Ten papers -
Case 1. Diagnosis doubtful
" 2 "
Phthisis. Case not typical by autumn

Reports

of Some Medical Cases, occurring in the Wards of the Royal Infirmary during the Session 1862-63

by

John R Dickson

"Du jour qu'un jeune homme veut être Médicin, il doit fréquenter les hôpitaux - Il faut voir, toujours voir des malades. Les matériaux confus que l'on amasse sans ordre et sans méthode, sont pourtant d'excellents matériaux; inutiles aujourd'hui, vous les retrouverez plus tard enfouis dans les tresors de votre mémoire"

Rousseau - "Clinique Medicale".

It is an old and time honoured
custom in the Universities of Europe
to require of Candidates for the degree
of Doctor of Medicine, that besides
showing a competent knowledge of
the theoretical and practical de-
partments of their profession,
they shall submit a dissertation
or Thesis, in which they shall discuss
some subject connected with Medicine,
and state the opinions which their
individual observation and reasoning
have caused them to form upon it.
As Examinations test the theoretical
parts of Education, so a Thesis should,
in My opinion, be of such a nature

as to prove the Candidates power of Carefully Studying and observing any Set of facts in Connexion with his profession.

"Ars longa, vita brevis" as the Father of Medicine has said, and as the time devoted to a Medical Curriculum is so limited, it Should in my opinion be the primary object of the aspirant to the "Summis honores Medicinæ" to make the Study of Practical Medicine his Chief Concern, and however much he may feel interested in the delightful Sciences allied to Medicine, to make them Strictly Subservient to the one upon which his future reputation as a Physician will have to depend.

In the following pages I Shall give an account of Some most interesting Cases which I have lately had the opportunity of observing and Studying in the Wards of the Royal Infirmary -

They are Excellent Examples of Some Diseases of the Nervous System Apoplexy with its Sequelae, Epilepsy, Shaking of the brain and that protean-like Ever Changing disease Hysteria -

If the Notes are Scanty, and the ~~Commentaries~~ Stale and hurried, I may plead as an apology that they were penned by one busily engaged in the duties which fall to the lot of a Resident in our Infirmary

Hemiplegia

John Drummond Aet. 49 Glazier
Patient was brought to the Hospital
on the Evening of January the 23rd
in a State of Coma, with Stertorous
respirations, gurgling in the trachea,
and froth being discharged from the
mouth. His pupils were Slightly
Contracted and his pulse small and
rapid. He was found to have Complete
hemiplegia of the left Side.
The bladder was felt distended
and a Catheter introduced.
An Enema Containing Turpentine &
Castor oil with two drops of Croton
oil was thrown up the rectum.
His head was shaved and Cold ap-
plied to it. Mustard poultices were
applied to Epigastrium.
The power of deglutition was entirely
gone.
Patient remained in the same State
till the following day when he
was capable of being roused for a

minute or two at a time, by being shouted to very loudly.
On the third day he was able to swallow some beef tea, but for 36 hours after admission he could not be made to swallow anything. Instead of retention on the fourth day after being brought to the Hospital he could not retain his urine; he had also involuntary defecation.
February 2nd Patient is able to speak now, though with some hesitation and stammering. His left arm and leg are completely paralysed; sensation is also totally lost. He can protrude the tongue which inclines to the left side. His mouth is drawn to the right side and there is a marked fulness of the right cheek as compared with the left. Faeces and urine still passed under him.
Arteries hard, but not tortuous so far as can be ascertained. Distinct Arcus Senilis. Patient has been very in-

temperate habits for many years and for a month before being brought to the Hospital had been drinking constantly - That day on which he was admitted he had been drinking in a house in Blair Street after leaving which he fell on the street bruising the right side of the head, the mark of the injury remaining for some time after. February 21st. Patient can now move the affected arm and leg very slightly. Sensation in arm not much impaired but still wanting in the fingers. In the leg of the same side sensation is good as far as the ankle, but patient had a compound fracture of leg above the ankle 15 years ago and he says the foot has felt quite numb since - Facial paralysis is still marked when the patient speaks, but scarcely perceptible when the mouth is closed - When the tongue is protruded it still points to the left side.

