd General condition very much the same as yesterday, no improvement in any of the signs. Still in torque condition temperature remains subnormal.
General condition unaltered.
March 25th. He seems rather less dull. Tongue clearer. 9th began to present appearance as after scarlatina (strawberry red, moist, with little papillary elevations similar in colour to general surface) to rash which ever seen, nor skin Feeling expectoration in throat, which appears to be slightly inflamed.
On the 8th day the skin began to peel.
The toy having by this time (March 26th) become quite convivial, takes milk & beef tea well.
The skin peeled freely off the whole body, especially the lower part.
Case No. XXX

Treatment. Cold applied constantly to the head. Room kept dark.
With powders (success every 2 hours) composed of:
Calomel (qit.) & Pot. Oxide (gr.).
A diaphragm mixture was also given.

General Remarks. This case resembled very markedly tubercular meningitis. During the first few days, the boy rapidly losing flesh, lying in a semi-conscious typhoid-looking condition, with a subnormal temperature.
That there was some affection of the Brain, I have no doubt, & this was, in all probability due to some action of the scarlatinal poison on that organ. I examined his skin very carefully & if rash that had been, it must have rapidly disappeared from the skin.
That the skin had been affected by the scarlatina was manifest by its subsequent desquamation. There was no tendency to dropsy, nor to albuminuria.
Case No. XXII

Re: Sydney Herbert, Manchester Rd

Sgt. 47 yrs. 7/13/1884

The child had been complaining for a fort-
might—previously of headache. It was constant-
ly wanting to lie down & rest, this was
quite contrary to his usual habits, he
being a sharp & lively lad. He seemed dull
& heavy. He was then noticed to have certain
wasting about his limbs. And on July 15th
he had a fit. When seen he had rallied
from it, but was still very drowsy,
had a vacant look & spoke little or no
notice of anything that was going on.
His moods had not been moved. His temp.
was subnormal.

During the 14th 15th & 16th of July his con-
dition remained much in the same state.
He was still drowsy, Temperature sub-
normal. Bowels still moved. Lies in a
low typhoid-looken condition. with legs
loosely thrown above, arms similarly lying across the
bed. In the pillow with clothes thrown off. high dry &
feeling. Pulses his lips & pulse rate 80. The tongue how-
ever is still dry, being coated with a thin white
film. For most part is unable to swallow
But, when the insensitivity seems less marked,
even what they can force into their is vomi-

Case No. XXX

Cited back. His pupils are wide, equally dilated, insensible to light.

On the 16th his condition was much as described, the vomiting had however ceased. His lungs were normal, as was also the heart. The abdomen was natural, not distended, nor yet was it shrunk, being not relaxed. The skin was dry & dull looking. No spots on abdomen. Rapidly losing flesh.

July 17th. His lungs have been muffled, free, slightly dark, but consistent. General condition as before. In the evening his temp. had risen to 101. General condition seems rather better. Now able to be raised from stupor & opening his eyes, they now react to light, though sluggishly. His water was clean & examination showed nothing abnormal.

July 18th. Temp. 99.3. Continues better. His skin is moisten. He was not so restless during the night as previously. Pulse 110. Urine free.

In the evening he was worse again, seemed dull & listless, but the pupils react to light. Pulse feeble & quick. Temp. 101.2. Very thirsty. Urine darker coloured, but still free. No change noticed on careful examination of the cardiac & pulmonary organs.
Case No. XXII

July 19. Temp. 101.3. Pulse not so feeble

with rapid. Seems much better. Skin moist.

Very thirsty. Keen now so far regained con-
sciousness as to be able to ask questions.

But he is now totally deaf, however

loud the voice may be he cannot hear

it, but noticing his mother's lips move

under no sound. The little fellow kept

plaintively asking her to speak to him!

His ears had been examined a few days

before & found in their natural condition.

& so also were they found once more.

The meataura tympani whole translucient.

His bowls were moved slightly. Urine

free & clear. Curiously though he remained

up till the 19th in an apparently almost

insensible condition yet never were his

bowels or bladder vacated unconscious-

ly. Even from his dull stupid mumblings

his parents could get an idea of the time

when he wanted them to act.

His tongue is clearing rapidly.

Seen again at 3:30. A Rash had come out

over his arms & chest. It was Measles.

Temp. 103.4. No change in lungs.

