Kincardine on Forth

14th May 1896.

Dear Sir,

I herewith beg to forward my thesis.

Yours faithfully

W. T. Sinclair.

To Prof. T. R. Fraser.

Dean of the Medical Faculty

Edinburgh University.

Prof. Sir Hen. Littlewood

S

Clinical Studies.

G. T. Sinclair M.B.

Anxious as one is to write a Thesis well worthy of Senior honours yet it is very difficult to get a sufficient number of cases in private practice to enable one to discourse on a particular subject, and I have therefore decided to give these Clinical Studies.
It is indeed with very considerable diffidence I beg to present this Thesis, and I would humbly hope it may be considered of some merit as solely consisting of a record of various cases, all of which have passed through my own hands. It is, in fact, in a manner and to a certain extent the giving an account of one's Stewardship.

The great majority of patients that come into one's hands are Stomach or lung cases. In the former category there are two common varieties, Speaking generally. I have found that where the tongue is furred and not much epigastric pain, exercise and the following

prescription – ℞ Acid. Nitro-Hydrochlor. ℥iij, Tr. Nucis Vom. ℥ij, Syrupi Rubi Idaei ℥ss, Infus. Calumb. ad ℥vj – Sig. ℥ss ter die ante cibum, – are most useful. On the other hand where the tongue is clean and ~~not~~ much pain after food, rest and the prescription – ℞ Bismuthi Carb. ℥iij. Sod. Bicarb. ℥iij, Mist. Amygdal. ℥vj, Acid. Hydrocyan. m xx, Syr. Zingiberis ℥vj – do well. A mustard plaster to the epigastrium and a course of the previous acid mixture after the pain has left are often beneficial. Constipation is a common symptom of both varieties and I endeavour to correct it by means of a Mineral water in the early morning or by some form of pill at night. A careful dietary is most important; and often with fiddly, fanciful patients it has been an advantage to give a good deal of trouble in the preparation of their food, e.g. to make porridge the mid-day meal, with oat meal soaked in water overnight, cooked by steaming for two hours and taken with a wineglassful of cream in half a tumbler of Aerated Lime Water and half a slice of thin toast grated in the Cream & Water; or to give

something out of the common eg. tea infused for five minutes in hot milk instead of water. In cases caused or affravated by mental depression cold baths have proved useful. Alcohol I have avoided, but in some a glass of bitter ale in the forenoon seems to have helped.
Many cases might be related to show the Success of this general line of treatment. The following demonstrates it, if I may so say, negatively. Bessie J. a Servant girl of 17, came to me complaining of great pain about an hour after meals. She had a clean tongue, was troubled with Constipation. For this I ordered a wineglassful of Hunyadi Janos in a tumbler of hot water to be taken in early morning, and milk diet. I determined to try the "Acid" prescription, and persevered with it for three weeks with so little improvement that she went off to the Royal Infirmary & brought back a prescription practically identical with mine. Curiously enough however she now began to improve, and it would be interesting to know

whether the visit had a beneficial mental effect.

I certainly was disappointed with the result of the Acid treatment, and in other similar cases I have at once ordered bed for a day or two, a mustard plaster to epigastrium, proper diet, and the Bismuth mixture, with speedy and admirable result effect.

I would like here to relate a case of Gastritis following Catarrh. It illustrates points in other instances of this disease which have struck me forcibly, and these are the extreme weakness, slow recovery, and great care required for a prolonged period as regards diet and external influences. All this, moreover, in spite of the pain and tenderness being subdued quickly, the temperature soon normal and a fair pulse.

I was called one evening to J.M., blacksmith, aged 35, and found him pacing the floor, groaning with pain in the stomach. Flatulence was a prominent symptom. A hot bath would have been ordered

but was not available, so he was put to bed, a mustard plaster applied over the Stomach, and ½ grain of Morphia injected Subcutaneously. He passed a somewhat restless night but was improved next morning except that he complained of some cough causing pain in the Stomach. Temperature was normal, Pulse 70, full. Physical examination showed a little dulness at base of left lung. His tongue was dirty. A fly blister was applied over dulness behind, Acid mixture prescribed, and Milk diet ordered. The mustard plaster over Stomach was also repeated for ¼ hour. At night he was very much better, and a 6 grain Calomel powder was to be given early next morning. His progress was uninterrupted and rapid, but unfortunately he returned to work too soon, against my advice, and within a fortnight I was again summoned hastily one afternoon to find him in bed suffering from acute gastric pain and with great tenderness over the Stomach. His Temperature was 102·4°, fair Pulse 82. There was no cough

and no lung mischief. A flyblister was applied to epigastrium, Morphia (½ grain subcutaneously) administered and complete abstinence from food or drink with the exception of tablespoonfuls of equal parts of Milk and Alcaline lime water. Next morning the pain and tenderness were somewhat improved. T 101-6°, P. 79. A mixture of Bismuth, Morphia, & Hydrocyanic Acid was prescribed and wineglassfuls of equal parts of Milk and lime water allowed. The third day he was still better - T 100·4°, P. 76. On the fourth day the pain was away and the tenderness slight. T normal, P. 73. The fifth day found pain absent, tenderness very slight. Six grains of Calomel were given and operated satisfactorily. Now a Cupful of Milk & lime Water, beef jelly, chicken jelly, calfs foot jelly, were allowed. His progress was steady and uninterrupted. In ten days he was put on the Acid treatment & his dietary gradually extended until complete recovery.

In four days this mans limbs, which were strong and brawny, grew quite thin with flaccid muscles. Notwithstanding the apparently contradictory pulse his

physical weakness was remarkable and his return to strength slow indeed. I have observed this in other cases and also the absolute necessity of careful diet for many months and the strict avoidance of cold & damp. It has seemed very striking in comparison with the usually rapid recovery from Croupous Pneumonia in which the systemic disturbance appears much greater, judging by Temperature, Pulse, &c.

It is rather difficult to know where the following case had best be placed, but the history may as well be narrated now. The patient was seen by five other medical men (including well known Edinburgh & Dumfries gentlemen) besides myself, & I fear none of us made much of the case, although we were all greatly interested.

J.H., gardener, aged 54, had been a strong healthy man. He now complained of feeling weak, and of salivation, - filled a teacup in a short time. He suffered

no pain. He seemed languid with a pale waxy face. Gums pale, not particularly soft but slightly receding from teeth. His appetite was poor, digestion much impaired, flatulence & constipation were troublesome. The tongue was clean. The Temperature was normal. The pulse was 84, weak & compressible. Heart & Urine were examined, and nothing found wrong. He had a little cough with slight dulness at base of right lung, which was soon remedied. Repeated examination elicited nothing further than has been above related. - One gentleman diagnosed Cirhosis of liver, another Addison's disease, a third thought there might be disease of the Pancreas, and a fourth suggested Pernicious Anemia. -

Many remedies were tried. Mouth washes and paints consisting of Belladonna, Acids, and various astringents. Internally Belladonna, Strychnia, Iodide of Potassium, Permanganate of Potassium and Iron were the chief drugs administered. Unfortunately nothing was of avail. The man

became gradually weaker and weaker. The most prominent symptoms were the increasing Salivation and progressive anaemia. The anaemia became most marked and the Salivation so great that a pint bowl would be very quickly filled. The constant profuse Salivation drained his life away, and he died after ten months illness.

No one who examined this patient had ever seen or heard of a similar case, and all were completely puzzled. It seems to me to have been most likely of nervous origin although there were no paralytic or nervous symptoms. It was not due to the use of Mercury. One form of treatment I regret we did not try, viz. Electricity.

Before proceeding to relate two cases of Diarrhoea which form an interesting and instructive contrast I would like to interject a note regarding a really very simple case. Mr. B., a Head Schoolmaster, 32, came to me complaining of passing a great deal of blood in his Stools. There

was Slight Diarhoea but he felt quite well. A Searching physical examination revealed nothing, and I felt nonplussed. After telling him there were no Piles and that I could find no cause for the haemorhage (which he was clear and positive about) he bethought him to ask me if Beetroot might give rise to it as he was fond of it & had been taking it freely of late. I asked him to Stop its use and thereupon the "bleeding" ~~Stopped~~ ceased; on its resumption the red colouration of the Stools returned.

Mrs J. aged 34, had been a bilious Subject and of a nervous disposition all her life. During the last three of her previous eight prefnancies she had Suffered, particularly in the latter months, from nervous attacks and diarhoea. She was easily worried and readily excited. Her confinement occured three days before the present illness befan. For the last month of gestation she was going about and feeling wonderfully well. For the previous three months she had

Suffered from nervous attacks with bursts of diarrhoea; She had felt week, and indeed had been in bed most of that time.

The night her accouchement took place the Doctor, who had been with her all day, left in answer to another call. During his absence delivery occurred while She was in a highly excited condition. This State of matters was seriously affravated by the admission of too many visitors to the Sick room; and, as already Stated, the present illness commenced on the third day, with vomiting, pain at the pit of the Stomach which passed down into the bowels, and then Diarrhoea came on. There was some feverishness for the first two days of each attack which varied in duration from few days to three weeks and the intervals also varied in length of time from a few days to a month. In all this was the course, - 1st vomiting, 2nd pain at the pit of the Stomach & passing down into the bowels, 3rd diarrhoea.

