

Benjamin Jones

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A Thesis for the Degree of M.D.

on

"Two years experience in a club practice."

Introduction.

The club practice about which I write is at Penclawdd, near Swansea. It is made up, mostly, of Tinplate workmen, colliers and ordinary labourers.

Here every workman employed in the works above sixteen years of age have to pay one shilling, but females and boys under sixteen years only pay six pence a month.

has

This sum includes all the fees for attendances, medicines, and operations on the men, women and children, except midwifery for which an extra fee of ten shillings and sixpence is paid.

Consultation fees, when necessary come out of the medical officer's own salary.

The medical officer has to be in attendance at his surgery to dispense medicines and to receive messages for visits, between the hours of 9 a.m. and 11 a.m. and 6 and 8 p.m.

I shall only mention some of the most important cases which have come under my observation.



Within the last two years no less than three epidemics — Measles, Whooping cough, and Typhoid fever, have occurred in the place.

I shall first take up the epidemic of Measles. There were 350 cases, all being children with the exception of two workmen both of whom soon recovered without any complication. The number of deaths were 17: 10 from Capillary Bronchitis; 3 from Convulsions two of whom were scrofulous; 2 from Croup — one on the 8th and the other on the 5th day; 1 from Lobar Pneumonia, and 1 from Bright's disease with severe Stomatitis.

As the cases were so varied I shall only take up some of the complications connected with the epidemic and the disadvantages encountered in their treatment in such a place as this.

Ophthalmia occurred in a great many cases and all recovered by simply opening the eyelids every morning and washing the eyes with a weak solution of Sulphate of Zinc (5 grs to ʒij).

A child, however, was brought to me from the neighbouring village who

had had a slight attack of Measles and recovered with the exception of his eyes. Nothing had been done to them, the disease being merely left to run its own course. Their medical attendant had seen the child once or twice but had given the mother no orders. The lids had been closed for more than a week.

On examination the eyelids were very oedematous and slightly reddened externally. On opening the eyelids which caused great pain there was a gush of pus from both, and both corneae were seen to have given way.

A few drops of 4 per cent. solution of Cocaine were applied and the palpebral conjunctiva touched with a solution of Nitrate of Silver (10 grs to ʒi). Then I gave the mother a wash of a solution of Boracic acid (gr v to ʒi) which soon healed the eyes as they were, but the sight was gone in both. This case well illustrates the necessity for the medical man not to trust to the mothers or any other person to open the lids but to do so himself, and I feel confident that had I left it to the mothers to open the lids here I should have had many similar cases.

The difficulties which one has to encounter are very great in a country and works practice especially in such a place as this where the wives who are supposed to be the nurses not only attend to household duties but go out in the daytime gathering cockles on the sands and leave the children and babies under the care of another child a little older - 8 or 9 years of age.

Two cases of Measles which I attended well illustrate this point.

Case I. A girl, aet. $3\frac{1}{2}$ years had an ordinary attack of measles. The mother who was a rough looking woman instead of attending to her household duties went out every day gathering cockles and left the patient under the care of a little girl of 8 years of age. Instead of ~~the child~~ being kept in a room of nearly constant temperature as she ought to have been, the child was simply left in the kitchen with the doors open and the other children running in and out. The consequence was that, although convalescent, Bright's disease and Stomatitis set in, which led to Cancrum Oris, and she died in three weeks.

Case II, Girl, aetā 5 years, had a slight attack of measles.

On the 10th day severe capillary Bronchitis set in from the exposure to draughts, the little patient being merely placed in the kitchen of the same house and under the same circumstances.

This one also died.

With such nursing I am led to believe that medicines are useless and I attribute a great many deaths to this neglect more so than to the type of measles which I had to deal with.

Another very important cause found amongst the working classes which leads to the neglect of their children in sickness is the practice of insuring them when babies. In fact here the babies are insured before they are even registered.

This epidemic lasted from February to the end of May 1887.

In March 1889, that is, two years after the epidemic an isolated case of measles occurred in a child six months old.

Neither the child nor the parents had been away from the place and no measles had occurred in that house.

The mother however said that she had visited her sister's house close by. There she got a cap belonging to a child who died from Measles two years before.

This cap which had never been taken out of the cupboard since his death she put on her own child's head. Rash appeared in this case on the 10th day after infection - the cap was only worn for one day. The child made a rapid recovery without any complications.

This case is of note as showing that the infection of measles lasts for at least two years. I find no other means by which the above mentioned child can have been infected.

This epidemic of Measles was soon followed by Whooping Cough. There occurred 100 cases with 5 deaths. The cause of death in four of them was Convulsions, and Bronchitis in one.

The third epidemic was that of Typhoid Fever which lasted from August to the end of December 1887. Over 100 cases came under my care but only one death occurred.