General condition much better. Still quite
CASE NO. XXII

July 1st. Tamp. 100.4. The rash was not fully through the night, but has now begun to fade. It is however all over his body. His general condition much better. Throat quite clear. Bowels moved twice free. Pulse much steadier. Slept well. No perception of sound even when one roars into his ears. Asks us to speak properly to him. All other senses quite natural.

The little fellow was now "little but skinny-bone", extremely feeble. He however slowly regained his strength, taking light-nourishment well.

Until July 26th the temp. fluctuated from 99.4 to natural. After that date it remained natural.

He had no collapse. Slept well. In the course of time became again as before, quite hearty. But prone deaf. He has since remained. He was afterward examined by a specialist who considered it a most remarkable case. The injury to the auditory apparatus being entirely internal to tympanic membrane. He could hardly believe the history of the illness, the deafness being so complete & so rapidly produced.
Case No. XCVII.
The little patient previously having remarkably quick healing.

Treatment
Milk & Beef tea. Ice to head & room darkened. On July 13th 2 explorations with
Bromide (1/4) & Tonic (1/2); JP Potassium
every 2 hours. On July 15th Soda Bicarb &
Bismuth to check vomiting. On 16th Antimonial
& Castor oil to clear up the diagnosis as
regards worms (none being found). With
Calomel (2 gr.); Pulk 2 cc. (3/4) every 2 hours.
(rux.), every 2 hrs. Powder a before.
On July 19th a 9 exploration with Bromide
of Potassium.
On July 21st Cinchon Vinct. added to
mixture.

On July 24th Syr. Ferr. 1 fluid. gr. 2.
His head was shaved on July 14th Ice
constantly applied. He had also a mustard
plaster to calves of legs for 20 minutes.

General Remarks: This was a highly
interesting case, for after one had almost
made a positive diagnosis of tubercular
meningitis with a fatal prognosis, the pa-
tient began to take another change, de-
Case No. XXX

Vomites the rash of measles on admission. Rapidly recovers.

Inflammation of the Brain there must have been, looking at the resultantRéponse: symptoms. Localized as to its intensity, in corresponding lateral regions. Next comes the question, was it tubercular? Or was it some blood poison generated by the action of the measles in the system, acting on these special areas?

General meningitis, from the symptoms, there could hardly have been, as there was no photophobia, no excitement, nor feverish symptoms until disease took a change for the better.

The nearest approach to a diagnosis that one can get, I think is, that in the early stages the disease certainly had appearance, exactly similar to those of tubercular meningitis, but that seeing that the measles poison must have been in the system at the same time, it is not improbable that that poison may have been the exciting cause of the disease, affecting the Centre of hearing. The latter probability being rendered the more plausible by the subsequent recovery.
Case Mr. XXII

The patient.

How infection, as regarded the measles, was introduced is another point for consideration. He had visited at a house where measles had existed 23 days previous to the rash appearing. This was the probable source; if we take for granted that the whole of the illness was due to the measles poison I would give a very long incubation period. If on the other hand, there was some tertiolar or other affection of the brain originally affecting the child, then the measles may have been delayed in appearance, only when the child began to improve from the illness already affecting it, did the usual signs (feverishness &c.) of measles begin to show themselves. Feverishness &c. increasing together, contrary to what occurs in all ordinary ailments.

It is hardly likely that the measles originated from infection caused by myself during attendance on the child, though it is not impossible seeing that I was attending a case of the disease at the same time. The incubation period would then be very short - it would make the original illness even more curious to explain.
Case No. XXIII


History. About 12 months ago was said to have had peculiar nervous symptoms, such as trembling of hands & tendency to fall back. This was supposed to have come on from a shock which she received about that time.

I saw her for the first time about one week. She had a peculiar gait with a tendency to go forward with head bent, as if she were running after something.

She kept her head bent down & when she raised it to look up, tended to fall back. She had a stiffness each morning when she got up. But otherwise her general condition was fairly good. She was a nervous, fidgety temperament.

Intelligent girl.

She was a twin child, the other dying soon after birth. Her mother died of a broken heart & it was said, gradually sinking after an accident, which proved fatal, to her son.