I was asked to see her Six weeks after

the illness began, and during this time she had suffered from three of these attacks.

The patient was evidently a neurotic subject, highly strung, very easily excited, and with an obvious tendency to Hysteria.

The Temperature was normal, the Pulse 80, fairly good. Physical examination revealed superficial but no deep tenderness on percussion and palpation. She was getting milk food, beef and calf's foot jelly, besides large quantities of Brandy, - as much as a bottle a day sometimes during the attacks. Medicinally astringents were being administered.

Believing the illness to be of nervous origin I advised a great reduction in the amount of stimulants allowed, and medicinally ℥j of Bismuth Subnitrate three or four times a day with ℥ss of Potassii Bromide and ℥j of Tinct. Hyoscyami at bedtime; giving at the same time a favourable prognosis.

Unfortunately this diagnosis, prognosis, and line of treatment differed from the opinion

of the medical man in attendance and another gentleman was called in who agreed with him that the disease was of tubercular origin, and that a fatal termination could not be long delayed.
Well, the illness began in the month of June and continued at intervals till November when the worst attack of three ~~months~~ weeks' duration occurred. Inflammation of the Stomach was diagnosed and a fly blister applied but it did not relieve the pain. Hypodermic injection of Morphia was now begun and continued daily for two years. The dose was increased till 1½ grains were reached, and occasionally as many as five Subcutaneous injections would be administered in a day. During these two years she was believed to be dying. However, to return to this worst attack, she recovered from it and never again had such a severe or lengthened one.
In the month of January the next prominent feature of her illness began in the shape of hysterical convulsions, which would come on as often as

half a dozen times a day. She would get in a frenzy, throw herself about the bed and would strike anyone near. The face became convulsed and twisted, and there were spasms of the limbs also. These seizures were brief but happened frequently for fully a year, and then occasionally for other six months.

About a fortnight after the first of these hysterical attacks she developed another feature. According to her own description she would have a feeling of heat and a sensation of needles and pins at the pit of the stomach, which rapidly extended all over the body. She then became unconscious. Her face rapidly flushed and swelled, her hands and feet also swelling. The seizure passed off in about a couple of hours. She then became conscious, the swelling disappeared as quickly as it arose but she remained helpless and powerless for a week. She had five of these attacks in all at intervals of two to three

weeks, and she stated that after each of them she felt as if her illness was taking a favorable turn.

Such is, briefly, the history of this case. First there are the attacks of vomiting, pain, and diarrhea, which continued at intervals for two and a half years when improvement began, and now at the end of three years the patient is wonderfully well.

Secondly there are the hysterical fits beginning six months after the commencement of the illness and continuing for eighteen months.

Thirdly, there are the five Serious seizures with the needles and pins sensation, unconsciousness, marked swelling of face, hands and feet, followed by the absolute helplessness of the patient on every occasion. After each was the curious fact that she felt stronger and better although the was very little, if any improvement apparent until some time after they had ceased.

The medicinal treatment, after astringents failed to check the diarhoea, consisted in the hypodermic injection of Morphia She was very well nursed and nourished She was always allowed a very large amount of Stimulants, chiefly Brandy and Champagne.
When she began to improve at the end of two and a half years Morphia was gradually withdrawn, Stimulants reduced, and massage begun and continued for six months with great benefit. The patients bodily condition varied. She was never very much reduced and indeed during the last six months she became very stout. She menstuated once four weeks after her accouchement, not since.

This patient lived a dozen miles out of my district but I knew her personally and saw her three or four times besides the first occasion already mentioned. Once again my opinion was invited (and I may say not followed) fully a twelvemonth after

the Morphia was commenced, when I urged its withdrawal (advice which the patient by no means appreciated) or else that she should be sent into Edinburgh Infirmary.
Notwithstanding the satisfactory result I still believe the illness was of nervous origin, and I also disagree with the line of treatment. The cure is attributed to Morphia, which I venture to doubt. I think a quicker recovery might have been obtained from rest in bed, absence of friends, massage, good feeding, less stimulants, large doses of Bismuth, Bromide and Hyoscyamus, and "nerve" pills of Valerianate of Iron, Quinine, Zinc, Phosphide of Zinc, and Arseniate of Strychnia.

Andrew C., aged 28, was the patient in the other case. He came to me complaining of bouts of Diarrhoea every ten days or fortnight. He was feeling weak and getting thin.
He was a baker to trade and had been three years in America. He had

worked very hard and made some money. During the last six months of his residence there he was troubled with little attacks of Diarrhœa, and not feeling well returned home. He benefited so much by the change that after some months he went to Glasgow as a barman. Long hours, close confinement and irregular meals told upon him. The attacks of Diarrhœa again came on in aggravated form. It was now he came to me and that I saw him for the first time. He came home on my advice and recovered under a careful dietary, medicinally astringents, & plenty fresh air. He now took up business in Alloa as a baker, but again long hours, hard work, irregular meals, no doubt also worry and anxiety brought on the affection. ~~again~~. The attacks were always of the same character and consisted of pain in the bowels with diarrhœa. Between them he felt weak and done. His pulse was rather weak and ran about 80.- Under the previous course of treatment he improved greatly.

The attacks, which although of brief duration would occur a dozen times a day, were reduced to once in a week or even ten days; his strength also being improved. Unfortunately against my wishes he went a trip to Belfast and curiously, like another patient of mine, from that time he declined. He returned in a worse condition than he had ever been and soon afterwards went to the Edinburgh Infirmary where my diagnosis of tubercular mischief was confirmed. He was there six weeks and came home no better. In spite of all the remedies tried he became gradually thinner and weaker, dying eighteen months after I first saw him.

Like the last patient he never had any chest trouble but unlike her the disease ran a course one would expect and ended fatally, whereas in her case she began to improve after two and a half years illness and at the end of three years was stout and wonderfully strong.

This man was one of two patients who were both young men and suffered from tubercular disease. They were both most restless, discontented, unfrateful, wilful individuals. Andrew C. for example had no praise loud enough for the Infirmary when he went first but when he returned he said he would have been murdered if he had stayed a week longer. They were both a sad trial and grief to their people. They were most difficult to manage and, I am afraid, did much themselves to aggravate their affliction.

The reference on the previous page to a patient who also by a curious coincidence had also steadily gone back after a visit to Belfast leads me to speak of her case. This young lady, Kate S, aged 24, was stated by the medical man, who handed the case over to me, to have been ill for three months with Pleurisy followed by the development of Phthisis. When I examined the patient T was 101-6,

Pulse weak, 86. She complained of weakness, shortness of breath and night sweats. There was dulness over the bases of both lungs and plentiful rales were to be heard. The left lung was more extensively implicated than the right; the apices were free. - The treatment consisted of rest in bed, good nourishing diet, and a succession of small fly-blisters over the affected parts. Pure Terebene was administered by inhalation and on sugar, Cod liver Oil & Malt also being given. Occasionally there would be exacerbations with increase of temperature, cough, restlessness and weakness. when Quin. Sulph gr. V would be ordered, followed by Sponging with lukewarm water having some Rimmel's Vinegar in it. On the whole however the patient progressed most satisfactorily under this line of treatment until at the end of two and a half months the temperature was keeping normal, night sweats vanished, Strength greatly improved and flesh being put on. In another month the rales and cough had almost disappeared,

She was going out whenever the weather allowed, she was becoming stronger and building up daily. She now went to the seaside for a change and became so well and strong that she neglected or forgot instructions. Under the guidance of a very foolish brother-in-law she was out driving at all hours of the evening and in all weathers, the climax coming on his taking her a trip to Belfast, when a relapse occurred and from that time she steadily but gradually went back. Both lungs became more and more extensively undermined, the apices involved, all the symptoms of shortness of breath, nightsweats, weakness, and cough with expectoration became worse and worse. So a bright young life faded away. The result was especially vexing and to be regretted as she had promised so well until lack of care brought about a relapse.

The case of Jane B. illustrates another point. She was a young woman of

twenty with a history of Influenza followed by persistent cough accompanied by increasing weakness.
Both cheeks bore a hectic flush; She had a hard cough, was thin, the Pulse was weak and rapid, the T under the tongue 101-2°. She complained of feeling weak and useless, and suffered from night Sweats. — There was dulness over the base of the left lung behind and also over apex while fine crepitation was to be heard at these parts.
A Succession of Small flyblisters (Six in all) was applied, ten drop doses of Pure Terebene given for the cough, Cil & Malt three a day beginning with a Small dose and increasing rapidly. Plenty fresh air was prescribed but the avoidance of damp, windy days, and night air. — Under this line of treatment the girl quickly improved and within two months was well.
The matter of night air came Specially before me in this case on account of the young woman being engaged to

be married and in the habit of walking out in the evening. Thus the subject of marriage came up and I strongly advised a delay of twelve months. Unfortunately, as in too many cases, this opinion was neglected after being asked, & impressed upon them. The pair were soon married, she became pregnant, the disease developed again, and after delivery at full time became acute, and proceeded very rapidly to a fatal issue.

