"In Utero."

An account of Six Cases, observed and treated.

in

Dispensary Practice.

Submitted for

Sir Humphry Rolleston Prize.

July 1940.

"In Utero"

Of recent years, the term "embryo", used adjectivally, has been prominent in ~~pseudo-scientific literature~~, particularly the trans-Atlantic variety. Thus we find "embryo-lawyer" A telling how he would "clean up" the Courts, "embryo-parson" B expressing his opinions on some other problem. Today, to adopt the jargon of the popular press, I am going to reveal to you a little of the development of an "embryo-doctor."

I pass over the fertilisation of the ovum in the Fallopian Tube of Practical Anatomy and Zoology: its fixation embedding in the Endometrium of Regional Anatomy and Physiology: the Limitation of the Placenta in the realms of Pathology and the rest, with the first, early shaping of the Embryo in Clinical Medicine and Clinical Surgery; and I arrive (rather after half-term of gestation) at the time when the little foetus (its nervous system thus far developed) begins to respond to the pressure of its surroundings, and "Quickening" is first appreciated in the Dispensary Practice of the 4th Year. How much more it has matured by full-term at the end of the 5th Year has yet to be tested. A few weeks from now, will come the severe pains of a first Labour, followed, I hope, by the Delivery of the fully-formed Child, the young doctor, ready to begin acquiring the Knowledge of his life's work.

This may seem to be a curious preamble to a short essay, dealing with a very limited group of cases treated in Dispensary Practice. However, it declares my opinion of dispensary work, namely, that it is the first real contact which we have with medical practice.

In dealing with this small group of cases, I shall endeavour to show something of the first gropings of a seeker after the light of what

has been called the "clinical sense". I hope to show how a simple diagnosis can often be missed, simply because its possibility is not kept in mind, or because, as in several of my cases, I had not yet "had lectures" on the particular type of illness involved.

This series of cases is a nondescript one. No disease appears in it twice. To gather a collection of examples of one disease, with a true "textbook" label, in dispensary work, is very difficult. Any such series would be too short to be of any value as a light on the disease in question. Furthermore, it would not suit my purpose. Passing from one case to another of the same trouble, we might reasonably be expected to apply the bitter lesson of the first to the management of the second. But, when we are pitchforked from one problem to another quite different, we must start the elucidation of each from the "scratch" mark, with ~~only~~ our only aid a little added "clinical sense", gained in dispensary

However, I have selected cases, which have this much in common, that they ~~all~~ all showed, as one of their presenting symptoms, pains in the back. Of that, I shall have a little more to say, once I have described the cases themselves

All the cases here observed were visited from the Royal Dispensary, West Richmond Street.

Case I. Mrs T. Age 61 October 1938.

This lady complained of having had pains in the stomach for some time. These pains often went through to the back, rather to the left of the mid-line, and also travelled round the right side, to the lower angle of the right scapula. For the last few days, she had been troubled by sickness and vomiting after food, and had been taking nothing but

potash water and a little milk.

Further inquiry revealed that she had suffered from "stomach trouble for years and had been attending Dispensary as an out-patient, having a Bismuth mixture and Bromides. She had finished the bottles and desired a "repeat." She thought the Bromides did her more good than the Bismuth. The prescribed diet had been fairly strictly followed, but there had been occasional lapses, and the most recent of these (a substantial meal of stewed steak and potatoes) had started off this particular "episode" Her bowel motions were regular

On examination the temperature (102°) and pulse rate were raised proportionately. There was no evidence to suggest any trouble in the lungs, pleurae or heart, though she was breathing rather rapidly. Her tongue was very slightly furred, but was moist.

The abdomen was held rather tight, but it could be made to relax after a time, except for the upper part of the right rectus. It moved quite freely with respiration. There was marked tenderness all over the ~~epigast.~~ Epigastrium but no tenderness in the Right Iliac Fossa.

In view of the temperature, the rigid right rectus, and a story of having had "shivers", I suspected Cholecystitis, but could find no other evidence to support this. She was a thin, pale, wiry woman, rather mournful and introspective — not the "gall-bladder type"

The story did not suggest a Tabetic Crisis and examination gave no support to this either. In fact, the tendon reflexes were all slightly exaggerated.

A Peptic Ulcer or Gastric Carcinoma seemed probable diagnoses, especially the latter, in view of the pallor of her lips, skin and conjunctivae.

The immediate trouble was the pyrexia, but this readily "melted" before a diaphoretic consisting of Potassium Acetate; Liq. Ammon. Acet. Dil.; and Spirits of Nitrous Ether. The patient thought this bottle was what saved her life. The suddeness with which it affected the cure was too dramatic to be real, and I feel that Mrs T.'s own "psyche" had a great say in the matter. In one day, her temperature was normal; and, in a few more, she was well enough to go up to the Infirmary for X-Ray examination. I also gave her an alkaline mixture of Sodium Bicarbonate and Bismuth Subnitrate, accompanied by advice as to diet — quite superfluous, as she knew it all from experience.

The whole trouble (pain, sickness, pyrexia, tachycardia) settled completely, and I felt smugly satisfied, though rather mystified. The X-Ray report as to Carcinoma or Ulcer was negative and there were no demonstrable stones in the Gall Bladder. Cholecystography was not done.

Then, one evening, a week or two later, I was summoned to see the lady again. Her husband was "beat with her." She could, or would, eat nothing: the pains were as bad as before; and she was vomiting. By the time I arrived, this had stopped. She looked pale, drawn and anxious, but this time her temperature and pulse rate were only slightly raised. All I could do was to soothe her anxiety: and this was all that was necessary.

During my next visit, the next-door neighbours, began to make a noise. ~~and~~ Thereupon, my patient began to tell me all about their noisy, inconsiderate ways: how they upset her so ~~completely~~ completely, and would not listen to protests: that her "stomach-

trouble" often seemed to be worse after she had had a "passage-at-arms" with these people. This should have given me a clue to the solution of the problem. However, there were other patients to attend to, and Mrs T. was "discharged cured", in a very short time.