Another brother of the patient died a few months previous (Case No. XVIII).
Case No. XXIII

This illness which patient had (in the middle of April 1894) seemed to be recovered from. The treatment consisting of strict diet, & strict rest to regulate the bowels; & then arsenic & strychnia were prescribed. She then seemed better than she had done for 18 months previously. She could walk steadily & look up without fear of falling.

On June 1st, however, she began to show the old symptoms of trembling when she tried to lift things & did it hurriedly to prevent them from falling. Her hands remained motionless unless when brought into voluntary action first; as soon as she raised her head in a morning the sickness returned, but only phlegm came up.

On June 3rd I saw her again. Her temp. was abnormal. Had Kelso's vomiting. Her pulse was now becoming very slow. On June 4th she had been quite dull all day, hardly being able to keep her eyes open. Sickness & blueness of pulse continuing.

On June 5th pulse markedly slow from 60 to 48. It even slower. It was
Case No. XXIII

Irregular 60 per minute was the highest number counted per minute, though tried frequently. Her temperature was now rise to 105° 4 in the evening her temp was 102° the pulse however continually to beat slowly.


June 7th. Temp 100.4. Evening 101.4 Pulse 60. Inagination became involuntary for the first time. Vomiting has ceased. Has become almost completely unconscious, is with difficulty roused. Pulse of abdomen is urinate. Urine pale in colour.

June 8th. Temp 100.4. Evening 102° Pulse by the evening had become quicker (96poumi) & febler. When asked questions, she would repeat the question instead of answering it. e.g. "What's your surname Haanah?" she'd echo it as it were. "What's your surname Haanah!" evidently a mere mechanical repetition without involving any thought. Pulse sluggish. Slight spin neuritis. Heart sounds good. Nothing abnormal
Case No. XX

in chest or throat. Abdomen also natural to percussion &c; appearance no spots. Tongue dryish in center, moist at edges, never very dry. Petipa reflex present. June 9th Temp 102. Pulse 120. rapidly failing. She can hardly swallow. Breathing has begun to stop irregularly, & for a length of time, but not with the rhythm of increasing & decreasing & stoppage such as noticeable in Cheyne-Stokes. In this case the breathing would go on regularly & quietly & then stop sometimes for half a minute, then it would resume the ordinary course. Pupils widely dilated but equal. Since June 5th it became she could be awakened. She always awakened frightened but still almost semi-unconscious, throwing arms about & didn't like to be disturbed.

In June 10th Pulse 160. almost uncontrollable getting a thready feel. Nearly collapsed each time when moved. Eye, quite insensible to touch.

She died June 10th at 8:15 p.m.
During the first few days of her illness the smell of her breath was very disagreeable, &
Case No. XXIII

Sickness came on when disturbed & not especially after food.
She complained of pain in her head at top & back, also at back of neck.
She had never menstruated.

Treatment: Cold to head. Podophyllum & Bromide of Potassium. But after the 6th June it was almost impossible to get her to swallow anything regularly.

General Remarks: This case presented little difficulty in diagnosis after the 6th June. The temp. getting higher with a falling pulse, sickness on moving, Pain in head, Irregular temperature. Absence of any signs of disease in other organs. Tache cerebræ. Previous nervous symptoms. Rapidly following unconsciousness & rapid loss of flesh. All pointed to Tubercular meningitis.

The previous illnesses were nervous in their nature & are very interesting as showing that Tubercular deposits had already taken place in the cerebellum & other parts of brain, or that there was a certain mal-condition of those parts which formed a suitable nidus for the tubercular action to develop.
Case No. X

A system disordered by some general derangement.

There are three surviving children apparently healthy. There is no history of pulmonary pictures in the family. But the mother was said to be weakly. A brother was accidentally killed. Another brother died from a sudden illness, which had many peculiar points, but which was probably a case of latent pneumonia, developed in a constitution similar to that of his sister.
Case No. 24

Ponnall, Mrs. child (male) aged 2½ yrs. 9 yrs. midwinter

Seen Nov. 4th 1874.

About the middle of July he had scarlet
fever in the house & this child also had a
 rash on it which they mistake for measles,
 but had no medical attendant to see it.

Throat a little swollen at that time.

Seemed to get round nicely.

Was supposed to have chicken pox a few
weeks since.

