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Thesis
Medical and Surgical cases
John Wilson M.B., M.R.C.P.
Cheltenham
April 1881.

Pass, as regards Surgery
Practically: Cases in Medicine
Surgery with Clinical Remarks
Pass to Royal Medical
J. Smith
In the beginning of August 1845, I obtained from the University of Edinburgh the degrees of M.B., M.B., and in November of that year I came to Cheltenham, and from that time to this, I have on my own account practiced Medicine and Surgery in this town and neighbourhood. In October of last year I passed an examination at Edin. Univ. in the French Language with credit, which completed all the examinations necessary for obtaining the degree of M.D., to which I now look forward. Happened to me that it might be profitable to myself and acceptable to the Faculty, as the subject of the Statutory Thesis were I to give a partial description of certain cases of disease which have come under my own observation, treatment, and study, under the direction of Prof. Grange Stuart. In the view I intend the following manuscripts which I certify I have composed myself. I have omitted purposely the names, and addresses of the patients, as the most of them are retired people and I have no authority to make use of the names. If it is necessary I can supply them. With these preliminary remarks I proceed to give an account of the following cases, which have all come under my own observation and treatment.
Case of Internal Piles

Mr. B—officer, aged 37, single, born ab, and residing here in the meantime.

History: Patient has resided in India for about 20 years on service during which time he has been home twice to recruit his health.

Temperament: Sanguine.

Habits of body: Muscular.

Habits: Temperate, and regular.

Date of his last return from England to India: August 1873. This officer has served in the unhealthy Deore country for about eleven years with the exception of two years granted him in 1871 on account of intermittent fever. On his return he enjoyed very good health with the exception of an occasional attack of fever till a year ago when the evidences of a residence in such a district began to be more apparent and he suffered from a carbuncle, boils, and succession of attacks of diarrhea and dysentery. He also had what seems to have been
inflammation of the rectum. During the last few months before his return here he had been with a force of the Topore Police in the Kasuma country, and the privy and overwork brought on attacks of fever, diarrhea & haemorrhoids which incapacitated him from work and so hadn't got a medical certificate for leave. He is when in health of a very ruddy complexion but now he is anaemic. His medical certificate describes his spleen as enlarged extending four inches below the costal cartilages and painful to the touch. Liver also enlarged and painful on pressure. Spleen on my examination by percussion extends 25 inches below left hypochondrium. By percussion you can feel it below left hypochondrium. On marking it out with percussion it is much enlarged and very dull, moves with respiration. Anterior margin sharp. Its anterior & posterior border exceeds anteriorly & posteriorly line drawn perpendicularly down from the
jaws of the R. axilla. I think it enlarged as the result of congestion which has occurred in the intermittent fever. The liver I also make out enlarged. The upper part of dull line of it extends from rth dorsal vertebra behind to the 7th intercostal space on a line with the center of the axilla and to the 5th intercostal space on a line with right nipple the dullness running into the cardiac dulness. The lower border projects 3 fingers breadth below margin of ribs 16 below right nipple and 5 inches below junction of sternum with last costal cartilage. Lower margin can be easily felt, no irregularities nor projections to be felt on the inner or outer surface by laying patient on left side with heads back up and getting the fingers below the lower edge. Think also this enlargement has arisen from the one he suffered from in India. Treatment while he was in India consisted of antipertussics, antirheumatics which
only gave temporary relief. On the 6th Sep
1880 he came to consult me as to his
internal troubles, for trouble had about the
anus especially after being at stool.
Spasmodic contractions and sensitiv-
ity of the sphincter ani, irritability of
the bladder and a slight discharge
from the rectum like flecks which
was troublesome in the morning but none
through the day. He had no pain on
passing water. There nothing of impor-
tant to note. He also complained of constipa-
tion and that for several years, requiring to
take every morning or every other morning
a dose of castor oil. His general ap-
pearance is anaemic and emaciated
though of a strong build or frame.
On examining the piles they were
marked but not very prominent
though they bled each time he went
to stool which had a great deal
to do with this being so anaemic.
Sphincter ani very sensitive. On
inquiring more particularly as to the
without fleet I satisfied myself as to its cause arising from impure sexual intercourse. As he has been home about one year now and not much better he was anxious to get better as he would have to go before the Medical Board, I think, before he goes out again. Recommended him the following treatment as worthy of trial. Castor oil to open the bowels early next morning. Diet oatmeal boiled 1 1/2 hours a soup plentiful morning, evening with milk & without any little thing he liked after it in the morning.

Dinner, soup, veg broth, fish, little meat, vegetables, brown bread & potato as a drink no stimulants with walking exercise between each meal covering about 10 miles in a day. In the evening, 15 drops of Oil Safflower & about 2 pints of water and at bedtime 1/2ccc. to drink one bottle of potash water.

Sept 8th he reported himself much better and that the pain about the
amn was much less, and the stools softer, and that the pain did not continue as long after defaecation, discharge from the urethra was less or nearly gone, and that the piles had not bled for two mornings when he went to stool. Advised him to continue the treatment for a few days longer.

Sept 12th he reported himself still going on favourably so that he had not seen any discharge and none in the urine as he used to see on looking at it in the sun light in the morning. Piles had bled once since the 5th, passing much more comfortably than they had done for years.

On the 12th I prescribed a tonic of iron & quinine,

Fe Oxyds. Quin. tinct. 3
Sanguis Aurantii
Infus. Liqu. Zucc. tinct. 3

3 tablespoonful twice a day.
and to go on just as he was doing.

Sept 15th still felt better with the exception that the stools for some reason or other were not as soft, and a little more irritable. Stopped the tonic as I thought the iron too much for him and ordered him to use an enema of cold water to move the bowels gently & to keep the rectum and thus allay irritation in those parts. Prescribed also some morphine suppositories one to be used after stools if pain was great also 4 small quinine pills to be given each 4 to go on as before.

Sept 15th still reported progress and that the fever had not returned since the 12th and that he was much more comfortable in that region. Could hold his water longer, but that the white that discharge came back slightly on the 17th about 12 o'clock. He recommended him to take another dose of Ol Santal Flavour instead in the morning & to persevere in
the treatment as before.
Sept 21st discharge had gone again, stools rather hard but for a stool daily with still a little pain after but not nearly so much as he used to have. Prescribed 0. Morrhualt tablespoonful after dinner gradually increasing it to three a day also advised him to be careful to return any part of the bowel after defecation with his finger and bath after.
Sept 23. Reported himself still making progress in every way that he had given over the suppositories as he had felt little or no pain after stool & that he had found using his finger in and applying often do much good that he could not feel the piles as he used to. Nothing since the 19th. Could now sit very comfortably with no pain. This is what he had not
done for years. Advised him to try the tonic I before stopped.
Sept 30th felt himself gaining
and that the bowels were going to
ach regularly, was able to bear
the tonic.
Oct 16th reported himself still
going on favourably & feeling as well
as ever he did, and that he had been
riding on horseback which did not
affect him. No discharge from the
urethra & that he still got regular
motions, painless. Recommended him
to keep on the same diet as I think
the result of this case is due in
a great measure to the diet I
kept him on, & the sound keeping
the bowels regular, prostate empty.
He had used a coarse oatmeal
before I saw him boiled for about
12 an hour but he says he knew
a great change on the fine oat-
meal I recommended to get not
only on the palate but also as to
the motions being more comfortable.
The oatmeal that is got here is very
with lots of husks in it. When you
only 3 or 4 times a day the grains are not
softened into a pulp. TheWestern
discharge was kept up to a great
extent by the rectal irritation.
In such cases I think it very
important to put the patient
on a diet which will keep the
bowels regular, and of such a
nature that the feces may re
main soft so as to avoid shock
ning at stool, thus avoid at least
damage to such a painful organ.
I am of the opinion that much can
be done by diet without internal
medicines to act on the bowels.
Enemas hot or cold I consider
great value thus keeping the rectum empty and rest. Scrupulous
masses lodging in the rectum. I
often give mild to rectal irritation
if the rectum is irritable these
masses and to keep up that condition. In my little experience I have found it a great help in curing affections in that region to pay special attention to the state of the rectum. Castor oil occasionally is good. Patient did not complain to me much of liver, nor spleen. The symptoms he had in India as to them had nearly gone. I suppose the change of this country thereby getting rid of malarious causes had a beneficial effect. Patient says at present he is perfectly well.

March 5th 1864

Concussion of the Brain

Master A.—P.—aged 14, and residing at Cheltenham.

History. On 21st April 1879 patient had been riding on horse-back (a hunter) when the horse got a fright, became restless and threw him to the ground his head coming against the curb-stone of the pavement.
rendering him at once insensible.
On the above date at 12 o'clock patient was
carried into my house with the following
symptoms. Insensibility, bleeding from
nose, ears, and mouth. Pulse weak and irregular,
14 per minute. Respiration also irregular,
slow 15 per minute, surface of the body
rather cold, and low of power of the pulse.
Insult delayed. On talking to him with
a loud voice patient moved but could not
answer it seemed he start him only. In
this condition patient lay till near
2 p.m. During this time of insensibility
I noticed the respiration got more ir-
regular and frequent 16 per minute,
and that the surface of the body got
colder. Sensibility as it came back
was marked by a restless state of
the patient, and vomiting. I was
with him during all the stage of
insensibility. At 2 p.m. reaction
first set in. Pulse now was quite
84 per minute. No signs of great
sensory headache.
and thirst, at this time he was semiconscious. Pupils were not dilated at 12 p.m., was active. With these symptoms I thought the case one of concussion. Treatment placed the patient on a large broa

d sofa and after learning how it had occurred I examined the scalp and found over the right parietal bone that the scalp was cut to the bone, the wound was an inch in length, but there did not appear to be depression of the bone, head was also bruised over the occiput bone but not cut. The wound over the parietal bone bled freely but gradually stopped by its own accord. Bleeding from ear & nose was from the patient rolling over on them and therefore causing the hemorrhage. I thought as there were evidences of it from the abrasions on the face and dirt on the clothes. The hemorrhage from the nose stopped in about a quarter of an hour that from
the left ear continued for some hours but ultimately after examining the wounds of the head I had the both placed in the head and legs as the surplus of blood was cold and kept him quite applied a sinapism to the epigastrium and as I thought the symptoms were improving I would not require to use an enema which I had in readiness. After the patient got semi-conscious I gave him R. Olive Perictonis m. 7 / Alb. Perictonis 7.5 et februla / Prae. Scrotonius

this relieved his bowels very comfortably in a short time.

About 2 p.m. when the reaction first showed itself I applied ice to the head by means of making bags of gutta percha tissue as I had seen Professor Spence use and found them of great value in relieving the headache from which the patient suffered so much. I also elevated the head, still keeping him as
perfect rest also kept hot bottles to his feet as he complained of them being cold also had a double supply of blankets at his feet. On the 22nd I had his bow opened again by means of castor oil. On the 23rd he ate nothing after 9 a.m. On the 23rd he only drank milk as he complained of flat stitches and the headache seemed to trouble him a good deal. An ice bag over the face, head & keeping it constantly filled with ice, changing it when ever it got warm or that tendency was the only thing that eased him. Patient did not remember anything about the accident, I wondered how he had come into my study. Patient made gradual progress daily, he being kept at perfect rest and on a low diet for about a fortnight. On the 6th day I had him conveyed to his owner's home. During the time he was in my house I used the parade as
my guide how the case was going on, taking it several times in the course of the day. On the second day after the accident pulse was not its natural. My reason for keeping a close watch on the pulse was in case symptoms of internal haemorrhage or inflammation of the membranes of the brain might come on. Bowels were moved daily with castor oil in the morning. On having him removed to his bed I still enjoined him to be kept up and at rest, till I could see if there were any symptoms going to come on after having him removed. No symptom showed itself after his removal, & in a month from the date of accident patient was going about, though I forbid him to take violent exercise. Up to this date I have seen the boy frequently for other trivial matters, but he has had no
Read Forever as a Council of War

Meeting from the council room. Thought of how strange and new an event of its own accord. Such close approaches. Push left for some direct involvement of the kind. I thought of how to face the difficult decision to go or stay. In the case thought of. Search the answer. If it can ever be. My own case being that of the kind, the result of the decision. So that the case. The kind that I thought

Adventures of a Council of War

Study and as my ownDatetime in accordance with the kind of the kind, as its circumstance coming. I thought of how to face the difficult decision to go or stay. In the case thought of. Search the answer. If it can ever be.
furrhe time filled with ice sealing th
with chloroform applied round the face
is an excellent means of keeping the area
circulation quick, or more to feel still
further aids this. This measure ought
to be continue for about 30 days con-
and with rest of course not forget
bowel, lawsuits & so forth as I thin
in many such cases it is impracticble
to say what might arise though it
are trivial injuries in appearance.
A slight injury in appearance might
turn out a serious case if due precau-
are not taken, by symptoms comm-
on insidiously which might mis-
have come bow if the above treatment
had been adopted for some time
When it is known that they may
come on from 15 to 20 days after
the injury the greater is the need
to see it carried out. The only ex-
planatip; I could throw out as to be
caused of such symptoms in clerks sh
be more direct, depression of the cir-
culation following this and affecting the cerebral functions still further.

Syphilis

On the 5th March 1879 I was consulted by Mr —— aged 26, married, and residing at Chelsea, about the above affection, with Paraphymosis accompanying the primary sores. On examining the penis there were three sores to be seen on the glans penis with retraction of the prepuce which had become much swollen, the sharp cutaneous margin of which had become very tight and constricted the glans penis so much so that I thought strangulation of the glans would soon take place if it was not soon relieved. I tried by placing the patient in a very warm bath & then I tried to bring the prepuce forward as I have succeeded in some cases but on pressing the glans penis pretty firmly with
the left hand and drawing forward the prepuce with the other I was unable to remove the malposition so I determined at once to relieve it by use of a narrow bistoury. On cutting the constraining ring at the bottom of the canal I noted it on the dorsum of the penis avoiding the vein, artery, nerve or either side of it. I could feel the artery beat so that it formed part of my guide, along with the dorsal vein. After my first incision did a few remaining fibres which still seemed to constrict, as this did not relieve the constriction as I would have liked I divided it also by one notch on either side of the penis for I felt if I had left it with only the notch on the dorsum of the penis, it would just have been necessary to repeat the operation. Therefore I thought all at once was the
proper way to deal with it. After reliving the constriction I used cold water dressings to relieve the excited action of the tumours at rest in bed. On the 6th March the swelling had much gone down and I proceeded to treat the sores on the glans penis which the chemist by profession had himself treated but with no effect.