The results in both these cases illustrate what I have observed in other cases of Phthisis viz, that the acute forms may be relieved but are very fatal; that in subacute and chronic forms again much good can often be done so that not only relief but cure can at least sometimes be effected by proper treatment, with rightful care and obedience on the patient's part. Phthisis in pregnant women has, in my experience, although perhaps seeming to improve during gestation, frequently developed rapidly

and proved fatal after delivery. In female patients, not pregnant, there seems to be usually an exacerbation of Symptoms at the menstrual periods.
Creasote has been tried instead of Turbene with good results. Small blisters over the affected parts are useful, the Combination of Cie & Malt undoubtedly so when it can be borne. Bed seems as a rule the best place till the temperature becomes normal, and then Sea-air.

One is frequently vexed by convalescents' neglect of needful care and precautions to avoid relapse. This seems to me to be peculiarly noticeable in Phthisical cases, - due perhaps to the well known elevation of Spirits and hopefulness Such patients so often enjoy leading to forgetfulness and neglect.

I now relate a case in which Phthisis developed subsequently to an attack of Pleurisy passing into Emphysema. The patient was a contrast to the two previous ones in being

most patient and obedient, and I am glad to say had her full reward in a perfect recovery. She has been in excellent and vigorous health for the last five years.

I was called to Bessie J., a farmer's daughter aged twenty, one night about 11 o'clock and found her complaining of agonising pain a short distance below the left nipple. Her temperature was 104°, her Pulse rapid and full. There was no dulness but friction was heard on auscultation. I injected 1/2 grain of Morphia subcutaneously and bound a broad bandage firmly round the Chest. Next morning the temperature was 101·6° and a fair Pulse 99. The pain had greatly abated. Percussion revealed very slight dulness at the base of the left lung in front, which became more pronounced as one proceeded to the back. This dulness rapidly extended behind until it reached the fourth rib, in front it remained so slight that the heart was barely displaced

to the right. There was now no friction, and no rales or crepitation to be heard, but a little cough. Tinct. of Iodine was painted over the affected part and a mixture of liquor. Ammon. Acet. Spt. Ether Nitrosi, Tr. Digitalis and Infus. Cinchon. prescribed, which was replaced in ten days time by Syrup. Ferri Iodid.
She went on fairly well, the temperature gradually declining, with slight variations, from 101·6 to 99·4°. There was however so little diminution of dulness that at the end of a month when the temperature had reached 99·4 I decided to aspirate and had informed them of my intention to do so when I was called suddenly one morning to find that she had coughed up a bowlful of pus.
The cough now became aggravated and much pus was expectorated. The temperature now remained about 100° except at the monthly periods when it would rise to 101° or even 102°, and the symptoms generally

became a little worse at this time. One or two doses of Quinin. Sulph. (gr. v) were given at these periods with good effect. Whenever the rupture of pus occurred an ~~sup~~ inhaler was procured and constantly worn, charged with Creasote and a very little Chloric Ether. Pine Terebene was also administered occasionally both by Steam inhalations and on Sugar. The patient continued the Syrup of Iod. of Iron for three months when she commenced Cod liver Oil and Malt. Fortunately she always had a good appetite and was exceedingly well nursed and fed. A bottle of Brandy lasted her from two to four days, and this was her allowance for three months. Notwithstanding all this she became thinner and thinner and I prescribed immersion with Olive Oil.

At the end of six weeks, ie. ten weeks from the beginning of the illness, dulness of slight extent and fine crepitations were found at the

apex of the left lung, - and I might here add the mischief was altogether confined to this lung.

Matters went on thus for three weeks longer and there was very little difference noticeable in the quantity or character of the expectoration, or in the affection at apex, or in the area of dulness or indeed in the general condition although she was extremely thin and weak; but now, fully three months from the beginning of the illness, a turn for the better took place, and improvement was noticeable, gradual certainly but steady and with no relapse. The temperature became and kept normal, the pulse surely strengthened, the cough and expectoration slowly diminished, the dulness at the apex cleared up, that at the back very slowly also. She began to pick up and put on a little flesh. The same treatment was continued, - constant inhalation

of Creasote, occasional steam inhalation of Terebene, daily inunction with Olive Oil, Cod liver Oil & Malt was given twice daily and Syr. Ferri Iodide twice. Tincture of Iodine, as it could be borne, was painted over the dull areas. All possible nourishment was given and a liberal allowance of Brandy continued for another month when this was reduced. And at this time she was so much better we had her out in the fresh air and Sunshine. At the end of another month - between five and six months from the beginning of the illness - She was taken to the Seaside, and ultimately made a Splendid recovery.

The result of this case was eminently satisfactory but I fear I cannot take much credit for it. My weakest point was in not diagnosing the Empyema. A few days before its rupture I had inserted a needle but got no pus and it did not

occur to me to do so again before aspirating the effusion. My idea was to wait till the temperature was normal or nearly so and the symptoms generally were quiescent before drawing off fluid. I unfortunately delayed too long, but it seems to me now even, on consideration of the whole matter, that the diagnosis of empyema was by no means easy. I made a careful physical examination daily, and there was no sign of mischief at the apex until after the rupture. Again, after the first day or two, except for the continued dulness, the symptoms otherwise were favourable and the patient seemed to be progressing satisfactorily. The pyrexia could certainly not be called of a hectic type and although sometime after the expectoration of pus it became slightly so it never was pronounced. The temperature varied slightly but there were never sudden or marked elevations, and never rigors. As stated previously

the temperature rose usually about 2° and the symptoms generally became somewhat aggravated at what were or would have been the monthly periods. She menstruated twice after the illness began but not again for several months.

I believe the constant wearing of an inhaler with the sponge impregnated with Creasote was most beneficial, and the steam inhalations of 10m. of Terebene to a pint of boiling water soothed the cough. Brandy proved a valuable stimulant, and the amount consumed with advantage was astonishing. Daily bathing with lukewarm water and inunction of oil when she was very thin were refreshing and aided restfulness, even if the oil was not absorbed of which there was no clear evidence.

Important factors in the case were the mother's admirable nursing, the girl's cheerfulness and patience, the readiness and willingness with which

all advice was at once carried out. Finally, much of the perfect result was no doubt due to the patient's healthy country life together with a great natural tendency to recovery.

It is interesting to compare with the foregoing case another of a young lady, Jeannie M., aged 29.- The family history was very bad. The father and a brother had died of chest trouble. I attended her sister who died of Tubercular Disease of the left Shoulder with implication of both lungs.
J.M. complained of cough, weakness, and shortness of breath. Temperature was 99.6°, pulse 89. Physical examination showed dulness at the base of the right lung behind extending upwards to fourth interspace, with absence of breath sounds. Nothing wrong was found elsewhere. The tongue was much furred and the appetite bad. Cough had existed for two or three weeks. - Tincture of Iodine was painted over the seat of effusion; the chest bandaged.

A mixture of Acetate of Ammonia, Sp. Ether Nitrosi, Tr. Strophanth, and Infus. Cinchon. was prescribed. Instructions were given as to diet and stimulants.

Next day the Symptoms were much the Same but the Temperature was 102·4° and the pulse 96. She complained of having been hot and restless during the night for two or three hours with perspiration following. Examination revealed no further mischief. Five grains of Calomel were given and five grain powders of Quinine ordered, one of which was to be taken on the feverish attack threatening, to be followed by sponging.

The third day the same complaint was made of a feverish turn with subsequent Sweating. The cough and Shortness of breath now began to improve somewhat.

Matters went on thus for Several days. The temperature varied from 99·2° to 102·4°, the pulse from 84 to 96. Careful physical examination was made daily but no further mischief was discovered.

At the end of a week the feverish

attacks abated, the temperature became normal, and in a day or two more these ceased altogether and did not return. The cough continued to improve, the shortness of breath greatly so, and now also the dulness began to clear up and continued to do so very gradually but steadily. She was now put on Iodide of Potassium with small doses of Chloral Hydrate and Tinct. Calumba. At the end of a fortnight we had the patient up, and all the symptoms quite disappeared with the exception of dulness which took fully two months longer to clear up. She made capital progress, however, and a thorough recovery.

This case was, to my mind, much more grave and suspicious than the previous. (family history in the former case) The history & symptoms and course of the affection for the first week caused one to dread tubercular mischief in this case and to fear the occurrence of Emphysema. Yet there is the complete history of the two; and it seems to me the diagnosis, and more so the prognosis, in both was by no means easy.

The case of David R., aged 28, comes in here appropriately. Rheumatism was first diagnosed; then was I believe some suspicion of Pleurisy; but as a matter of fact the mischief was Tubercular, although this would not be apparent in the earlier stages of the illness.

He was a joiner to trade and had been out all night working at a special job. In early morning he felt shivery and unwell, with acute pain in the left shoulder. A Doctor was summoned and he diagnosed Rheumatism. R. continued in great pain for a week when it left, the arm however remaining stiff and helpless. Now a sharp pain in the left side arose and this also was diagnosed as Rheumatic although some mention was made of Pleurisy. The side was poulticed constantly for three weeks when an abscess was discovered and opened. It was poulticed a fortnight longer, and then the patient came home.