For a fortnight previously to being seen he
has been in a hanging kind of way. Has begun
to make water & dejecta in bed. Cools &
irritable. For a day or two have noticed his
hands & feet beginning to swell & neck to
throb. Sleeps well at night, has gone off
its food. Bowels very irregular & motions very
strong, fecal.

Condition on Nov. 4th: Eyes red puffy. Back & hands
swollen & fit on pressure. Heart ir-
regular. Carotids visibly pulsating. Heart sounds
sharp & acute. No murmurs. Ext. jugular veins
stands out distended when child cries.

No congestion of lungs. Tongue slimy white per
Tendency to blisters on teeth. Throat clear.

Urine: contains water. Triple phosphates (within 8 hours of being passed) Casts, lymphine.
Case No. XXIV

—granular & fatty. Urine contains albumen. On boiling & adding nitric acid, none by boiling only, probably from alkalinity.

Put on milk diet: Poultries to back. Water to be kept open with sulphate of magnesia. 1 mixture mixture of Digitalis & acetate of potash.

Nov. 6th: Condition much the same. Less swollen.


Nov. 8th: Had a good night. Swelling in hands & legs much less. Bowels well moved. Urine free.

Nov. 9th: Temp. normal. Tongue dry but clean.


Had a hot bath for 3/4 hour today.


Nov. 12th: Rambled during night. Seems lost today. Morning. Constantly asking for a drink of water & almost immediately asks for more. Has had a cough since the night before & he took cough mixture. But no evidence of congestion at base of lung. Temp. 102.4. Urine accrd. contains 3/4 albumen. Tubercasts & pus cells (the latter very numerous).
Case No. XXIV

Mixture prescribed of Juniper, loganacetate, & B. carbonate of P. Nash. Chest to be percussion. Tongue dry & furred, brown at end.

Evening Temp 101.4. Has begun to ramble. Very irritable. Was restless through the day.


Temp. 103.5. Rales more numerous at back of chest & patches where breathing rough & almost bronchial in character. Tongue dry. Very thirsty. Semi dry.


Nov 14 Temp normal. Insatiation still involuntary. Still wears a lost expression. Had an attack during the night, as if dying. The mother says. Breathing stopped & went quite pale. & blue about lips &c.

Case No. XXX

Makes a little water still. Head hangs as a dead weight when held raised.


Mar. 19th. Temp. 98.6. Rested, better. Only a faint trace of abdomen, neutral reaction.

May 20th. Temp. 100.4. Pupils dilated, but outline not perfectly circular. Contract sluggishly to light, & dilate a little after full contraction, but do not dilate to the extent at which they were previously to being exposed to the light.

For the past 3 days, milk has been returned down his nose.

Child very feeble. Rambled all night. At times asks for things apparently sensibly but still gage quite vacant. Sensitive to touch. People moist & white coat off. Died quietly about mid-day.

General Remarks. This appears to have
Case No. XXIV

been a case of general tubercular mischief affecting the brain & lungs. In all probability caused by the affection of the kidney acting on a constitution predisposed to tubercle, the leading renal affection being no doubt due to inflammatory action subsequent to the illness in July, which was in all probability scarlatinal.

The noticeable points in the case were the general disappearance of the dropsy, the large quantity of albumen (three parts) & the sudden disappearance of albumen from the urine two days previous to death, without any corresponding improvement.

The condition of the pupils, the paralysis of the palate, the unconsciousness & rambling of the temp. was normal, subnormal, or elevated; pointed to disease of the brain. The varying character of the chest signs were also noticeable.

The irregular course of the temp. curve (as seen in accompanying chart) also supported the diagnosis.
Synopsis

of

One Hundred Labours.
**Synopsis of Labours**

<table>
<thead>
<tr>
<th>Primipara</th>
<th>Secondipara</th>
<th>Multiparos</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>14</td>
<td>4</td>
<td>32</td>
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</tbody>
</table>

**Presentation**

<table>
<thead>
<tr>
<th>20 A.</th>
<th>10 A.</th>
<th>N.O.P.</th>
<th>Foot.</th>
<th>L.S.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>16</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Living Dead</td>
<td>Living Dead</td>
<td>Living Dead</td>
<td>Living Dead</td>
<td>Living Dead</td>
</tr>
<tr>
<td>1</td>
<td>15</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cross (arm)**

<table>
<thead>
<tr>
<th>Foot (hand)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>Dead</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