For a few weeks the fever kept to the

houses of relatives but it soon spread over the whole place on account of the scarcity of water. The supply which is in the form of wells was in my opinion a ready means of carrying the infection, each person taking his own pitcher and dipping it in the well. The wells being in solid rocks and isolated and free from pollution could not be infected in any other way. The milk supply was from three different sources and in my opinion had nothing to do with the spread of the fever, as the houses supplied by all three were infected.

In no case was I able to discover any rash. The most constant symptoms I found were — frontal headache, increased temperature, pain or tenderness along the ascending and especially the transverse colon but not always in the right iliac fossa, and pain in the back and legs. Diarrhoea was an exception.

Case I. E. M., girl, aet. 9 years, had headache, pain in the back and legs, vomiting and loss of appetite; temperature 102.4°F ., pain on pressure along the ascending and transverse colon. In the evening the temperature was 103.6°F and same symptoms with the addition of diarrhoea.

At the end of the second week, she had slight delirium and great pain in the region of the spleen. On percussion the spleen was found to be enlarged to nearly an inch below the margins of the ribs. For a week this was the most distressing symptom. At the end of the third week peritonitis set in, temperature rose to $104^{\circ} F$, pulse 120 per minute, small and wiry, and great pain over the whole abdomen. Opium was administered and linseed meal poultices applied externally.

On the 22nd day temperature was $103^{\circ} F$, pulse 110, small and feeble, tongue coated, not so much pain in the abdomen, but a little tympanites, and diarrhoea with great tenesmus continuing.

23rd day, temperature 101° , she felt better, had very little pain in the bowels, but diarrhoea still continued, pulse stronger and not so wiry.

After this the temperature came down regularly day by day to normal.

Diarrhoea stopped and she became convalescent but about the end of the 5th week a series of boils (furunculi) appeared all over the abdominal walls.

Quinine in 2 grain doses with Phosphoric

acid was given after meals. These boils continued for a fortnight, one appearing after the others had abated.

She made a perfect recovery.

Case II. D. H., a barber, aet. 32 years.

He had been intemperate in his habits.

He was attended for over a fortnight by an unqualified man who practises under "cover" in the place.

The patient gave the following history - frontal headache, severe diarrhoea, vomiting, pain in the right side of abdomen, no cough. He was told by the unqualified man mentioned above that he was suffering from inflammation of both lungs. He ordered him to take five doses of Sulphate of Magnesia in an ounce dose and to apply linseed meal poultices to his chest. He also had a medicine which I examined and found to contain Tincture of Opium.

September 11th I examined both lungs and found no trace of disease except a little hypostatic congestion from lying in bed. Percussion note was normal all over the chest. On auscultation I found few crepitations at the bases of both lungs, otherwise normal.

Tongue was thickly coated of a brownish colour along the centre, the edges being

red and dry. The teeth were covered with sordes. Abdomen was tumid and tender over the ascending colon, also a gurgling noise was produced on pressure.

Diarrhoea was also present. Heart sounds were normal, pulse 130 per minute, weak and dicrotic; temperature 104° F.

No rash could be seen. Skin was moist and hot. Urine was high coloured and turbid and contained albumen.

The following medicine was given.

\mathcal{R} Liquoris Ammoniac Acetatis ʒss
Spiritus Aetheris Nitrosi ʒss
Potassii Bromidi grx
Tincturae Calumbae ʒss
Spiritus Ammoniac Aromatici mxx
Aquam ad ʒij \mathcal{R}

Mitte tales ʒviii.

Sig. ʒj every four hours.

At 10 p.m. Temperature was reduced to 103° F, patient perspiring freely, slightly delirious, pulse 120, weak and regular.

September 12th 11 a.m. Temperature 103° F. and other symptoms the same.

September 13th Patient was the same as on the previous day.

September 14th Temperature 104° F, pulse weak and irregular, patient very delirious and jumping out of bed.

September 13th 4 a.m. Temperature 106°F., pulse 130 per minute, the beats running into each other and not distinct. He was quite comatose and died at 6 a.m.,

Case III. L. H., a girl, aet. 19 years. She had the usual symptoms for a week.

At the second week of the fever (November 14th) menstruation occurred and temperature rose from 102°F. to 104°F. She became very excited, sleepless, starting out of bed and delirious. Tongue was very thickly coated and sordes on the teeth.

Bowels were constipated and a small dose of castor oil was given.

Heart's action was feeble, pulse 120 per minute, feeble and sometimes irregular. Respiratory system was normal. Skin was hot and dry.

November 15th The same symptoms as on the previous day with the addition of a great difficulty in swallowing and speaking, and complaining of pain in her throat. On examination her pharynx and mouth were found to be nearly filled with sordes.