This was not the last of her. A few weeks later, two women students had her in hand, and were almost sure that she had cholecystitis, a diagnosis which was unconfirmed by X Ray investigation. Once more she settled down. That was her last really bad attack, but not the severance of Mrs T.'s connection with the dispensary.

In the Spring of 1939, she appeared several times at Dr. Cameron's clinic, for "repeats" of medicines. On one of these occasions, I told Dr. Cameron of my experience with her and of the doubts she had raised in my mind. He laughed, and went on to give us a talk on "Functional Gastric Disorders". "Mrs T.", he said, "Is one of our oldest customers: you will meet lots like her in practice"

Since then, I have often met her in the street, and, recently, I paid her a visit, for which piece of trouble I was overwhelmed with expressions of gratitude. She looked well, her food (with a little care) was agreeing with her, and, though she occasionally had a "funny feeling" going round to her back, or coming up her back, she had never had a bout in any way as bad as the first one.

At present, she is consuming large numbers of Ferrous Sulphate pills, prescribed for her by someone, who, on one of her many visits to the Dispensary, had noted the pallor of her skin. Anaemia could give rise to most of her symptoms, and perhaps

this line of treatment will be the factor which is going to carry her on in comfort, for many years to come.

That was my first lesson in dispensary practice, in the first case I treated in her own home, and it was a very interesting one. But what, exactly, is the solution of the mystery? The word "functional" is a useful one, as a ready cloak for a great deal of medical indecision; and, in this case, I think it would need a competent psycho-analyst to get to the root of the trouble. Even then, I doubt if the psycho-therapists could effect the cure any more completely than Nature herself did it.

The difficulty in making a diagnosis of a "functional" complaint is the fear which, no doubt, every practitioner must have, and which existed in me an hundred fold, the good, healthy fear of missing some serious, organic disease. Our pathological teaching of the 3rd Year has led us to expect every ailment to have a corresponding series of abnormal organs in neatly-labelled glass jars. The complete investigation of such a case as this, to rule out all the more remote hepatic, pancreatic, cerebral, spinal and other possibilities, would require all the resources of a well-equipped, modern hospital, with an efficient analytical chemist and bacteriologist; and would take up far more time than any busy doctor, or poor, harrassed medical student could give to it.

The bickerings with the noisy neighbours were probably a precipitating if not a causative factor, but so they might be in a case of proved peptic ulceration. I feel that the first attack, which introduced me to Mrs T. was caused by a dietetic indiscretion such as

she described, but that it was also a mental reaction on her part, in this wise, that she was angry with herself for relaxing her strict régime, and that the first slight suggestion of gastric discomfort (and she was on the lookout for this) made her express this as pyrexia, vomiting and severe pain. The increased deep reflexes probably indicated an unduly excitable nervous system, which would readily react in this way. Coming to me, as they did, in a maze of other clinical findings their significance was quite lost; but now, viewed from a distance, and after some "experience", they assume at least a subsidiary importance.

Or may there not have been some organic basis after all? — perhaps an acute gastritis, or even an acute ulceration of the gastric mucosa, though the absence of blood in the vomit would be against this. Absence of tenderness in the Right Iliac Fossa rather rules out the third leg of the "Abdominal Tripod" — the appendix — as a reflex cause of the trouble. The site of the ~~back~~ pain passing back to the left of the mid-line may indicate some pancreatic trouble. The problem is still unsolved, and, if Mrs T. remains comfortable, I see no reason for probing after the solution.

Case II. John. C. Age 29. October 1938.

The complaint here was of "pains across the back" and wanting to pass water", the latter especially when the pains were bad. This had been present for 2 days, in a mild form, and now was much worse. The pain began in the right loin, then spread over to the left, but did not move to the front nor downwards. However, there was some

pain in the right leg, especially about the knee and in the calf. The back pain was not colicky, but rather gnawing. The bowels were normally regular, but, for the last few days, he had not had a motion. He was passing urine frequently, in small amounts, and thought it looked "thick," but there was no pain nor scalding at the end of the act. The patient felt ill and out of sorts, and his appetite was quite gone

He was a very well built, healthy-looking young man, well-nourished and exhibiting no obvious morbid appearances. His temperature was not raised, but there was some tachycardia. Otherwise the circulatory system was normal and there was nothing to be found in the chest.

Before leaving the Dispensary to visit the case, I had made my usual discreet inquiries of Mr. Paul, the caretaker, as to whether he had any idea what the complaint might be. Perhaps, at this juncture, I might be allowed to pay a tribute to the cheerful and obliging helpfulness of Mr. Harry Paul, the caretaker of West Richmond Street Dispensary. I feel sure that, in after years, he will be one of the figures in our university career, of whom we ~~have~~ will have grateful and pleasant memories. In this particular instance, he produced this little titbit of information — that there was a complaint of a "swelling in the groin, or about the private parts" — which was to turn out to be the all-important factor in the case.

Accordingly, I began the local investigation with a furtive examination of both groins and of the scrotum, but could find very little amiss. There were only a few slightly-enlarged lymph glands in each groin, not tender, and apparently not the seat of active trouble. In the scrotum, there was only a slight sense of fulness on the right

side, but no tenderness, discoloration, nor local rise of temperature.

The kidneys were not palpable, but there was tenderness over them, on deep pressure, on both sides. The right iliac fossa was not tender.

So far, the strongest suggestion was of disease in the Sacro-Iliac Joints or in the Spinal Column. Though the main pain and tenderness were higher up, there was also pain produced by pressure over both sacro-iliacs, especially the right. Movements of the right hip and knee were all slightly limited, probably from muscular spasm. There was no tenderness on pressure over the spinal column, and there were no abnormal curvatures of the spine.

Further than this I could not go, but gave a dose of castor oil, which produced a very good result, and asked for a specimen of urine to be sent up, not in any great hope of its giving me much help, but because I felt that it ought to be examined. Actually, it was the most obvious step in the investigation, but I had focussed my attention on the sacro-iliacs, and was determined to prove them the culprits.