No rigidity of the muscles of paralysed limbs. From this date patient continued to improve gradually, his treatment consisting of Iodide of Potassium with Infusion of Gentian, and the occasional application of galvanism.

As the patient began to recover some power over his limbs, the ~~retentage~~ of urine and faeces involuntarily, ceased. The galvanic battery was repeatedly applied and on the 4th of March he was walking about the ward. He is now, on the 30th of March as well he says, and has as much power over his limbs as ever he had.

This Case is illustrative of that form of Hemiplegia following Apoplexy. That this patient had an apoplectic seizure, the suddenness occurrence of the attack, the Coma, the Stertorous breathing, the gurgling in the throat, the fact of his having Atheroma of the Arteries,

Diagnosis
Doubtful

the Arcus Senilis, the retention of urine, and the previous dissipation, enable us to form the diagnosis which was in all probability correct, namely, that the attack was one of Sanguineous Apoplexy. Where was the clot

One good feature in the case was the absence of rigidity of the muscles, which showed that no inflammatory complication had supervened, but that the clot was quietly undergoing absorption.

The researches of Wm Banton pointed out that the Arcus Senilis was due to fatty degeneration of the Cornea and practical observation has since abundantly proved that the Arcus Senilis is a valuable diagnostic sign pointing to fatty degeneration of the other textures and especially to the arterial. In this case it is not improbable that an atheromatous state of the arteries preceded the accident.

Hemiplegia

Mrs. McKenzie Ætatis 38 admitted on February 9th 1863

Patient was admitted to the Surgical wards on Sunday the 8th of February on account of a wound and bruise over the right side of the head and Eye, which she had got on the Thursday previous by falling down some steps - When brought to the Hospital she was insensible, and her injuries not requiring Surgical treatment she was sent to the Medical wards where the following history was obtained -

Some months ago patient had a fit, was insensible and unable to speak for a day - She recovered perfectly, and was quite well from that time till the Morning of Thursday the 5th February when she went to look at a house in Nicholson Square - After leaving the flat and when going down stairs she felt giddy, made an attempt to sit

down but fell forward before she could reach the step on which she was going to rest. She was found shortly afterwards quite insensible and conveyed home. She remained in the same state all that day and was not conscious of anything that passed till the following afternoon, when she was well enough to give an account of her having first become giddy and then falling. When taken home after her fall she was found to have lost the power of moving her right arm and leg - At the spot where she fell there was a scraper which was quite bloody afterwards -
She again became unconscious and delirious during Friday night, and continued so till brought to the Hospital on the Sunday -
On admission to the Medical wards patient was quite stupid and could only say No to every question -
She had complete Hemiplegia of

the right side - Her mouth was slightly drawn to the left side She could not protrude her tongue, nor chew anything Solid but swallowed fluids easily - She was observed to squint inwards with the right Eye, her friends assert that she did not do so previous to the fall - Pupil dilated. Sensation in affected limbs was much impaired.

She passed everything under her for some days without giving any warning. When asked if she had pain anywhere she generally put her hand to the back of her head and seemed puzzled but said No which was evidently the only word she remembered, at least the only one she uttered for some time. About the fourth or fifth day after admission Patient showed some symptoms of returning Consciousness by giving warning when she wished to go to Stool and by attempting to do what was told her

The fingers of her right hand remained firmly clenched round the thumb for some days but gradually returned to their normal position.

February 28th.

Patient can answer questions very imperfectly but evidently understands what is said to her. The inward squint of her right Eye is scarcely perceptible. Her mouth was drawn to the left side, the contraction is not noticed now unless patient smiles.

