

## **Haemophilia / by Wm. Clark.**

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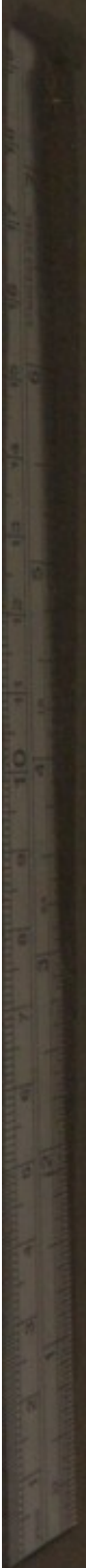
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CHESTER: *The Evolution of*

scrophoid and ceased to mature, and one was found that the fibres connected with it were gradually destroyed, for the medullary sheath was stopped.

In 1870, Golgi, following up the lesions along the central nerve tracts, a few days would kill the animal and finally.

We are much indebted to these in the course of the fibres in the cord, the great cranial nerves, and the course of

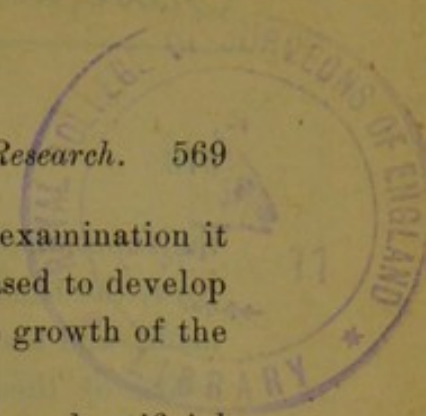
The embryological method represents and Erlanger, of Frankfurt, is based on the study of their medullary sheaths during different stages of animal life. It is an utter impossibility when it possesses medullary sheaths, brought out by staining. In the study of stages of development one is thus able to determine their destination. Thus by both cross and longitudinal sections one can be able to trace them through their course in animals at different stages of development. Much has been made by the study of fish, birds, rabbits, and other animals of investigators, among whom might be mentioned, Meyer, Fritsch and Spitzka. The embryology of this subject has been

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Some efforts have been made in the injection of different coloring agents, with the hope that special agents might be found to stain various regions, and then on post-mortem the various nerve tracts would be indicated. Thus far this line of experiments has been unsuccessful.

The physiological or vivisection knowledge in experimental research, would rich results. By this method

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atrophied and ceased to mature, and on histological examination it was found that the fibres connected with the part ceased to develop and were gradually destroyed, for the reason that the growth of the medullary sheaths was stopped.

In 1870, Gudden, following up this method, caused artificial lesions along the central nerve tracts, and after waiting from six to eight weeks would kill the animal and examine the parts histologically.

We are much indebted to these methods for our knowledge of the course of the fibres in the cord, the mode of origin of the different cranial nerves, and the course of the lemniscus in the brain.

*The embryological method* represented by Fulesig, of Leipsig, and Edinger, of Frankfort, is based on the fact that the fibres take on their medullary sheaths during different stages of development of animal life. It is an utter impossibility to follow a fasciculus unless it possesses medullary sheaths, which makes it possible to be brought out by staining. In the study of the embryo in its various stages of development one is thus able to follow the fasciculus to its destination. Thus by both cross and longitudinal sections one may be able to trace them through their entire course by choosing animals at different stages of development. Important additions have thus been made by the study of the embryonic life of frogs, fishes, birds, rabbits, and other animals, as conducted by a number of investigators, among whom might be mentioned Leuret, Gratiolet, Meynert, Fritsch and Spitzka. What we know of the human embryology of this subject has been contributed chiefly by Kölliker and His.

Some efforts have been made to establish a *method by the injection of different coloring agents* into living animals with the hope that special agents might be found which would elect special regions, and then on post-mortems the course and limitations of the various nerve tracts would be indicated by the different colors. Thus far this line of experiments has not met with any marked success.