The urine was very cloudy, alkaline (which, in view of later events, was probably from decomposition on standing overnight) of high specific gravity, contained no sugar, but a large amount of albumin, and was heavily loaded with pus. Back I went, suspecting the renal pelvis, was told that there never had been any discharge from the urinary meatus (which future events lead me to believe was not at all the truth)

There was now ample evidence of a toxaemic illness. The temperature was up to 102°, there was a hot sweat all over the body, marked headache, and generalised pains. I made a confident diagnosis of Pyelitis, and prescribed Mandelic Acid gr. 45, three times daily, after

food, with gr. 20 of Ammonium Chloride half-an-hour before. This I did, I fear, not because I had found the urine alkaline, but because it was rather in vogue at the moment, and I wanted to try it. The rapidity with which the Ammonium Chloride brought the urine to the requisite pH of about 5·3 was such that I now believe the urine must have been mildly acid all the time (as I said above)

With this treatment, the amount of pus, seemed to lessen a little, but it was still considerable at the end of a week. The patient's condition improved greatly and he had come to the stage of taking his food well, and demanding to be allowed up, when he suddenly became acutely ill, his temperature, which had been normal for some days, rose again, and he complained of severe pain in the right side of the scrotum, which was considerably enlarged, excruciatingly tender and markedly hot and reddened. There seemed to be some fluid in the right tunica vaginalis, the testis was a little tender, but the main trouble was in the lower end of the Epididymis, which felt greatly enlarged and boggy, and was very tender to touch.

This unexpected complication was a severe blow to my pride: but it was more than that: it was a challenge to my knowledge of how to meet such an emergency. I employed the well-known strategy of retreat, and sought the help of Dr. Hill, who advised me to administer "Sulphonamide" and to apply hot dressings of Ichthyol and Glycerine, with the support of a suspensory bandage, a procedure from which I shrank. However, I was to be spared the messiness and trouble of this line of treatment, for the patient developed a high temperature (104°), and became so severely ill, that I once more chose the "better part of valour", and had him taken up to Ward

13 of the Infirmary. Here, when I went to visit him that evening, I was given the task of making smears from a urethral discharge, which was at least copious, if not copious. These smears showed numerous gram-negative diplococci, most of them inside polymorphonuclear leucocytes.

John C. was sent to Ward 45, with Gonococcal Urethritis and Epididymitis. Here, they found gonococci as well as pus in the urine. The Gonococcus Fixation Test was a weak positive and the Wassermann Reaction in the blood, negative.

Treatment consisted of "Antiphlogistine" poultices to the epididymis, irrigation of the urethra, and the oral administration of "M and B. 693." With this, the local condition rapidly improved, and he was sent home in 12 days, the gonococcus fixation Test having been occasionally negative. He proved to be an unsatisfactory patient, and, thinking himself cured, reported only twice.

Then, in April 1939, he returned with an inflamed and swollen prepuce and enlarged Right Epididymis, the G.C.F.T. and W.R. both positive. He was given sub-preputial irrigation, improved, and, once more, discontinued his attendance.

His last appearance was in August 1939, when he returned, once more with Balanitis; and, once more, he defaulted after a few treatments.

It will be noted that, while he was in hospital, there was no mention made of any pyelitis. Had he ever had a pyelitis, or were all his signs and symptoms, his tenderness and his pain merely referred from the urethra and from an early focus of infection in the right epididymis? I think that the latter is very probably the correct explanation.

At the time when I treated this man, the Gonococcus and Gonorrhoea were to me mere names in the text-books of Bacteriology and Pathology, and the possibility of their being present in this case never entered my mind. Had it done so, the diagnosis would surely have been easy; but I

can take comfort from the fact that even Dr. Hill did not "spot" the obvious answer. Two lessons I did learn, and these were (1) how useless a non-catheter specimen of urine may be in diagnosing pyelitis and (2) that, in the hospital class of patient at least, a urethral discharge will probably always be denied and must be carefully looked for, even at the risk of loss of popularity.

These were two of the earliest of the cases I attended and in neither was I at all confident at first. In the second, the false-confidence which I acquired was rudely shattered. There is a gap of nine months, before I come to the next case, which I wish to describe rather briefly

Case III. Mrs A. Age 67 July 1939.

This old lady complained of pain in the stomach, sometimes going through to the back, and passing round both sides over the lower ribs. Her symptoms resembled those of Mrs T., but she had no sickness or pyrexia, and the relationship of the pain to taking food was very doubtful. In fact, I never quite managed to find from her how long she had suffered abdominal pain or discomfort.

Her appetite was fairly good (the house always seemed to be full of a smell of cooking, calculated either to stimulate, or, conversely, completely to destroy any appetite for food.) She said that her bowels had not been moving well, and that, because of this, she was taking Beecham's Pills

She was a thin, mournful type of person, with a fine, atrophic skin: and she looked as if she had had her share of worries and hard work. She rather resented examination, and expected to be cured by the magic of the supposed "x-Ray-eye" of the "doctor."

There were no circulatory symptoms, and the only abnormal finding was a banging quality of the first heart sound in all areas. The respiratory system was negative; the pains round the side were not due to pleurisy. There were no urinary complaints.

She had a dirty, furred tongue. The abdomen was held tight, as she seemed to fear examination. Very slight epigastric tenderness seemed to be present, but there was no other tenderness, and all signs of gall-bladder disease were absent. She said she had been in the Infirmary some years previously, with what was said to be gall-stones, but that she had no operation. I could find no palpable mass in the abdomen.

There was no story of eating something that did not agree with her; and I felt puzzled, but not worried (had I become careless and over-confident — would I receive a rude awakening?)

The only treatment was to be rest in bed, with very light diet; and I was to watch her. Neoplasm was more than possible.