Patient can chew biscuit &c and is able to protrude the tongue which is pushed to the right side. Is able to press with right hand slightly, can move arm and leg very little yet. ~~The sensation~~ Sensation has so far returned to the paralysed limbs that she can tell which finger is pinched as far as the second phalanx, but not when the Ungual phalanx alone is pressed. The discolouration round the Eye is greatly diminished. The Muscles of the paralysed limbs

are a little but not much more flaccid than those of the unaffected side - The heart sounds are normal. Patient has dilated Innominata and Arch of Aorta, pulsation being felt at the Notch on the upper end of the Sternum - Urine of normal quantity, Acid.
March 2nd Patient can move the fingers and arm of right side pretty well, can flex and the right knee and extend the leg. Sensation appears to be natural. Right pupil is still a little larger than the left. Articulation is not distinct but patient states that it is as good as formerly. Memory impaired. Patient has had the Galvanic battery applied twice, after each application a marked improvement in the Motor power of the affected limbs was noticed -
March 14th Patient can now use both arm and leg freely and is dismissed today at her own request -
The treatment consisted of Iodide of Potassium

blisters to the back of the neck and galvanism to the limbs.
On Sunday 22nd Patient returned to the Hospital to show herself - She says that the power of motion in both leg and arm is as good now as ever it was - The Squint of the right Eye and the discolouration of that Side of the head have entirely disappeared -

The history of this case is clear upon one point, that the patient was first seized with giddiness, which caused her to fall -
It may therefore be assumed that the injuries she received were the result, and not the cause of the Cerebral injury which must have occurred - The Case is peculiar in the very great rapidity with which recovery occurred after a hemiplegia which was for some time complete. Clinical Experience combined with the result of Post Mortem

Examination has long taught Physicians that the gravity of the Symptoms in a Case of apoplexy stand in no direct or constant relation to the Size of the Extravasation. ?

The rate at which recovery occurs in such Cases we should expect to be influenced by the rapidity with which the Clot is absorbed.

It is not improbable that in this Case the Clot was very minute in Size, and that although by its Situation it was able to produce a very complete hemiplegia it was very soon absorbed — where & why

Hemiplegia

Jane Ballance Aet. 31 Servant

Patient was admitted to the Hospital on the 31st of December and found to be suffering from Hemiplegia of left side. Patient had an attack of rheumatism for two weeks previous to admission but only became paralysed the Evening before. She suddenly became giddy, fell down, was unconscious for a short time but soon recovered consciousness and on attempting to rise found that she had lost the power of motion of both left arm and leg. When brought to the Infirmary it was ascertained that Sensation in the affected limbs was also impaired and entirely lost in some parts. She felt pain when the arm was pinched as far down as the wrist, but none whatever in the fingers. The leg of the same side was even worse than the arm as she had extremely little Sensation in it and none whatever in the foot. Deglutition and Mastication unimpaired

Patient has no facial paralysis and speaks quite freely - Tongue is protruded in the mesial line without any perceptible difference to either side Vision and hearing normal - Pupils of both eyes in natural state - Heart sounds normal, no thickening of the coats of the arteries.
Urine and feces passed naturally.
Patient had Syphilis some years ago, and is at present suffering from sore throat. Since the Syphilitic attack she has had occasional attacks of rheumatism, and is now complaining of severe pain in the head especially at night.
Several small nodes about the size of two peas can be felt on the frontal and occipital bones, some small prominences are felt on the anterior surface of left tibia, none on right tibia.
February 9th Patient has been gradually improving, can now move the affected arm pretty freely. Close and open the hand but cannot grasp anything firmly yet.

She can also move the leg a little and is able to stand without support. Sensation is almost normal in the arm but still impaired in the leg and foot.

February 20th Patient has now recovered complete power over the arm both as regards sensation and motion - She has been able to walk about the ward for the last day or two, when walking she drags the leg describing with it at each step a semicircle as if she were twisting it round her at the same time bending her body to the opposite side. The sensation of the leg and foot is still impaired - The nodes on the head are gradually diminishing in size, but the dull pain over both temples still continues severe at night.

From the date of the last report she continued to improve, the nodes entirely disappeared and recovery from the paralysis rapidly followed.

The pain in the head still continued though very much less severe and for some days before being dismissed it was so slight that she ceased to notice it unless her attention was directed to it.

The treatment of this case consisted of Iodide of Potassium with Infusion of Gentian or Calumba, Iron and Galvanism. Her temples were repeatedly painted with a diluted Tincture of Iodine. During the last three weeks she had been taking the Proto-Iodide of Mercury in small doses, whether she derived benefit from it is not easy to determine, her headache certainly disappeared while she was under treatment with this drug, but at the same time her temples were painted with Tincture of Iodine.