**Forceps used in:** 16 cases.

**If the children:** 10 lived 6 died.

**Brothers:** 99 lived 1 died.

**Children:** 82 " 19 "

**Sex of children:**
- Males: 54
- Females: 44

**Maturity:**
- Fullterm: 88
- Premature: 12

**Perineum torn in forceps cases:** 3

**Unassisted:** 2

**Lateral incision required in:** 1.

In more did the tear reach the anus.
<table>
<thead>
<tr>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Labour</strong></td>
<td><strong>Difficult</strong></td>
</tr>
<tr>
<td>Easy</td>
<td>Difficult</td>
</tr>
<tr>
<td>Fedors</td>
<td>28</td>
</tr>
<tr>
<td>Easy</td>
<td>Difficult</td>
</tr>
<tr>
<td>12</td>
<td>60</td>
</tr>
</tbody>
</table>

1. Spasmodyce, uterine action
2. Primiparae
4. R.O.P. Presentation
2. Firm Perineum
1. Breech
1. Spasmodyce action
1. Pendulous belly

2. Uterine inertia
3. Multiple cases where exhaustion allowed to supervene.
1. Elderly Primipara (at 32)
8. Spasmodyce pain
4. Placenta Previa
1. Elderly Primipara (at 30)
4. Uterine inertia
2. General debility
1. Cephalcia
4. Foot in Breech Presentation
3. Arm
1. Narrow Pelvis, large head
1. Acute Rheumatism
1. Great oedema of arm & leg (left)
3. Persistent, R.O.P. Presentation
1. " " " short stature
1. Membranes adherent

Previous condition of mothers:
Age of primiparae over 30 in 3 cases.
Synopsis of Labour (continued)

four of them the age was 29.

one had Heart Disease. one Retrusion of Gravid Uterus. Two had become in-
fecrated after having a Retrusion re-
placed & whilst wearing the pessary. Two
were very diminutive in stature.

Hernia of bladder or rather prolapse of blad-
der & anterior vaginal wall occurred in
one, she having been troubled with this;
since she was last confined. It gave
no difficulty during the labour.

Condition of Children. Four were posted
at birth. One case of twins, with separate
placenta, & separate inner membranes,
but also a common outer membrane.
One had a cleft palate & harelip. another
had two lower incisors at birth. One
had for 16 hours after birth, forceps were
used, he became jaundiced, but rallied
under treatment.

Subsequent mortality in children.

Two died at 3 months from tubercular men-
ingitis. One at 6 months from Syphilis
(congenital). One at 5 months from nec-
crosis of brain, with cerebral symptoms.
Syrupes of Labors (continued). 

viz.ystagium &c Another died in 5 days from convulsions.

In none of these subsequent cases were poisons used.

Puerperium.

44 cases did well.

Rigors + temperature over 106° in 6 cases.

2 from chill, the result of getting up too soon.

1 Pneumonia (Veins of thigh).

1 Accumulation of hardened paces.

1 Russian Influenza.

1 Case of chill, the result of lying in another saturated for two days with lig.-aminii (midwife case). Wermie douche of curdy fluid used in all these cases, as also in two other, where temperature continued high without apparent cause.

All ultimately did well.

Mammary Abscess in 3 cases.

Lingering convalescence with temperature taring from 92° to 100°, for over the first 2 weeks, but no special cause discernible in 6 cases.

Two cases of exhaustion & fainting.
Synopsis of labours, continued:

Suddenly after the termination of the labour, one a difficult forceps case where previously exhaustion had been induced by the midwife deposing to send for assistance; for nearly a week her pulse kept over 120, the temperature only reaching 100°. She had also retention of urine.

In another case, the labour was natural but the patient was short in stature and the pains were strong, but the parts resisted. She was afterwards in much the same condition as the foregoing one, but there was no retention. Both afterwards got up well.

One case of retention of a portion of placenta (cotyledon). See Case No. VIII.

Six cases of lingering convalescence with varying temperature of 99° to 100° during the first week and most of the second. But no special complaint could be detected. All did well later on.