Next day, when I visited the house, I found her out of bed, enjoying a substantial meal of mince and potatoes, which, she said, was causing her no pain. She felt quite able to eat it: in fact, she was hungry, having had next to no food for a few days. All was not well, however, for she complained of having a constant, dragging pain in the epigastrium, and some pain, still, in the back. She was slightly tender in the epigastrium; and I thought I could make out a fairly firm mass, which felt rather like faeces in the transverse colon. The bowels had last moved 3 days before, after taking Castor Oil. She had taken 2 Beecham's Pills on the night of my first visit, but these had been ineffective.

I suspected Atonic Constipation as the real trouble, and gave her 3 ounces of the Dispensary's Mist. Ol. Ricini (which, incidentally, she liked very much) with instructions to take half of it at night. The result was good, and I felt justified in following this up with 1 to 2 teaspoonfuls every evening of a mixture of. 2 ounces each of Liquid Extract of Cascara Sagrada, Liquid Extract of Licorice and Glycerine. With this, she apparently obtained regular, daily motions: but, on my next few visits, she was away from home. ~~However,~~

However, I did eventually manage to run her to earth, and found that she was delighted with the "white stuff" (Mist. Ol. Ricini) which had removed all her aches and pains. She was taking the cascara, she said, though it was causing a little griping; she was very glad to be rid of her former, gnawing pain.

She could not have taken the aperient for long; for, when I visited her recently, she still had a little of the original 6 ounces left in the bottle. It had not been required, except in very occasional doses. I rather suspect that she used other laxatives as well: but she was much brighter and healthier-looking than I had ever found her. She had never had a recurrence of the epigastric pain; but, occasionally, she still had the pain in the back, which is partly my reason for including her in this group of cases.

Had I really cured Mrs H., or was it merely a temporary alleviation of symptoms? What I found on my latest call seemed to indicate that her troubles had stopped. There must always remain the lurking fear of a neoplasm of the stomach (unlikely to have been ~~the cause~~ the cause of her pain, as the latter went away so completely, but still a possible background) or of the colon. Ought I to have subjected

her to the full colonic investegation of Rectal Examination, Sigmoidoscope and Barium Enema? The answer is that I ought to have done so. It could still be done (if she allowed it!) but I feel that the findings would be negative. In fact, I myself have suffered from the same symptoms of constipation, and have had all these investigations carried out, there being no abnormality to be found at all. Incidentally, both this patient and myself (I asked her specially) are prone to suffer from cold feet (I have them at the moment as I write these very words) and bad peripheral circulation generally. Could this be an indication of an overactive sympathetic nervous system, which might lead to intestinal inertia?

Case IV Mrs B. Age 48 July 1939.

Two days after Mrs A. first sent for me, Mrs B. appeared at the Dispensary where I was deputising for Dr Hill. She was a short, stoutish, plethoric but cheerful lady of 48, who complained that she had "racked herself", lifting a heavy basket of washing, a few days before, and that she had had a pain in her back since then. The pain was low down in the lumbo-sacral region but did not pass down to her legs.

Inquiry into her history revealed that she had been knocked down by a bus in December 1938 (i.e. 7 months before) and had had her ankle fractured. Ever since then, she had complained of what she called "sciatica", for which she was supposed to attend the Infirmary Massage Department for Radiant Heat treatment. However, she did not think it had done her much good. The question now was, whether this "rack" had caused fresh trouble or merely a flare up of the old one.

Local examination showed no signs of inflammation of either sciatic nerve, and no undue limitation of hip movements, but there was well-marked tenderness over both sacro-iliac joints, as well as a more diffuse lumbo-sacral ache and there were the other signs of disease of the sacro-iliacs.

I advised her to rest as much as possible, which she said she could not do, and sent her up to Medical Out-Patient Department of the Infirmary, for I wanted to have a more mature opinion on her case, and felt that an X-Ray examination was called for as well.

She was seen by D'. Lamb who agreed that there was some degree of sacro-iliac and back strain. He also made out, what I had missed, fibrositic nodules in the skin over the sacro-iliac joints. She was sent to the Massage Department for massage to the sacral region. If this failed, she was to be referred to the orthopaedists.

However, she did not give it a chance to fail. Whether it was through lack of time, or whether her former experience of Physiotherapy had made her lose faith in it, she did not attend the Massage Department.

All this, and what followed, I learned only recently.

The pain lessened, but was never quite absent. This continued for exactly one month, when the next stage of the story was reached with dramatic suddenness, when the patient woke up one Sunday morning, to find her bed soaked in blood, the result of a severe vaginal bleeding, which had begun with no warning. There was no increase of her pain before it.

She hurried up to the Infirmary and was admitted to Ward 35. The inquiry into her case showed that the Menopause took place at 44 and that there had been no bleeding from that time till this

Sunday morning in August 1939. There had been no vaginal discharge. She had been married 25 years, and had 5 children and 1 miscarriage. There had been no abnormality in any pregnancy or labour, except for a haemorrhage after the birth of the last child in 1922. She had had an ovary removed in Ward 35, shortly after this.

The bleeding continued mildly all day, but she never felt faint.

Systematic examination showed that she was sometimes breathless, and had oedema of the ankles on standing. She had no palpitation and no cough, and her appetite was good. She also had headaches and impaired vision, but there was no dysuria. In the past, she had had epistaxis at the menstrual periods, polyuria and nocturnal frequency. She described herself as "chesty" having had bronchitis 2 years before. There were no abnormalities to be found in the lungs. The 2nd heart sound was accentuated in the aortic area and the Blood Pressure was $\frac{176}{100}$.

The urine had a specific gravity of 1004, with albumin one "plus," and granular and hyaline casts.

The next day, at operation, the uterus was large for her age ($\frac{3}{4}$" elongated): cervix normal: appendages apparently healthy. The cervix was dilated, the uterus curetted, the scrapings being very scanty, and the uterus was packed with dry, sterile gauze. This served to stop the bleeding completely, and there has never been a recurrence. The pathologist's report on the scrapings was that they showed the characters of Chronic Endometritis, and that there was no sign of malignancy present.