She was dismissed cured on the 18th of March.

The age of this patient, the absence of all Signs of Atheroma as Evidenced by Arcus Senilis and by disease of the Superficial arteries, the absence moreover, of Cardiac disease rendered it Extremely improbable that this patient had been the Subject of Sanguineous Extravasation, or that still rarer affection Embolism of the Cerebral Arteries. On the other hand the undoubted Syphilitic history the fact that the patient had for a long while Suffered from Excruciating headaches would lead in my opinion to two Conjectures, either that the Brain was in this Case the Seat of the yet imperfectly Studied, so called Syphilitic deposits, or that Coincidently with the appearance of the peri-Cranical nodes from which this patient undoubtedly Suffered, there had occurred a thickening of the internal table of the Skull which possibly had by its pressure

induced Softening of the Cerebral Substance, and so led to the Sudden Hemiplegia -

Epilepsy - Coma.

George Hope aet. 47 Joiner.

Patient was brought to the Infirmary in a State of Coma at 7 o'Clock P. M. on the 19th of February last.

A few Minutes after admission he was Seized with Convulsions, all the Muscles of the body became quite tense and the body of patient was supported by the back of the head & heels, frothing at mouth with grinding of teeth. The attack was again Succeeded by profound Coma with relaxation of all the Muscles Except those of the jaw, the lower teeth being firmly pressed against the upper. The respiration was Stertorous - Pulse so weak - A Catheter was introduced into the bladder and 25 ounces of Pale Urine drawn off. An Enema of Turpentine and Castor oil was administered which caused the Expulsion of a great quantity of fecal Matter - Cold Cloths were applied to the head -

One Convulsion Succeeded another at intervals till half past ten o'clock when he died - He was never Conscious from the time of admission, but either in a State of profound Coma or in a fit.
Previously to the last two years deceased had been dissipated, but since that time had been a sober steady working man -
In December last patient was known to have had two fits, his friends are not aware of him ever having had any before or since till now -
On the day of his admission to the Hospital, he was working in a Cabinet makers, was suddenly seized with Convulsions about 4 o'clock in the afternoon, and had six of them before being sent to the Infirmary.
From the time of his admission till his death he had Eleven attacks -
On Examining the Urine Extracted by the Catheter it was found of a

pale Colour of Sp. Gr. 1017 and to contain Albumen, the albumen precipitated occupying about 1/6th part of the test tube. On Microscopic Examination transparent tube Casts with oil granules, a few Epithelium Scales, and numerous Spermatozoa were observed -

Dr Gangee made an analysis of the urine at the time to ascertain whether the urea was diminished or not, and has kindly furnished me with the result and permission to use it. According to Dr Gangees careful Analysis, one fluidounce of urine (Sp. Gr. 1017) Contains 2·0656 grains of Urea, 20 ounces, therefore, only Contains 41·3120 grs.

At the Post Mortem Examination 85 hours after death the following was observed - Heart hypertrophied, weighing 14 and a half ounces. The Aorta was greatly dilated with Calcareous degeneration of its Coats -

The lungs presented a congested and oedematous appearance with a slight deposit of tubercle at the apices of both also slight Emphysema of the Middelle lobe of the right lung.
The liver was apparently of normal size presenting to a slight degree the fatty degeneration.
Kidneys smaller than usual, to the naked eye they looked quite healthy.
Brain oedematous, more than half an ounce of fluid was removed from the Ventricles which was unfortunately thrown out by mistake before being Examined. Several small cysts were found in the Chorroid plexus of the left side. The vessels at the base of the brain were soft and had a diseased appearance.
On making a thin section of the Cortical substance of the kidney and Examining with a low power it was seen to have numerous dark patches interspersed with lighter coloured portions

On using a high power those dark patches were seen to be the tubuli seminiferi loaded with oil granules.