*The physiological or vivisection method* has added much valuable knowledge in experimental research, and as now pursued is destined to yield rich results. By this method, through electrical irritation,

the function of certain nerve centres and fibre paths is determined. Now, the function of these tracts being known and section of them made, and a sufficient time allowed for secondary degeneration, the course of these tracts can be traced and their anatomy definitely fixed. So far the progress of this method has been hampered by the investigations being necessarily confined to lower animals, and never can its possibilities be fully realized until experimental vivisection can be made directly upon the human subject. Each of these various methods, therefore, has its advantages; but by no single one, nor by all combined, have we been able to perfect our knowledge of the central nervous system. Though the desired end has not as yet been attained by our present systems of investigation, it may be safely prophesied that through these methods and the employment of the more perfect of the future the greatest problem of anatomists today will have been solved.

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### HÆMOPHILIA.

BY WM. CLARK, M. D., CLEVELAND, OHIO.

Visiting Physician to St. Alexis Hospital.

In the case reported below it will be seen that most of all the prominent observations on this class of cases were present, and it demonstrates how extremely carefully one must guard them, even when they apparently have recovered. The observation that "bleeders" are usually "blondes with thin skins and prominent blue veins" was not true in this case, the man being very swarthy. The heredity and the transmission through the female is plainly shown.

Patient G. A. F., aet. 31, German, and saloonist by occupation. Knew nothing concerning this peculiar diathesis existing in any of his grandparents, but his mother, sister, and sister's child are all "bleeders." This family trait is also shown in a slighter degree in his little daughter, five years old. The patient has had many persistent hæmorrhages before. His nose has had to be packed twice, once after a bleeding spell of six days; on one occasion he scratched his cheek, and all ordinary methods of checking hæmorrhage failed until it was touched with the actual cautery.

Was called to see him August 3d, at 4 p. m., and found him suffering from persistent hæmorrhage of the nose of four days' duration. He gave a history of being overworked and having resorted to alcoholic stimulation to keep "braced up." He was very nervous, like a man on the verge of delirium tremens, and was much blanched from the loss of blood. Plugged his nose with pledgets of absorbent cotton saturated with Monsell's solution, ordered him to bed and to refrain from the use of any intoxicants. At 7 p. m. was hurriedly called again and learned that the patient had a hæmorrhage from the stomach and had passed quite a quantity of blood through the bowels. His epistaxis was controlled by the plug, which still remained. Ordered plumbi acetatis gr. i, ergotin gr. ss, codeia gr.  $\frac{1}{4}$ , and ac. gallic gr. ii, every three hours per orem. Small pieces of ice were to be swallowed and food of any description whatever interdicted. Called next day and found all bleeding had stopped. Removed plug from his nose, ordered patient still to be confined to bed, with the same general directions except he was to be allowed a small quantity of milk during the day. Was hurriedly called to see him next morning and found patient vomiting large amounts of blood, but no hæmorrhage from the nose or bowels. On inquiry found that patient had been feeling very well during the previous day, with no signs of a hæmorrhage, but that during the night he got up to drive supposed burglars away. Owing to excitement he slept but very little, and in the morning, feeling the need of a stimulant, he, unknown to the nurse, drank four glasses of whiskey. Shortly after, the hæmorrhage from the stomach started and never ceased until his death at 5 p. m.

Ice was applied over stomach and small pieces of ice given him to swallow. Ergotin  $\frac{1}{2}$  gr. was given hypodermically every three hours. Absolute quiet imposed. No medicine could be given by the stomach without being immediately rejected. Gallic acid and ergotin were given, therefore, by the rectum. Morph. sulphatis gr.  $\frac{1}{2}$  was also given twice hypodermically. The foot of the bed was raised, his head lowered and he was given an occasional enema of hot water.

While in the first hæmorrhages from the stomach he would vomit but from four to five ounces of blood at a time, and that

about every three hours, now in these later hæmorrhages he would vomit at least two quarts at intervals of from three quarters of an hour to an hour. After a hæmorrhage he would lie quietly, and the gradual oozing from the stomach would fill it to distension; then would come a sudden contraction of the stomach to relieve itself of its load, and a stream of blood would spurt from his mouth at least three feet.

At 1 p. m. Dr. C. B. Parker was called as consultant. He advised the transfusion of saline solution if patient lost any more blood. Later, while preparations were being made for this, the patient suddenly died.