In 5 days she went to the Convalescent Home, but left when War broke out. I saw her again in February 1940. Her back pains

had never returned.

That case was a real lesson, a fine example of how easily a diagnosis can be missed, simply by not being kept in mind. When I saw Mrs B., I was not thinking in terms of Gynaecology, and, in any case, the recent trauma rather obscured the aetiological side of the picture. There were no symptoms pointing to the pelvic organs at all. Even when she went to hospital, the only gynaecological symptom was the bleeding. Though I had sent her to see a gynaecologist, she could have found very little amiss.

Another point which this case brings up is how much may be missed by a busy practitioner at a single consultation. Apart from getting the impression, from the pulse, that the Blood Pressure was raised, I failed to discover any of the numerous other findings made in Ward 35, and that by merely failing to make thorough inquiries into symptoms.

Case V Mrs. C. Age 45 February 1940.

In contrast to what happened in the case of Mrs B., that of Mrs C. found me quite ready to make a gynaecological diagnosis, for, when I saw her, I was taking the class of Clinical Midwifery and Gynaecology. As you shall see, however, it did not really need this to direct my mind in the right lines. Her symptoms, and one sign at least, were obvious enough.

She was a lady of 45, who, on Friday 2nd February 1940, noted a brownish vaginal discharge. On Sunday, it was reddish: and she began to have cramp-like and colicky pains in the small of the back, coming round to the front. These were like labour pains; and soon her whole body was

aching, while the bleeding continued mildly. She sent for help from the Dispensary on Tuesday night, but it was not till 2 p.m. on Wednesday that I saw her. At 12 noon, that day, she had a severe bout of pain, and "something came away." Apparently the blood-loss had not been severe.

For all that, she looked rather pale and exhausted, when I first saw her. I was greeted by a ferocious barking of her dog, black retriever "Prince", and later I recalled the old belief that dogs dislike menstrual blood. Perhaps they have a further hatred of blood lost with an abortion, or perhaps "Prince" just liked to bark at visitors. It was his usual greeting for me when he happened to be at home on my visits.

I have already told you the diagnosis, and it was not hard to reach, especially as the lady herself made it for me; she spoke from a wealth of experience, as we shall see. Further, there was what had "come away", a complete, unruptured amniotic sac, with placenta completely delimited, about 6" long, and of an oval shape. That is, it suggested a more advanced period of gestation than the maximum possible of 9 weeks, which the date of her last menstrual period (22nd November) indicated. The size of the uterus was more in keeping with the longer period (about 16 weeks, I think) so perhaps her last "period" had been merely a slight bleeding, such as might well occur in one so predisposed to abortion as she proved to be. With the placenta developed as far as it was, I would have expected a much greater blood loss than actually occured.

Here is a résumé of what I found out about her.

Menstrual History

1 Menarche 14 — 4 Periods regular 4-5/28

2 Menorrhagia ++ — 5 Dysmenorrhoea +++ Abdominal pain: premenstrual and

3 Metrorrhagia — on 1st day of menstrual flow.

6 Discharge : Whitish ; only when pregnant

Obstetrical History

Twice married. 1st in 1914 ; then in 1933.

1st Marriage : 2 Children, born 1915 and 1916 : both full time, but dead-born.

2nd Marriage: (a) 1st pregnancy went on for 7½ months, when there was a spontaneous delivery of a premature, dead-born child.

(b) 1935. Threatened to abort at 7½ months again. Was treated in Simpson Memorial Hospital by rest and injections, and went to full term, when her only child was delivered by Caesarean Section by Dr. Fahmy. This child, a little girl, had injection and other treatment for 2½ years at the Northern General Hospital, before being pronounced fit. She certainly looks healthy now. The mother has had injections ever since then, for a "taint in her blood from birth," she was told, but has had occasional lapses, when she tired of the treatment, and stayed away from the clinic.

(c) 1938 Abortion at 2nd month.

(d) 1939 (20th April) 6 months abortion in Simpson Memorial Hosp.

(e) Present pregnancy.

Previous Health had been fairly good. When younger, she had chicken pox, but never scarlet fever, measles, whooping cough or mumps. Has always been bloodless. Has had no cough, and no digestive disorders except constipation. In 1924 she had the Right Ovary removed by Dr. Haultain, because of Dysmenorrhoea and headaches. Her injection treatment consisted of 3 months on and 1 month off, with examination of blood and, occasionally, C.S.F. at the end of each 3 months period of treatment.

Family History

Father an invalid, following a shock a year ago. From what she said, there seems to be some mental deterioration, perhaps a manifestation of Dementia Paralytica

Mother: blind since 1918: otherwise healthy

1st husband died of Pulmonary Tuberculosis

2nd husband is alive and well, and has always been healthy. He has not been having injections. He is a butcher with the Forces.

General Examination: She was pale but not distressed, lying comfortably in bed, with no signs of pain, no sweating and no evidence of collapse. The pulse was full and strong and slow. Temperature slightly subnormal.

Abdominal Examination. The abdominal wall was lax, skin atrophic and inelastic, bearing the scars of her 2 abdominal operations, and covered by old scars of chicken pox. On deep palpation, the fundus of the uterus could be felt, over to the right, just behind the superior ramus of the pubis. It was firm, mobile and tender.

On Vaginal Examination, carried out with such imperfect asepsis as was possible, the vulva was easily separated. The scar of an old perineal tear was seen.

The cervix pointed normally downwards and backwards, and was nodular and scarred (not softened by the pregnancy) It was freely mobile and slightly tender on movement. The external os was open, to admit 1½ fingers, the internal os closed, the cervical canal being like an inverted funnel. The patency of the external os might suggest an incomplete abortion; but what she had passed looked complete

enough. In any case, it was only 2 hours since the actual miscarriage.

The uterus was anteverted, lying over to the right, enlarged, mobile and tender.

The appendages could not be felt.