He was in low spirits, and from now until the end displayed the same mist-

unpleasant disposition as was described in the case of Andrew C.

His general condition was fairly good. His temperature was normal, his pulse 82.

There was a considerable sinus with its lower opening (admitting a forefinger easily) to the outer side and almost on a level with the left nipple from which it stretched fully three inches towards axilla, narrowing as it went, and at the upper extremity there was an opening which just admitted a probe. There was no communication with the pleural cavity. There were one or two enlarged glands in the left axilla. The left shoulder was slightly swollen and stiff but there was no pain unless the arm was moved.

I ordered as much fresh air as possible, put him on Syp. Ferri Iodid., and tried various remedies to heal the sinus. But at the end of a fortnight I gave up the attempt & fel it cured without an operation. As the patient would on no account allow anything to be done without chloroform I asked a neighbour

to see him with me. We examined the lungs carefully but found no mischief there. Indeed it was somewhat remarkable that although the patient had a slight cough all through his illness frequent, careful examination never revealed any lung trouble. The man having been chloroformed I laid open the sinus completely, painted with a strong solution of Chloride of Zinc, then stuffed the wound, and dressed it. She was put on Cod liver Oil & Malt as well as Syr. Ferri Iodid, which was the whole medicinal treatment. The progress was slow but steady for two months when two glands above the clavicle became involved, quickly inflamed, suppurated, and had to be opened. Up to this time the patient appeared to be doing well. She had been going out daily, picking up strength, putting on a little flesh, and the wound was healing slowly. But now she began to go back. The patient became thinner and thinner, the wound came to a standstill. Tubercular mischief had been diagnosed some time before and

now, although one might have attributed the cause of the Sinus wound to local weakening, the result of over-poulticing, and deficient reparative power, it became evident there was a deeper cause at work.

A month later I was summoned one day to find him in a semidelirious condition with a temperature of 102·6°, a rapid weak pulse, and complaining of Severe headache. The delirium became less of an excited and more of a muttering character; he got quickly weaker, and died in a comatose condition within a week.

The family history was good in this case. There was no history and no symptoms of Syphilis. Whatever difficulty there may have been in the diagnosis of the disease at first there was none after the patient came into my hands, but I think it is just a question whether the disease was tubercular at first or whether it did not become so later, although I incline to believe the former.

Pleurisy is sometimes a complication of Pneumonia, and in such cases I have found two or three leeches very useful for relieving the pain when the strength of the patient warrants their application.

Catarrhal Pneumonia is fortunately much rarer as it is more serious than the Croupous form. Croupous Pneumonia indeed is rarely fatal. But one is struck with its greatly increased gravity when occurring as a complication of Influenza, even although one is prepared for this by the extraordinarily weakening power of Influenza itself.

The case of James Wolfe, a farmer's sturdy young son of twenty one, is a fair example. He was attacked by Influenza running its usual course, when seized with pain in the right side. The temperature was 101° and the pulse 76. Examination revealed no dulness, crepitation, or friction here; but there was a racking cough and rales were to be heard between the scapulae. A mustard plaster was applied here and the chest bandaged. Next day

he still complained of severe pain in the right side. The temperature was 104°, pulse 84. Very slight dulness could be made out at the base of the right lung, and the breathing was tubular. A small fly blister was applied for three hours and the mixture ordered which I invariably prescribe in Cumpers Pneumonia, and believe to be most useful. It is composed of Quinine Sulphate, Aromatic Spirit of Ammonia, Tinct. of Strophanthus, liq. Strychniae, and Syrup of Orange.— I advised frequent feeding and frequent sponging, also a dessertspoonful of Whisky every six hours.

Next day the temperature was reduced to 103° where it remained till fifth day, and then day by day went down to 100°. For a week longer it hovered about 100°, but then descended to 99°, and normal. The pulse after the first day was always good and ran about 78.

On the 2nd and 3rd days epistaxis was troublesome and there was a good deal of blood in the Sputum, which lessened and disappeared in four days.

The cough was very trying. It was frequent and of a harsh racking character with difficult expectoration. At the end of a week it began to improve but did not disappear for two months.

For three nights I gave Potassii Bromide for sleeplessness. Alcohol was stopped whenever the haemorrhage came on and was not resumed till the temperature was down to 100°. Calomel (gr. v^t) was given on the 2^nd, 5^th, and 9^th days.

Although his pulse remained so good the patient's physical weakness was remarkable and it took three months (during which time he was having Cod liver Oil Tr Malt.) to regain his strength.

A Sister, aet 16, was under my care for Croupous Pneumonia of the left lung four months previously, and it was interesting to notice certain points of family resemblance, as they might be called. Brother and Sister were very similar in appearance and disposition. They both suffered from epistaxis and had a marked amount of blood in

the Sputum. They both had harsh and troublesome coughs, in both congestion of the opposite lung was prominent, in neither was there the well marked crisis so common in Pneumonia but on the fifth day in both cases their temperature began to go down, and continued to do so gradually at the rate of about 1° a day.

The line of treatment depicted in the foregoing case is one that has given most satisfactory results. — A flyblister I first apply but in old or weak subjects I order a jacket plaster lightly made of ~~Oat~~ meal and Olive Oil, heated, and with a layer of cotton wool outside. The mixture is invariable unless for some idiosyncrasy e.g. one may find a patient unable to bear Quinine. Strophanthus I have found most useful for its strengthening effect on the heart. Calomel I often prescribe on 2nd or 3rd day and again on 5th or 6th.

Sponging of the body and limbs I advise whenever the patient is feeling hot or restless. It always proves cooling and refreshing

a dash of Rimmel's vinegar in the cold water adds to its pleasantness. In Delirium bathing is most soothing but may have to be supplemented by Potassii Bromide & Hyoscyamus. Ice given freely besides quenching thirst stills cough. Frequent feeding is advised with milk & soda water, beef tea, chicken soup, custard, jellies, and if the patient will a little solid food. Stimulants are not allowed, unless the patient is weak or aged, until the crisis has occurred when they are usually given freely.

Epidemic Pneumonia is interesting. One Summer during fine weather I had about a score of children (and curiously while the epidemic lasted not a single adult) suffering from well marked Croupous Pneumonia. The temperatures were high, ranging about 104°; the pulses always rapid but varying in strength. In every case it ran its eight days' course, the crisis (which could be accurately timed) then taking place, after which they all very quickly developed hearty appetites, and made exceedingly rapid and

thorough recoveries. - Their ages I might add varied from four to fourteen. The patient of fourteen was a girl who had not begun to menstruate. She displayed the severest nervous symptoms I have ever seen in Lobar Pneumonia. Of quiet sleep there was none and she suffered for the greater part of the week from both excited and muttering delirium. Potassii Bromide and Hyoscyamus, with very frequent bathing, were valuable.

In contrast with this epidemic I had another two years afterwards, during winter, in which a number of children were attacked within a short time of each other of by what might be called Aborted Epidemic Pneumonia. None of the children now affected previously were now seized. - When called I found each little sufferer very feverish with flushed cheek and rapid short-breathing. The temperature in every case was over 103°, the pulse quick and rather weak. Examination showed marked dulness at the base of one lung. - A fly blister

was applied and the usual mixture ordered. Next day in every case the temperature was under 102°, and the third day normal. The children well all right again in two or three days.
In both epidemics cough was very slight. There was no death. Perhaps I should add that in the latter epidemic the ages varied from three to six.

Perhaps it is hardly worth while recording in connection with lung cases that I have frequently found pukes excited by Ipecacuanha wine are very useful in Bronchitis, particularly so in the Bronchitis of infants. In infants best results have been obtained from a brief hot bath night and morning, the application thereafter of the meal and oil jacket previously described, a puke twice or thrice daily and once during the night if necessary, feeding with milk, beef tea or raw beef juice, and always the administration of Alcohol.

I have not had many Kidney cases with any interesting features to make them worth recording but would like to relate one or two. However first I would refer to Diaphoresis which is an important factor in Kidney troubles, and in the first case of Confestion which came into my hands proved most difficult to induce. - The patient was a burly farmer of ~~46~~ 56. Various applications, hot drinks and drugs of all kinds (including Pilocarpine administered hypodermically), and puffes were of no avail. His breathing was short and laboured; he was in great distress. Fortunately I hit upon a plan which answered admirably and produced immediate relief. I had a double blanket placed underneath him, procured a number of lemonade bottles, stockings, and hot water. The parson acted as assistant, filling, corking the bottles, and popping them into stockings which I dread wrung out of the hot water. I then disposed of the

bottles, filled with hot water and thus clothes, around the patient. We used twelve bottles, then piled on the blankets, and gave him hot drinks of gin and water. Perspiration was speedily pouring off him. He got a most profuse sweat, thereafter began to improve and soon recovered.