History of the sores on glans penis, patient had been bitten into a den of sin three weeks ago a fortnight after which a pimple appeared on the glans penis followed by two others, they ulcerated on the top and so developed into what they are now. On looking at them they were cap-shaped, edge more abrupt, and hard to the touch, the surface of them had a glary appearance. Inguinal glands were enlarged, and hard, and could easily be felt. In the surface and hard
base of the specific ulcer. I applied silver nitrate soon and to prevent the extreme action of the caustic I had smeared the other parts with lard, then applied a small piece of that part of the penis till there was separated after which I used black wash as a lotion to the sore and this acted very well at the same time it healed so fast under the use of it, and after a week or so I changed it for a lotion of sulphate of copper, and went on with this for another week all the scars were gone, there was gradual progress and continued its use till the 20th and as they scabbed over, I made no more progress I put, some such on a little mercury (blue pill) and used sulph. of zinc as a lotion under which all the wounds healed kindly. At first the patient had considerable febrile excitement for which I gave him digitalis acetate which was of great service.
in checking it. Bowels were kept regular with saline. When I put him in a little mercury I gave it as blue salt to be given slowly.
Diet at first was non-stimulating afterwards a good liberal diet, fish light and nutritive e.g., fish meats, raw eggs beat up in milk cream and oil and a little sherry and water as a mustard. Keep the skin active by warm baths occasionally and when the sores were healed, by exercise in the open air. At the end of the month put him on a tonic of iron and quinine which improved his health very much and he gained also in weight. Patient while I attend him and a month after it had no secondary symptoms except the paraphenomenon which came on with the primary sores. In similar cases bubo came on while the sores were getting treated or came on at the very first. His
glands were hard and enlarged and could easily be felt. I think the confinement to bed and rest was an active agent in preventing it. The patient became paralytic and by the hour so that I was unable to follow out his case and give him progress though I have heard that he has come well through his friend. The case presented another finding which may be of interest. A sore on the upper surface and at the middle of the glans penis was indurated. I thought when they appeared there, as I have noticed myself, the sores were not indurated, they were more superficial. The induration of the edge of the sores was most marked on the two at the left side of the glans penis. This was the worst case of hard chancre I have seen and the patient made a quick and good recovery though he was
found a great deal of pain before he gave in to take advice. He had syphilis before which he says he cured himself but I am rather of opinion it was not syphilis but an abrasion which he thought was syphilis. That was six years ago. His health before this complaint I treated him for was good, and he had none of the secondary affections which one would have expected he would have had since that time.

One child of which he was the father was healthy and always had been.

Dec. 18th 1850 Since this case I have treated several very bad cases of hard chancre. Potassa suva has been found of great service, after getting rid of the slough the cases all made rapid progress. In such cases I believe potassa suva is the best caustic for in a very short time if we
applied if destroys the sore thoroughly.
Its alkaline properties give it a great
advantage over Sulphuric Acid or Nitrato of Silver which I
use for it. The objection I have
is the fluid caustic is that the
run and do not act so thorough
as potassa fusa. Nitrato of
silver is not so quick, it does not
go to the base so effectually.

After the slough comes away,
all the cases I have had, have
healed very quickly. A little the
pill is decidedly beneficial if it
does not tend to heal with
lotion, as probably it is the
poison in the system which wants to be
eradicated.

Phlegmasia Alba Dolor

(following Typhoid Fever)

Mr.  residing at Cheltenham
23. single. On the 8th April 1879 I was called to see this gentleman who had just come home from college, where he was studying for the church but had been laid up for the past month with typhoid fever having caught it in the house he lived in at college along with another student who died of it. Patient says the cause of it breaking out as he had from the Dr is there was some of the drains under the house being in a very unsatisfactory state. He was removed at the time to a private home and was treated for a month by a Dr there at the end of which patient could stay no longer, and came home here on his own responsibility. When I saw him on the 8th April he was in a very weak condition and not yet to have been travelling. One of the com
Apparition of the circulatory symptom was beginning to show itself in the bladder. Mr. Brown. Constitutional symptoms he had were quick pulse, 110 per minute, great thirst, headache slight, restlessness, and irritable, tongue was furrowed, face perspiration at night and even during the day. His skin was very moist and clammy, temperature nearly normal, tending rather to the one degree above the normal. What he complained of was swelling of legs, he thought it larger this morning, pain in the groin, a weakness or loss of power in that limb. On looking at the two limbs one could see a marked difference in the size of the two limbs. The swelling had commenced from the foot upwards. He noticed it at the instep of the
ing his weakness. There was a limp, pain in the hip joint about the 6th week, but on making a particular examination for hip disease I could not make that out. Patient's constitution was much weakened from the fever and also syphilis he had contracted two years ago. He had been treated for it by a Dr. in London. His mother and brothers have strong constitutions.

Treatment, kept him at rest in bed, wrapped up the limb well in cotton wool, keeping the left limb elevated, and protected from the weight of the bed clothes by a cradle. Bowels were kept regular with the Rhâi Co. patient would not take any other medicine for the bowels. The pain in the limbs was not so severe as to require as I have used flannel soaked in poppy heads. Sub-

On the 4th Feb 1804, I was "a day afterwards in charge of it," from which time it appears that the history of the Piccadilly Club was to be ascribed to the author's memory, as he could not tell the events exactly. An account of the club is to be found in the "History of the Club," but a day or two after the event he was "not able to speak the truth." The author's recollection of the club's events is "not true," and the author is "not able to speak the truth."
rubbing from below upwards. I was left here on 8th June for the sea side very much improved in health and I have been informed that since that time and at the present date that his health is much improved. I have not seen the patient myself to measure up the left limb returned to exceed that of the right.

I think the cause of this complaint coming on may probably have been exposure to cold when he was yet in a weak condition after the fever. In another case of it I had in a young woman after typhoid fever symptoms of it came on at the same time was no exposure and it ran a similar course to the above case. The cause of it being probably set up by an altered state of the blood. The patient's cachectic state prelud...
causing excess of fibrine in the blood, therefore a tendency to coagulation and this causing venous obstruction, irritation and inflammation of the crural and veins of the lower extremity where the circulation is slow. The iliac artery crossing the vein may favor it to concom in left leg in preference to right. Torsion in the vein would also favor coagulation I think. In superficial conditions, phlebitis, and cancer where there is a tendency to a fibrolastic condition of the vein the fibrine might tend to become attached to the leaf of the valves and cause the veins to become thorny and the irritation and inflammation may occur at these masses. Coagulation may go on, take place, and form a clot, changes might then take place in it. It might become dissolved and the circulation become restored or it might become
organized and even then get transformed into molecules through which the blood might pass, or the clot might get detached and pass to the Pulmonary artery and obstruct some of the branches and so cause death.

**Lusus of the nose coupled with Oraena.**

On the 1st August 1849 I was consulted by Mr. [name] as to her daughter aged 18 single and residing at [name] Chelb. Patient had been complaining of the above affections for some months past and with a long history that they were getting worse every day. Past was of a marked atypical constitution also her mother and brothers, her father was dead. The peculiarity of this case was that she had been seen by several medical men before she...
came to me on the above date and only getting worse. She had been attacked by a Dr. in town here then getting no better sought advice from the Surgeons belonging to the hospital, then making no progress she went to her uncle at Devonport and got attendance for some months but still made no progress. Returning again to Cheltenham she was advised by a lady whom I had been attending (a midwife) to come and see me and I was just preparing to go for a holiday to sea side I left the case with a Dr to look after, while I was away. On my return Sept 1st I took up the case and it looked in fact worse than when I saw it on the 14th August. On examining the patient more I found that the left ala of the nose was being rapidly
eat away with lupus. Instead of it, it commenced as small pimples each with a little redness at its apex, then came together, burst, and formed the sore originally, and in had gradually nearly eaten itself away. The ulcer so sharply marked with a dark gray discharge, part of which had caked and concealed itself. The base of the ulcer was thickened and swollen, such the whole nose being swollen. From the nostrils came a discharge mucous purulent in appearance with a most offensive stench I now for the like I smelled it when I entered my consulting room. On examining the nose me particularly with the new speculum and probe I was not made out any foreign
nor necrosed bone, nor a polypus, so I thought it was just owing to the constitution. The septum of the nose was pierced with a round hole which I could distinctly see and could pass the end of a pencil through it. The Schneiderian membrane was all in a state of lumenfection and with the rhinoscope I could not make out disease of the turbinated bones nor ulceration except near the left orifice of the nose. The right nostril was much swollen, and nearly closed at the external opening, so that she breathed with the mouth open a little, the left nostril though much eaten away forming a large hole twice the size of an ordinary nostril was not sufficient. Patient had the ozana before the nose broke and in little pimples on the left
side farming ultimately the idea for her mother asked previously to that she could not go out anywhere, for the matter was so great. Patient was losing flesh and strength and was in a very despairing state with no appetite and could not sleep. She had also amenorrhea, she had menstruated but it had stopped. History of syphilis. I have a hundred other members of the family for strumous complaints. The Dr at Devonport were going to use some bone (nasal as Uro—pulled out) but I did not see why would be the gain of that nor could I make out increased bone and it was the fear of the operation that her not brought her to me first. I thought I could cure the case without any operation so
got the case to treat.

Treatment: Local & Constitutional
Local: Cleaned out the nostril thoroughly with warm water injecting bit up with a large syringe and after confirming my diagnosis I got off the scabs with warm water then powdered some sulphur of copper very finely, blew it on to the turds through a piece of paper curled up, and up the nostrils as far as I could see the parts affected. This was followed with smarting which however soon passed off.

Sept 2nd washed the nostrils well out again with warm water to get rid of the discharge again which had collected and used a dilute solution of sulphate of soda afterwards, and applied to the nose a piece of cotton wool soaked in a solution of sulphate of soda.
by this time the lepus at the side of the nose, began to show a decided change for the better, at the edge it was healing and that rapidly so that by the end of September it was scarcely noticeable. The discharge from the nose was not so great at this time, but still I felt the smell. continued the iodine fumes and used a little stronger solution of ferrum cyanide of potash to inject at the nostrils first using warm water so as to clean the parts, also increased the strength of the after solution I used, and in the course of other 14 days I could not detect the smell and the nose was all healed.

Constitutional treatment
On the 1st Sept I put her on

Oil Marrhuac
Grupi Ferri Iodidi ad Zifi

Sift thoroughly three a day after meals increasing the dose to a drop a spoonful after a tablespoonful.
Mors and Strew half for to regulate the bowels and to try and bring back the periodical discharge which had stopped. Good substantial nutritious diet, cream in the morning to drink a tonic of iron or tarine's tablespoonful 3c c a day with meals and walking exercise. Under the above treatment cure seemed to commence from the first day, so that in the above time she had got quite stout, full in the face, red. The lips were blue when I first saw her. She was now quiet with no complaint. The menstrual discharge came back at the end of September. On discontinuing my visits I recommended her to continue the old marshalls with the syrups Ferri Poditi and pay attention to have regular meals such as she had taken.
with regular exercise and to take her tonic of iron & quinine occasionally and that if she paid attention to what I said, I did not think it would return. After she got better she went to Devonport to see her uncle and help him in his business a little. He being much surprised at the state of health she was in compared with when she left. But there owing to neglect of all the advice I had given her, getting no regular meals just living what she required to eat, and with no home comforts (her uncle's house being always out at business this wife at home helpless with an asthma) and not taking any of the precautions I gave her before. She went away, the health got low again the sore at the nose began to show itself and while there caught a severe cold and had it three weeks before
she came home again to Clitheroe.
When I saw her this time I knew she was beyond my powers, as she had bronchitis for which she had taken no advice and on listening to the chest some places I could not hear her breathing at all. I had got blocked in expectation to see what effect they would have, and blistering stimulants but all of no use. I was quite surprised at the change she was so altered and had got so thin and breathing was so laboured and quick. Pulse was and slow, did all in my power for her but with no effect, patient gradually sank as she would take no food and seemed to lose hope in fact wishing to die. She and her uncle having some disagreement as to money which he had promised her, depressed her very much.
I considered was from utter neglect. In this case the lupus was of a lupetic nature at first and not tubercular as is most frequently when the nose is attacked. As to the treatment in such cases where there is a marked strumous constitution I think the sulphate of copper is the best carbonate to apply and blown on as a fine powder to the part; it acts very well. In a febrile constitution it might be kept a great secret lies in treating the constitution and I am inclined to think if that is well attended to very little local treatment would be necessary as I believe it to be the root of the evil until that is attended to no local treatment might cure it. Of course my experience is not great but the next case I have I shou...
like to test that and see the effect of constitutional treatments also. Of course keeping local parts clean but using nothing as a specific at first till I saw the effect of internal treatment. In the above case I had to use local measure of once as the stench caused by the oracea was very great, but in this case just as easily symptom for constitutional treatment and this not being done, matters got worse. By attention to dress, exercise, sleep, air to be breathed and that the function of the digestive organs and so are well performed, I believe a vast amount can be done. Combat this constitution and the results that come if no attention is paid to matters.
Rheumatic Iris

Miss ______ aged 45 and residing at ______ I was called to see this patient on the 3rd Dec. and found her complaining of severe pain neuralgic in character in the right eye, forehead, temple of right side, great dread of light (Photophobia). This rheumatic pain is characterised in the lower limbs and shoulder joints. The iris had lost its brilliant appearance evidently from lymph having been poured back on its surface it was also dull, not presenting the brilliancy of the left eye. It had the appearance of a dull grey. The iris of the left eye was blue. The colour of the iris at first led me to believe that some change had taken place in the aqueous which might require an operation but on continuing the treatment it seemed to come round more
In blue and my opinion at the time was that changes were taking place in the aqueous but which were arrested. Pupil was very sluggish and the pupillary membranes seemed to have formed some kind of adhesions to the capsule of the lens. Conjunctiva was suffused and very red with maculae, ciliary vessels were seen, and formed a red semicircle around the cornea. Vision was also impaired. Treatment caused the burn to be moved with a saline purge, patient to be kept in a dark room as the photophobia was so great.

Prescribed

R. Atropia sulphate 9 grains
Squarea caustica 3 grains

Sig. Adrop to be put into the eye 3 or 4 times a day

also R. Extractum chelidonii
Unguenti Hyoscyami

Sig. To be rubbed into the temple and around the brow.
also R. \text{Aconiti Lbid.} gr. XXX
Aconiti BIANCHIUS 3 gr
Infusi Queass 3 vi
Sig. Tablespoonful three a day and
at bed time to take a pill consisting of
R. \text{Calomelani} 8 gr
Ib. \text{Speciae} Cog. 1

Next morning the pain was not
so great, but the eye in appearance
did not seem much improved. The
drops of belladonna had dilated the
pupil and it looked circular, how-
ever the next day 5th led the pain-like
adhesions gate way and the pupi-
lar margin looked more regular.
On the 4th Dee conjunctiva was very
Congested and edematos. I Pre-
Commended her to have the eye
bathed with warm water drawn
as she could bear it 4th to be
repeated every hour and after
each bathing to use the following
Lotion R.
\text{Extracti Belladonnae} 6 gr
\text{Aquae Aethiopicae} 3 pint
and to have it a little over boiling
water in a little vessel. Saw her night 14th, and found the bathing lotion had diminished much the congestion and oedema of the conjunctiva, and that the pain was less. After each bathing, I caused the eye to be covered with cotton wool and a little bandage to keep it on, so as to prevent her catching cold. On the 5th the congestion of the conjunctiva had much diminished, pupil more regular, continued above treatments diminishing temperature of the water into warm, still using the ointment to the forehead and a drop to the forehead, and a drop to the atropia. I previously prescribed to be put in the eye at bedtime. On the 8th stopped the iodide of potassium mixture very full as the pain still continued. I prescribed Quinine eye drops 5m of Tinct. Ferri Perchlor. 5ca 20.
and still went on with the Unguert to the forehead and this had a
marked effect in relieving the pain continued this for a week keeping
the bowels open every day. At the end of the week patient's eye was
nearly as sound as the other though weak a little and pupils
dilated a little. On the 13th I
discontinued my visits warning
the patient to take care against
exposing herself to cold as it
might bring back the trouble
d again. In a week after I
had given over attending I was set
for again as the eye was slightly
inflamed and a little pain in it
the patient having exposed herself
to cold. I used it to be bathed
with warm water and used the
gutta I had previously use
which caused the little pain &
inflammation to disappear if
this had not been ordered.
all the symptoms would have back. But the patient, on a diet
of iron and quinine and fever, has kept free of it till this Oct 3rd 1840.