I brushed her mouth and fauces with a solution of Bicarbonate of Soda (10 grs to the $\frac{3}{4}$ quart). This soon relieved

her symptoms.

November 16th. Temperature 103° F., tongue and mouth much cleaner, pulse feeble and quick (116 per minute). The mouth was rinsed out with a saturated solution of Boracic acid. This kept her mouth quite clean and she recovered in six weeks.

Her father and two of her brothers also suffered at the same time. The eldest brother had low muttering delirium instead of the nervous excited state his sister had. His convalescence was much slower. There was no diarrhoea in these four cases. The other two only had a slight attack.

Case IV. C. H., aetas 42 years, male, had typhoid fever with the usual premonitory symptoms. He had been intemperate in his habits.

On the 20th day he became delirious and very excited; temperature was 104° F. pulse 118 per minute, full and regular. At 8 p.m. temperature was 105° F., pulse 120 per minute and regular.

Heart sounds were normal.

Bowels were constipated throughout. Lungs were normal except having a few sibilant sounds at the bases.

Skin was hot and dry but no rash could be seen.

For the next three days the patient remained just in the same state.

On the 24th day the patient was a little deaf, had low muttering delirium, very restless and picking at the bed clothes.

Tongue was brown and dry with sordes on the teeth and lips. Bowels were constipated. Heart sounds were normal with the pulse well filled and regular.

Lungs were normal except a few crepitations at their bases.

Retention of urine. Urine contained albumen. Temperature was 105°F.

Subsultus tendinum was also present.

He remained in this condition for six days, then he began to recover - becoming more conscious and the temperature abating. His recovery was very slow.

His hearing still remains affected.

Examination of the ears shows nothing abnormal.

Case V. D. M., aetate 26 years, male, was attended for nine days by the same unqualified medical man mentioned above

November 4th Patient had an anxious

worn appearance. Tongue was thickly coated brown and dry, teeth covered with sordes; bowels were constipated. Heart sounds were normal, pulse 130 per minute, weak and regular. Lungs were normal. Skin was covered with perspiration. He was slightly delirious. Temperature was 105° F.

I gave him the following medicine:-

℞ Liguoris Ammoniaci Acetatis ʒj
Spiritus Aetheris Nitrosi ʒj
Potassii Chloratis grv.
Tincturae Calumbae ʒj
Tincturae Cardamomi Compositae ℥x
Aquam ad ʒij Solv et Mice

Mitte tales ʒviii.

Sig. ʒj every four hours.

November 8th temperature was 102° 1/4 F., pulse 110 per minute, weak and regular, tongue not so coated and dry, the sordes cleaning, bowels were constipated.

Other symptoms were the same as on previous day.

An enema of gruel was administered to relieve the bowels.

Urine contained albumen.

November 9th temperature 102° F., other symptoms the same as on the previous day.

November 12th Enema was again administered, patient feeling much better and wanted food, temperature was 100°F., pulse feeble and regular.

He recovered slowly.

Case VI. J. G. aetatis 35 years, male, had Typhoid fever with usual symptoms.

Headache was very severe in this case from the commencement. At the end of the third week severe haemorrhage from the bowel took place. He bled persistently from 4 a.m. to 8 a.m..

When I arrived he was very pale and anaemic bleeding still going on; breathing slow and shallow, pulse was imperceptible at the wrist. *Extractum Ergotae Liquidum* and *Sinictura Opii* were administered. Bleeding ceased after the first dose, then a tablespoonful of brandy was given cautiously every hour watching the effect.

At 8 p.m. temperature was 100°F., pulse perceptible at the wrist. There was no return of the haemorrhage and the temperature never exceeded 100°F. since it occurred. He convalesced very slowly only being able to work after the lapse of four months.

The treatment in all cases was milk diet with no solids until they were convalescent. A medicine containing the following I found to be very good, substituting Bromide of Potash for Chlorate of Potash where there was sleeplessness:-

℞ Liquoris Ammoniac Acetatis ʒss.
Spiritus Aetheris Nitrosi ʒj.
Potassii Chloratis vel Bromidi grv or x
Tincturae Calumbae ʒj.
Aquam ad ʒij Setm.

Sig. ʒj to be taken every four hours.

The effect of this medicine was well seen in those cases which came under my observation from the unqualified man mentioned who gave nothing but a little Tincture of Opium.

Urticaria.

In the summer months Urticaria is prevalent. Penclawd being a seaside place where cockles and other fish are plentiful one expects a great many cases of this sort. This is not due, as one would be inclined to suppose, to the eating of cockles or other shellfish, for strange to say there is very little eaten

here, but to the effluvia which arises from the cockles left to decompose.

The following cases well illustrate this.