Few Cases are more perplexing and difficult to Explain than the Majority of Cases of Epilepsy -
However much light has been thrown upon the affection by the researches of Schroeder Van Der Kolk and Brown Sequard we are as yet often unable to find any Evident Cause for Cases of Epilepsy terminating even in death - In the Case I have recorded the Examination of the Brain revealed no very marked abnormality Still we should pause before pronouncing dogmatically that no disease Existed.
In Cases of Epilepsy where the Brain appeared quite healthy Schroeder Van der Kolk found marked dilatation of the Small blood vessels and Capillaries, Specially of those Connected with the Medulla Oblongata.

Shelby Iowa

In our case perhaps some dilatation may have existed.

The Analysis of the Urine passed during life threw some light, even before an examination of the body, upon the probable cause of the Convulsions. The Urine was found only slightly albuminous it is true, but loaded with granular casts and containing a very small quantity of urea — The Secretion of 20 Oz. of Urine containing only 4r 3120 grains of urea, which would not have been remarkable but for its comparatively high Specific gravity. The Urine was not like that which we notice to be so frequently secreted during and more especially after an Attack of hysteria which is usually very little above that of pure water.

The Specific gravity of the Urine in the Case I have related was 1017 showing that if the Urea was secreted in very small amount, the salts and

was it examined?

other Solids can not have been diminished - Externally the appearance of the Kidneys was not remarkable, their appearance was indeed healthy enough on a Superficial Examination -
On Microscopic Examination, however, the tubuli uriniferi were everywhere found Choked by granular Casts, and the Substance of the Kidney had evidently undergone a granular and fatty degeneration -
In the absence of all other Causes for the Epileptic Paroxysm, we think we are not wrong in attaching great importance to the Condition of the Urine and Kidneys and in stating that the Convulsions were in all probability Uraemic
If So, the Case would prove that no implicit reliance ought to be placed upon the mere quantity of Urine Secreted by a patient with Chronic Bright's disease and that a determination of the Amount

of Urea is of Essential Service in Enabling the Physician to form a Correct diagnosis in Such Cases.

Hysteria - Convulsions.

Jessie Wetherspoon Aet. 31 Wife of Labourer. Was admitted into Ward X of the Royal Infirmary at 8 o'Clock on the Evening of March 4th 1863 - The patient had been found lying in a fit in Hanover Street immediately before the time of her admission - When called to see the patient I found her in a Stupid Condition, after a few minutes She was Seized with an Epileptiform Attack - Under its influence her body was violently agitated; the Muscles of the whole body were thrown into rigid Contraction, with a violent lateral motion of the head to each Side alternately - The Muscles of the Neck being Extremely tense -

No froth issued from the Mouth nor did She bite her tongue, although She Made repeated attempts to bite those aroound her -

Immediately on recovery from the first attack patient called for a drink of water, when offered it she made violent attacks at the basin with her teeth, and any water that she did swallow was immediately Ejected. She gave the following history. She had walked from Queenferry that day, had carried a child on her back, & had not tasted food for two days. Says that her father committed Suicide last June, was brought to Ward X of this Infirmary where he died, & that she had not been free from headache or occasional fits since. On referring to the journal of the Ward the Statement regarding her father is found to be correct. States that she is looking for her husband who has deserted her. She asserts that she is of temperate habits and has not tasted Spirits since the death of her father till today when she took a glass of Whisky

at Davidson Mains during her walk from Queensferry.
She has often had these attacks before and says that her Mother also took similar fits.
She has had Six Children. The Catamenia are regular at present, but are sometimes increased in quantity, and ~~then~~ occasionally absent for two months at a time.
Patient has an Anaemic appearance and a peculiar nervous, frightened look, is easily agitated and very irritable. On Examination the Abdomen was found to be distended and tympanitic. As she declared she had not tasted food for two days — I ordered her a basin of beef tea which she drank with evident reluctance — Percussion of the bladder was dull, she asserted that she had not micturated for 24 hours, & a Catheter being produced she immediately passed a great quantity of limpid urine without the use