The other cases affecting the eye
have seen and of any impat.[illegible]

Phlyctenular Ophthalmia.
The patient, a Miss [illegible], aged 16, residing at [illegible],
was well annexed, and of a serious
constitution. One eye only affected.
On looking at the eye
was to be seen one or two small
phlyctenular close upon the back
of the cornea, herpetic in nature
and ran a course like a herp[illegible]
erection elsewhere on the body.
When this appeared at first
were small vesicles then the
burst, then burst, and form
little ulcers which healed u
without leaving a mark. In this case I could see a distinct leath of vessels small arteries running to the phlyctenulae. Cause as far as I could make out, was partly in the Constitution. Scrofulous. Dirty confined lodgings with a defective diet.

Treatment consisted in acting against the cause. I have noted of using a weak solution of sulphate of copper for the little ulcers. This cured her, but patient has gone to Isle of Wight to live and when I heard last some months past she was well. It was in Nov. 1878, when the case came to me.

Catarhal Ophthalmia.

On the 30th April 1879 I was called to see Miss _______ aged 80, and residing at ________ child, and found her complaining of the following symptoms, Serousness, skin hot, thirsty, sensation of
grittiness in the left eye as if a small piece of dirt or sand got into the eye with a stop of the lids. Right eye was affected slightly at the time and gradually got the same as the left though not so severe. Conjunctivitis of the left eye was red, impaired surrounding the cornea it was so red as the outer part. It contracted with the light of a candle and returned to its natural size on removing it. As the conjunctivitis went on the conjunctiva became of a bright red and choroid. The bright redness presented a contract to that dull redness one sees when the deep parts of the eye are affected. There's a muco-hyaline discharges coming from the surface of the left eye when I saw it, it had been preceded by a discharge in character. The muco-hyaline
discharge caused a good deal of ir-
ritation at the inner canthus. Patient
before calling me in, bathed the eye
in the morning to get it opened the
discharge during the night gummed
the eyelashes together and so prevented
the lids from opening. The upper &
lower lids of the left eye were swollen
Conjunctiva was elevated from a serious
effusion beneath it, giving the cornea
quite a sunken appearance.
Treatments opened the blocks
with a saline purge, and prescribed

Re

Potassae Bicarbonatis 5 x x
Vorchaure Aurantii 3 f
Aquae Distillatae 3 f

To be taken in effusion with
Acidi citrici 50 x ii dissolved in
a little water

Sig. To be taken 2nd or 3rd a day.
For the eye

Re

Aluminii 9 f xi
Sucei Solfatis 5 f
Aqua distillata 3 f

Sig. The eye to be bathed
3rd day a little being allowed to
run in.
In the intervals I use cold water and a lotion to get rid of the debris.
May 1st. The eye was improved in punctura and not so distorted as the sunken appearance that the cornea had presented the day before was not so great. There was cold mark in the left eye and the eyelids were swollen. Used the same lotions to the right eye but as I saw it from the beginning the symptoms in it were not marked nor so severe. Prescribed for the left eye.

Argent & Nitratus 38
Squae ad 3

Sig. Two drops to be drop into the eye three a day and baths in the intervals with cold water. Used the alum & lime for the right eye continued thus for three days. On the 14th day the swelling of the lids of left eye and the chemosis had very much
gone. Chemosio and swelling of the lids very slight in right eye, con-
tinued some treatment till the 8th. Used also Unguentsi Betacree to
the inner borders of the lids at night to prevent the discharging.
On the 8th the symptoms were all gone and I put her on
a Tonic of Iron & Phosphine. Patient has since kept well up
to this date 21st Oct. 1880. The pupils kept active in both
eyes during the whole time, which was my guide that
the deeper parts of the eye were not affected.

On the 5th March 1881 I was con-
sulted by Mr. _______ residing at
Shell: as to his son
aged 38, married, who is of a stum-
bous constitution and had, had
an operation performed on the
15th February for soft cataract of
the right eye, after which deep intraocular haemorrhage and inflammatory issued. The inflammation was somewhat subsiding on the 25th but still considerable. From that date suppuration of the globe and the cornea has set in. The question was now as to the future treatment. As the sight was irrecoverably lost, I advised enucleation immediately my reasons being firstly the certain risk of the other eye getting off as it likely would if a long course of treatments were carried out, as to favour suppuration and bring about a cure, and secondly because of the danger of sympathetic irritation coming in after years, requiring an operation after perhaps it had damaged the left eye. This was subject to scar fever and was also against keeping it.
I thought. In such cases shrinking of
the stump of the eye is sure to take
place to a greater or less extent. I
also deformity often remains if it is
kept in. And in my opinion it
would be better, out, and to do it at
once, and afterwards get an arti-

cial eye and thus avoid risks of
deformity. The operation was per-
formed and patient has made a
rapid recovery.

In July 1880 I was consulted by
Mrs. , aged 36 and residing
at , as to an eye
affection which had suddenly come
on, namely dilatation of the right eye
three times larger than the left, with im-
pairment of vision. These were her
only symptoms. Could not make out
any other paralytic symptom.
Patient could not give any reason
for it, the only thing unusual
that had occurred was that Mr.
had broken up some of the cracked basins which he thought not fit to be in use and she got in a great rage at it when her eye affection came on which alarmed them both and came to me. As I could not make out any intraocular or extraocular cause I thought it one of those cases of mydriasis which come on suddenly and might be due to a preponderance of power in the radiating over the sphincter muscles due probably to rage causing flex irritation.

Treatment prescribed

R.

Eserine 5

Aquadest 3 fbs

Mix

Sig. One drop to be dropped into the eye. This causes the pupil to dilate greatly, but gradually dilated, so stopped when it got the size of the pupil...
of the left eye and patient sight now was perfect as before. As I have
read of cases like this where the pupil has remained dilated for years with
impaired vision, I thought the fuller might be of service.

It took three or four days before the pupil regained its normal size.

Acute Bronchitis

I was called to see Mr. aged 60, at 12 p.m. on the 14th January, 1850.
Patient resides at ________ Chel.
She had the following symptoms:

Headache, violent pain behind the sternum, violent, painful dry cough, feverishness, a sense of tightness in the chest.

Afterwards slight expectoration came on, white and frothy. Respiration were quick, pulse full and quick, tongue foul, headache, and great dizziness. On getting patient out of bed as if she had never been laid up with it, I examined.
the chest by percussion, over the lungs the sounds were hyper-resonant. Expansion of chest I thought diminished. On auscultation, inspiration rather shorter than usual, with a marked long inspiration, with sibilant and some rales in the right lung, not so in the left lung. Vocal resonance not increased over either lung skin hot.

Treatment provided a saline draught as the bowels were constipated, confined the patient to bed, and ordered the temper of the room to be kept as high and the air of the room moistened with steam by means of a kettle to be kept boiling at the side of the fire, and to be supplied with a large spout. Large hot poltice to be kept at the chest so to cover it completely, when
cold to be replaced with warm and to take internally the following medicine which I gave her.

B. Antimon Tart. 5 gr. 1/3 vi
Sage Tinklepow full every two hours till a degree of nausea came.

Diet to consist of hot soups, hot tea, beef tea, arrowroot with milk and such like, bland and nutritious. On the 18th stopper the antimony as the pulse today was very much weaker than when I saw her last night, I could not explain the full pulse last night except it was just the excited state she was in. auscultation and percussion much the same as last night.

Today put her on

Hy. Ammoniaci Carbonatis Fr.
R. Artificial Spirit. Neq. Galli 3x
Scg. Tablespoonful every three hours

and also to take...
the smaller tubes more affected. The pain of the sternum was not so great and pulse was feeble. With these symptoms I thought I should increase the dose of my former prescription to

Lucas Quercus 5 iv.
Ferrum sulphur 6 c.
Syrupus Sella 2 i.
Infusum Sinuacii 30 i.

Sez tablespoonful three or four times a day.

My reason for increasing the dose was to cause more expectoration and relieve the small tubes. This was followed with copious expectoration and the symptoms of asphyxia and imperfect aeration of the blood passed off. I still kept poultices to the chest all round and increased my stimulating mixture I had prescribed to a tablespoonful and half 3 1/2 a day, and kept up her strength with food whenever she
could take it. On the 15th her symptoms were much easier and she had but little pain, still expectorated a great quantity, spumium in a sort of mucous purulent character. From this date symptoms gradually disappeared and patient made a good recovery. On the 18th day for the time I first saw her I prescribed a tonic:

\[ \text{Sodi Hydrocyanici dix} \]
\[ \text{Sodi Citrici Dubi} \]
\[ \text{Ignis Scillae} \]
\[ \text{Infusi Quassiae aq. Sig. Vials} \text{one} \text{in a little} \text{water} \text{in} \text{a} \text{day}. \]

I discontinued my visits on the above date. Patient called on me in a few days and reported herself getting quite strong and patient was in humble circumstances but very thankful how she had been treated. Cause was exposed to cold, which.
On the 22nd May 1849 I was called to see Miss ________ aged 21, born in Scotland, and residing at ________ Chelt.

Previous illness - Rheumatic fever.

Present illness has gradually been coming on for two years.

Febrile, as to food, and drink.

General surroundings at home, and family history good.

Patient was haggard, pale and debilitated. Alimentary System lips pale, teeth bad, gums pale, tongue flaccid, and indented at the edges, by the teeth, mouth and fauces dry, appetite depraved, bowels obstinate, faeces hard.

Haemopoietic System. Thyroid gland and Spleen not enlarged. Blood under the microscope appeared thinner with diminution of the red corpuscles, increase of the white.

Circulatory System, firm and
The heat of the heart, weak, seen the 5th ribs.

On percussion cardiac dullness now in vertical and transverse directions. Patient suffered from palpitation and shortness of breath on walking, fast, or on going up a stair; and also caused it.

Auscultation functional murmurs, very marked. Over right pulmonary vein, humming in character, both in the standing and sitting position. Murmurs could be heard in the arteries coming from the aorta, accompanying the systole of the heart. Mitral area, rhythm of the heart regular, and a soft murmur accompanied the systole of the heart, also to be heard in the auricular area and a little below the pulmonic area. I could hear a soft systolic murmur. The murmur was most
marked I thought in the aortic region. Quality of the sounds were weak. Pulse 80 per minute regular and easily compressed.

Integumentary System skin dry and very waxy-like. Hair very pale, and also conjunctiva; patient was also emaciated.

Urinary System urine pale sp. gr. 1010, quantity judging on the whole also increased.

Reproductive System patient had amenorrhoea also leukorrhoea. Eyeballs rather protruded.

Muscular system badly developed.

Nervous System in a low state and she was subject to various hysterical affections.

Locomotor System nothing particular to note.

Diagnosis Chlorosis probably aortic stenosis.

Treatment, first opened the bowels with Aloes, then I prescribed
for the anaemia

Ri. Ferris Sulphate 3 gr.
Potassium tartar. 3 gr.
Phosphorus 1 grain

Sig: One to be taken 3 cc a day, after breakfast.

I gradually increased the dose to three or three and a half pills for six weeks.

For the amenorrhea I gave the patient Ferri et Aloes, I preferred giving a half pill so that it might act on the bowels and at the same time let her have the iron to act against the amenorrhea. Put on a good diet e.g. Soup, chicken, roast meat, game, clarets, full fat fish, in a little water afterwards increasing it to two, eggs, cream in the morning &c.

Prepared also a little Tincture


B.P.

Hydrochloëric acid 3 oz.
Benzyl benzoate 3 oz.

In 10 oz of alcohol 200.

Sig: Cocktail magnum termi

exhibitor, chaque vie, 2 cc

m. &c., du 27ème 14
I prefer giving peptone in a mixture rather than a pill, as I think the efficacy of it is increased when given with an acid and also to take it shortly before meals so that it may mix thoroughly with the food and thus act more directly on the nitrogenous elements. To help her liver to act, I found taraxacum with milk hydrochloric dilute and a bitter of great service. After the patient got a little better recommended a little out door exercise and gave her also a little digitatus. Then with infusion of galumba to take internally, which also did her much good, and in a month and a half all the functional symptoms disappeared, except a slight systolic murmur in aortic region which I thought might go away as she got more and better blood. Her lips were now red, also cheeks and her menstrual period had
returned. For the Leucorrhoea I used injections of brisk warm urine and powders of Sulph. of Lime. Sulph. of Coffee, q.s., x x x in a tea of water, this cured that.

On discontinuing my visits I recommended her to stop the ictalic mixture, and to take the view in the hills for sometime here and to refresh herself occasion also I thought a change to the seaside would do her good. She her father a few days ago as he was saying that she still well with her. 1850.

January 1881 I have seen the case again and believe her to have aortic stenosis as she had still a murmur with the first sound, loudest in the aortic region going down the sternum. Pulse regular but small. Prescribed again the Tonics iron, digitalis, resi.
On the 20th January 1880 I was called by Mr. to see one of her maids, aged 22, general servant, single, born at Chelsea, and residing at

She had been treated by her own medical man Mr. for some months with no progress. She was gradually losing flesh, health, and was getting so weak that on the above date she was unable to rise in the morning for work. Her own medical adviser having told her that he did not know what was the matter with her, but that he thought she was all disordered.

History of present illness. Patient states it commenced with her appetite going away, acidity, heartburn, pain in the epigastrium which was relieved by taking food, but after a time the pain was increased by taking food. Habits as to food irregular.

Surroundings at work good.
Alimentary System, secreta from the mouth increased, tongue very clean, appetite very poor, related eating on account of pain after it. Firm and dry, pressure increased the pain and localised it as if it was in the posterior wall of the stomach that was affected. During fasting, she did not feel pain so qual, after eating pain was greatest, sharp and lancinating in character, and did shoot like from a particular spot. Previously to this, she used to have pain in the on left side, below the xiphoid. Patient complains at present due of acidity, heartburn, eructation and water brash and vomiting coffee brown in colour, and acid with partially digested pieces food. And the mucous in the Bowels confined, faces hard
Integumentary System, patient was emaciated. Other Systems, nothing of importance to note. Diagnosis I think at first she must have had nervous dyspepsia; then afterwards I saw she bought Gastric Ulcer. Treated her for the latter. Treatment opened the bowels with an enema of castor oil then put her on a diet; the quantity at each time taken being under what would cause pain, no solids. Diet consisted of milk, and lime-water, strong soups, cream, white of eggs, thus I rested the stomach, prescribed for her to take internally castor oil,  3  glasses to be taken every three hours, till the pain was relieved also to take:

By hydrocyanic acid diluted
Liquor Bismuti
Liquor calsii


gg. Tablespoonful three a day
also to suck ice and drink occasionally
a little iced potash water. Let her apply hot boiled meal gruel to the epigastrium 3 to be changed when cold. Next day fasting was much easier and had, had much less pain since I saw. Diminished the quantities of what she took to something like a tablespoonful every half hour this lessened the pain and she gradually made daily progress so that in eight days I let her a little fish, and a little ground rice, arrow-root, with still continuing what ever before recommended except Eps. Put her on a weak tonic of iron andquinine with leuc with which seemed of great service causing the appetite to come back, though I kept it all through the ulcer was healed. The dark or brownish vomit disappeared under this.
above treatment in a few hours, after
the patient had taken the medicine.
On the 8th day after the commencement
of my treatment, the firm deep pressure
did not cause her nearly so much pain.
In a fortnight, she was able to get
up for a little and she said she
felt no pain, but deep pressure in
the epigastrium showed still a
tenderness. Still kept her at rest
most of the day, and on the little
and frequent diet, so that, in three
weeks the patient felt so well that
I allowed her to go to the outskirts
of the town to get a little change
of air, and rest, and not work,
there I saw her thrice, during a
month that she remained. Patient
made a very good recovery, and
returned to her former situation,
to do light work, and pay great
attention to her diet, to take it
regularly, and of such a nature
she is easily digested, and such.
the appetite and impairs digestion
and thus deprives the patient of
a little nourishment which
might be beneficial. If on
the other hand perforation
should occur in severe cases
I think free administration
of it, so as to arrest all
motion of the stomach, good,
for this adhesion might be
brought about and at the
same time would cause
limitation of the food which
may have become extravasated.