In June and July when the weather was hot and dry I myself although not having taken any cockles or other fish had a troublesome attack of Urticaria which lasted all the summer. I found whenever I had occasion to go out to places where there were no decomposed cockles that the rash was far less troublesome and when I went out into the country all day and did not walk along the beach where these cockles were, I was entirely free from the rash that night, but as soon as I had to go along the beach there was a relapse.

Another case which still better shows that Urticaria may be caused by effluvia of decomposed fish is that of my sister-in-law who visited me from Edinburgh. Soon after her arrival she had a distressing attack which lasted for a week, then she left for Swansea for a few days and while there the Urticaria left her. After her return to Penelawdd on a Saturday night she had no occasion to go where there were any decomposed cockles and she was free

from rash that night. On the following Sunday she walked along the beach and was again that night as bad as ever, and it continued until she left.

My wife also suffered in like manner although she never ate cockles.

In most-but not in all the case, I found there was no history of eating fish and could find no cause for it except the effluvia.

Another thing that struck me was that it was not prevalent amongst the natives who always had lived here and that people, as it were, got impregnated with the poison so that it had no effect upon them. Nearly all the cases that came under my care were people who had recently come into the place.

In my own person after a stay of two years I have been entirely free from Urticaria during last summer although during the two previous summers it was most troublesome.

The remedy I used was Sulphate of Magnesia in ʒij doses in a cupful of water every morning. I tried bran baths, sponging with vinegar, seawater baths, but I found no remedy so beneficial as a change of air.

Strangulated Inguinal Hernia.

Two cases of Strangulated Inguinal Hernia have come under my notice, one of whom died without an operation, the other was operated upon and recovered.

Case I. W. B. aetas 72 years, male, had hernia on the left side for the last 15 or 16 years but it always returned at night.

October 13th he found that the swelling had not disappeared that night as usual, felt a dragging pain and had nausea.

October 14th the nausea increased and vomiting began.

October 15th On examination I found a large left-inguinal Hernia with all the symptoms of strangulation. I tried taxis but failed to reduce it. Then that night a pad of cotton wool was tried with the foot of the bed being raised and Opium given internally.

October 16th No improvement, the vomiting still continuing and the swelling exactly the same. Patient was then placed in a hip bath and then rolled in blankets for a few hours and taxis again tried but reduction was not effected.

As the patient would not submit to an operation it simply went on and he died on October 20th from Peritonitis and Collapse.

Case II. J. S. aetas 22 years, male, had no history of a previous hernia.

On July 5th while descending from one of the American swings he suddenly felt a pain in the right inguinal region.

After he reached home which was in about half an hour he began to be sick and vomiting. On examination I found a slight swelling in the right inguinal region. The swelling was hard, firm, and tender, and continuous with the spermatic cord. This swelling extended from the testicle along the cord into the abdomen and appeared to be nothing more than a swollen spermatic cord. There was no gurgling, and percussion note was absolutely dull, and no impulse or coughing. The scrotum could be folded up on the abdomen. The skin was slightly reddened and felt hotter over the swelling. There was history of sexual intercourse. The diagnosis lay between Orchitis and Congenital hernia.

I tried taxis but failed to reduce it. Hot fomentations, with the foot of the bed being raised, with opium given internally, were also tried. The patient could not suffer the foot of the bed being

raised for long, so it had to be lowered in about two hours. The vomiting ceased.

July 6th The swelling remained as before, firm, hard, and tender. No vomiting occurred.

July 7th Vomiting again returned, the swelling was the same as previous day. I tried hip bath and then rolled him in blankets and gave him thirty minims of Tincture of Opium but no relief of symptoms occurred.

July 8th Vomiting still continued, and frequent and becoming stercoraceous. In conjunction with my brother I operated. When patient was under chloroform we tried taxis but did not succeed in reducing the swelling, and we continued with the operation - an incision three inches long was made over the swelling to expose the inguinal canal, then the sac was opened, and the bowel examined, - a little difficulty being experienced in pulling the bowel from the scrotum.

The constriction was then divided and the bowel, being slightly congested but otherwise healthy, was returned. The wound was washed with a warm weak solution of carbolic acid, stitched with carbolised silk and dressed. Then

a firm pad of cotton wool was put on. The patient made a good recovery, the wound healing by "first intention" except a small portion in the upper part. Since the operation the patient wears a double headed Salmon and Ody's truss.

Meningitis

Four cases of Meningitis have been under treatment, three of which had had chronic suppuration of the middle ear, the other being tubercular.

Case I. F. W. aetas 19 years, male, had had a discharge from his ears for nine years; caused he said by bathing in summer.

There was no history of fever or other illness.