of the Catheter being required.
Specific Gravity of the urine was
1012, Containing Albumen in small
proportion, & without tube Casts.
She was ordered a full dose of Valerian
and Assafoetida, but as that did
not seem to have much power
over the flatulent distension of the
Abdomen, She was ordered a Mixture
of Chloroform and Compound Tincture
of Cardamoms which Caused the
Expulsion of a great quantity of
Air. As she avers that her bowels
have been Constipated for some
days, She was ordered to have an
Enema Containing Turpentine
and Castor oil.
11 P. M. Patient has had three
fits Since Visited an hour ago.
During Each fit She seems to Swallow
a great quantity of air, So that
after the Attack She is nearly Suffocated
in Attempting to force it up, the
Air Evidently being prevented passing

freely along the Oesophagus -
During the passage of air the
abdomen and Chest heave violently
and alternately -
To check if possible the formation
of wind in the Stomach I ordered a
basin of arrowroot and milk -
She Complained of pain in the Abdomen
Especially in right Iliac region,
ordered hot fomentations to the part
She also complained of headache for
which Cold Cloths were applied to the
head - Pulse 90, weak -
At 2 A. M. patient was a little easier
fits not so frequent and patient obtains
some sleep after each fit -
ordered of Valerian and Asafoetida
Mixture a dose every hour until fits
Cease. Cold Cloths to be Constantly
applied to the head and the fomentations
Continued to the abdomen -
During some of the attacks I applied
the douche to the head, but they had
not the Effect of rousing her, they

merely caused a little twitching of the muscles of the face with an occasional sigh.

The fits ceased shortly after last visit and the patient was dismissed three days after perfectly well, having had no return of the attack.

On examining the urine on the second day after the attack it was found quite free from albumen much darker in colour and of higher specific gravity.

An interesting feature in this case was the tympanitic distension of the abdomen which occurred during the attacks. This distension disappeared immediately after each fit by the escape of flatus both upwards and downwards, and this escape appeared to act as the exciting cause of the following fit. That a connection existed between the violent escape of flatus and the following

attack was further shown, by the disappearance of the fits and complete recovery of the patient, following the successful administration of the remedies employed for the removal of the flatus.

Fracture of Cranium - Coma

William McDermid Aet 53 Labourer

Patient was brought to the Hospital on the Morning of February 24th by the Police, who stated that he was found on the Street about 9 oClock the previous night "Drunk and Incapable" and taken to the Police Office where he remained till Seven oClock on the following Morning. The Keeper of his Cell at the Police Office "thought there was Something wrong with him" in the Morning, and he was immediately sent to the Infirmary in Consequence. When admitted he was in a Comatose State, with Stertorous breathing and a gurgling noise in the trachea and back of the throat, heard at some distance during respiration. Chest rounded and resonant on percussion, no difference in Size sufficient to attract attention to either Side. On auscultation Sonorous and Sibilant Rales were heard over both Sides of Chest but

loudest over the right side -
Pulse rapid, full and soft.
Abdomen tympanitic, the bladder
was not felt. Patient appeared to have
micturated recently as his trowsers and
drawers were very wet -
On a Catheter being introduced about
an hour after admission only a few drops
of urine were withdrawn - Face of patient
has a peculiar pinched appearance,
a little thick froth being discharged from
the mouth, teeth of lower jaw are firmly
pressed against those of the upper -
Pupils slightly contracted -
At 9 o'Clock A. M. the right side
of the Chest was observed to be very much
distended, so much so that the Sterno
Mastoid Muscle was rendered quite
prominent and tense - A distinct
Crackling was heard on auscultation
and the same felt on pressing the
fingers firmly between the ribs of the
right side - Breathing laboured, with
increase of the thick white discharge

from the Mouth - Pulse so weak.
Pupils still Contracted. No fracture or
other injury of the ribs could be detected,
nor could any External injury to any
other part of the body be discovered except
that the right hand was Swollen
and bruised in several places.
At Noon the Crackling Sensation
in the Chest had entirely disappeared
but the Chest was still distended.
Patient Continued in same Comatose
State till about 3 P. M. When he began
to perspire profusely -
At 5 P. M. Patient still perspiring.
At 9 P. M. Patient had great difficulty in
breathing. Pulse very weak and patient
rapidly Sinking - The difference in the
two Sides of the Chest not so marked,
Sterno Mastoid Muscle relaxed.
Patient died at a quarter to ten o'Clock.
The treatment Consisted of introducing
a Catheter into the bladder and with-
drawing the few drops of urine found
in it; An Enema of Turpentine & Castor

oil was then administered, and rejected in a short time without any foecal matter - Cold was applied to the head, & Mustard poultices over the Epigastrium As the power of deglutition was entirely gone nothing could be administered by the mouth.