On the 26th May 1819 I was
called by Mr. residing
at __________, Cheltenham,
consultation about her daughter
aged 24, single, born and re-
siding at Cheltenham, but who
was at present in a homoeo-
pathic establishment in the soot
of England. She had been conv-
Plaining for about four yr. Previous Illnesses and Accident
she had Scarlet fever when 11 yr. and from the history of the case
it seems to have been a mild attack. When about 12 yr.
of age she had a fall from a hay stack at which she
was playing jumping up and down, landing on the
back; the effects of which passed off. Since the scarlet
fever, she has never been very well.
When she was about 14 yr, she did not take very long walks exercising
herself beyond her strength.
Habit as to food and drink, time,
Surroundings at home, and family
history good. Height about 5 ft 6 in.
and well developed. Constitution, never
Patient has been under a great many
Dr's here, London, and among
Mrs. G. Anderson, and medical men
at various hydrophathic establishments.
that were recommended to her by her medical advisers. Her symptoms described by Mr. [name] time on the above date were, pain at the womb and at the lower part of the back, headaches, neuralgia in the limbs, bowels irregular, anaemia. On asking what was being done for her I was informed that she was only getting the benefit of the baths and gymnastic exercises for her spine which was weak. That she had used jessaries but could not bear them, they gave her such great pain, that she was obliged to have them removed same or next day. Where she was staying homoeopathic total: on the South Coast she was getting daily worse, so that she could not walk except with great pain, which made her friends and relatives very anxious to know if nothing could be done for her.
So I recommended her mother to bring her home as I felt sure I could do something for her.

On the 28th I saw her she complained chiefly of severe pain in the back like at the womb, leucorrhoea, frequent micturition, sense of weight like on the bladder, not so often to lay on so as much, but on standing upright and walking, dysmenorrhoea, stomach very eric, pain in the limbs, micturition scanty but regular, bowels constipated and unsteadiness of the head. Patient could not keep her head straight (re) look straight forward, whenever she tried it, it jerked away to the left side, that was the only position she could keep it steady in, just like a case I saw in Professor J. Stewarts case in 1878 of a girl weaver who had spasmotic wriggle neck caused by the patient having to watch a
Shuttle going back and forward. Though this was a case of a virgin, I felt it was my duty to use Playen's Speculum. I knew use of except I have a reason in case of a virgin.

Physical Examination. Abdomen could make nothing out except that pressure over the uterus caused pain. Vagina. entrance labiae rather tender, and the entrance narrow. Hyman gone, canal very moist and longer than usual. Upper part of the vagina very narrow, uteri pointed backwards and had a velvety feel to the touch. Uterus enlarged, os uteri con- tracted. I could not pass the sound owing to the great length of the vagina. On trying to pass the sound in the usual manner, new carrying it along the outer aspect of the right hand, instead of the right fore-finger, I found the os, and carrying the handle
forwards, or backwards it would not pass neither would it go in as in normal uterus. The reason why I failed was that the vagina was very long and that when touched with the sound it receded so that my fingers did not touch it and this enabled me to direct it as in an ordinary case. Nothing could be felt in the posterior space and not to note about the ovaries to be in an anterior space.

Combined Examination: I had to use the sound with the hand so as to push up the uterus and with the left hand at the abdomen I could distinctly make out the fund of the uterus. On exposing the uteri and cervix with the gynas's Speculum I found the cervix all in a state of organization and that most just
around the os uteri, on the surface there was an unhealthy looking discharge. Cervix and upper part of the vagina looked very congested. Diagnosed anterior complicated with ulceration of cervix thus causing the nervous system to be irritated which might explain the neck affection an congestion of the uterus, must have been there a long time.

Treatment, put the patient at rest, regulated the bowels with castor oil. Cleaned the cervix and vagina with warm water by means of Higginson's Sponge and Ferguson's Syph. Applied solid nitrate of silver to the ulcerated surface, so as to get rid of the unhealthy surface then used Tincture of Iodine to it, applying it twice a week sometimes with a camel hair brush or with a piece of cotton on the end.
of a long pair of forceps, and the brush to get up the cervical canal as it was affected to a certain extent up. The external or was the worst part. Coated the parts I touched with the nitrate of silver with oil, then placed in the vagina a supervar of Jodine of Lead, which had a wonderful effect in easing those parts from the patient went on with the above treatment for nearly three weeks, and as the surface of the sore was not looking so healthy as I should like though all her symptoms were greatly relieved I applied the nitrate of silver again and again coated it with B. oleae instead of continuing the Jodine I used an undiluted solution of subacetate of lead which I held it in 8 to 10 days more. She also used lukewarm injections every morning and afterwards
Jected a pint of lukewarm water with 100 grs of Sulphate of Copper, changing it occasionally to Sulphate of Lime once or twice, this cured the leucorrhea. At first when the pain was great I have omitted to say I used injections of Belladonna, first cleaning the parts with warm water which relieved the congestion and soothed the parts. When the ulceration was healed and the leucorrhoea gone and the symptoms depending on the former viz the ulceration I examined more particularly as to the position of the stumps and it was just as I made out at first. Tried various pessaries for the anteversion but with little or no result. Saline could not bear a Gravy Suppository and the only one that was of any use was of the following make made with two Hodges one a little larger than the other, the posterior one at the lower part.
coming in front and made flat, as thus locked and I fixed them. Then this fancy and I found it answered it relieved the uneasiness of the head and the pressure over at the bladder and enabled the patient to walk and sit which he could not do before. The first five days it was in, patient said she felt perfectly well and had no pain in fact she said she had not felt so easy and comfortable for six years. On the third day she said it felt very large so I wrote to an instrument maker to make me one of same shape but to be made of wire coated with india rubber. This made an improvement as patient was in two months giving relief for about a month the second month it caused some pain. These few months I tried it, were during the summer.
holidays she and her friends being all at the coach so that I did not see her for that period, and when I did see her on her return, I found one of the sides of the sacrum was broken at the joint which was sufficient to account for the pain. Had another made them still give satisfaction. She takes daily walking exercise, of course walking slowly. She now takes her food well and feels very comfortable as much so as any one can expect who has to wear any instrument.

Her urine contained an amorphous phosphatic deposit. Prescribed muriatic hydrochloric acid dilute for that which did good. She has taken a great many external medicines just to check any symptoms that have arisen. Bromide require special mention as soothing her nervous system. She has taken lozenges of iron and zinc, etc. Phytotherapy in pills for liver which tended to get deranged. Taraxacum with an acid bitter.
and such like. Apheretic, Bismuth, Phosphate, powders. Ammonia in combination with iodide of potassium, quinine, iodine, fluid phosphide of zinc, which always good I thought. The literature I knew was an idea of my own I never saw one the shape of it, the action I thought it had was to lift up the uterus as a whole and also pull back or support the uterus turned forward thereby keeping the pressure of the bladder, however, whatever may be the action it suit the case on removing it and tiring them she cannot bear them and anorexia symptoms return and patient gets low and desponding and hysterical symptoms come on. Patient was three months under Mrs. G. Anderson London at the time of which she was only worse in when she went, patient and more so. She was never examined with the Speculum baying of the
Do they used I think feversaries whichso called and cervix was in a state of ulceration, and thus only making her worse. 

Mr. G. Anderson prescribed for her dancing, skating, longwalk riding on hard back, plenty of feversary baths 1° and to go and get married the girl at that time being hardly able to walk. She tried feversaries but had to remove there same day they pained so much patient says her mother then thought it time to leave her. I have seen her occasionally since I attended her and her health is greatly improved.

Nov 10th 1880.

On reflecting over the unsatisfactory of the head though I healed the ulcerated os and cervix uteri there by relieving irritation to the nervous system and by the use of the morterine feversary relieving other symptoms still I am inclined to think there was a connection to hysteria abounds.
and that the ulcerated os & cervix together with antversion were not entirely the cause though they exaggerated it. I gave her Iron stercus in combination for a week but I could not get her to continue it long enough to speak much in its favour. The Bromides were very useful, and also the succhated carbonate of Iron powders which I gave her one or two a day. Patient is subject to hypochondriac attacks and when these come on she gets depressed, obstinate and difficult to manage. What would be in her favour I think but no hope of that, at present depresses her, and when she gets any little symptom she makes the worst of it, and requires at these times firm and decided measures at the same time acting kindly.
On 15th July 1844 I was called privately as a friend to see Mr. __, aged 40, stockbroker, married and residing at ____. In a general conversation with him he seemed excited and his reasoning faculty disturbed and confused. He had abundant ideas very absurd some of them and wandered from one subject to another. He took occasional fits of laughing and occasionally cried. He complained sorely and continually of the bad treatment he had received at the hands of some of his friends in connection with his business in the past. He had been idle for some years and they would not let him start business again till he paid them so much. About a week previously to my seeing him he had got liberty to start business against the pay of which his friends say he has made his symptoms worse, they having noticed previously to this that he
did some rather peculiar things.
Patrik could not sleep and took
but little food. When he went out
alone he used to go and purchase
articles that he could not pay
for and that he had never been in
the habit of doing before e.g. several
tickets for very expensive concerts,
wine glasses &c. At times he was
very jolly, and at other times
became furious and dangerous.
One night after he had gone to bed,
he rose and walked with his shirt
out to a neighbour's house some
500 yards off and took the pistol
with him, brandishing it in the
air as he passed a street stand
striking terror into the passers-
by who were standing there. He had
both hallucinations and delusions.
For his new business he had put
a cross X at all the people in the
newspapers who were advertising
situations, as being likely and hard
worthy people to make a new start in
business, e.g. cooks, general servants,
nurses, ladies' maids. I knew the various
kind of tradespeople. *Patient* was
ignorant of time of day or days of the
week. The few days I attended him
sometimes twice or thrice a day I
being sent for each time I noticed
he was gradually getting worse in
spite of the medicines and efforts
I made to try and cure him.
The cause of Insanity in this case
was pecuniary reverse and loss
of sleep. I thought.
Treatment. Give opium in large
doses at first, tried also Indian
hemp, hashish, giving at the same
time a good nutritious diet.
Kept the bowels regular with
caster oil, and the skin acting
by baths, outdoor exercise. Tried
the effects of amusements, drums,
tomocs. Allowed a moderate allow-
ance of stimulants. The greatest
difficulty was to get him to eat, he would sit and talk so much, or if left alone to it he was up and at something else. The same way with his sleep, though he took very large doses of the form medicines to help him, he never lie quiet as long as I would remain with him and then if I went out of the room, he would begin to talk and have some hearty laughs and so he went on during the whole night, yet only a little rest in the morning. He was kindly treated on every side, but of all that was done his symptoms gradually got worse and the lodging house keeper have him no more in the house so that I thought restraint must be so he was removed to the large asylum at Gloucester, then being able to afford him a better place. They were much
On the 10th July, 1849, I was called to see Mr. ___, aged 51, single, married, born, and residing at ____. The patient has been complaining for several years. Previous illnesses he had the usual complaints of infancy—measles &c. The present illness began gradually and seems to me to have depended on long-existing chronic inflammation of the uterus. The result of repeated attacks of gonorrhoea before marriage this causing stricture of the urethra and inflammation of the bladder subsequently. Patient complained of, when I saw him, pain over the bladder, heat in the urethra, constant desire to pass water, he passing only about a wine glassful at a time, or sometimes even less, he could not pass water without
lower part of the bowel and also to take internally.

Quercus marshalli hydrolate 3 fr
Tincturae Belladonnae 5 fr
Infusi Buchu 3 fr

Sig: Tomato soup three or four times a day also for the patient on a nourishing diet as he was getting emaciated and weak, animal food, fish, milk, eggs, rice and milk tea etc.

Next day 15th patient felt much easier the pain was not severe, bowels moved more comfortably, he could micturate more freely, and with less straining and pain. The jis in the urine was still very abundant. 18th took him on O. Santalum flav small doses in a wine glassful of potash water and continued the above treatment for a week at the end of which patient felt he was making progress in every way. Examine the urethra
with a catheter medium size. This would not pass if stopped at the bulbous portion of the penis, and on using the probe point, structure stuff was arrested in the thick portion of it. Delayed by vital dilatation and when was being done I kept the pair freely on deluents. On the 2nd day the issue in the urine was greatly diminished and on the 4th it was nearly gone and patient able to get up for a little. Put the patient on a little pepper to aid digestion as it was sick and weak. The patient ultimately got well after continuing the treatments. On the 16th I left on a holiday, the treatments being carried on by my substitute. I think the cause of this patient's history of suffering was because the structure was gradually worn down, and it not being dilated was
the urine not getting away freely, became decomposed and irritated the bladder. After soothing the genito-urinary track in such cases a catheter ought to be passed to see if there is any obstruction in the urethra for, if that should exist, it relieve that, is the key to success.

On the 9th February at 1 a.m. I was called to see Miss ______ aged 35, wife and residing at ______ Chels. Previous illnesses Acute Rheumatism.

Sudden complaints commenced suddenly on the above night by severe paroxysms of pain in the chest, particularly over the left breast, she having also a sense as if she was going to be strangled and also had great anxiety. The pain in the chest after a little began to dart down the left arm and then down the side of the body. The pain at chest had a constriction sensation.
and she felt as if she was going to die for want of breath. At first she breathed shorter and more hurriedly than usual, then after a little, quite naturally, temperate as to food and drink.

Her face was very pale and the forehead studded with perspiration were to be seen, although the other parts of body were cold. She lay perfectly still in bed and stiff like a patient was well developed and about 5 ft 6 in. in height.

**Alimentary System.** Nothing special to note, except that the lips and gums were bluish. She was subject to flatulence and bowels generally constipated.

**Circulatory System.** Form and appearance of the praecordia made the apex beat of heart, between the 5th and 6th ribs (left). Character of the beat weak and on pressing firm over the apex beat, you could feel
a murmuring sound.
Percussion as far as I could make out, the heart was natural in size, although I could not make out the left border well.
Auscultation, Mural area, marked presystolic, first sound weak, and the second sound did not end clearly but indistinctly approaching to a murmur. Pulmonary area 2nd sound accentuated, that was all that was worthy of note, nothing to remark of the other areas. Patient had dyspnea even on slight exertion. Pulse tachycardic and occasionally irregular. The attack lasted half an hour, she had a somewhat similar attack to this about three weeks ago though it did not last so long. In the present attack passed off she regained her usual health, though very nervous.
Diagnosed Angina Pectoris associated with Mitral Stenosis rather ad
advanced, and probably there was far degeneration of the muscular fibre of the heart going on. The cause of the anginapectoris coming on was I thought, over exertion during the previous day, and when going up stairs to bed she felt peculiar after going up, she felt so for some time and at 10 o'clock in the morning the angina pain came on.

Treatment, kept her at rest, loosened clothes at neck, gave a little brandy and water, went over to my house and made up the following mixture:

Sig. Tablespoonful till relief of the pain, having an interval of about 30 mins.