Treatment: In case there might be something retained in utero, I gave her a mixture containing, in each dose, ʒi of Liquid Extract of Ergot and gr. ii of Quinine Bihydrochloride, to be taken three times daily after food.

In view of the possible sepsis introduced, I put her on 2 tablets of "Sulphonamide P" every 4 hours.

Ferrous Sulphate, 2 3 grain pills three times a day, seemed likely to help her anaemia, and could do her no harm.

Of course, she had to stay in bed and was quite pleased to do so. Her appetite was impaired at first, but soon recovered.

Progress Notes

Thurs 8/2/40 Temp. 96·8° Pulse 64/min. She seemed well, though pale, but was not sleeping well, and had a troublesome headache.

Lochia normal in amount: red with no clots

9/2/40 Temp. 96·6 Pulse 68/min. Pale. Sleepless. Bad headache

I told her to discontinue the Ergot and Quinine, and prescribed Potassium Bromide gr. x with Chloral Hydrate gr. xv. Has been bringing up all her food

Fundus uteri down beyond reach of fingers Lochia moderate in amount: red.

10/2/40 Temp. 98·8 Pulse 68/min. and rather weak at wrist. This was her first rise of temperature. Still restless at night and sleeping badly. Some tenderness suprapubically on the right.

1st heart sound obscured in all areas by a soft, blowing murmur.

11/2/40 Temp. 96·8°. Pulse 72/min. Has slept better; appetite improving. Lochia paling.

12/2/40 Temp. 97° Pulse 78/min. Headache again bad. Slept badly. Appetite was recovered. Lochia brownish since last night, but not offensive.

Complaint of pain in sacral region on left side: tender suprapubically on the right. Fundus uteri could not be felt.

Vaginal Examination was carried out, to try and decide the cause of the back pain. The cervix was closed, and felt irregular and firm: moving it increased the pain in the back. There was nothing to be made out in the lateral fornices, and no tenderness behind, in the utero-sacral region. Nor were any tense bands felt there. The uterus was neither ante- nor retro-verted, but was upright.

There seemed to be no call to do anything, and I allowed her up for one hour that evening and for a longer time the next day.

On 14/2/40, all her aches had gone except the stubborn headache. Blood examination done that day showed (1) Red Cells 3,270,000 per cu.m.m. (2) Haemoglobin 88% (this was quite unreliable owing to an incompletely dried pipette, for which I bow my head in shame) (3) Film (stained by Leishman's Stain) showed small, poorly-filled red cells, which were, however, round and regular, showing no poikilocytosis and no anisocytosis. The anaemia was probably largely nutritional, added on to what, I suspected from her history, must have been congenital syphilis.

16/2/40 Her colour was much improved, since being out the day before. Her headache was still present, and I felt that I must give her something to relieve it, at least, if not to cure it. Accordingly, I

prescribed the well-known combination of Aspirin gr. v
Phenacetin gr. iii
Caffeine Citrate gr. iii
} in a powder,

and this seemed to have an almost magical effect in "lifting" the headache so that it never returned. The patient was delighted. On such chance "hits" does our profession often make its name.

The Haemoglobin was now 75% and the White Cells 13,000/cu.mm. With the Red Count of 2 days before, this gave a Colour Index of 1·1 and probably the Red Cells were now more numerous than then, if the patient's colour was any criterion.

On 18/2/40, I attempted to carry out a Test Meal, having warned the patient to expect me that morning (her husband was home on leave too!) and using a Ryle's Tube, borrowed from the Deaconess Hospital. After great and heroic efforts by M^r^C., the tube at last reached the stomach; but, alas, just as I was about to fit the syringe into its end, she felt suddenly sick, retched, and pulled the tube out with her hands. She was prepared, but not willing, to make another attempt, but I thought it best to spare her this discomfort — perhaps I was simply taking the line of least resistance.

At this visit, I did a blood examination again with the following findings:- Red Count 3,790,000/cu.mm. } Colour Index 0·98
Haemoglobin 75%
White Count 10,000/cu.mm.

To continue the iron administration, she was given a mixture of:-

Ferri et Ammon. Cit. gr xxx.
Extr. Glycerrhiz. liq. m xx.
Tr. Nuc. Vom. m v
Inf. Columbae ad ʒ ss.
} this dose to be taken in water, three times a day after food.

In case there were not enough gastric acid, and the iron were not sufficiently absorbed, I gave her half-teaspoonful doses of a mixture of

Ac. Hydrochlor. Dil. 2 parts.
Glycerin. Pepsini 1 part.

in a tumblerful of water with every meal. This latter medicine she did not like, and did not take it at all consistently.

On examining the other systems, I found no abnormalities, except some emphysema of the lungs, and a first heart sound which was short and banging in all areas.

Vaginal examination showed the uterus to be well contracted, of normal size, and anteverted. The cervix felt firm, irregular and nodular: there was no pain on moving it and no backache; but I thought that there was some induration at the site of the left appendages. There was no vaginal discharge or bleeding

The patient was now fit to go about, and I turned my attention to having her resume the injection treatment, which she had discontinued for a few months (and hence the abortion?) and to finding out if Congenital Syphilis really was the cause of her troubles.

On 28/2/40, she went up to the Thursday morning clinic at the Simpson Memorial Maternity Pavilion of the Infirmary, and had blood taken for examination.

On inquiry of the lady who runs the clinic at the Maternity Pavilion, I learned that Mrs C. was one of her old cases, having been under treatment for many years, during which time she had often defaulted. She was "labelled" a case of Neuro-Syphilis, said to be

Tabes Dorsalis, though I had been unable to find any of the usually-accepted classical signs of this disease such as loss of papillary reflex or root pains.. The Wasserman Reaction and Kahn Test in the blood, taken 2 days before, were both negative.

The latest Cerebro-Spinal Fluid findings, taken a few months previously, were : (1) W.R. negative

(2) Cells — 1 per cu. mm.

(3) Protein - nil.