Another method of procuring free Diaphoresis which I first found most useful in a woman suffering from Dropsy during gestation was the following. The room was well heated and she was seated naked, with a cushion underneath her, on a plain wooden chair, under which were placed two lighted dwarf lamps, and then she and the chair were enveloped in blankets. Very free sweating was induced; and the plan has the advantage of being simple and easily managed.

The first case to note is one of Granular Contracted Kidney, with typical symptoms but with other superadded features. Mrs R. aged 56, was a woman of anemic

appearance, who complained of weakness and lassitude. There was slight puffing of lower eyelids and swelling of the feet. On taking each wrist to feel the pulse (which was hard, 68–74) one at once noticed several finger joints enlarged. Auscultation of the heart gave a muffled first and ringing second sound. No great thirst, no nausea. Appetite and digestion good. What the patient complained most of indeed was a disagreeable hot "prickling" sensation in the hands and feet. She slept badly and dreamed much, but had not to rise during the night to micturate more than once at any rate and sometimes not at all. The quantity of urine passed was abundant, pale in colour, Specific gravity 1016, and containing a very small quantity of albumen. Frequent examination of the urine always gave the same result. –

The patient was put to bed, milk diet ordered, Effervescing Citrate of Lithia given as a beverage, a pumpatine administered twice or thrice a week, and Syr. Ferri Iodid (℥fs) and Syr. Ferri Phosph (℥i) prescribed thrice daily.

As I have said, the most troublesome and unpleasant feature to the patient was the hot "prinkling" sensation in the hands and feet but, although wonderfully patient, she was depressed also by the consciousness of slowly increasing weakness with wasting of the extremities, particularly on the left side, until at length a time arrived when she became quite helpless and had to be fed and tended like an infant. There was never any headache, and she always took her food well. Many remedies were applied to the limbs but what afforded most relief was bathing with very hot water and massage with Olive Oil. This was done whenever the sensation described became very disagreeable, always proving grateful and refreshing, which was fortunate for this symptom continued throughout the whole course of the illness. The loss of muscular power began towards the end of the second month and went on advancing for another month when a turn for the better was observed. Small doses of Strychnia were added to the mixture. - Very gradually the limbs

became shorter and firmer, there was a slow return of strength and power, and a general steady improvement until Six months after the beginning of the illness the patient was able to get up, and has since regained a fair amount of health, but occasionally still complains of those "nasty sprinkling feelings." During the attacks the hands and feet are felt hot and throbbing, and slightly swollen. They are much less frequent and acute. I am inclined to believe them of nervous origin rather than due to the state of the arteries or condition of the blood.

With regard to the great weakening of muscular power, I considered it due to a slight extravasation of blood. There were never any head symptoms. The paresis may have been the result of some softening of brain substance but seemed to me more likely to be due to haemorrhage.

I might just add that after being up and about for three months Mrs R. had a mild attack of Influenza which she got over admirably.

The Second Kidney case is one of Diabetes Insipidus, and forms an interesting contrast to the preceding.

I was summoned to attend Mrs D., aged 35, for gastric pain. She also complained of having felt weak and not well at all for some time. - She was a large full bodied woman with a pink and white complexion. - She had been up two or three times during the night (which was forty) drinking largely from the water crane in the Kitchen. On inquiry I discovered that she was in the habit of imbibing great quantities of water at all times of the day and night. She was careless as regarded her diet and suffered from frequent dyspeptic attacks with epigastric pain. Drinking as she did at meals affravated this condition. In fact on every possible pretext and occasion she was always taking water. Constipation was a prominent symptom There was no dropsy. The tongue was furred and cracked and dry. The pulse

was 84, weak and of low tension. Nothing abnormal was found in the heart but the sounds were rather weak. There was tenderness over the stomach and much flatulence.- Micturition was frequent and free night and day. She passed large quantities of very pale urine, which on examination showed a Specific gravity of 1002, no albumen or sugar. Repeated examinations gave similar results.

The treatment consisted in regulation of the diet and drinking. No attempt was made to limit the latter but she was urged to drink as little as possible at least from half an hour before each meal until an hour and a half afterwards, and to indulge only in boiled water.- A flyblister was applied to the epigastrium, which cured the pain and it did not return. Constipation was cured by 1½ mis Extract of Cascara Sagrada. I put her on Opium with no benefit to the Diabetes. Then considering the matter and believing in the nervous nature of the affection I prescribed the pill composed of

Valerianate of Iron, Lime, and Quinine āā gr. i.
Tinct Physpid. gr. ½. Strychia Arseniatis gr. 1/24. —
One was given to begin with and quickly
increased to four a day. Difficulty was
experienced in getting the patient to
take them regularly and persevere with
them but I managed to persuade
her to continue them long enough
(two months) to prove the value of this
treatment. Her craving for water diminished,
the necessity of rising during the night
also; she slept much better and there
was altogether a marked general improvement.
So much so indeed that, although believed
to be dying, she was within six weeks
able to be up and about, resuming
very soon her usual routine of life.

The water craving began two or three
years before I saw the patient and it
is now two years since this illness
occurred. Since then she had had
Influenza and one or two slight ailments
but she is going about at the present
time in fairly good health.

A comparison of these two cases is

interesting. Both patients were women with only a years difference in their ages. One of the chief complaints of both was weakness. However, in the patient suffering from Cirrhosis of Kidney there was slight dropsy, none in the patient with Diabetes Insipidus; in the one some gastric symptoms, none in the other; a marked difference in the tone and tension of each patients pulse and also in the heart sounds; in the former there was no thirst & a medium quantity of urine was passed containing albumen and with a Sp. Gr. of 1016 while in the latter there was an intense craving for water and a very large quantity of urine was voided never showing the presence of albumen, and with the low Sp. Gr. of 1002. In these diseases the pulse is an important point in diagnosis, and certainly in the cases under review the difference was most marked. In the former you had a tense hard full feeling and rather slow pulse, in the latter you felt a somewhat quick pulse, weak, of poor volume and low tension.

I would like to make note here of a clergyman, 6ft. tall, aged 32, a big Stuney man, who told me four years ago that, although in robust health, on being examined for insurance sugar was found in his urine, but that on a reexamination it was absent and he was admitted at the usual rates. I have tested it occasionally, and without any variation in diet or apparent cause one day the Specific gravity would be 1032 with plentiful sugar while the very next the Sp. Gr. would be 1019 & not a trace of sugar. Within this period of four years he had Scarlet Fever & sore throat once or twice but these affections have made no difference whatever to his urine. His physique and health at present can only be called Splendid.

The circumstance is a somewhat curious one, and is, I believe, of nervous origin due to excitement. He is one of the best made and Stoutest men I have ever met, and is a lusty bachelor.

Rheumatism is an affection one is of course very often called upon to deal with, especially as it is such a common cause of Heart Disease. In Heart Disease and its consequences much good can usually be done, and I have nothing of particular interest to record regarding these cases.

In Acute Rheumatism there is little fault to find with the Salicylate treatment. In one case the disease became cerebral and nothing was of any avail. The patient was a lad of 16 whose people were in wretched circumstances. I visited him three days and under the Salicylate line of treatment at the end of that time he was free from pain and doing well. His people now said they would manage themselves so I gave strict injunctions and explained the absolute necessity of rest in bed and continuance of the medicine for a week at least, stating however that I would visit him in a few days. Sad to say no sooner was my back turned than they had the poor lad up and going about

very thinly clad, on an earthen floor.
The result was that the rheumatic
pains immediately returned with acuti
free and although they put the patient
back to bed and gave him the
Salicylate mixture it now had no
effect and the disease quickly became
cerebral. I had to be summoned two
days after I had seen him and found
the poor fellow highly pyrexial and deliriously
incoherent. His eyes were brightly glistening,
he was tossing about the bed and speaking
rapidly, crying out as if with pain every
now and again. The temperature was 106·4°,
the pulse very quick and weak, the
respirations shallow and rapid, the skin
extremely hot and dry. I immediately
began the application of cloths wrung in
cold water to the head, trunk and
limbs, beginning at the head and
passing downwards, then when I reached
the legs I re returned with fresh
ones to the head, and so proceeded
constantly for half an hour by which
time the patient had become much

quicker and cooler, the temperature reduced to 103·2° but unfortunately it soon rose and in spite of a repitition of the cold water cloths, which again had a bettering effect, reducing the temperature to 102·6°, the patient became more and more comatose, the pulse weaker and weaker, and he died in two hours.

So far as one could judge this poor lad's death was due to the treatment he received at the hands of his parents.

The Salicylate treatment was not blameable, and in most of my other cases it has yielded most satisfactory results. I find that some Aromatic Spirit of Ammonia and Syrup of Ginger in the mixture assists to prevent unpleasant effects of Salicylate of Sodium.

In <u>Subacute Rheumatism</u> I have found most benefit derived from the administration of Iodide of Potassium and Acetate of Potassium, bathing the affected parts with hot water and thereafter thorough rubbing with a useful liniment composed of Ol. Crotonis ℥ij, Liq. Ammon. Fort. ℥ss, Ol. Terebinth ℥ss, and Linim. Camph ad ℥iij.