105

\[
\begin{align*}
\text{Pt. Spiritus Alchoris} & = 30 \text{ grains} \\
\text{Spiritus Aromaticus} & = 30 \text{ grains} \\
\text{Tinctura Belladonnae} & = 30 \text{ grains} \\
\text{Tincturae Chlorofurini Compertae} & = 30 \text{ grains} \\
\text{Aqua Campestrae} & = 25 \text{ grains}
\end{align*}
\]
or I should have liked to have tried it and it would have taken so long to get it, that I thought I would try the effects of the above mixture which checked it after the second dose, the interval between the first and second dose was shorter 10 minutes. Applied also a sinapism over the heart which I thought also did good. Next day I put her out a good strong tonic of iron and lime milk and saw her for a few days, and the same to improve on the tonic and she said she was feeling better, after a fast night or thready she left town for a change of air and afterwards got married and I have not heard that, that as yet has upset her though I warned her previously to avoid excitement, overexertion, overeating, causes of flatulence of constitution &c. &c. &c. &c. The age was 50.

17th June.
On the 11th Nov. 1880 I was called on by Mr. _____ aged 20, born, residing at _____ Chelsea, who had been shooting with a pistol playing at self and by accident he shot himself in the epigastric region. He was holding the pistol at the time in his right hand and pointed towards his own chest, the bullet entering in a slanting direction a little below the level of the left ribs and traversed round that rib external rib. Patient had walked a mile to my house and when I saw him he was very excited, anxious, and awry at his own foolishness holding the pistol in that direction. On examining the wound I could make the course the bullet took as it marked by swelling and an erythematous black and pain all along that line. At the end of the internal black I could feel something which I thought was the bullet.
so I cut down on it and extracted the bullets with a pair of ordinary dissecting forces washed out the wound and found as far as I could with 1/34 carbolic lotion, then applied to the entrance, and the opening I made lint soaked in carbolic oil till over this I put a piece of dry lint and applied a bandage and put the patient at rest for a few days and gave opium pills to quiet him also put him on a light diet with rest in bed. 12th the inflammatory blush that was to be seen last night was gone, wounds entrance and exit both looked healthy. The entrance one was blackened, sprung and cleaned then, then reapplied the dressing as before.

13th the entrance opening looked rather irritable, otherwise patient feels well 14th wounds looked better and not so irritable and from this date to the 20th he has made gradual progress.
and has had no bad symptoms. He has nearly completely healed up. So they might have been better before this if patients had rested more but being of a particular temperament he did very much as he liked walking and other exercise while I did not think in his favour his wounds healed with no accumulation of pus in the course the bullet took. On the 5th December I saw him and the wounds were healed up and he felt very well, and none the worse of it. This might have been a serious case if the bullet smaller it is had gone a little deeper. At first I did not know what direction it might have gone so I thought best to keep patient at rest after extraction for a few days, and so help at least to ward off symptoms which might otherwise have come on.
On the 12th March 1849 I was called by a lady residing at _______ Chester as she has son, aged 36, married, and she resides at Sheffield. For 7 or 8 years he has been troubled with a summer catarrh which comes on every year at the same time, and which lasts about four weeks, and leaves him very weak. I have not seen him well, but his father described it to me saying also that it would be the cause of his death, it weakened and deprived him so much. He caught it for 8 years ago while playing in the Sheepfield near Barbour (a little village 4 miles from Chester). The symptoms he usually complains of are just like those of a severe catarrh. The conjunctival, nasal, faucial and bronchial mucous membranes are affected; he has also violent sneezing, suffusion of the eyes and a dry cough with paroxysms of asthma.
Treatment without seeing the patient.

Gradually the patient's condition improved, indicating the need for further treatment. As the symptoms subsided, it was decided to continue with the prescribed medicine. The patient was told to take medicine as recommended. With the above symptoms effectively managed, the patient is to be observed for any further occurrences. If any symptoms persist, additional measures will be recommended.
This raised his health very efficiently & his next attack was not nearly so severe, although it came back. When I saw him last at Christmas he was much improved in health and full in the face, previously when I saw him, he was emaciated looking. He went on with the tonic root for months. The oil he took constantly, the true he took it one week and then omitted a week, & so on. Recommended him to perseverance with treatment so that I might watch and learn the effects. Mar. 19th 50.

On the 24th March 1879 I was called to see ______ Esq. aged 76, married and residing at ______ Chelb. He complained of acute pain in the region of the left kidney, which extended along the line of the left vertebra to the bladder, shooting in that direction, he had also retraction of the testicle, vomiting, retching, with a constant
desire to micturate, the urine had diminished in quantity, darker in colour, which was evidently due to blood mixed with it and there was a deposit of uric acid dissolved after the urine was passed. Under the microscope I saw crystals very distinctly they were like what I have drawn. Though they lasted for several days. The pain I thought was caused by a large stone than usual, passing into and going along the ureter, formed in the kidney. Diagnosed it as a case of renal colic. Treatment, regulate the bowels with Carlsbad salts recommended him to get a large bath, and to take a warm bath at bedtime every night till relief in the bath, to be of a temperature as hot as he could bear it, and to sew and rub cotton in the bath, in line of the left ureter, and at

freely of aerated potash water, and also to take a mixture of lithia I prescribed the dose being 5 grains 3 times daily well diluted. I also tried Liq. Petasii m xxx in 32 oz. of water, both acted well. Urine got clear under them. Put him on a light diet, vegetables, white fish &c. forth, and as he could not get along without stimulants, I put him on a small quantity of whisky or brandy well diluted; he was in the habits of taking sherry. In a few days the pain passed off, and he felt quite comfortable and I have not attended him since up to the date I wrote this. Patient said he felt great comfort from the warm baths of relieved the pain in the renal region, and also the dark that went in the line of the left ureter to the bladder. After the colic passed off he continued the lithia for sometime and also the potash water in smaller doses. I may mention that
the patient was so alarmed with acute pain, that he telegraphed up to London for his son and a consulting physician to come down; he did not know of its tell nature when I made my visit. I saw a bub but unfortunately he was unable to move. Then looked at my prescriptions of dress and what he was taking at the time and had informed the patient before I saw him the what he had been and was given to was just his own idea as to the case and that he was evidently in safe hands. I see I have omitted to state another thing I used a combination of Liniment

by

Linimentis Chinarum
Linimentis Erythraei
Linimentis Belladonnae
Linimentis Gypsi
Linimentis Saphorini

Seft. To be rubbed into the seat of the
night and morning during the day
once for next occasion.
I should have liked to have tried the effect of the hypodermic injection of morphia, but he could not take morphia and he was not so bad as to require chloroform. I have had another case similar to his, patient residence at ___ aged 90, but it was not so severe. He is of a gouty constitution and took daily a great quantity of animal food in shape of beef, chops, bock, biergut, extract of beef, and on softening that did and on putting him on a light diet, white fish, chicken and watered potash, water & liquor potassae, paying at the same time attention to the bowels & liver. He got also quite well.

In dealing with uric acid calcite the alkalies Potash & Lithia I think are the best. The objection to soda is that it forms an invariable with uric acid & to magnesia, large doses causing intestinal constipation.
I think barley water with spirits of nitrous ether or the former alone taken freely might be used with advantage as a soothing diuretic to help the calculus down through into the bladder, and after this, there if it gives further trouble, lithotripsy or lithotomy are the means of dealing with it, for the urine is kept alkaline for a time so as to have any effect on the uric acid calculus if may be remembered that in alkaline of the urine favours the formation of the triple phosphate calculus. The crystals being insoluble in alkaline urine. Patients who have a tendency to uric acid calculus should drink freely of plain good water and keep to a vegetable diet as much as possible and avoid alcohol in every form as nature's diet is undoubtedly superior to many not only for them, but for all
as a drink. Occasionally alkalis should be taken.

Injections of warm water into the bowels, along with the warm bath, I think might be useful and worthy of trial. If there was much pain with the acute symptoms and it, and the other symptoms did not yield to the remedies I tried in these cases, cutting at the locus might be useful, but all remedies should be tried before this, still in severe cases, I think it should not be forgotten.

On the 12th Oct. 1880 I was called to see Captain _______ aged about 40 married and residing at ________ was Chief, who had just been pitched from his horse while attempting to go over a gate. The horse advanced towards the gate as if to go over the horse half over came back pitching the rider over the gate, he landing on his left
hand causing a fracture of one of the bones of the forearm, and rolling over received also some slight abrasion of the forehead of no importance. When I saw him I found he had received a fracture of the radius down below the pronator quadratus muscle. The upper portion of the radius was pronated and the lower portion lay behind the upper part and projected causing much deformity. The hand could draw backwards and outwards along the lower portion of the radius in the shaft of the radius, so there was marked shortening. On looking at it, and manipulating the styloid process of the ulna there seemed no prospect in front and did not appear to lie as mine did in a line with the back of the hand. At first signs it looked like a case of dislocation of the wrist, the deformity was so great...
on close examination I could easily make out that it was not disloca-
tion for the relation of the base of the 
metacarpal bone of the thumb to 
the styloid process of the radius was 
natural, though they were both 
drawn backwards and outwards 
and there was no displacement 
of the Carpus upon the radius 
as I would have expected if it 
had been a case of dislocation, 
and after extension deformity re-
turned. Treatment cut 
out splints of strong hardboard, 
rather narrow, extending from 
the elbow to the tips of the fingers, 
the splints having a curve on 
them, so as to retain the bones 
in position, the curve beginning 
at the wrist and sloping to-
wards the fingers. Then having 
padded the splints, the fingers 
one the most, I brought the 
bones into accurate position, by
extension and counterextension. I applied the splints carefully and secured them with a bandage. I placed the forearm at right angles in a sling and told the patient to call and see me in three weeks, so that I might let him know what was to be done. If it caused much pain, he was to let me know. The patient called and saw me on the 2nd November when I took off the splints to see how everything was progressing. I found everything that I could wish for, the splints retained the bones in exact position with little or no deformity. Skin discoloured, the parts with warm water. It was a great comfort to him to also shorten the splints and encourage passive movement of the fingers and wrist joints. On the 9th I encouraged gentle passive exercises of the wrist joint, holding the
ured joint firmly. On the 16th I saw him again and he was making satisfactory progress in the movement of his fingers and also at the wrist joint.

Dec 4th. I have not seen G. F. since 16th Nov. but I have heard from a gentleman who saw him at the Hospital once more, that he can walk it now very well.

Dec 16th. Met him today in town and he had full use of the fingers and wrist joint. To look at the two wrists it was a puzzle to tell which had been broken.

On the 13th November 1880 I was consulted by Mr. aged 40, married, and residing at Cheltenham.

She complained of loss of voice with pain on speaking and an uneasy sensation in the upper part of the throat and a continuous desire to swallow as if
something was as the back of the throat to swallow, also she was constantly trying to clear the throat by coughing, and when asked where the seat of pain was, she pointed to the larynx. She spoke in a very low whisper. On examining the throat and faucets with the depressor, they were inflamed, raw, and some part granular. Her larynx was elongated.

Duration of the present complaint several months but she has had it for more or less for years. If first was brought on by some of the voice before marriage, she is a school mistress and had to good deal of loud speaking to do, and it has been gradually getting worse. Patches is here as to feed and drink & sux as home good.

General appearance stout, as
plethora, very nervous. bowels
constipated. menstruation scanty.
On depressing the tongue firmly
I could see the serous follicles,
and there was a viscous secretion
adhering to the palate and throat.
It had been under treatment
her under one or two M.D. but
getting little better or not at all as
she says. she then enquired of know
who was the best Dr. on diseases of
the throat, this being found out
she went and stayed in London
with her friends and was under
him for several weeks with a like
result as the others, so that she
returned again to Cheltenham and
some of her friends patients of
mine advised her to come and
see me when I found her com-
plaining of the above symptoms
also of an idea that she had
disease of the brain with which
she was really making herself
ill, and by going to chemist, and
they giving her isoephorous for to strengthen her brain as she do
so that I found it a difficult matter to make her get rid of that idea.
She said me several visits before I drove it from her mind, and
it was only as I made her feel a little better by local and
internal medicine, and gained confidence by talking firmly
supporting her hope that she would get better, that she did get rid of that idea.
I examined the larynx with the laryngoscope, and found
the glandulae filled with jelly
matter, also those at the glottis and trachea.

Treatment cleared the

with aloes and iron pill, and rec
commended her to take one every other night, with a view
to promote an increase of the
Instrucional flow and also to regulate the bowels. Also prescribed the following mixture:

Potassii Iodidi 3i
Tincturae Rhei 3i
Extrachis aesculi liquidi 3ii
Sig. Teaspoonful in a wineglassful of water 3 cc a day, this with a view to act on the follicular inflammation of the pharyngo-laryngeal mucous membrane. And also to take a little bromide of potassium in a little infusion so as to quick the nervous system.

Locally applied to the throat:

Aquei Nitrati 2i
Syrupae destillati 3i,
for down the throat, and also into the larynx by means of a long and angular brush, using the laryngeal mirror for getting it into the larynx, fortunately the
the patient could bear me away if well, so that I managed it comparatively easily.

Applied this every second day on the 22nd patient said she felt much better, and she was able to speak to me with little or no pain and the vain was returning, which pleased the patient. On the above date I recommended her to continue the internal medicine and still to have it touched every second day.

24th Patient still reported progress. At first I recommended the use of Mr. Thompson's High Pneumatic Inhaler, but as they had one of the following sizes, I thought it might do. So with 3 of solution of nitrate of silver (4 ounces to the 3 of distilled water) I recommended her to take two or three inhalations 3 or 4 a day.
This I thought also did good, and
ultimately the thread gets quiet little.
Patient still calls to see me occasion-
ally as she has a tendency to get depressed, but firmly talking to her and still keeping her con-
fidence does more good than physic as she has no real complaint now, though I think the change of life coming on may be making her a little irritable.

On the 23rd November 1880 I was
called to see Miss aged 62
and residing at    Chefs.
Patient complained of a swelling in the abdomen at the lower part, which was getting larger and distending the abdomen. Its weight and move-
ments causing her much local pain and anxiety. Patient says she has noticed it for 12 months, but of late it has been getting more rapidly
large. It has caused interference with the functions of the rectum and bladder. Bladder constipated, has always had a tendency to so. Abdomen, on inspection, is a distinct prominence and fullness of the abdomen to be noticed especially towards the lower part in the median line. Palpation the faeces nothing abnormal of the contents a solid mass could be felt at the lower part of the abdomen and in the median line equal in outline. Percussion over it was dull, and it was surrounded with a tympanic ring the boundary of rib being sharply defined. There was tenderness on pressure and on auscultation a breath could be heard very low and easily detected synchronous with the pulse.

Urinary System, bladder is irritable. She has had retention...
once or twice. Urine nothing special to note. She has pain in the lumbar and if also goes down the limbs, also a pain under her breast.

Reproductive System. Vaginal examination as uterus nearly inaccessible by digital examination but could make it out pointing directly to the sacrum, cervix firm, uteri thin and small. Binocular exam. uterus anteverted. Urine sound, uterus enlarged and on moving the uterus with the sound the tumour cannot be separated from it the move simultaneously. Breasts developed and rather firm, areola slightly darkened. Catamenia regular but scant and attended with a dull aching pain.

The differential diagnosis from pregnancy, ovarian and omental tumours, pelvic cellulitis or haematoma or retroversion was easy, but I was inclined to think that the more
A rapid increase of late was complaining with faecal accumulation as I could feel soft doughy masses in the caecum and sigmoid flexure of the colon.