June 11th 11 p.m. Patient complained of slight headache and drowsiness, the ear discharge had stopped for two or three days, temperature 104°F , pulse 118 per minute, full and regular. Pupils were equal and normal in size. There was no tenderness over the mastoid. I applied a blister over the mastoid, syringed out the ear with a solution of Bicarbonate of Soda (10 grs to $\frac{3}{4}$) and gave five grains of Calomel.

June 7th Temperature was 102°F , pulse 100 per minute, weak and compressible; tongue

coated; vomiting incessant and cerebral in character. His ear was again washed with the same solution and another blister placed over the temple in front of the ear.

June 8th Patient was quite delirious, very excited and jumping out of bed. No paralysis was found. The pupils slowly responded to light; pulse much slower (70 per minute) and more compressible; temperature 101°F. Bromide of Potassium was given internally.

June 9th Patient was comatose and only awakened when shouted to; pulse was subnormal (65 per minute); temperature normal; deglutition difficult, so that fluids came out through the nose when attempting to swallow. He was also very eager to get the food when roused, always grabbing at it. Cheyne Stokes breathing was well marked. There was neither tenderness nor swelling over the mastoid and no paralysis except that of the muscles of deglutition. He continued in this comatose condition until his death on June 10th.

Case II. W. D. aetas 12 years, male, was of a tubercular constitution having

suffered when a child from glandular abscesses about the neck and other parts. When a baby he was very weak and not expected to live. His mother died of phthisis, and his father in an asylum, the cause of his death being unknown.

The boy was also weak mentally.

August 4th He complained of slight headache and earache, lassitude and loss of appetite; wanted to avoid company; and was very cross to those who were most kind to him. Tongue was a little furred, though nothing different to that of a boy who had just come home from a boarding school. On examining the ear a small sessile polypus was found. By means of a probe it was found to spring from the upper and posterior wall of the meatus. It had a firmer consistence than ordinary polypi and was more fibrous. He had had a slight discharge from that ear for the last two years. His ear was examined by a medical man in Bedford, where he was in school two months before; but his relatives were not told that there was a polypus.

I gave him the following medicine:—

R Sodii Bicarbonatis gr^{ss}
Tincturae Nuclei Vomicae m^{ss}
Spiritus Ammoniac Aromatici m^{ss}
Tincturae Calumbae m^{ss}
Aquam ad ʒss Sctill.

Sig. One tablespoonful thrice daily 20
minutes before food.

I also dropped a few drops of rectified
spirit into his ear in order, I thought,
to reduce the size of the polypus.

August 11th He was seized with an
epileptic fit which lasted for three
hours. When I arrived I found him
in a hot water bath and was told
he had been there for fully half an
hour. This had no effect, the convulsions
still continuing very severely and
always beginning on the right side
(side opposite to the ear with polypus).
I sent for Chloroform and in the
meantime I wrapped him up in
blankets and he perspired very freely,
but the convulsions still continued
following each other without any
appreciable interval. After I administered
Chloroform for three or four seconds
and long before he was under its
influence the convulsions ceased and
they never recurred. Then he slept from

5 p.m. to 9 p.m.

At 9 p.m. Temperature was 100°F and he had a rigor but no convulsion, the temperature rising to 105°F in less than an hour; pulse 120 per minute, large, regular and compressible.

About 10 p.m. perspiration broke out very freely. A blister was applied over the mastoid and the ear syringed with a solution of boracic acid (gr viii to zj). He was now quite conscious and knew everybody. There was no paralysis; pupils were equal and normal in size and responded to light. He said he felt pretty well.

August 12th 10 a.m. patient felt much better, temperature was 99°F ; pulse normal, slight pain in the head. He had had rather a restless night. The blister did not rise. Five grains of Calomel were administered.

At 9 p.m. there was again a slight rigor, and the temperature rose to 105°F , and after this a sweating stage ensued as on the previous night. As the patient had been living at Bedford I suspected Intermittent fever, and 10 grains of Quinine was given but with very slight benefit.

August 13th 10 a.m. patient slept very badly, complaining of pain in the head especially in the occipital region; slightly delirious; temperature 99°F , pulse 78 per minute and regular.

At 8 p.m. Dr Barnett of Swansea was sent for. We determined to remove the polypus. Chloroform had to be given.

When under Chloroform, Wilde's snare was tried to remove the polypus but as it was sessile it always slipped.

Then a forceps was used, and this brought away the greater part of it. The polypus was firm and fibrous. The ear was then washed with a solution of Boracic acid (gr viii to ʒi) twice a day.

August 14th 10 a.m. He slept well all night and felt better; temperature 99°F , pulse normal.

At 9 p.m. Temperature was $102^{\circ}.4\text{F}$, pulse 110 per minute and intermittent, severe pain in the head referred to the occipital region; Cheyne Stokes breathing, tache cerebrale well marked, no tenderness or swelling over the mastoid.