(4) Gold Sol Test - Tabetic Curve 0001110000

At that time, too, the Wasserman Reaction and the Kahn Test taken on the blood were negative.

She was now to go on to a course of Acetylarsan, before returning to Tryparsamide which she had had at the Northern General Hospital ~~prior~~ to 1939. The ~~total~~ amounts of the various drugs which she then ~~received~~ were, Tryparsamide 100 Gm., Arsenic 2 Gm., Bismuth 13·3 Gm. i.e. a most extensive course.

That was the case of M^cC., but I still pay her an occasional visit, usually to do a blood count. The latest of these (18/3/40) gave

Red Count 3,760,000 / cu. m.m.
Haemoglobin 78 %
} Colour Index 1·05.

White Count 6,250 / cu. mm.

As you see, the condition of the blood has improved but little; yet she seems to be living quite comfortably with it as it is. She tells me that she has always been as anaemic as she is now and that, when she was in hospital in 1935, everyone remarked on her apparent good health despite her pallor.

The cause of the slight leucocytosis is doubtful, but it may have been a reaction to the trauma of the abortion, perhaps a preparation to meet any possible infection which might arise. At one point, I began to fear that infection was going to develop, but the temperature rapidly subsided; only to be followed, in a few days, by a suggestion of a mild inflammation of the cervix or of the tissues behind it. Fortunately, this also cleared up, not through any efforts on my part, but because Nature was able to attend to it.

One curious feature in this case, is the fact that the patient aborted, even though her blood and cerebro-spinal fluid showed, at the time, no sign of syphilis. It is also noteworthy, that each successive pregnancy went less and less near to full term, which is the reverse of the usually-accepted course of events. The Caesarean birth of 1935 would have been a 7½ months abortion, but for prompt therapeutics. Apart from this, the case was a fairly straightforward abortion.

One last point: how often is a persistent headache completely cured by a few doses of an analgaesic powder, when other remedies have failed? Probably the mode of action is the relief of pain for a time long enough to break the vicious circle of auto-suggestion which has been perpetuating the trouble. Even Mother Nature works better, with a little quiet, timely assistance!!

Case VI Mrs P. Age 59. January 1940.

I now come to the last of this group of cases, and, in some ways, the most interesting, as being the most puzzling, for I cannot decide what is her exact trouble. Part of it was simple, and readily diagnosed for me by the patient

herself.

She complained of a severe, tearing pain in the small of her back, when she tried to sit up in bed; of pain in the left side of her chest; shortness of breath; and a dry, hacking cough with no sputum. Sometimes, the left-sided pain passed down towards the left renal region, but she had no urinary symptoms. The pain did not seem to be made worse by coughing or deep inspiration.

This had only been present for a few days. She had taken to bed, since when the pain in the small of the back had developed.

Her Past History makes an interesting catalogue of medicine, surgery and gynaecology.

(1) At age 17, she had rheumatic fever, and, following this, "Epileptic" fits, which stopped many years ago.

(2) Heart trouble since the rheumatic fever.

(3) Treated in Deaconess Hospital for Neurasthenia and to "give heart a rest."

(4) Chronic Winter Cough and other chest troubles.

(5) 19 years ago, she had the uterus removed in the Deaconess Hospital, because of a bleeding which would not stop. She was on the Waiting List, but had to be taken in hurriedly, because of a sudden, severe vaginal haemorrhage. I could not find her old case at the hospital, but the Index Card said that she had a Supravaginal Hysterectomy for an "Enlarged Uterus and Menorrhagia". There was no suggestion of malignancy, which might have now recurred, and be causing her chest trouble by metastases. The ovaries were cystic, so perhaps her illness would now be called "Metropathia Haemorrhagica". At that time, it was noted, in parenthesis, that she had a "bad heart."

(6) 2 years ago, she broke her leg.

(7) Recently she fractured her 5th Left Metacarpal

(8) She had been in the Infirmary, a few years ago, because of her heart. While there, she had developed a pain between her shoulder blades, for which the whole medical and nursing staff of the ward could do nothing.

She was an handsome, well-built, rather querulous woman, with masked cyanosis of lips and ear-lobes, and some finger-clubbing: she looked younger than her age. Though she had been off her food for a few days past, she looked well nourished. She complained of having a tight feeling in the chest after meals (this I attribute to cardiac embarrassment). There was definite respiratory difficulty, and the respiration rate was markedly raised. The temperature was normal.

Systematic Examination

Respiratory: The chest did not move very freely, movement appearing to be less on the right side anteriorly. Posteriorly, movements were equal, though limited. Percussion gave a good, resonant note all over the chest.

Breath sounds, all over, were of a "blowing" character, with deep-pitched rhonchi at various parts, all over the chest. No friction could be made out over the painful area on the left. Vocal resonance was everywhere normal.

Circulatory Pulse rate: 84 per min. with occasional extrasystoles:

no evident rise of blood pressure.

There was no venous pulsation in the neck.

The heart showed slight enlargement, the apex beat being ½" out from the normal position. The first heart sound at the mitral area was obscured by a blowing murmur, which passed up to the axilla, and which actually began at the end of diastole, with a rather harsh quality.

From these findings, I made a mental diagnosis of Mitral Stenosis with Incompetence, but I did not think that the type of lesion was of very great importance from the point of view of treatment, which was my immediate problem. The main thing was that the patient was still not "decompensated", although just beginning to be a little distressed. Her feet and ankles had occasionally swelled up, but had showed no oedema since she went to bed. Her prompt care of herself had probably saved her again; but, for all that, it it is amazing how she can have gone on for so long (40 years or more) with her bad heart. The trouble was far enough advanced, 19 years ago, to be specially noted in the Deaconess Hospital.

On investigating the back pain, I could find no signs of Sacro-Iliac, Hip Joint or Spinal Column disease; nor had I expected to find any. Like the patient, I thought the pain due to the strain of her cough, and to the effort of pulling herself up and down in bed.

For the left-sided pain, and, to a lesser extent, for this muscular pain, I gave her a Kaolin Poultice, which would, at least, act as a sedative or as a counter-irritant.