SLEEPS. System (nothing else to note).

Cerebral and Mental Functions. she has symptoms of insanity viz; hallucinations and delusions. She believed that the cause of her trouble was that someone 13 months ago broke into her house and had taken unlawful liberties with her whilst she was asleep, and she was now determined to spend all her money to the last penny to get it put a stop to. I told her that was not the cause then she asked me if it was possible for any of the two gentlemen who lived next door, and whom she sees going regularly out and in the house, to have done any
thing to her person through some hole in the wall of her ba-
room, she thought that they might have done something, though she
knew of no such thing. This was all nonsense, and when
she saw I did not believe it. She summed up that, if it was an
affliction sent by God, she would bear it with joy, and
then seemed quite indifferent.

Treatment moved the bowels several times with purges, this
brought away a great quantity of fecal matter and gradually
the fecal accumulations I felt disappeared and the abdomen
became much reduced in size.

A good deal of the distraction
was due to fevers and states.
Locally I supported the owing
of the tumour with an abdominal
bandage which gave great comfort
and also prescribed a mixture
for her to go on with containing
Sodio and Bromide of Potassium and
Cod oil after meals.
From Nov 23rd, 1880 to Feb 5th, 1881
She had her several visits and
measured it so that I might
get an idea how it was in-
creasing, but I cannot say it
has increased much, if any.
Its growth is evidently very slow.
Patient says she feels easier and
is getting smaller. Recommended
her to continue the Sodio and Bromide
of Potassium and oil. She was
much troubled with Hæmoptysis
for a while, but after trying
various remedies of Tinct. Indigo
Hemph, Hembane with Bromide of Potassium
Morphia, warm foot bath &c.
remedies in vain. I found Chloro-
hydrine answer very well. She did
not wander so much in her
mind now as when I first
was called to see her and she


says she feels decidedly better.
I should mention she was in an
asylum for sometime.
March 31 st I have seen her occa-
sionally since last mentioned
case, and she has been getting
better, mentally and bodily. The
rate of growth of the tumour is
evidently very slow. Patient has
gone to the country for a short
time.

As to affections of the stomach
I have treated nearly all the forms of
Dyspepsia,
Acute Gastritis
Chronic Gastritis and its affl lament
Irritative type
Gastric "
Sphincter "
Hepatic and one case of
Nervous dyspepsia, each Share...
had no very interesting case, they have been all more or less typical cases. At present, I have a case of Hepatic type. Mrs. aged about 50, married, and residing at No. 9. She has been complaining for some time past, and has been treating herself improperly with powders. I had given her on a former occasion for Acute Catarh of the Stomach.

Re

Fever.

Bismuth Subnitrate 5 cts.
Ledae Bicarbonate 4 dr.
Fulvus Cinnamomi 6 cts.
Ars. tinctur 2 mille

Sig. Three teaspoonfuls twice a day.

She has had Subacute catarrh of the Stomach as I find out from her symptoms, which has gone on to Chronic Catarrh. Tongue is pale and flabby, indented at the edges.
and coated at the back, papillae prominent, tip of the tongue red, faces congested, bitterness of the mouth in the morning, appetite very changeable, she complains else of flatulence and eructation. Bowels had to be constipated & stools usually pale, but diarrhoea occurs sometimes with apparently little or no cause. This occurred last night 19th Nov 1850, motions thin, with hard lumpy parts in it & darkish. The motions on the morning of the 20th which I saw were like thick fluid not formed and very rich in bile. They caused pain at the anus with a painful hot sensation as if she could pass more. No medicine taken so as to cause this, urine scanty and very high. Coloured from bile pigment, patient has the characters of the bilious con-
stipation, and has a valvular affection of the heart.

Treatment, acted on the liver with a full of

\[\text{Podophyllin Resin gr. v.} \]
\[\text{Pulveris Rhiz. gr. xxx} \]
\[\text{Extract Thym. gr. xxiv} \]

Give first maxima divided

in pinnas epi.

Sig. One as directed. This pill had the desired effect, then on Saturday 20th I gave her also Sucus Taraxaci with an acid and Infusa of Taraxaci (3v mixtio). I kept the pill till orders to take it.

She had fish also upon a suitable diet, cutting off indigestible materials, which she has very fond of. For breakfast bran (not-meal) or butter, coffee white fish or soft egg. For lunch, bran butter, cold roast meat, or

Luncheon white fish, roast chicken or rabbit, bread Cauliflower &c such like.

Dinner white fish, roast chicken or rabbit, bread Cauliflower &c. Such like

Supper Biscuits with a little brandy & sedan
at bedtime, she was always in the habit of taking a little of something at bedtime and could not sleep without it.

Nov 23rd Patient felt very much better and was able to lie up. Continued the Farasacum mixture till the 28th, at which date she felt that she was making progress. On the 26th I prescribed a little digitation with aromatics for her heart. On the 30th I discontinued my visits. I sent the patient and she continued the digitals without my order as the said patient has made herself several times very ill from renewing old prescriptions of mine, and other medical men which at one time had done her good.

On the 22nd November 1850 I was consulted by A. B. single aged 22, cattle dealer, as to an affection of the penis. On looking at it, it was inflamed with a sense of heat and itching, there was
no discharge on it when I saw it, as if had been cleaned a little ago.
There were patches of excoriation on the gums, and on the inner sur-
face of the prepuce. No pain on passing water nor discharge.
History. Patient can give no reason for it. Except that some months
ago, he purchased a pair of seca
Hand trousers which he was re-
commended at home not to wear but which he did. He
denied ever having connection.
The case looked very doubtful as
he had signs of constitutional type
of which I was doubtful, as to it
having been hereditarily derived.
Father and mother dead. The
mucous membrane at the margin
of the left side of the mouth was
affected, nails thin with transva
furrows, some were longitudinal
furrowed and the matrix was
inflamed. One or two of the
nails of the fingers were not yet, or much affected, which made it look like as if his story was not true, and one side of the glans of the orifice of the urethra was flattened as if it had previously been eaten but was at present in a state of excoriation as some of the other part. The skin was affected with a papular eruption, and he had the syphilitic cachexia, though I could not see any trace of a syphilitic sore, except what I have above mentioned, at the one side of the orifice of the urethra. There were excoriation on the inner surface of the prepuce, and it was also swollen. The decided manner patient answered my questions as to having no sore at any time and the pain I suspected that there had been a sore being excoriated and raw looking made the diagnosis of the syphilitic found in the system more difficult.
To determine whether it had been sexually derived or if he had contracted it himself. I was rather inclined to the latter or probably both and I thought that the present balanitis was due to want of cleanliness, the genital organs had been lately cleaned but the secretions and dirt not half removed.

Treatment, moved the bowels with rhubarb and recommended a warm hip bath and to remain in it for 15 to 20 minutes to clean the parts thoroughly, wash while in the bath then to paint the excrescences with nitrate of silver 3 parts to 1 of distilled water and then to apply a layer of cotton wool soaked in a dilute solution of subacetate of lead around the glans and to bring forward the foreskin over it. On the 21st. I saw him again but he had neglected to draw forward
Prepuce and paraphimosis had commenced though I managed by compressing the glans with the one hand and with the other brought the prepuce again over the glans. The swelling that had got up only admitting its to come a small way recommended a warm hip bath again and to paint the excitation to before and apply the cotton-wool soaked in the dilution of subcarbonate of lead then bring over the prepuce and apply a moderate amount of pressure by means of a finger bandage again clearing the bowels. This had the desired effect and patient got well as I heard but he did not return.

On the first December 1880 I was consulted by W____ aged 24, single, tailor and residing at____. Bleb: as to his lungs if they were sound or not, shortness of breath
coming on, causing him to be alarmed as to their
The complaint of a cough chiefly in
the mornings, and expectorates a
small amount of yellow mucus with
it, shortness of breath especially on
exertion, general languor, anaemia.
On examining the lungs: I found the
right lung slightly affected at the
apex, dull on percussion not much
and on auscultation inspiration was
jerky with a prolongation of the
expiration. Vocal resonance was
increased just below the right clavicle.
The explosion of the chest was not
so good under right clavicle around
the left. The left lung I did not
think affected, though I thought
the apex of the right lung affected above
and below the clavicle with tuberc
Temperature
He was subject to phlegmation occa
sionally, but being troubled with
indigestion at those times, I thought
that was sufficient to account for that symptom. I heard that he was irritable, and sometimes he would not return to his usual state. Pulse was weak and not quick. On questioning him I found that he was liable to fits epileptic in character and had been so since 12 years of age. He had also taken a cramp a spasm of it came on while I was examining his chest. The first fit, epileptic in character, which he had, came on at the above age he being engaged at the time in self-abuse. Previously to this age he acknowledged having frequently abused himself but that since the fit came on, which jerked him from the place where he was at it, and made him insensible for a short time. He has given up the bad habit. Since 12 years of age he has been troubled with spasm corneal; at last the emissions have not been so frequent as when between
19th. 23 years of age. At present the internal crises may be two or three times in a week or 1, 14, or 21 days may intervene between each emission.

Patient is in a weak and irritable condition and subject to mental depression. Digestive organs disordered which I have above stated as I thought sufficient to give rise to the flatulosity he occasionally gobs. As also subject to giddiness and headache. No hereditary tendency to epilepsy in the family he belongs to nor Phthisis. He has four sisters and they enjoy good health, but liable to hysteria now and then. Patient has never had sexual intercourse. Bowels constipated, elimination natural. Sometime ago when he was walking in a field a fit came on which made him give a sudden and involuntary jump, falling forward.
To the ground. At home he was once seized with a fit and was carried to bed, and next day he did not know anything about it till told. The fits are shorter now than they have been and he always feels weak and exhausted after them, and has to rest a little before he feels able to do anything. While I was examining his chest, he had an attack of tailors' cramp, both arms were suddenly jerked sideways from the body, he says it if he should be drinking tea, holding cup in hand or holding anything in his hand, they are thrown across the room.

Diagnosed chillies caused by masturbation. His occupation (tailor) is formal, or home causing Phthisis to come on.

Treatments recommended him to use a little castor oil in the mornings so as to regulate the bowels, and told to gain his confidence by informing him that if he carried out my directions closely I thought he should get
better. Prescribed a little medicine to help his digestion and gave Borneo of potassum internally to act against the epileptic fits, advised him to seek cheerful society and to avoid everything that would excite any sexual excitement, to bathe and clean the genital organs every morning and as the bowels moved at bed time, and the motions caused some little uneasiness afterwards, advised him to sponge the arms with cold water and dry the parts well thoroughly before going to bed. Recommended a hair mattress and light clothing, and not to remain longer than eight hours in bed. Recommended him also to avoid heavy meals and to give over smoking and to take plenty of milk and to begin cod oil. In the morning to sponge himself & lathe a little exercise after if, gave also a cough medicine for to try & check
the morning cough with hydrocyanic acid... to free himself... well clothed and to take regular exercise. The emissions took place in various positions. So that the cotton reel with a knot on it, I did not think would have been of any service.

I was intending to try the effect of Thorpe's iodine, but unfortunately patient has not returned to tell me the effect of what I already advised to that I may make the case up.

On the 15th December 1850 I was called to see Mrs____ aged 60 and residing at ______ Chels, who had just sprained her right ankle a severe sprain. When I saw her an hour after it happened there was considerable swelling on the outer side of the foot just below and of the external malleolus. On asking how it happened she said that she slipped a little and that her foot turned in.
Her weight will be about 15 or 16 lbs. She cried out, at the time, for her sister, who was with her, to catch her for she was falling. She did not fall, as she was laid hold of at the time and after getting off the book in a ship she managed to limp home, as she had not far to go.

When I saw her, she could not walk on it at all, and it was with difficulty she was got up stairs to bed as I thought the foot would require rest for some time. I am of the opinion that there was laceration if not rupture of the vertical portion of the ext. lateral ligaments. On asking to see the boots she had on at the time, the shape of them and the manner she slipped them quite sufficient to cause rupture. The boots were high heeled on the heel misplaced. The heel tapered to the size of a shilling.
Treatment, poured over the soles of
swelling, and pain. Warm water as warm
as she could bear it, keeping up the
temperature for 20 minutes. I was then
going to use liniments of opium, but the
pain and tenderness were so great that
she could not bear to have applied, so I
just wrapped it up in cotton wool, whole
feet, and applied a bandage which made
it feel comfortable and enlarged perfectly
and foot to be held at a right angle
to the leg and laterally well raised.
Dec. 11th. The swelling had subsided
but still it was much swollen. She
had not slept for the pain, though
she took internally a dose of Bromide of
Potassium and Hyoscyamus. I had
given her on a previous occasion for to
help her to get sleep when restless.
Bathed it again with warm water as
before, and had it rubbed with Loz. Oil
as the pain was not so painful, then
I applied the cotton wool & bandage
again, and placed the foot abreast...
and right angle to the leg, so that the union of the laterated or ruptured flap might be as close as possible.

December 12th, the swelling had subsided still more, but there was yet a considerable amount of it. Pain and tenderness of the parts were not so great, and patient could move the foot itself. Treated it today as on the 11th, and prescribed a little Chloral hydrate in syrup of oranges and infusion of Quassia to be taken at bed time, so as to enable her to get sleep at night, and thereby also secure rest to the foot.

December 14th, swelling had nearly gone but it was very painful. Bathed and rubbed it with camphor and applied the cotton wool and bandage which eased it very much, so that she felt little or no pain after it. Stopped the Chloral hydrate as it did not agree with her, giving a little Bromide of Potassium instead.
if natural sleep could not be got.
In the Lancet of December 14th, 1827, page 963. I noticed a letter by a Thos. S.
Sulliv. M.D. on the subject of
High-heeled boots, & Shoes. The letter
caused my attention as if was just
what I had thought had caused Mr.
Mrs ______ to get such a strain
Since I saw Mrs. case I have been
Consulted by a young lady Miss
____ who complains of similar
symptoms as those of the young lady
of 16 he speaks of, but the pains are
more confined to the limbs and
go up the back on taking an
ordinary walk. She complains of it
in the course of the spine.
I looked at the boots and found the
high, and misplaced heel, shared.
Heel being nearly an inch behind
that on the block. I ordered the
heel to be changed for one coming
straight down of the back and
knee of a moderate size. I per-
fully agree with Dr. Pallin on the subject, and think the consequences ought to be more publicly made known, and the fashion altered as quickly as possible, as the heel is near our natural and I am afraid they are as often in ignorance of the results they cause. On walking with boots, such as Mr. and Mrs. I had on, it was necessary to bend forward so as to get the centre of gravity, which is an unnatural position and strain, I suppose, to look graceful. This alone I think is sufficient to give rise to symptoms through time. On the 13th I wrote Dr. Pallin and asked what treatment he had found of most use in such cases to which I received the following reply, December 13th, Miss Decock: Papas on flannel wrapped round the joint, then cotton wool and a bandage, this also relieved the symptoms.
Tidmouth
Dec 1870.

My dear Sir,

In reply to yours of the 13th inst. describing an
unusual accident, I am glad to
Thank you. I can only
tell you that during a
long experience I have
founded apparently answers
to such cases—viz.
perfect immunity from
infection. I mean of the joint to
be raised & if there exists
Extraction & Effusion.

Yours,

[Signature]
inflammation?  Sus a cold

prominent. Have no

spirit lotion (1/4 line)

acetate 3/4, chloride 1/4

3/4 U.S.P. or first American

Dilute it 1/4. Inflamation

exists. Put通告 warm

applications. A laud

the use of a comfortable

elastic bandage of some

use.