I administered 15 grains of Bromide of Potash with 10 grains of Chloral Hydrate, the dose to be repeated in an hour if necessary.

August 15th and 16th symptoms were very much the same as on previous days.

August 17th 10 a.m. temperature 102.2 F., pulse 108 per minute and regular. He complained of a slight hacking cough. On examination of the chest I found that the percussion note was dull over a patch of about 3 inches in size in the position of the middle lobe of the right lung; the rest of the lung was resonant; the left lung was also normal.

On auscultation there was tubular breathing and fine crepitations best heard over the dull area in the right lung; over the rest the breathing was a little louder, otherwise normal.

Left lung was normal. I diagnosed local pneumonia. Patient was delirious all night. Urine contained a quantity of phosphates but no albumen.

From the 17th to 22nd temperature ranged from 102° F to 103° F. Pulse was sometimes intermittent, at other times normal.

Patient was very excited and delirious. He vomited once but with great difficulty; this vomiting probably was not cerebral.

August 23rd Temperature 100° F., pulse 78 per minute, weak and intermittent; Cheyne Stokes breathing; no cough;

pneumonia almost entirely gone.

Patient slightly comatose.

August 24th to 27th Temperature normal, pulse very slow, varying from 60 to 65 per minute and irregular; Cheyne Stokes breathing; deglutition normal.

Patient was quite comatose. When roused he would answer questions and know his aunt and myself but not others. He could not recognise his uncle who had just arrived from Switzerland although he had only been absent from him for a fortnight.

On the 25th Dr Davies of Swansea was consulted. He ordered another blister to be applied over the mastoid. His prognosis of the case was that the patient could not live more than three or four days at the most.

August 28th Patient was a little better - not so comatose and more easily roused and was able to recognise his uncle. Temperature was normal, pulse 70 per minute, weak and irregular.

August 29th Patient was quite conscious and able to talk. He said he felt much better. Temperature was normal, pulse 75 per minute and regular.

Heart and lungs were normal.

Urine contained a quantity of phosphates.
He took his food better.

From August 29th to September 1st he continued to improve and was able to sit up in bed.

September 2nd He again suddenly complained of severe headache and was very delirious and excited. Fifteen grains of Bromide of Potash and 10 grains of chloral were given; after which he slept for a few hours. His bowels were constipated and were relieved by an enema.

September 3rd Patient had been very delirious and excited all night.

Temperature was $98^{\circ}2F$, pulse 40 per minute and irregular and affected by the breathing; Cheyne Stokes breathing; pupils were equal and normal in size.

September 4th. Patient was very drowsy; pupils equal and dilated and slowly responding to light; deglutition difficult, fluids coming out through the nose in attempting to swallow; power of accommodation lessened; temperature normal, pulse 60 per minute, irregular and affected by the breathing.

September 5th Patient was quite comatose, faeces and urine being passed involuntarily. Pupils did not respond

to light and patient had a dazed appearance. He died September 6th.

Remarks: - In this case vomiting was practically absent, only occurring once - and that was probably due to eating grapes and was not cerebral.

There was a return of perfect consciousness after coma for 6 days; the patient then relapsing and going through the same stages as before.

There was also localised pneumonia of the right lung. Whether this was connected with disease of the mastoid and consequent clot in the lateral sinus being detached Dr. Davis and I were unable to determine.

Also the case started with an epileptic fit of a severe type. Whether this was due to the mere presence of the polypus in the ear (as is recorded of warts causing epilepsy by its mere presence) or was due to commencing meningitis, I was not able to determine. My belief is that it was the commencement of meningitis and was nothing more than a severe rigor (the inhibitory power perhaps being small as the patient was of weak intellect), rigors occurring on four consecutive evenings.

The pain was also occipital (at least it was referred to the occipital region), not frontal as in the other cases mentioned.

Case III. J. D. aetas 11 years, male, had history of running ear since he was a baby. There was no history of any fever or other illness.

He complained of a little headache, mostly frontal, and vomiting which was cerebral in character — the usual gulping up of the matter without the least trouble.

Tongue was much furred with the papillae prominent. Bowels were constipated, temperature 100°F ; pulse 82 per minute, and regular; These symptoms continued for over a week.

April 12th Patient was delirious at night and slept very badly, temperature 101°F ., pulse 98 per minute, regular and well filled; intolerance of light.

April 13th Temperature $102^{\circ}.4\text{F}$., pulse 120 per minute; delirium with a great deal of shouting; bowels were constipated; phosphates in the urine.

Heart and lungs were normal.

April 14th Temperature 101°F , pulse 110 per minute, regular and weak; conjunctivae injected. Patient perspired very freely.