<u>Rheumatoid Arthritis</u> is a disease one

commonly meets. I would like to refer to the treatment and for this purpose select two cases in whom it came on, as it usually does, late in life but they both had previously enjoyed splendid health so they had that amount of consolation on looking back upon the health history of their lives.

Lady Mr. O'G's attack began when she was about 70. Both knees were affected and gradually became worse until her death, which was caused by Apoplexy at the age of 84. This lady had lived a very active life and was fond of Society. She has often told me how common a thing it would be for her in her younger days to be out at a dinner party in London, thereafter at some dance or reception till the early hours, home for an hour or two's sleep, and then up at 5 o'clock in the morning to take train away out to the country to hunt. Foxhunting was a sport to which she was devoted, and indeed she was a famous horsewoman. She was a charming and energetic old lady, and as

an instance of this latter quality I might mention that although her knees were giving her a good deal of trouble at the time she went specially up to London in 1891 to meet the Kaiser. - Apart from the Rheumatic condition her general health remained good until the sudden attack of Apoplexy occurred which cut her off in a few days.

The other lady, Mrs J. of S. became affected with Rheumatoid Arthritis 7 years ago and she is now about 70 years of age. The wrists and finger joints are chiefly affected. but the knees also to a certain extent.

Both ladies were troubled with obstinate skin affections which in her Ladyship's case took the shape of Urticaria, in Mrs J's of several dry, red, scaly Eczematous patches.

Both ladies were ordered a careful diet and a tablespoonful of Whisky in an effervescing drink of Citrate of Lithia with luncheon and dinner. One or two of Garrod's Compound Sulphur lozenges were taken every night. The most soothing application to the joints I found to be daily

bathing with hot water and then very gentle rubbing with Oleate of Mercury and 10 per cent. of Morphia. The mixture of Iodide and Acetate of Potassium seemed to do good but in any exacerbations of the disease I put the patient to bed and prescribed the Salicylate mixture every two hours for a day. This always proved useful in relieving the increase of pain, tenderness, and stiffness.

An annual visit was paid to some Spa. Several Continental watering places and also Strathpeffer were tried but most benefit was derived from a visit to Bath. The change with appropriate baths, drinking of mineral water, and Massage always seemed to do good.

I note here an interesting case of Gastric derangement in a young woman Kate A, aged 20, who had suffered from repeated attacks, four in all, of Rheumatic Fever. She had been three months off work with the present illness and had been under medical care in Dunfermline. She had

come to Kincardine for a change, and as no improvement in her condition was taking place my advice was asked. She complained of great pain and sickness immediately after taking food. She did not vomit. She had no appetite and was indeed afraid to take anything. In appearance she was rosy and healthy. Her tongue was clean, her pulse 85, rather weak. She was unaware of a mitral murmur. There was no dropsy and no cough. She was sent to bed for three days, a mustard plaster as large as the hand applied the first day for half and the second day for quarter of an hour. She was put on equal parts of milk and Aerated lime water. The first two days she got 60 grains of Subnitrate of Bismuth four times a day, the third day three times. The fourth day the pain and nausea were considerably improved, She was allowed up and a mixture of Iodide and Acetate of Potassium, Strychnia and Arsenic, was prescribed. Under this mixture she rapidly got well and has remained

so for eighteen months. I should add that after the first few days she was advised to get as much fresh air as possible consistent with the avoidance of damp.

The interesting feature of this case was the marked immediate improvement and rapid recovery under Rheumatic treatment. Taking into consideration the previous three months usual treatment of Gastric Catarrh being of no benefit and also the Rheumatic history of the case I came to the conclusion that the gastric trouble must be of Rheumatic origin and the result amply proved the correctness of this diagnosis.

In connection with Rheumatism it is perhaps worth while briefly to relate two cases which seemed to indicate clearly its close connection with Chorea. John K. was a boy of ten who first had Rheumatism of the feet which Sod. Salicylate quickly cured. Very soon however he developed distinct Chorea of the right arm,

slightly also of the limbs and face.
The second patient was a girl Jane T.,
aged 13, with a Rheumatic history and
who had recently been complaining of
pains in her joints. She also was
seized with Chorea of the right arm,
slightly of the face, not of the other
limbs. She had a mitral murmur,
the boy had no heart affection.
They were both pale and wore a
somewhat wandering expression.
These were put to bed for three days
and Sodii Salicyl. given for the first two.
The nervous jerkings and twitchings were
~~was~~then improved. Syp. Ferri Iodid & Syp. Ferri
Phosph. were now prescribed, together
with fresh air and the avoidance of
excitement. The Chorea disappeared
within a month, they made excellent
recoveries and have had no relapse.

In the usual routine of wounds to treat and small operations to perform in private practice there is nothing of Surgical importance to relate, but I have had a few cases that may be worth noticing.

The first was a case of Perityphlitic Abscess occurring in a man of 70, a cabinetmaker by trade. The illness began with pain in the groin (right) and slight feverishness. There was no swelling in the groin, no tenderness, no hernia. The abdomen was carefully examined but no swelling or tenderness could be detected and no abdominal pain was complained of. Matters remained thus for a few days, the pain however becoming somewhat less under Poppyhead fomentations. Abdominal swelling of slight extent was now distinguished in the right iliac region and a little tenderness on deep palpation. Poultices were applied here. The swelling increased and reddened. In a day or two

fluctuation could be made out and the abscess was freely opened. Pus welled out, the cavity was thoroughly flushed, a drainage tube inserted and the wound dressed. Next day a faecal odour was apparent and became more and more pronounced. The patient gradually sank and died on the fourth day. She never complained of any pain in the right iliac region. The irrigation of the cavity and dressing of the wound was one of the most disagreeable jobs it has ever been my duty to perform, for in spite of antiseptics freely used the smell after the first day was simply abominable.

The first thing that occurred to me in this case was Femoral Hernia - not a common thing in a man - but this was quickly dismissed and Psoas Abscess came next to mind in the absence of any local cause in the groin. Of course in a few days the actual state of matters became apparent and, as expected, the affection was too grave to expect a weakly old man to survive.

The Knee Joint is an interesting Study but I am inclined to stand somewhat in awe of it as a delicate Subject.

In injuries to the Knee from Knocks or twists I have found the application of a few leeches the most efficient remedy to ward off or modify pain and Swelling. For what remains of these I use hot fomentations Sprinkled freely with Acetate of head and Opium lotion; and when these have subsided hot douching, gentle friction with Oleate of Mercury and Morphia, Swathing in Cotton wool, and bandaging from the foot upwards. When the patient begins to go about cold douching is ordered in the morning, hot at night, and the Knee to be constantly bandaged. An occasional dose of Calomel and the prescription of Sp. Terri Iodide may be useful.

I have had a Compound Dislocation of the Knee caused by a fall of coal. Some of the miners who had learnt

Ambulance work found the young fellow's leg (he was aged 20) to a bag of wood in approved fashion, but it had apparently never struck them to discover why the trouser leg was soaked with blood. He was thus lifted into a cart, freely supplied with whisky, and brought home three miles. I forthwith proceeded to take off the splint, cut up and remove his trousers. At the back of the right knee there was a gaping transverse wound with a large white mass extruding. There was no bleeding. I really did not quite realise for a moment that this projecting body was the ~~bone~~ end of the femur. The force must have been tremendous for the wound was like a clean cut and everything was burst through. The hemorrhage must have been excessive, and at once could be seen the ends of the ruptured Popliteal artery like contracted cords. As I have said there was no bleeding. The patient was pale and slightly delirious.

The pulse was weak and quick. The bloodvessels were tied, the parts thoroughly cleansed with Carbolic Lotion (1-40), the dislocation easily reduced, the wound temporarily dressed and the limb fixed in Splints. Amputation seemed to me to be necessary, so the first express train was got to stop and the patient was conveyed to the nearest Hospital town. It was curious, and I must say unfortunate, that the turn of a medical man began that day who decided to try and save the leg whereas the gentleman who had gone off duty in the morning was strongly in favour of immediate amputation. The result was that Gangrene set in next day, amputation was performed the day after, and the lad only survived the operation a day or two. So that, sad to say, in the question of life versus leg, the poor fellow lost both.

A goodly number of dislocations and fractures have passed through my hands.

These include dislocations and fractures of the clavicle, dislocations of the shoulder, fractures of the Humerus, fractures of bones of the forearm together and separately, fractures and dislocations of fingers, fractures of the Femur, fractures of the bones of the leg together and separately, and fractures of the metatarsus. All have done well except the Compound Dislocation just related. All the rest were under my care the whole time.

Among the number were two cases of <u>Dislocation</u> of the <u>outer end</u> of the <u>Clavicle</u>. This uncommon accident was due in each case to a fall. Its reduction was easy but retention extremely difficult. I tried everything recommended without success, and the patient was deaf and dumb which did not help matters. After much cogitation the apparatus, whose description follows, was designed and in each case answered admirably.