Singularly enough an

almost identical case

developed in the girl of

16 years. She lives 3

miles in the Lancet.

been brought to me to be

alike the symptoms are

of John Wilson.

Faithfully

[Signature]

The Rev. T. Belling
Still keeping the foot at perfect rest
19th Still making progress. Nothing special to note.

19th It was very painful she having undone the bandage and taken liberties with it, and it seemed inflamed behind the ext. malleolus. Bandaged it again, and used liniment of thiam to it, which relieved it then. Applied the cotton wool and bandage and on the 20th I put on a splint so as to give the foot complete rest, now that all the swelling was done and to prevent the action of the muscles of the leg. The splints (under) were applied on the inner and outer aspects of the leg and at the foot a circular piece was cut out corresponding to the position of the malleolus. Each of the splints had a piece which went along the sole of the foot. Still kept the limb elevated which was the most comfortable position.
January 22nd 1881. Since I last wrote, patient has been making gradual progress, but has not got as well as before it happened. She wears as present a comfortably fitting elastic stocking, this enables her to go about a little, though she cannot get on without it. Patient is usually very active and it is difficult to get her to give it the rest it should have. A posterior splint with a piece corresponding to the sole of the foot, and well padded I found more useful than the lateral splint I have above mentioned.

February 6th. Patient can now walk taking short steps and with the toes pointed straight forward. She can rest upon the toes and go down on the heel again. April 8th. Patient has now full use of foot that walked over two miles with it.
On the 5th December 1830 I was called to see Mrs. A____ aged 60, and residing at ______ near Chills. She complained of the following symptoms, cough short hacking in character, at first when it came on before I was called, there was no expectoration, but at present there is a viscid rusty coloured spuit, with dyspnoea. On looking at her, she had a furrowed look, and a flush on cheeks over the malar bones, naturally she is very pale. It commenced six days ago, with shivering and then a pain came into the right side. Previously to this she had been exposed to cold driving in an open carriage. Pulse was 92. Respiration 30 per minute. Temperature 106. She had a feeling of weight in chest and tightness with difficulty of expectoration. The pain in chest was aggravated with coughing.
Physical Signs, right lung did not expand like the left. Vocal fremitus increased on right side especially at the posterior inferior lobe of right lung. Percussion dull at the same site. Auscultation expiration is prolonged and the breathing was high pitched and whisping in character loud at inspiration and expiration "tubular" and heard near the ear. Crepitations could also be heard increased by coughing.

Nutritive System: Lips light tongue furled, appetite gone, thirst great.

Circulatory System: Action of the heart rapid. Pulse feeble, slow and irregular.

Integumentary System: Skin dry.


Deposited urates and uric acid was in excess. Albumen present.
and has been, since I first knew her, but it was increased since I last examined it. (She had some symptoms of cirrhotic Bright's).

Treatment, prescribed stimulant as I thought the pulse growing weak, I gave ammoniacal nitrate

Ammoniac Carbonatic 5 i
Spiritus Chloroformi 5 ii
Infusio Seneque 3 vi

Sig. tablespoonful full or six times a day
and feed her on a nourishing diet, strong soups, milk, eggs, etc. Performance constantly to be kept all over right hand

Dec 7th. Pulse was better and more regular, respirations 30, temperature rather less than yesterday.

During the night expectorated a considerable quantity of rust coloured, vivid mucus.

Auscultation though the lung clearer, still heard the tubular
Breathing, patient felt easier, prescribed a little brandy and water 3rd day. From this date the symptoms gradually disappeared. Latterly I used Apericuan wine in expectorating doses with Infusion of Senega. Then I put her on a tonic of which she has been taking for a considerable time.

Diagnosed it as a slight case of Acute Lobar Pneumonia 16th Dec. 1880.

On the 23rd December 1880 I was called to see Mr. aged 47 warehousekeeper, married, and residing at ______. Complained of having been seized suddenly on the 14th December with severe Shivering fit, and on the 19th pain in the right side. The symptoms got gradually worse and on the 23rd I was called. Patient had been exposed to cold previously to the rigours.
on. On the 23rd he was very weak and trembling, and had not taken to bed, though he fell so unwell, on the above date he was up and dressed but could scarcely walk. He had a short and hacking cough. Last night he expectorated a great quantity of tough, rust coloured mucus. When it commenced he had no spit, but this came on afterwards and it was difficult to get up.

Physical signs, on listening, at the posterior inferior lobe of right lung with stethoscope, there was tubular breathing to be heard, accompanied with inspiration at the inspiration. Vocal resonance was increased, and also Vocal tremblits.

Temperature 102
Pulse 100 weak irregular
Respirations 33
Patient had great thirst, Skin was hot, and rather to the moist side
than dry. Tongue white, appetite gone, bowels very relaxed.
Urine was rather thick, looking. On examining it there was no albumen but on testing for chloride I found none (after adding a solution of nitrate of silver I expected a precipitate)

December 24th
Temperature at 10 a.m. 113 4 p.m. 104 gh.m
Pulse 111 116 115
Respiration 24 24 24

December 25th
Temperature 105 104 116
Pulse 120 106 110
Respiration 24 30 22

December 26th
Temperature 99 99 99
Pulse 80 75 84
Respiration 25 26 32

December 27th
Temperature 98.6 98.6
Pulse 60 17
Respiration 14 17

Treatment rest in bed, and bed
applied large quantities to the right lung,
thence to be renewed when cold, and to
be taken internally.

By

Ammonia Carbonata 3f
Spiritus Chloroformi 3iv
Infusum Senecae 3vi

Sig. 3f to be taken as a dose, and to
be alternated with 3f of Brandy every
three hours.

Checked the action of the bowels with
Pulv. Rhubarb and Tig., two did this.

On the 24th I stopped the Brandy
as I thought it caused increase
of the febrile symptoms and gave
only the Carbonate of ammonia
mixture. In the evening I gave
Ipecacuanha with the Carbonate of
ammonia in the same dose as before.

There was still no chlorides in the urine.

25th as the temperature was a little
higher I was afraid it might get
more so, so I prescribed Lunea Sulphate 2f

that is 3X, three half minutes two. One to be
taken every hour. In the afternoon (see page 161) the effect of one powder and in
the evening, the effects of the other. In
the evening I prescribed Carbonate of
Ammonium with Digitalis First: increasing
the dose of the former to 3½ in 3½ mixture
Patient had a better night and on the 26th
all the symptoms were much improved.
Chloride of magmumine and the lung was
clearing.
27th Patient felt much better, prescribed
an 3½ of brandy 3rd a day and to take
his food as well as possible every half
hour or so. Diet was strong soup,
beef tea, milk, eggs with a little brandy
rice puddings &c. After the came round
I gave him a good tonic of Iron +
Quinine in solution of Quassia.
On the 27th patient told me that on
the 25th morning & eve. he had diminu-
of signs, taste was gone & that he
could not hear so well. I rushed
the large doses of Quinine that I
gave to reduce the temperature and
something to do with that.

On the 25th, though he seemed weaker than ever and could scarcely move a limb still I thought the turn had come for the better but I had considerable difficulty in getting him to take his medicine, and his friends would scarcely allow him to get any more medicine as they thought he was going to die and were actually preparing to have him attended to. His wife a fuzzy old person though very indifferent and paid little attention whether he took his food and medicine or not and when I visited Sunday I generally got him with the poults off. I had not got his medicine as directed. At the crisis it was rather difficult to get him to take anything, and his friends urging me to give no more medicine but let him die in peace as they said, made the case more difficult to manage. The old woman his wife
wanted him to die. I thought, as some money comes to her at his death. They seemed more concerned about getting a death certificate so as to get the said money than that he should get better. It was the wife that set the friends against me giving any more medicine. Many here also
I said on the 25th. that he was really a little better. I thought, though, he was exceedingly weak and that he was likely to get better.
She seemed quite disappointed.
Patrick had been saying to her family that he would never get better as he felt so far through. Perhaps this was why they were so inattentive to my orders as I should have liked. Good nursing I think of great importance in such cases. I have omitted to say that on the 25th. he had head symptoms in the morning before he got the quinine. I suppose the elevated temperature
would account for them.

December 25th, 26th, 30th, patient
still makes progress. Lung clearing
but not yet clear. Bito in firm
but crepitations still can be distinctly
heard at the posterior inferior lobe
of right lung and also above this
at the back.

Temperature, Pulse, Respirations have
been keeping nearly normal.

Patient still takes his stimulant ex-
fectorants, medicines, tonic, little brand,
shoulders locally. Patient ultimately
got quite well January 19th went Scotland.
March 16th saw patient today he still
keeps well and strong and was doing
employment. He has several cases
like this and all made a good re-
covore except one old man 70 w
hurtable. Circumstances I know not
_called but the 6th day when he was
actually dying.
On the 10th February 1880 I was consulted by Mr. A., aged 56, as to an affection of his right limb that caused her considerable pain, so that she could scarcely walk. Walking aggravated the pain. Her own medical adviser had been prescribed for it, but, as the patient says with no effect. On examining her right leg between the internal malleolus and the inner aspect of the knee joint, there was a marked projection of the internal saphena vein. The veins of the limb being in a varicose condition. On manipulating as the prominent parts of the veins there was a small hard body to be felt, the size of a pea, pressure over it caused pain. As I was of the opinion that it was a small stone in the vein I thought in the meantime it would be best to leave it alone, and try the effects of a liniment to relieve the pain. Before using the liniment I ordered...
It is to be practised once or twice with
linseed meal as the parts surrounding
its seemed somewhat inflamed; after
wards I ordered it to be rubbed with
a liniment of Benfite, Belladonna,
Chloroform, Opium 4a 3o Lin: Spig.
3o, Steadfast for a few minutes.
This relieved the pain and the numbness
which started from it and thus
enabled the patient to walk with
comfort. The hard pea-like body
can still be felt and I am in-
clined to think it is a case of
Phlebolitis. It has been three or
years & patient says nothing has
given her such relief as the prac-
ticing the above liniment, not
forgetting rest while doing this.

This winter 1880-81 I have had a
considerable number of cases of
Hammorrhoids but in case were surgical
interference has been necessary,
I have tried milder measures
fuss and the results have been very satisfactory. The cases I allude to have all been in people who wander in the upper circle of society here, and internal in character. I propose to state briefly what I have found as yet the best way to treat moderate cases of internal haemorrhoids. In the first place I generally begin by recommending the patient to take a dose of castor oil first thing in the morning for two or three mornings. If there is any difficulty in getting the patient to take this alone and simple I can always overcome that by recommending it to be taken with a little ginger wine, which covers very well the disagreeable taste of the oil. Afterwards I generally prescribe a little precipitated sulphur with magnesia 1/2 gr of the former with a scruple of the latter in a powder, this to be taken
at bedtime either in a glass of water or milk, of course the dose I arrange according to the case, but the dose for an adult is what I have found answer very well, so as to make the bowels move gently, without straining, and also to keep the stools soft. After every motion I recommend the patients to use a little olive oil or Unquatic Gallicum ovis on right fore finger to replace the lower part of the bowel if it is down or piles. If this is not done the sphincter ani presses on the piles causing them to become congested which gives rise to quick irritation, inflammation and thus a feeling of discomfort in those parts. The diet in such cases I think of great importance and I find nothing answers better than a souce plentiful of finely ground oatmeal boiled one and a half to two hours with plenty...
of sweet milk in the morning for breakfast, allowing also another thing for breakfast that can be taken of soft boiled egg, sole or whiting, lean of a chop, tea with half milk, brandy, butter &c., &c. Dinner to be taken at 2 o'clock soup, plenty of vegetables with other plain dishes, avoiding highly seasoned dishes, alcohol &c. Coffee, tea bread, and butter about 9 o'clock and in some of the cases where the bellows did not move with the horse caused them to take a little oatmeal again at night. Soak for a short time, afterwards letting them take their regular supper. Exercise between each meal is important. Cold douche after every motion. There also found of service. Another valuable thing for clearing the rectum and allowing irritation which arises from subcutaneous masses.
lying in the rectum is an enema either of oil or cold or lukewarm water this to be done at first night and morning afterwards once a day with an imitation Higgins Spring, infusing about 12 to 153 and always replace the bowel or sides if they have come down as before directed. Attention must also be paid to state of the liver. Patient should not sit down for 5 or 10 minutes after the bowels have moved, he may either walk or recline on a sofa. Sedentary habits to be avoided as much as possible. If there is haemorrhage an enema of a dilute solution of the Powder of Iron Checks this. To keep the liver acting Success Therapeutically I find screws the Liver acts very efficiently and also foods to keep the bowels acting. I found Cod oil after food also very useful.
full consisting of 1½ of Moll and 1/3
of a drop Belladonna for a time has
also proved of service in one or two of
the cases. Not bathing is good if
there is inflammation. Under such
a course of treatment I have not
had occasion to take more active
measures. Under such treatments
the patients gained flesh, lost their
anaemia, backache, irritable blind
vaginal and irritation of the interior
vaginal discharges kept up by
them. 3/5. Urine pills as tonic I have found useful.

Now as a rule cannot be taken.

On the sixth of January I was called
to see Mr. aged 24 and residing at
[address]. Intermittent
fever, profuse of a white vaginal discharge,
backache and a feeling of lassitude
on slight exertion. Pain over the
region of the bladder, frequent
micturation and the urine that
was passed, passed with a feel-
ing of burning in the urethra,
with a small quantity of fees.
Her general health was beginning to suffer
and she was anxious to get better.
Dr. [redacted] of the town was her regular
medical attendant, since her marriage
18 months ago, but as patient [redacted]
she had taken his prescriptions for
some time with little or no benefit.
She was anxious to get cured
if possible. She had one child.
On making a local examination
with Ferguson’s Speculum, I thought
it was just a case of chronic vaginitis,
there was no uterine discharge,
complicated with chronic cystitis.
On enquiring how it commenced
I thought was traceable more or less
back to excessive sexual intercourse,
giving rise first to acute
vaginitis and subsequently the
bladder affection came on.
I was also suspicious that
there might be a specific tubal
as her husband was suffering
from Chronic Genorrhea. Five years previously to marriage he had syphilis and on closely questioning him, he seems due to have had a mild attack of Genorrhea which was quickly stopped. His general health improved till marriage, after this symptoms of his urethral affection returned and he at present suffers from a little purulent discharge. Treatment

Internal + Local. Internal, castor oil to regulate the bowels and also to take a warm bath at bed time and

 Rutaver Bicarbonatis 3 fl
 Fructuæ Myoczymi 3 fl
 Infusæ Vinæ Aethiæ 3½
 Sig. Tablespoonful 3 or 4 a day

Locally Cupri Sulphatis gr. 30

H half mite balsam

decem Seg. One to be used as an injection night & Morning first in a suit of notex
Diet light animal food, milk, raw eggs, and such like, no stimulants, as first afterwards I allowed a little after dinner.

The above treatments relieved all her symptoms in the course of a few days then I prescribed a mixture containing Tincture of Belladonna & Morphine & go on with the powders & warm bath at bedtime as before and in the course of 14 days all her symptoms were entirely gone. Afterwards I warmed a tonic of Iron & Quinine which also did her good.

A W ... had also been under Dr. ... but as his habits as to mode of living were irregular I was not astonished at him not getting better.