Breathing was irregular, power of accommodation lost, and patient fixing his eyes on the ceiling. He complained of sore throat—probably due to the amount of shouting.

April 15th Temperature $101^{\circ}6$ F., pulse 116 per minute, weak and irregular. The other symptoms were the same as previous day. Breathing became more difficult and rapid. Patient was slightly comatose.

April 16th Temperature 100° F., pulse very rapid, weak and irregular; breathing rapid and very laborious with a great deal of noise as if the muscles of the larynx were paralysed. Patient was comatose and died at night.

Treatment:—Calomel, in 5 grain doses, Bromide of potash and chloral, blisters and leeches externally, were tried.

Case IV. R. M. aetas 7 years, female, had no history of earache or running ear. One of her sisters died two years previously with symptoms very similar to what she had, but her parents did not know the cause of her death.

The patient had Typhoid fever six months ago. There was no history of other fevers. Her parents were alive and healthy.

Patient was very anaemic, and complained of severe frontal headache which was intermittent. She also had very obstinate vomiting. Tongue was a little coated with whitish fur. Bowels were constipated.

These were all the symptoms present for over three weeks. Several medicines were tried for the vomiting such as soda, potash, hydrocyanic acid, Bromide of potash and opium, but they had no effect.

At the end of three weeks she said she felt a little better. She was not so restless but more apt to sleep; pupils were normal and sensitive to light.

There was no paralysis.

Heart and lungs were normal.

Temperature was normal.

From the 22nd to the 24th day she was quiet and drowsy, often uttering plaintive cries. There were neither convulsions nor paralysis. Vomiting had ceased. Constipation continued.

Tongue was thickly coated. Urine contained phosphates.

Ophthalmoscopic examination showed greyish tubercles of the choroid.

From the 24th to 28th day the drowsiness deepened into stupor. There was retraction of the head; pupils were equal

and dilated and sensitive to light; faeces and urine passed involuntarily; pulse frequent and irregular. Breathing was irregular and quick; skin hot and dry; temperature normal; abdomen retracted; constipation continuing; convulsive seizures at intervals.

Patient died in one of the convulsive seizures after a months illness.

Treatment:- Bromide of potash and chloral were given for the headache and delirium and 5 grain doses of calomel for the constipation, and cold was applied to the head.

Two other cases of ear disease are worthy of note.

I. M. J. aetas 68 years, female, had eczema of both auricular meatuses for years, and was recommended not to have it cured as it might cause some other disease so it was left to have its own way. Both ears were affected alike. Her present condition is that both meatuses are nearly occluded, only admitting a fine probe. The whole auricle is cicatricial in appearance.

Both tympanic membranes are perforated, and by Valsalva's method of inflating the

ear, air whistles out through both.

Water when syringed into either passes freely into the pharynx. The most distressing symptom she now has is noises in her head which she compares to that of a stream of water. She says she hears better in a noise as in the train. The tuning fork can be heard equally well in both ears. The perforation cannot be seen owing to the occlusion of the meatuses.

I quote this as showing the risk of leaving eczema of the ear uncured. The patient still perseveres in her old plan of nontreatment.

Case II. A child 2 years old in whom there is one normal ear. The other ear is rudimentary and placed below the zygoma about an inch in front of the usual site.

There is a rudiment of an auricle and in the centre there is a small hole into which a probe can be passed to a distance of about an eighth of an inch. There is also a slight discharge from it of the same nature as the normal one. The whole side of the face is a little deformed. There is also a slight

depression of the skin in front of the rudimentary ear but this is not perforated.

Whether the auditory nerve is fully developed or not is quite impossible to ascertain as the patient is still too young to give an account of his sensations.

This case is of importance from the developmental side.

Chorea.

Case I. A little girl, 6 years of age, has suffered from choreic movements for a month. There is no history of rheumatism or any other nervous disease in the family.

She is pretty well nourished and otherwise quite healthy. The movements are bilateral and the whole body is affected. Auscultation shows a mitral systolic murmur. She was treated with *Liquor Arsenicalis* in two minims increased to 5 minims doses, good food and shower baths. She recovered perfectly in two months.

The following spring (about a year after her first attack) she again had chorea.

with the characteristic movements.

No cause could be given for it on this occasion also. Mitral systolic murmur was again present. She was this time treated with Antipyrin in 4 grain doses three times a day with the result that the abnormal movements diminished in three days. In three weeks she was perfectly well; but the mitral murmur remained. It will be interesting to see whether the chorea will again return next year or not.

Case II. A boy 16 years of age, has been suffering from these abnormal movements for the last five or six years.

There is no history of rheumatism or any other fever. His mother died of Phtisis, his father is alive and healthy. One of his brothers is insane and was so from childhood.