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REPORT OF CASE OF EMPYEMA OF THE MAXILLARY  
SINUS. CURE FOLLOWING REMOVAL OF  
NECROSED BONE IN NASAL CAVITY.

BY A. H. MARVIN, M. D., CLEVELAND, O.

Lecturer in Rhinology in Medical Department of the University of Wooster.

On May 16, 1894, Mrs. C. S., aet. 45, born in this country, appeared at the Throat Dispensary of the Cleveland General Hospital, complaining of bad taste in the mouth, especially mornings, offensive breath, and troublesome discharge from the left side of the nose. One year before patient had had an ulceration in throat which from description given was likely specific. Present trouble had lasted about six weeks. Examination of anterior nares on the right side showed nothing abnormal, but on the left the entire middle turbinal was found denuded of mucous membrane and necrotic.

The patient was placed in Fraenkel's position, *i. e.*, with the head bent forward, resting on a table, and turned to the side opposite to that affected, in order to favor flow from the natural antral opening. Immediately on assuming this position there was such a dripping from the nose that the patient was asked if she were crying.

Through illumination was then tried by means of Heryng's lamp, and showed the pupil and sub-orbital region of the affected side dark, while the opposite side was brightly illumined. An exploratory puncture through the inferior meatus with a Moritz Schmidt syringe demonstrated conclusively the presence of a turbid watery fluid.

As the empyema was suspected to be caused by the irritation of the necrosed bone in the left nasal fossa, removal of this was at once attempted. The necrotic mass came away easily but was more extensive than at first supposed, comprising the middle and superior turbinals and laying bare the ethmoidal cells. These were thoroughly curetted with a Schaeffer's sharp spoon and all dead bone carefully removed. The parts were then dusted with iodol and the patient directed to return every other day. Within a week all traces of antrum disease had vanished and examination by Heryng's method showed both sides translucent. Since that time a year has passed without any return of the former symptoms.

Several conclusions may be drawn from this case:

*First.*—Where the antrum is full of thin fluid, Fraenkel's position is extremely valuable for diagnosis, and likewise for treatment, as in a case reported by Dr. J. Wolfenstein in the *New York Medical Journal*, August 5, 1893, by which method the patient was cured in three weeks.

*Second.*—Diseased bone of the nasal fossa may cause antrum disease by simple extension of inflammation.

*Third.*—Where the antrum is full, even though the fluid be very thin, Heryng's method is valuable, if the illumination or non-illumination of the pupil be taken as the criterion.

*Fourth.*—If a sufficient cause can be found outside of the antrum, remove it and try palliative measures for a time instead of at once making a large opening into the antrum, thereby subjecting the patient to the danger of other infection and possibly to years of moribund after-treatment.

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## ICE CREAM POISONING.

BY H. H. SPIERS, M. D., RAVENNA, OHIO.

On July 6, 1895, two ladies stated they had each just eaten a tin of ice cream. The one, Miss V., aet. 22, said she felt no ill effects, but for some reason the cream did not taste right. The other, Mrs. V., aet. 24, thought she had been poisoned. She felt ill on commencing to eat, but soon the mucous membrane of the mouth and throat became irritated and there was difficulty in swallowing. She at once came to my office.



On inspection of mouth, the mucous membrane was pale, glistening and edematous, the lips somewhat everted. On depressing the tongue the same condition of fauces was seen. How to relieve was the question. My first impression was to apply a solution of cocaine. On second thought a gargle of chlorate of potash and essence of wintergreen was given every half minute or minute. After five minutes no relief. This gargle was changed to

Boracic Acid  
Sodium Salicylate  
Sodium Bicarb.....aa gr. x  
Aqua Fervens..... $\frac{3}{4}$  viii

On gargling, the relief was almost instantaneous. The swelling gradually disappeared. No gastro-enteric inflammation or ill after-effects. The poison seemed to spend itself as a local irritant, or, rather, was neutralized by contact with the gastric juices.

The case was reported to the health officer, and he has notified parties selling, but knows nothing further.

Poisoning by cheese has long been known. In these cases Vaughn has separated a substance from the suspected cheese which he calls tyrotoxicon. Apparently, to this poison are due outbreaks from the use of milk. This same poison has been found in ice cream.