Treatment recommended him a temperate mode of living, avoidance of sexual intercourse.
a few warm baths as bedtime
with cold in the morning.
Cod oil & also to take internally.
A Santal Planta 25 drops 50
a day combined with Jun
and to take internally also a
tonic containing the dig extract
of Yellow Cinchona. Saw
him in the course of three or
four days, and he said he
felt better, though a little
smarter still came from the
urethra in the morning, but
not nearly so much as before.
Recommended him to persevere
with the treatment and take dilution
his business causing him to be
irregular in his habits was much
against him. I also gave him
a little Iodide of Potassium in a
little infusion to take.
The child 9 months old was
born at the 5th month. Head
present is affected with an
erythematous rash on legs and distal region. He has also got the shuffles and has had them since the 2nd month. The child's nose is somewhat sunken and forehead inclined to be protuberant. Prescribed for the child, a nourishing diet and lukewarm baths. Hydrargium Oreta 3g iv night and two doses in milk for a few days. This was followed with a marked improvement. Continued the above treatment for 14 days afterwards gave him a tonic. Patient has gone to Bristol.

On the 15th June was consulted by Mr. aged 21, Book-keeper at the Chilf, as to a skin disea which she had been troubled with more or less for several years. It affected the flexor surfaces of the arms, legs, palms, and soles of
foot, trunk, and a spot or two was to be seen on the forehead at the junction of the forehead with the hair. If affected patches on the arms and legs, some were small others large, they were silver scaly in appearance, and at the edges of the patches there was more or less inflammation. The patches commenced as small spots papular in character, they got larger, and then coalesced. The papules were just built up of scales, thickish in character and on taking them off the skin below had a coppery red appearance. The cause as far as I could make out was a syphilitic taint in the system probably hereditarily derived. As she had symptoms of it before marriage other members of the same family were affected with the same skin disease. Her Father & Mother
other members of the family she belonged to, resided in London.
Diagnosed is as a syphilitic form of Psoriasis.
Treatments, bowls to be kept regular with castor oil. Warm baths to be taken regularly, and to clean the parts thoroughly with soft soap mixed with pottash, and thus get the scales off, afterwards to rub in Baracie ointment.
 Internally to take

By

Potassii Jodidi 3 ii
Liquoris Arsenicatis 3 i
Aqua fontalis 3 iv

Sig:  Talleaspoonful 3d day after food.

also to take Cod oil, talleaspoon 3d day at first, afterwards increasing it to talleaspoon ful 3d day.

Continued the above treatments for 14 days and by this time I could
see an improvement, but not so much as I expected, so I prescribed in addition a little Perchloride of Mercury, and also to take alkalies (caynel) and to go on as before, and in little over a month she got quite well. Her diet was simple, nutritious food, no stimulants.

On the 26th January 1881 I was called to see Mrs ___ aged 50, and residing at ___ Drift; patient had slipped on the snowy pavement, and fell breaking the fall with her left hand which caused fracture of the radius low down, and above the pronator quadratus muscle. There was marked swelling in front and behind the wrist joints. The lower part of the radius lay in front of the upper
parb. The upper portion of the radius lay in its natural position. The hand was turned in and forced andפג נפסי and patient supported the left hand with the right when I saw her. She had been rubbing it with a ligament a chemist had given her for it, but this only made matters worse. Treatments, replaced the displaced bone by extension and counter-extension, then applied rather narrow splints reaching from the elbow joint to the tips of fingers. The splints had a curve on them which commenced at the wrist joint. Padded the posterior splint more than the anterior then applied them and secured them accurately with a bandage and then placed the fore-arm at right angles to the arm. Six weeks afterwards she had full use of her arm with no deformity.
On the 25th January I was called to see Mr.____ aged 60, and residing at____ (Note: The text is not clear regarding the second word). Temperament very nervous. Patient complained of occasional attacks of breathlessness, which come on in the morning about 3 o'clock. The attacks are preceded by sleeplessness and symptoms of agitated sleep. The attacks sometimes make her up suddenly with a feeling of tightness of the chest and a sense of suffocation. Respiration is loud and wheezing and on these occasions she lays hold of any fixture in the room so that she may thus bring into play all the muscles of inspiration. Her face at the time of these attacks is pale, and the brow is studded with perspiration. Patient says it commenced after Bronchitis she had several years ago. She suffers at times...
also from Chronic Bronchitis. The attacks of dyspnoea are followed with a cough, and the expectorated gelatinous pellets and frothy white mucus. As the paroxysm passes off the sputum becomes mucous and purulent. Diuresis also follows the paroxysms.

Respiratory System, this lung shaped with prominent veins. Percussion note during a paroxysm I saw her in was clear and on auscultation respiratory murmurs were very weak so that I could scarcely hear them. They were accompanied with rales which varied in character. Cardiac pulsations is increased to the right side owing probably to dilatation and hypertrophy of the right side of the heart. Face cheeks hollow. Voice hoarse. Eyes rather prominent. Bowels to be constipated.
Treatment, moved the bowels with Castor oil, and regulated the diet and prescribed Rhubarb, Bismuth & Soda in powder, one to be taken 2nd or 3rd day before food. This will enable to correct the indigestion, also furnish an antispasmodic.

Spiritus Olii Parm. 3f.

Sir, Insomuch as troubled with its moisture, also a cough mixture for the Bronchitis with a little carbonate of ammonia in it. On my next visit 29th January, said she had got great relief from an attack that came on during the night since I saw her, from the antispasmodic, more than ever she got and that her cough less was much better. Recommended her to discontinueuffer and make her last much
about Jock, to keep her room well ventilated or change her room as the one she slept in was very damp, the cold weather making a fire necessary. It is since the cold weather came on a few weeks ago that she has been feeling so ill, and that I was of the opinion that the cold, nasty, high winds, smoke, dust, and indigestion might be increasing the tendency to the attacks she already being subject to the attacks, caused by the Acute Bronchitis, she previously had. When a change in the weather came this January 31st patient felt better and the attacks were not so frequent. She has had no attacks since I saw her on the 27th. The fever I thought also of great service. The asthma is associated with Cyma Thuringian Arsenic with Bromide of Iodide of Potash, for that. As patient seemed making progress I gave her
a little quinine to take.
March 6th. Saw the patient again. She had been keeping very well, but the Eczema troubled her. I also local applications, and increased the dose of Arsenic in form of mixture. I told her to receive...

On the 1st February 1881, I was called to see Ellis — aged 65, and residing at ... Chelf.
She complained of an eruption that was coming out. On looking at it on the arms, the skin was red, and the cuticle was elevated, forming clusters of small vesicles, each vesicle being about the size of a pin-head. The fluid in the vesicles was clear and viscid. Some of the vesicles had burst, and were drying up; the had coalesced, forming larger vesicles, size of a small pea. The parts affected were the arms, chiefly on the extensor surface, legs, right hip,
ears chiefly at the external orifices behind the ears. At all these places the vesicles were to be seen. When it showed itself at first it was in the form of small vesicles, just as it is to be seen at present; only its distribution was not so great. It came out on the arms and back. On questioning patient, so as to find out the cause or nature I brought it into the simple category viz. digestive, by this I mean syphilitic, contagious, and parasitic causes can be excluded. Patient was of a rheumatic constitution, and is subject to gastric attacks.

Diagnosed Eczema in its early stage, vesicular form. There were no foetid tubercles to be seen. Patient had last summer for a similar attack.

Treatment, regulated the bowels with Rhamnus, Rhodium and Soda powder, and ever came the Constitution she suffered from with a saline mix.
turve. Locally I used Gentian tincture after cleaning it with warm water so as to get rid of the sticky viscid exudation, soaked linen with it and applied it, covering in arms and hands and other parts with dry cotton wool over the oiled linen. On the 3rd February all the parts looked better and not so congested. Then I prescribed Pareto Ving, moistened it and painted it on, afterwards covering it up with cotton wool, and in less than a week it was all gone. I also gave her Iron + Arsenic after I discontinued the Pareto. Patient alse recovered in bed, as she was rather weak in health and the weather damp & disagreeable. Diet was light with milk & cream. Gently I put her on a tonic of Iron + Tonic with a little Cod liver oil after food. Patient made a very quick & good recovery. since since this case I have had another case of it only since, arms & ears of the parts affected the arms are excoriated & raw but looking well to be. The case is Dyspepsia. On treating this regulating the bowels, with local applications the case did well.
On the 16th February 1881 I was consulted by Mr. Dentist residing at ___ Thos; as to a patch on his limb, inner part of the calf of his leg that was a great source of annoyance to him from having to itch it constantly. There was no eruption on other part of the body. It commenced as a small spot and has gradually been getting larger, spreading from the centre. Skin was reddened and elevated with minute vesicles, most of which had been destroyed by rubbing. The hair on that part of the leg was broken off. The centre of the patch was scaly and at the margins the redness was more marked. The hair and scalp showed the trichophyton organisms under the microscope.

Patients general health fair.

Diagnosed Ringworm.

Treatment, caused to be rubbed on to it a strong spirituous solution.
of iodine coloured with calomel. This smacked & and several more vesicles came out afterward. I used Iodide of Sulphur ointment covered it with a piece of linen & kept this on by two strips of plaster.

February 15th. The patch is healing at the circumference and the itching is not nearly so great. The above treatment healed it in the course of a few days more.

On the 14th February 1881 I was called to see Mr. F. B. aged 16, and residing at ________ Thiel, who was suffering from severe irritation, itching, tingling, feeling of formation, sharp burning sensation about the external organs of generation, (sexual desire, sterility, restlessness, grow). All the symptoms were much relieved when she got warm in bed. From the annoyance it caused, patient suf-
find much from want of sleep, loss of appetite, and by her general irritability and increasing weakness her friends thought her breaking down fact. It is two or three years since it first commenced to trouble her for which she has been using Eustachy's, first sponging the parts with warm water, then dusting it on, but this gave only temporary relief. Patient also suffered from a burning irri-
titation on passing water. Urine very acid, otherwise normal.

Treatment regulated the bowels with compound liquorice powder given in milk at bedtime.

Recommended her to use Higginson's syrups to help clear of local discharge, plain water, warm lips bath night and morning, and to use a lotion con-
sisting of

\[
\text{Liquorice ammoniac caustate } 3 \text{ f.}
\]
\[
\text{Acidi hydrocyanici caustici } 3 \text{ f.}
\]
\[
\text{Infectus T.} \text{col. no. } 8 \text{ (5th stage)} 3 \text{ f.}
\]

Sig. To be applied over the seat of irritation 2 or 3rd night night observation.
and afterwards to use an external equal part of Unguente Rosii Liquidi Unguente Bismatique to the parts and keep the ulcers apart with cotton wool and glycerine.

Internally I gave her also

R.

Petraea Acarbonatica 3.ii

Lonicerae Hyoscyami 3.ii

Infusi Ursi Utri 3.ivi

Mix

Sig. Tablespoonful 3 or 4 a day.

Dick plain animal food, milk, eggs, avoiding tea, coffee, and highly seasoned dishes. Had to allow a little stimulant, after dinner (whisky & water) stopped it at supper. Patient was always in the habit of taking a little of something though I told her she would be better without it. Latterly she did stop it altogether.

17th February, patient told me that the medicines had removed all her symptoms and that
since I saw her last she has had two
nights good rest and that is what
she has not had for a long time.
Recommended her to continue the
remedies for a little longer and also
prescribed a little Bismuth of Potassium
March 15th. She still keeps free
from her old complaint. I have
heard through her friends.

On the 25th December 1880, I was
called to see Miss ______ aged 8,
born in E. India, and residing at ______
Chels. Her mother and friends
were noticing that the child's speech
was getting thicker and was more
or less deaf. Swallowing was also
affected and she had a very
disagreeable constant cough with
no expectoration which troubled
her friends. On examining the
throat with tongue depressor, the
tongue were seen to be enlarged
so that the fauces appeared blocked
up by the two tonsils coming together. Patient's general health was low and I thought her of the Strumous Constitution. Previous Illnesses, measles, hooping cough, and a sore throat which she had in India three years ago, and which I am inclined to think may probably have been Mucus Tonsillitis, though her mother cannot speak definitely as to it.

Treatment, regulated the bowels and diet and gave internally Cod liver oil desititum ful twice a day, then thrice, afterwards increasing it to a tablespoonful 3rd a day also gave Spirit of Potassium and

By

Ammonii Jodidi Sig
Infusi Cniconae Flave Zvi
Sig Tabbisum ful 3rd a day before food
also used linseed meal soups etc.
thread, and caused to be rubbed into the neck, necks, and morning an 
ointment of Iodide of Ammonium 
3i. to an 3i. of lard

Locally painted the throat and tonsils 
with a solution of nitrate of silver 
beginning with 3i to an 3i. of distilled water 
increasing it to 3i to the 3i. painted 
if 3i to a week. One month from 
the commencement of treatment patient
health had greatly improved and 
the tonsils had markedly diminished 
in size, cough was gone and also 
the deafness and she could 
swallow more easily, speech 
was not so thick.

Second month the tonsils were 
still going down, and at the 
end of the third month from the 
time I first saw the case the tonsils 
got natural in size.

Then another case in a young 
girl Miss L. residing at 
Beds, which is more aggravated. It follows
Darnsy and Acute Pneumonia. I tried the above treatment on my mother carrying about only 15 lbs. with me nowhere. They removed one of the country that was why I did not think of myself and I am inclined to think it did not get the same chance as the other case.

The tonsils can be shellied out and as her health is getting affected I intend removing a portion of each tonsil. 28th Feb. 1881.

On the 9th March 1881 I was consulted by Mrs. aged 26, and residing at __________. Complained of the following symptoms: impaired appetite, gripping pains and swelling of the abdomen, cardiacia, palpitation, itching at the anus, headache, faintness, pains in the limbs, disordered menstruation, maniacal seizure once. On cross questioning her I found out also
that she passed with faces, stiff white joints, and that she had noticed this for months. From her description of these, I thought it a case of Intestinal Worms (Taenia solium).

Treatment as she had taken a full last night with no relief and had eaten little or nothing since, I prescribed a 37 of Sal. Villius Liqui di in mucilage at bedtime, and followed this with two tablespoonsful of Castor oil in the morning, requesting her to wash the motions by adding water and strain through a cloth and bring me the whole of what came away. This brought away about 1 1/2 of tape worm. On examining if I could not find the head but on asking her if she brought me all she said she did not bring some fine pieces, though
Told her distinctly to bring all the past I got was mostly bread, with one small piece which must have come from near the head, so that I could not say if had come away. Patrois said she would not take another dose of medicine as it was so nauseous. So I gave her a dose of camomile and followed it with castor oil again in the morning to make sure of getting it all away. Of course keeping a watch on the motion as before. Reported nothing now nor put her on a light nutritious diet and warned her again the causes viz to have the food well cooked especially pork if taken at all, and also to see that the vegetables were well cooked & cleanse.

Subsequently I gave her a tonic of Iron & Quinine. Patrois got quite free from all her symptoms.
As to my Midwifery practice I might say a word, all the cases I have attended have been natural with no complications, mothers and children doing well except one case of twins at the 7th month both died within 48 hours after birth, both were ill-nourished. I have only had one case requiring the use of the forceps...I have had one or two interesting cases of Diabetes Mellitus and Cholera, but I cannot write them up as the patients have not reported themselves long enough nor regularly so that I might show the effect of my efforts to cure.

In conclusion, the foregoing cases I have watched with great care, and the measure of success which has attended my efforts has been to me a source of great satisfaction. I hope that in what I have done and written, and in view of
previous attainments the Faculty may feel that they have sufficient
ground for conferring upon me the higher degree which I wish to obtain.

John Wilson m.r.s.
13 Cambray
Cheltenham.

April 14th 181.