At the Post Mortem Examination the following was discovered -
A small patch of Ecchymosis in the right pectoralis major muscle near the Sternum -
The whole of the lower and posterior part of the upper lobe of the right lung with a small portion of the left infiltrated with Sero Sanguinolent fluid -
Heart healthy - On reflecting the integument of the Scalp, blood was found to be extravasated into the temporal muscle of the left side.
On opening the Cranium there was discovered on the same side a very large clot of blood lying between

the Dura Mater and the bone, and producing flattening of the surface of the brain. The Clot weighed Six ounces. There was a Slight Ecchymosis on the Corresponding part of the External Surface of the Arachnoid Membrane. After the Brain was removed a fracture was seen which Extended from the posterior part of the Squamous portion of the Temporal bone to the lesser wing of the Sphenoid and passed through the outer part of it.

Three inches External to the Sagittal Suture there was a longitudinal fissure of the Internal table of the left Parietal bone about two and a half inches in length Crossing the grooves for the Middle and Posterior Meningeal Arteries at right Angles.

The bladder was found Empty.

The above Case Exemplifies the difficulty which attends the diagnosis

of Cases of Coma, the result of Alcoholic intoxication, of injuries to the Cranium or of apoplexy, Sanguineous or Serous. The State of profound Coma, accompanied by Stertorous breathing and the involuntary discharge of urine pointed to Compression of the Brain as the Cause of the Symptoms whilst the absence of any perceptible wound of the Scalp or Cranium rendered the probability of the Case being one of fracture of the Skull Extremely Small - Under the Circumstances the diagnosis made, namely Sanguineous apoplexy, appears the only one which could be legitimately arrived at - Substantially indeed the Supposition was correct, the immediate Cause of death having been the Extravasation of blood.

Tracheal râle is Constantly noticed in Cases of death by Coma; as the Strength of the patient diminished the Mucous which appears under these Circumstances

to be more abundantly secreted than usual, accumulates in the Trachea and Bronchi and Coarse Crepitating râles are usually heard on auscultating the lungs.
What was the Cause of the apparent distension of the right side of the Chest. ?. - That it was not due to Pneumothorax the Examination after death Conclusively proved whilst no physical Sign during life pointed to the Existence of this Condition.
The Subsidence of the Swelling before death is also remarkable. May the apparent fulness of the right side have been due to a large amount of Serum having been poured out External to the Thoracic parietes which was absorbed before death ?. ——
Of the possibility of Such an occurrence we entertain the greatest doubts.
The non Secretion of Urine is a Symptom which, to Say the least, is uncommon in Cases of apoplexy

or may it not have been produced by an intense shock to the central organ of the nervous system, bringing about an arrestment of all the functions under its control ?- it is in this way we presume that poisonous doses of opium bring about entire suppression -

Referring to the medico-legal aspects of the case we must consider the question as to whether the injury to the head was the result of accident or if it was probably inflicted by another person - The fact of the injury being situated on the left side of the skull, whereas, bruises of the right Pectoral Muscle and right hand were noticed, renders it quite possible that a wound was first inflicted upon the head of the deceased who in consequence of the force of the blow fell with violence upon the opposite side of his body

inflicting the bruises &c.
We can indeed, scarcely imagine a person to fall in such a manner as to fracture the left temporal bone and severely bruise the opposite side of the body.
The only conjecture (if we exclude the supposition of the injury being inflicted by another person) which will account for the facts of the case is that being probably under the influence of some intoxicating drink the deceased struck the left side of his head against some object placed in his way and that the force of the blow caused him to fall.
In conclusion I would express my regret that cases, such as the one just narrated are in Scotland passed over, often without any official investigation, or if such an investigation be instituted, without a complete inquiry into the facts revealed by a medical or cadaveric examination

being made.