The great difficulty of retention lay in the readiness of the arm to drop and the end of the clavicle to spring up. I pot-

made for the forearm a splint slightly hollow and projecting from the wrist to beyond the elbow. Opposite the olecranon was a hole near each side large enough to pass a fold of bandage. I next reduced the dislocation and moulded a short piece of softened leather over it. This was thinly lined, applied and fixed in position by strips of plaster from before backwards crossing each other over the leather. Next a fold of bandage was passed through the outside hole of the splint at the elbow up over the front aspect of the arm across the seat of injury down the back of the arm through the hole at the inside of the elbow, and the two ends were fastened underneath. Finally to prevent this bandage slipping over the shoulder another was passed through it and across the chest under the opposite armpit, being tied at the back. These two bandages were adjusted to cross each other exactly over the seat of dislocation and thus keep the

parts in perfect apposition. - In both cases the apparatus proved most successful.

My first dislocation was of the shoulder and I well remember my astonishment at the muscular resistance to reduction. It was an example of many other things one learns and indeed knows but yet which never appeal with full force till realised by actual personal experience. - Immediately the difficulty became apparent Chloroform was administered and one was equally surprised at the ease with which reduction was effected under anesthetic influence.

I have several times found that a little care had to be exercised in differentiation a bruise of the shoulder due to a fall from dislocation but notwithstanding the immobility and helplessness of the arm with sometimes great swelling, passive movement at the joint in the various directions has always proved a sure guide to diagnosis.

A bruised hip may also give a little

difficulty. - One day I was called to an old woman over 70 who had slipped on ice, fallen and injured her right leg so that she could not move it. The limb lay helpless; there was considerable swelling with pain and tenderness over the trochanter; there was marked eversion of the foot. Careful measurement revealed no shortening and passive movements showed that the usual ones could be executed. No crepitation could be elicited. So the injury was diagnosed as a Bruise, and although this was the condition it took six weeks to get the old lady on her feet and she required the aid of a staff for a month or two afterwards.

John R. aged 10, was an interesting case of Simulated Hip-Joint Disease. He was a pale weakly looking boy who had been lame for some time. He had been taken to Edinburgh Infirmary, and also two or three medical men in

the district had seen him. Hip joint disease was suspected but an absolute diagnosis was difficult and the mother had been asked to bring him back to the Infirmary after a time but had not done so. - When I saw him the patient was very lame. His left leg projected forwards and looked longer than the other; he walked on his left toes the heel never reaching the ground. There was marked flattening of the left hip. - He had never suffered from pain on the inner side of the knee, and firm pressure over the trochanter inwards with rotation of the limb elicited no pain or tenderness. On careful examination all round the buttock I discovered a little tenderness over the Sacroiliac Synchondrosis. A flyblister was applied here and rest in bed ordered. When I next visited the boy in a day or two there was a very slight reddened swelling observable over the seat of this tenderness. The swelling was poulticed for 24 hours.

At the end of that time fluctuation was distinct and the abscess was opened, irrigated, drained, and dressed. There was no diseased bone. - Improvement now began. Tenderness vanished and the abscess healed up kindly. He began to walk better and with greater freedom. The lameness gradually disappeared, and now 2½ years afterwards he is walking as well as any other boy.

The diagnosis in this case was difficult. The youth was a likely looking subject for Hip Joint Disease and there were certain prominent symptoms of this affection present which would have inclined one to diagnose it right away. What helped me to refrain such a decision was the length of time (over a year) the mischief had existed, with the fact that there was no pain about the knee and no tenderness at the hip joint. Also although the patient was seemingly a delicate lad his health had really been good all the time and had not deteriorated. The discovery of tenderness over

the Sacroiliac Synchondrosis led me to suspect some mischief in that region and the speedy development of the abscess verified this. The abscess was small, about the size of a small orange in circumference. I searched for diseased bone and for any possible connection with the hip but found neither. The flattening of the hip, with apparent lengthening and lameness of the limb, I thought due to the muscles being affected by the ~~Lesion~~ effects of the inflammation extending further than the size of the abscess would lead one to expect and due also to natural efforts to save the leg.

In fractures of the thigh and leg I have been impressed with the value of the weight and pulley treatment for extending and also steadying the limb, although to prevent rolling Sand bags form a useful adjunct. In fractures of the leg I have tried various Splints, Plaster of Paris &c. with Slinging of the limb but it seems to me that, when it can be employed, Gurdis

Splints at the seat of fracture and extension by weight and pulley is much the best form of treatment, especially because one can examine the injured leg and compare it with the sound one so easily.

There is usually little difficulty in diagnosing fracture of the leg but in one case I was surprised at the decision I was compelled to arrive at on account of the circumstances of the accident. The incident occurred in Devonshire. W. P. a farm-servant, aged 30, had been sent to town with a waggon load of stuff, and while there had been drinking. While driving homewards he fell asleep and met another cart the driver of which called out to arouse his attention. P. started out of his sleep, fell out and two wheels of the waggon passed over his legs just above the ankle. The other driver saw this happen distinctly, procured help and got the man conveyed home. I found both legs at the seat of the injury much bruised and swollen. The

patient could not move them, but a careful examination revealed no crepitus or other symptoms of fracture. Spirit fomentations were applied. He was better next day and all right in a week.

The people were very much inclined to doubt the correctness of my diagnosis, and this was somewhat natural for the waggon and its load, as carefully estimated, would weigh about 3 tons.

A fracture of the thigh may be worth noting on account of the admirable result obtained in unfavourable circumstances. The patient was a boy 4½ years old, illegitimate, and it will hardly be believed that his mother was still suckling him. - The boy had been climbing on a bicycle and the mother supposing the injury to be simply a bruise had been poulticing the thigh for four days. - I found a considerable amount of swelling of the right thigh, pain on movement, crepitation, shortening, and a fracture was made out in the lower third. An apparatus was made very similar to

Hamilton's Splint but the crosspiece at lower ends was fixed at extremities of the side splints instead of underneath. The use of this was that a hole was bored through the crosspiece opposite the foot of the injured limb. The cord from the square piece of board, fastened by stout plaster in the usual manner to the leg, was passed through this hole in the crosspiece and, the perineal band having been previously fixed, the necessary amount of extension was effected and the cord firmly tied to the crossbar. In addition small Gooch splints were fixed round the seat of the fracture. The young rascal's people had no control over him whatever and it was most aggravating, after having carefully set and put up the fracture and fixed both lower limbs in the apparatus, to return next day only to find the bandages loosened and all one's work undone. But I had his hands tied so that he could not get at the

bandages, and ultimately, after a great deal of trouble and patience had been exercised, a perfect result was obtained.

I have just referred to a Devonshire case and now relate a shocking occurrence I witnessed while there. - My wife and I were walking home along a lane one evening in the gloaming when we were startled by the fierce galloping of horses. Presently one rider shot past us and we had to shrink close to the bank to allow a second to pass. We stood listening to the sharp clattering of feet in the still air when suddenly we heard a dull thud and then perfect quiet. Dreading an accident Mr. Sinclair ~~went~~ hastened to proffer assistance while I hurried to the scene. I was met by a pony uttering piteous cries and limping on three legs. It went on past me a yard or two, and then the poor beast dropped down dead, lying flat on his back in the middle of the road

quite unconscious and breathing stertorously was one of the men. A rapid examination disclosed no apparent injury beyond a cut forehead. I hastened to the second man who was lying huddled among the feet of the other pony (belonging, curiously, to the first man) whose head was lying up on the bank & who was, like the man, senseless. I dragged him out from among the horses' feet, loosened the clothing at his neck like the other man, and dashed cold water over their faces. The men soon regained consciousness and, help meanwhile having arrived, they were removed home.
No 1 had apparently nothing wrong with him except the wound on his forehead referred to, which was stitched up and healed quickly. But he was a heavily built man and it took him fully a fortnight to recover from the severe shock his system had sustained. No 2 had three ribs broken but was soon all right. —
The rest of the story, which I learned afterwards, was that a company had

been drinking together and these two men got to betting on the speed of their ponies with the result that they made a match to race out to a certain point on a level lane and then back to the inn. One had reached the further end first, turned, and was galloping back when they met and ran full tilt into each other. The pony I met first had its left shoulder stoved in, affecting the heart, by the face of the other poor animal, which was smashed in, and it had to be shot the same night. - Considering the violence of the accident it seems to me the men were wonderfully fortunate in escaping with so little injury.

I would not like to conclude these Clinical Studies without recording some observations on Midwifery cases, as Midwifery forms such an important portion of a General Practitioner's work.

The first case is one of Albuminuria. Mrs. J., aged 38, complained greatly of vomiting she was anxious to get relieved. She had six children, and was five months pregnant. Her tongue was fairly clean. Her pulse was weak, 86. On observing the patient slight swelling of the lower eyelids was noted and there was found oedematous swelling of the feet and legs. She stated in answer to inquiry that her water was of the usual quantity and appearance. But further questioning elicited the fact that she had been getting blind of late and could not read the heading of a newspaper. Thereupon some urine was procured and so anxious was I at the sample test that I forthwith made a P.V. examination and drew

Some urine off with a catheter at the same time. The urine was just like blood, the haematuria was so excessive. As to quantity it was ascertained that the actual amount passed at a time was about a small teacupful.
She was treated with subcutaneous injections of Ergotinin and Pilocarpin and given ice to suck for a week but with so little improvement that with a catheter I ruptured the membranes and induced premature labour which came on in 36 hours. The woman had an easy delivery and the child lived two days. The mother made an excellent recovery. But I am sorry to say that in spite of earnest warnings of father and mother she was pregnant again within fifteen months; and I was summoned hurriedly one Sunday night to find her in convulsions and, in spite of all remedies, she died in two hours.