In one case the pulse remained over 120 without any serious symptoms, settling up quite well on the 7th day. She was a stort multipara.
Synopsis of Labour Case

Five Cases of Placenta Previa

In the only fatal maternal case there was placenta previa with R.O.P. presentation, reflected at the waist by the midwife, who allowed her to bleed for 6 hours before sending for me. I saw her a few minutes after receiving the message; pulse 148, thirsty, patient blanched, almost moribund. 60 size of crown piece, edge of placenta within about 1 inch of the os. Delivered with forceps, after waiting about half an hour, & a little blood still oozing, the blood lost after delivery. The uterus never belled & died three hours after. She had already had twelve children, had always managed with a midwife & was in poor circumstances, having been led a hard life.

In another case (multifara) there was a sudden rush of blood, in which over two feet were shown bare, almost all of it forming one large clot. The patient was pulseless, & perfectly blanched. 60 unopened. Cervix maria tent inserted & vagina plugged. Brandy every half hour. The tent was removed in 9 hours.
Symptoms of Labour. Contractions of the womb were used. A diaphoretic sedative mixture with quinine were used. She slowly began to improve and at the end of a fortnight got up well.

In the 3rd case I had to deal with bleeding at the fifth month or rather beyond. Rest and homeostatics were used, but with little benefit. Patient rapidly losing ground. Accordingly induced premature labour, inserted a lumina tent, gave a full dose of ergot, got everything away in 8 hours, after inserting the tent. She got up quite well. In the tenth day.

One case of delirium caused to a great extent, by a shock which she received two days previously to labour commencing. The shock was caused by seeing a pet dog crushed under a cart wheel. She had four convulsive attacks, these being very violent. She remained in semi-unconscious condition for ten days after. Temp. 103° to 102° Rambling quinine, bromides & fluid nourishment.
Synopsis of Labors, cont'd

were used, with brandy subsequently. She rallied well after improvement began. In labour about 4 hours, rapid termination, considering that she was a primipara. Chloroform was used after the third pt. One case of Rigor was due to impacted feces lodging in distended Rectum. She had some tenesmus & on examining vagina I felt a hard mass in Rectum; with injection of 1/2 soap-suds this was removed, & she felt quite well. Two days afterward, another accumulation took place; & induced another rigor. Subsequently enemata were used regularly, & the patient did well.

One case of Rheumatic Fever took on a Typhoid character. The fever coming on prior to the commencement of the labour. There was great oedema also of the leg & arm on the right side; the oedema however passed off in a few days, after delivery, leaving the rheumatic pains & swelling. It was a tedious case, lingering with pain for nearly 3 months. Her temperature during this time vary
Synopsis of labour, continued

Up from 99½ to 102°. She had a dry glazed tongue, & weak pulse.
The uterus was washed out as a safeguard. Then salicylates were tried, but had no effect. Quinine + antifebrin settled better. Ultimately salicylates were used again & relieved the pain. She was an otherwise subject.

After several months she quite recovered; but the knee had become fibrously ankylosed & fixed in a flexed position. During her illness she kept in a flexed position & the caesarean, all attempts at straightening proving futile owing to the sequestering venous which it caused.

Six months after delivery broke down the adhesions, then required great force to accomplish it, even after she had been placed under chloroform (April 4th) I applied extension by weight & puller. She has now full extension & good flexion, & can set her heel to the ground, & walk with the support of a stick, with good hopes of perfect use returning to the leg, as her bodily health is now quite recovered.
Synopsis of "Labour" Continued

One case of Russian Influenza.

Complicating Labour & Puerperium.

She felt chill during confinement. After delivery, though she labour had not been difficult one, yet her pulse never settled, continuing over 100. On the 3rd day she had a rigor with temp. 104°, restless, very tired.

104° F. Pulse 144. Milk checked. Water fever. Toxaemia stopped. Tongue dry & borders on teeth. In fact she had all the appearances of a bad puerperal case, but having taken every precaution, the membranes being expelled entire, the placenta whole, & the labour not difficult, together with the fact that she felt chill during labour & juice excited from first; all these I thought gave a hope that it might possibly be a case of the then prevailing epidemic. Considering however precaution to be the better part of valor, I employed all the uterine, yet the temp. went up that night to 105°. The juice became thicker with swelling & unconscious staring of the eyes. On the previous night I gave her two
Synopsis of labour continued
powder, each containing 5 grs antifebric, one four hours after the other. In half an
hour she was at a profuse sweat, &
afterwards her progress though very,
very slow, yet was sure & ultimate
recovery ensued. She is now
well & hearty.

Finis