Much may be conjectured, but this much is certain: Milk product, under certain conditions, becomes poisonous. What are the conditions? Are they always the same? Is the poison one and the same? Much is said at present on leucomaines, ptomaines, toxines, etc., etc., but it seems to the writer our actual knowledge is scant and insufficient.

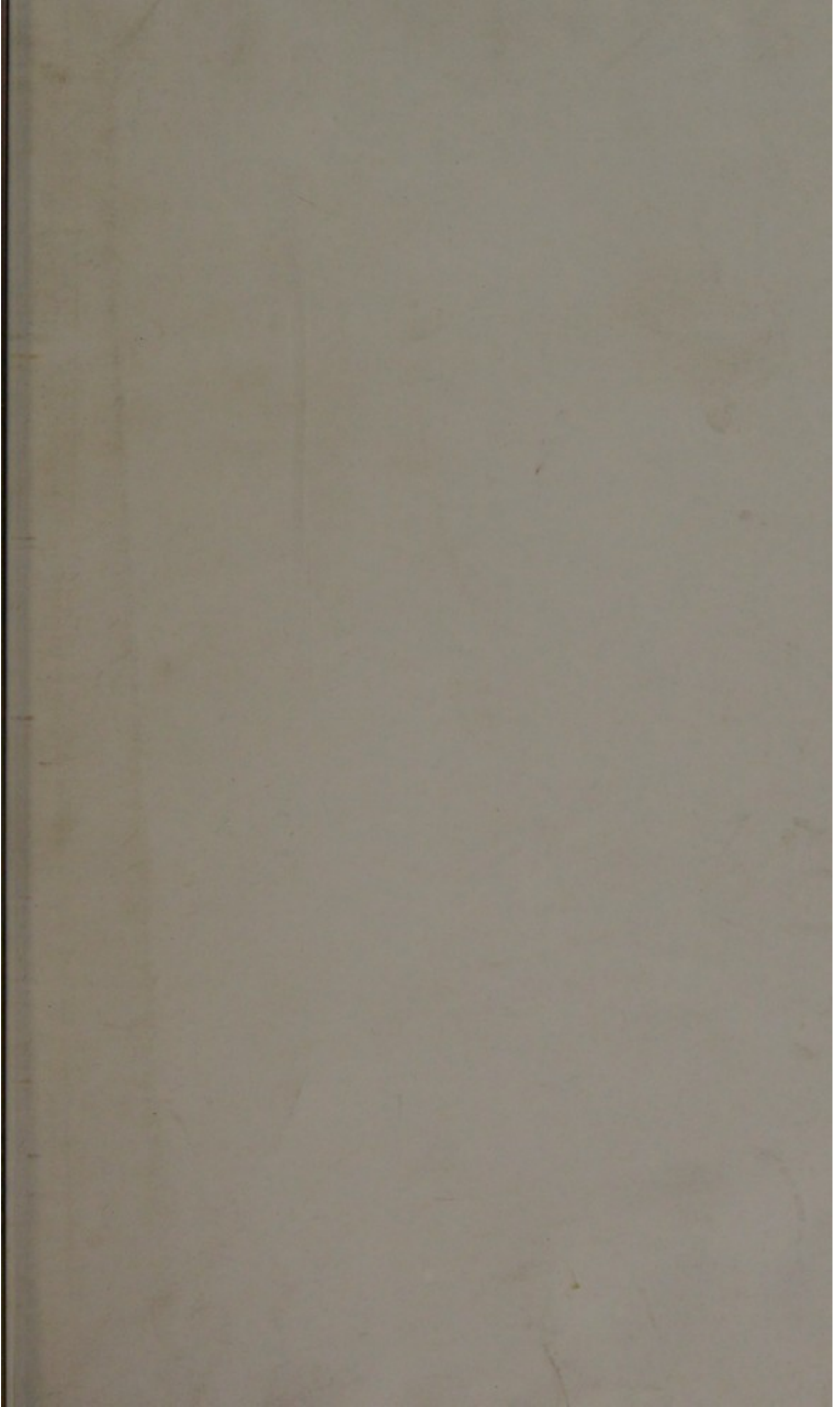
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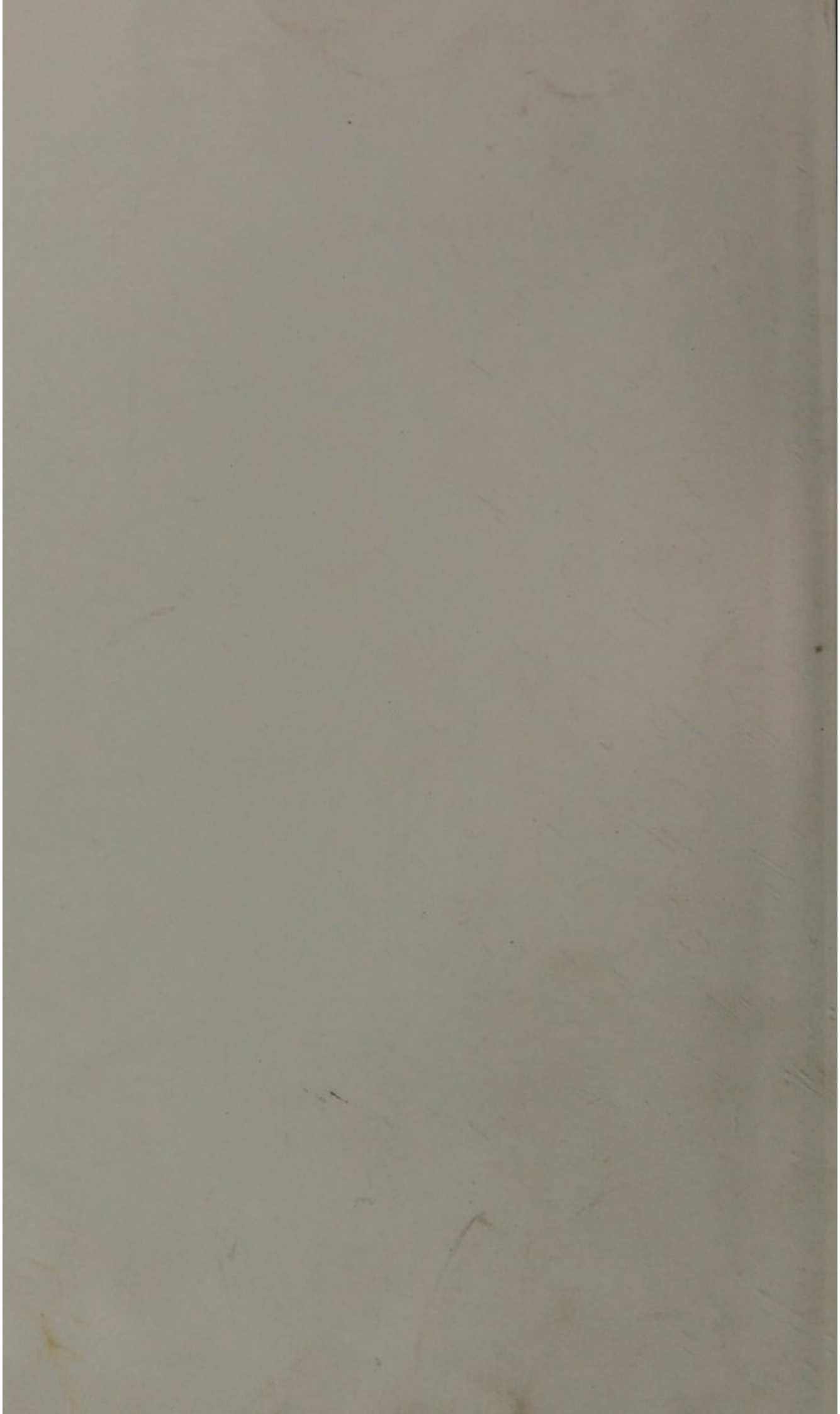
## CORRESPONDENCE.

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GOSHEN, INDIANA.

A reference in the last number to chloroform narcosis prompts me to say that for the last twenty-five or more years I have always combined one dram (by measure) of nitrite of amyl to each pound of chloroform. I think the mixture a decided improvement, and especially in patients whose purple lips and dusky skin indicate certain condition of the heart.





Some tight gutters.

BRIDGE

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