This case is a pointed example of the constant care and keen observation a practitioner requires to exercise. A too ready acceptance of the patients story and a little carelessness might very easily have led one to miss diagnosing the true state of matters.

This patient suffered little from Dropsy (there was only a small amount of swelling of the lower eyelids & legs) being in this respect a marked contrast to another case where most prominent symptom was Anasarca

Mrs B. was 32 years old, had two children, and 10 months previously I attended her for miscarriage. She was six months pregnant. Anasarca was general and well marked, not being confined to the lower limbs but extending to the face and upper extremities. Her eyesight and stomach were only slightly affected. The urine was Scanty, Feasonfy, and contained a considerable quantity of Albumen but no blood. - A purge was

given every second or third day. A diuretic mixture was prescribed; and I ordered the simple form of Turkish bath already described, allowing a night to intervene between each bath. There was immediate improvement in the condition of the urine, the anasarca, and the patient's comfort. After a fortnight the mixture was stopped but the baths was continued, two nights however and sometimes three being allowed to intervene between them. - This line of treatment answered admirably. She went on to full term, and, after a simple delivery, the patient soon became quite well.

The usefulness of this form of bath, which was moreover the only available one in the circumstances, was most apparent. Its frequency was varied according to how it agreed with the patient and also according to the condition of the urine and anasarca. On two occasions they were taken

daily for a few days and she then complained of a "done feeling" but apart from these they suited admirably and afforded great relief.

The labour cases that have fallen to my lot have been mostly of the usual character. The system I have pursued is the following.— After a short chat, observation of the patient, attention to the bowels and micturition, I proceed to a P.V. examination. Suppose the head presenting and the pains giving much suffering and not causing much progress I often give a draught of liq. Morphiae, Potassii Bromide, & Chloral Hydrate for the purpose of procuring even a short rest. As a rule nothing is done until the os is fully opened, when I at once rupture the membranes, but occasionally in properly judged cases earlier rupture of the membranes and stretching of the os anteriorly towards the Symphysis pubis are of material assistance in hastening matters towards

a Satisfactory conclusion. The quick benefit Secured is Sometimes quite Surprising. I have never seen any drawback to manipulation of the os but I have witnessed delay occasioned by too early rupture of the membranes. - When the os is fully dilated and the membranes ruptured I begin stretching the perineum by means of two or three fingers during every pain. This is useful for preventing rupture, and during the passage of the head the perineum is of course supported. Vis a tergo is Strongly believed in and maintained all through the Second stage by my own or the nurse's hand. After the os is thoroughly open if the head is not making good progress there is little delay in using forceps, except in first labours when natural efforts are preferred. - The child being born, the left hand is kept over the uterus for a little to observe and assist its contraction before the umbilical cord is ligatured and divided. Watch and pressure are then again resumed over

the Uterus till the placenta is discharged. After which thorough cleansing and the application of a large pad and firm bandage.

This method has been followed with gratifying success.- One point which is considered of very great importance and to which particular attention is directed leads me to narrate the only case in which death has occurred. Rhoda H., 36, married, had three children, the last 12 years ago. She was about 4½ feet tall. I was summoned at 4pm. but she had been in labour since 6 am. The membranes were ruptured, the os well opened and a head presentation could be felt. She looked anxious and was very nervous. The Pulse was rapid and weak. Matters still remained in this state after a few hours and a Sedative draught was given, as already noted. Next morning things were exactly in the same position but the pulse was somewhat weaker. I therefore decided to wait no longer and proceeded with much difficulty to apply forceps. Great exertion would

not move the head and Turning had to be employed. There was no trouble with the operation until the passage of the head which was effected with great difficulty. The placenta was removed, a hypodermic injection of Morphia given, and the case treated as usual. She seemed pretty comfortable and well. - I was called urgently during the night to find the patient collapsed and suffering intense pain in the right iliac region. Opiate fomentations were applied and Morphia administered. A P.V. examination disclosed nothing. In spite of all that could be done the poor woman sank and died in the forenoon.

This was a very difficult case. The woman was very anxious and the pulse seemed more "nervous" than really weak; but ever since I have always paid particular attention to the pulse, and have never, without very strong reasons, trusted to a "nervous" pulse.

This case leads me to note another which

has no relation to it except that death ensued. — I was called one morning to Annie B. a young servant girl of 14 years, and found her in a collapsed condition with an uncountable pulse. She complained of no pain but there was some tenderness in the left iliac region. She stated she had been menstruating irregularly for a few months but had now missed three altogether. She was a sturdy but small made girl. The vagina and abdominal wall were very rigid so that a bimanual examination revealed nothing. I procured a neighbour's advice, and he was puzzled also. A ruptured tubal pregnancy seemed to me the most likely diagnosis and I suggested an exploratory incision but in the dying state of the girl we refrained an operation. She died in the early evening. - I have frequently since regretted that an incision was not made. If no benefit resulted neither could ill. A ruptured tube seemed improbable in such a young girl, but if not that what was the mischief?

a P.M. was asked but was not allowed.

The next case is a pleasant contrast to these two in the satisfactory result obtained. Mrs C., aged 28, a woman in poor circumstances with a bad husband, had borne three children. The last baby had died; after its birth she had suffered from Puerperal Mania and been confined in an Asylum 3 years. She had now been at home about a year.
I was summoned in the morning and was told she had lost a large quantity of blood the previous evening and had been losing some throughout the night. The woman was very pale and weak, in no pain. There were no uterine pains but they were stated to have been present before my arrival. She was said to have been wandering and talking nonsense during the night. However she answered my questions sensibly enough, but was evidently in very low spirits. The pulse was rather quick, somewhat weak and compressible. The os was opened to the size

of a florin. There was a partial placenta presentation occupying half the circumference of the os and the head could also be felt presenting. There was a slight dribble of blood. I nursed the patient myself and fed her well with milk, Beef tea, & Brandy. She became a little stronger and the dribble very slight. As she told me she had enjoyed no sleep the two previous nights and there were still no uterine pains, the vagina was plugged and Morphia (Gr. ½) injected hypodermically. The patient had a good sleep, labour came on in early morning and proceeded to a satisfactory conclusion, although she was very weak afterwards and said she did not expect to live. However I took care she was attended to, had rest and quiet, and was well fed. The child was still born. - The poor woman was very anaemic, and there was some trouble with the breasts and also with White Leg but nevertheless she got round wonderfully, and became quite well and strong.

In the rest of one's midwifery work knowledge, care, tact, and experience have ever to be employed, but however great the trouble and patience requiring to be exercised it is a source of great satisfaction to be so often the means of effecting a happy ending of the whole matter.— I would conclude these observations on Midwifery cases by the story of one which illustrates the foregoing remark, one which although giving rise to intense anxiety at the time is more amusing in its recollection. I had been a graduate 3 years and was practising in the country. A wealthy Edinburgh gentleman had a country establishment in the district and his wifes twelfth accouchement was to take place here. A well known Edinburgh practitioner was to attend the lady and enjoy some shooting at the same time. This the husband told me, and also that his wife had suffered from Serious hemorrhage after the last Confinement, and that as these events

were sometimes somewhat uncertain he would be obliged if I would attend if required, which I said I would be very glad to do. Some time afterwards a message was delivered ~~at the house~~ to me to go out to the house "anytime in the evening." I drove out early and was met by an imposing personage (whom I was told had been nurse to the Countess of Stopetown in her first accouchement) and she informed me that the lady had been safely delivered of a son, (under Chloroform administered by the nurse) that everything was right and that she was doing well. I must confess she was successful in making me feel a trifle overawed at first, but I soon had my revenge. However, I proceeded to examine the patient and ascertain that everything was as it should be. I had just finished and was saying a word or two of congratulation when she suddenly complained of faintness, and forthwith off she went. ~~A~~ Restoratives were quickly applied. It was at this stage the Nurse had the assurance to ask

if I was not giving too much Brandy, whereupon I sharply said it was no business of hers, that she was there to do what she was told and to proceed to do so at once. She looked very much surprised but recognised the position immediately, and was ever afterwards pleasant, polite, and obedient. However of much greater importance than all this was the poor lady's condition. Mindful of the previous haemorrhage I kept a firm grip of the uterus through the thin abdominal wall with one hand after the other, as each tired. Once Mrs C. looked up and with a half smile half sigh said she was "so sorry giving so much trouble and couldn't I sit on that nasty thing". However after an extremely anxious long hour the lady revived; there was no haemorrhage; and she made a capital recovery.

Thus happily ended this case; and here ends this account of the gist of my experience.

W. J. Sinclair.