The patient's face had an idiotic expression, the tongue being constantly protruded, so much so that the lower lip was hypertrophied. The peculiar slow, shuffling and uneven gait was well marked. Deglutition and respiration were not interfered with. Mitral systolic murmur was well

marked. His sleep was not interfered with. Arsenic, salicylates, baths, with good food and nursing were all tried but these had no effect.

March 20th Antipyrin in 4 grain doses three times a day was tried, with the result that in 4 days the abnormal movements were greatly diminished.

May 6th He could control the movements entirely when told to do so, but when he was not on his guard the protrusion of the tongue and other movements occurred, the patient having got into the habit of being restless.

From May 6th to May 25th Salicylate of soda was given as there was no antipyrin at hand but there was no improvement. Antipyrin was therefore again resumed, with the result that on June 1st the abnormal movements were entirely gone. The heart murmur still remains, and with this exception the patient has completely recovered.

A peculiar case of Hysterical vomiting with Alopecia Areata.
C.H. aetas 12 years, girl, has been suffering

from vomiting for 7 years. She had scarlet fever when a child but was quite well for a long time after that. The vomiting occurs at any time independent of taking food. It sometimes comes on whilst she is eating or almost immediately after the meal is finished. She brings it up without pain, force, or trouble. The vomited matter is not sour and consists of nothing but food.

Along with this vomiting every spring time from March to May bald patches appear on her head from the size of a shilling to that of a crown piece. The hair entirely disappears on these patches but the skin is not shiny but of a brownish colour. Some of the hairs when examined under the microscope contain a great deal of black pigment and are much thicker than natural. There are no parasites in the scrapings of any of the patches or on the hairs. About the month of June the hair again begins to grow quite healthy, and there is no difference between it and the normal hair. The vomiting occurs all the year round but the baldness only in Spring. The vomiting began two years before the baldness made its appearance.

There is no pain or tenderness on pressure over the region of the stomach. On percussion stomach is found to be of normal size. Menstruation has not yet commenced. I treated the vomiting with soda, hydrocyanic acid, bromide of potash, opium, valerian and acids but none of these have had an effect. Nothing was needed for the hair as it grows perfectly in a few months without any remedy.

Gall Colic

Mrs L. aetas 42 years, six weeks after her confinement complained of severe pain in her right hypochondriac region with sickness and vomiting. A year or two previously, she said, she had the same sort of pain, and on the following day she noticed that her skin was yellow and her urine of a very dark colour. At this time the attack passed off in two or three days without any treatment.

On examination the right hypochondrium was seen to be swollen and full, and a pear shaped swelling was visible over the region of the gall bladder.

On palpation there was marked tenderness

over the region of the liver and especially the gall bladder. Liver was found to be enlarged and reached to nearly two inches below the margins of the ribs.

On percussion it was found to extend from the 5th rib to two inches below the margin of the ribs in the mammary line. Temperature was $103^{\circ}6$ F. and pulse 100 per minute. As it was at night I could not say whether jaundice was present or not. A subcutaneous injection of Morphia was given. Next day the shooting pain had disappeared but a dull aching pain still remained with well marked jaundice. Vomiting had ceased. Urine contained a large quantity of bile. Faeces were clay coloured. These attacks returned at intervals for weeks and the jaundice deepened. Temperature sometimes reached as high as 105° F. This case ran the usual course of severe gall colic with the exception of the patient passing long pieces of gelatinous looking substance resembling tapeworm in shape, measuring from a few inches to half a yard or more in length and a quarter of an inch in thickness.

On close examination these pieces were found not to be tapeworm but were

entirely made up of mucus.

I have preserved a specimen of this in spirit. The patient said she noticed these in her stools years before she ever had an attack of colic but thought nothing of it.

I am of opinion that these pieces (whatever be their scientific name) had nothing to do with the causation of the gall colic but were merely mucus lodged between the folds of the intestine and detached in long strings as mentioned above - a sort of groupous exudation of mucus from the intestine.

As I have not noticed these mentioned in any text book and as the specimen looks so very much like tapeworm I thought it worth mentioning.

The diseases which tinplate workers are specially liable to (so far as I have been able to ascertain) are I. Gastric Catarrh which is very prevalent, probably due to the amount of sweating (along with other causes) that they undergo and the consequent drinking of stimulants as well as other liquids.

II Caries of the teeth with toothache which

is accounted for by the use of vitriol and sulphate of iron in the manufacture of the plates.

The midwifery practice of the place is almost entirely taken up by two uncertified midwives, who always deliver their patients in the knee elbow position in front of the fire. The medical man only being sent for when there is an abnormal or difficult labour.

Signed: - Benjamin Jones M.B., B.S.
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