She was told to continue in bed, till she was allowed up.

For the cough I prescribed:-

℞

Tinct. Camph. Co. m. xx.
Oxymel. Scill. m xxx.
Syr. Tolu. ʒ i
Inf. Senegae ad ʒ ss
Ft. Mist. Mitte ʒ vi.
Sig: ʒ ss t.i.d. p.c.

Next day, I found the temperature still normal, the pain on the side of the chest almost gone, but the severe, tearing pain in the back as bad as ever. For the Kaolin Poultice, I substituted the well-known A.B.C. Liniment, hoping that it might help the back. Mrs P. was not greatly impressed with it, thinking it rather "weak", as it did not have much of a smell.

During the next few days, she became more comfortable, her temperature never rose, the back pain became less severe and not so tearing However, she now developed what [redacted] turned out to be an old friend of hers, pain in the interscapular region, affecting the Rhomboid muscles, when she used either arm, but more especially the left. There were now some medium crepitations, on inspiration, at the base of the right lung

I was in bed myself for a week, and on my return, I found Mrs P. "up" but not much "about". Her cough was still bad; as there was some sputum which would not come away, I stopped the sedative cough mixture, and put her on :-

Pot. Iod. gr. x
Ammon. Carb gr. v
Sod. Brom. gr. x.
Syr. Tolu. m xx.
Inf. Senegae. ad ʒ ii

} three times daily.

Her condition, on the whole, was much improved, she was not nearly so breathless ~~or~~ cyanosed or distressed, and, though she still had the pain between the scapulae, the chest pain had quite gone, and the low back-ache was scarcely perceptible. In a few more days, it was away completely, but the tired, burning feeling ~~across~~ the shoulders, was still present, especially when she did her washing. She was doing her best to tidy up her house again, after her period in bed. Her son was going off to the Army; and her husband had newly managed to get work, after a few years idleness.

The heart rate had slowed a little. She had told me earlier that she had previously been given Digitalis from the Dispensary; so, on the principle, which Dr. Rae Gilchrist has put forward, of the "cardiac tonic" action of this drug, I decided that I would give her it again, prescribed a moderate dose of the tincture, along with Tincture of Squills, and awaited the result with interest. There was none, for M.S.P. mislaid the prescription. By the time she had found it, she was shy of presenting it at the Dispensary, so long after its date. Several times I asked her about it, and, on each occasion, she was "going to get it". I got the impression that she was not a very enthusiastic user of Digitalis, and did not press the matter further. There was no point in having the Dispensary provide a bottle of medicine, to be poured down M.S.P.'s kitchen sink.

However, in this connection, I was able to test this principle on another patient, an old lady of 80 or so, who by rising too soon after an attack of 'flu', strained a heart probably already feeble with the feebleness of old age. Her heart was slightly dilated, and the sounds were rather weak, but with a small dose of Tincture of Digitalis, along with a larger amount of Iron and Ammonium Citrate, she said that

she felt much better and stronger; the quality of the heart sounds definitely improved. However, she developed a systolic murmur in the mitral area, with a slight presystolic element as well, neither of which murmurs was doing her the slightest harm.

After this, Mrs P. was going about her household duties, and I paid my regular weekly visit. She had a good deal of housework to do, and insisted on doing it. Her cough stayed with her, dry and irritable, but not distressing.

Two months after her first sending for me, she again had a few days in bed with Bronchitis and breathlessness, probably all really the result of her heart condition. The pain between the shoulders, which had never quite gone, was given a new lease of life. I tried Oil of Wintergreen, Camphor and Lanoline on it, but with very little effect. The patient seemed to be using my remedies, merely to humour me. She also seemed quite resigned to having this pain for the rest of her days life, at least on washing days. In fact, I feel that she would be quite sorry if someone were to be fortunate enough to hit on the means of curing it.

But I do not think that anyone will cure Mrs P's shoulders with a bottle of medicine or a tube of embrocation, unless he first gets to the root of Mrs P.'s trouble by the psychological approach. To her, it is really a hidden asset, a nice topic of conversation over her neighbourly cup of tea; but I should have thought that her heart condition, would have been quite enough to satisfy the table talkativeness of any one — even a woman!

The very chronicity of the pain, like the chronicity of Mrs C.'s anaemia, makes us take a much less serious view of it.

That is my unsolved problem. Perhaps, some day, the hiss at an end, I shall take the course for the Diploma in Psychiatry, and shall know how to deal with Mrs P.

There are a few of my cases; not by any means a startling or unusual collection, but simply the sort of illnesses that happen every day in the life of any doctor. And that is why I like dispensary work so much, because it makes me, for the nonce, into a "little Doctor." The accounts I have given of these cases may often seem to you to be "dry" and uninteresting, but to me they live: for, as I write, I can still visualise the scene in the home, the patient on the bed, the friends standing back for the "doctor's" verdict.

The only reason why I have grouped these cases together is the common factor in them all — the pain in the back — not always at the same part and not always the most distressing symptom.

The causes of pain in the back are legion, and I met many more people with this complaint, during my time at dispensary. Lumbago and Sciatica, one young lady with an unrepaired perineal tear, another who had had a lung abscess and empyema drained, and was frequently troubled with pain in the posteriorly placed operation scar, pleurisies, the 'flu'; all these provided interesting and instructive examples of how this symptom can arise. The latest one is a young lady who is being, at present, X Rayed on a suspicion of Tuberculosis of the Left Hip Joint.

Perhaps I have not altogether succeeded in my stated aim of showing how I gained confidence in myself, and in my powers of diagnosis; and learned to trust to the healing power of Nature rather than to those of the Pharmacopoeia. It is difficult to express just how much I have gained in this direction, for only the future will show to what extent I have benefited from working in dispensary. If I have had nothing else, I have experienced the thrill of being addressed as "Doctor", and the pleasure that there is in receiving the warmest gratitude of many an anxious mother's heart.