

A case of hemophilia / by R.F. Sheehan.

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Publication/Creation

[Buffalo] : [publisher not identified], [1905?]

Persistent URL

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Case II—Man employed
which took a slice of
ing it from base to tip.
were glycerolamine. This
glycerolamine and not di
pressed it in the same man
again at work.

In infected wounds I
if there is any one who is
and dressing glycerolamine
mended.

167 N. TWENTY-SECON

A case of Laryngeal Dip

BY LYNN S. B.

A Case of Laryngeal Dip
Paul S., 81 P.—
divinely from breast.

First seen November 1
and a cough for three day
ing better, but that she
night and slept well, save 1

Child did not look
Respiration 88 (crying).

very slight redness of ph
negative. Breathing harsh
ings. No retraction of
taken. November 11, 19

100 units immediately giv

Waring was given for
another administered Earl, 1
water. Earl was then notifi

charge from nose, with no
had had for two weeks, g
one taken from nasal secr
derived, positive for K. L.

Paul quickly improved
and on the 24th of Novem

Earl gave a negative cu
another was given 500 unit
with local cleansing before
specimen diptheria.

177 DASHMAN STREET.

Case II.—Man employed in factory had hand caught in machine which took a slice off the under finger of right hand, cutting it from base to tip. I wrapped it in gauze saturated with pure glycothymoline. This dressing was kept moistened in the glycothymoline and not disturbed for over a week when I redressed it in the same manner. In two weeks the man was back again at work.

In infected wounds I have found it all that can be desired. If there be any one who is in doubt, let him try this ideal surgical dressing, glycothymoline, and I am sure he will become convinced.

1637 N. TWENTY-SECOND STREET.

A case of Laryngeal Diphtheria in a Nursing Baby Three Months Old.

By LYNN S. BEALS, M. D., Buffalo, N. Y.

A. Case of Laryngeal Diphtheria in a Nursing baby 3 mos. old.

Paul S——, 81 P—— St., age 3 mos. 26 days, nursing exclusively from breast.

First seen November 10, 1905. Mother said that child had had a cough for three days, worse at night, that child was getting better, but that she was worried somewhat. Nursed all night and slept well, save for a slight coughing at night.

Child did not look sick. Temperature 98°. Pulse 144. Respiration 88 (crying). A few fine râles in left posterior base; very slight redness of pharynx, otherwise physical examination negative. Breathing harsh, and rapid out of proportion to findings. No retraction of epigastrium or interpaces. Culture taken. November 11, 1905, report received—Positive for K. L. 3000 units immediately given into right thigh.

Warning was given for no one to kiss the baby, whereupon the mother admonished Earl, her son of 7, not to kiss the baby *any more*. Earl was then noticed to have a unitateral irritating discharge from nose, with no membrane. This nasal discharge he had had for two weeks, going to school during that time. Culture taken from nasal secretion. November 12, 1905, report received, positive for K. L. Earl then given 3000 units.

Paul quickly improved, and on the 12th had no symptoms, and on the 24th of November culture was negative.

Earl gave a negative culture on the 21st of November. The mother was given 500 units at the outset and nursing continued, with local cleansing before and after nursing; mother did not acquire diphtheria.

177 DEARBORN STREET.

A Case of Hemophilia.

By R. F. SHEEHAN, M. D., Buffalo, N. Y.

Late House Physician at the Buffalo General Hospital.

The patient A. M., age 16 years, entered the service of Dr. H. R. Hopkins, June 30, 1905, about 4 P. M. On June 26 he went to a dentist, who found that two molars complained of were too carious to be filled or crowned, and decided to extract them. They were drawn at 3 P. M. that day. The patient went home and soon began to bleed quite freely. He returned to the dentist, who packed the cavities; the bleeding, however, continued at intervals of from three to six hours until the present, patient losing from 100 to 150 cc. of blood each time.

He had complained of severe headaches and great thirst, and was given all the fluid desired. At times he had become faint and stupid. Upon entrance June 30, at 4 P. M., the patient showed marked pallor, was very dull and extremely weak. Examination of the mouth revealed a blood clot, as large as an egg between the alveolar processes and projecting into the buccal cavity on the right side. When the clot and packing were removed, it showed that the second molar in the upper and lower jaws had been removed, and with the upper tooth a portion of the alveolar process.

There was considerable oozing from both cavities, especially the upper, because of the more lacerated gum and alveolar process. Pressure was made by means of small pads and bandages upon the common temporal, and upon the facial artery at the ramus. The mouth was then cleansed with swabs and a solution of hydrogen dioxide, the cavities repacked with cotton saturated with 1, 1000 solution adrenalin chloride.

It was necessary to repeat this every six to eight hours because of the clot formation which, however, was less each time. The presence of the clot caused a very unpleasant odor, which was most distressing to the patient, and prevented him from taking any nourishment by the mouth.

He was given small nutritive enemata every eight hours and between times an enema of normal salt solution 250 cc., in which was placed 1 gm. *calcii chloridi*. In addition, he had every 4 hours adrenalin 0.0006 hypodermically, for its effect in promoting blood coagulation. The effect upon the blood pressure being observed, it was upon entrance 108 mm. hg., and rose to 130 mm. hg. by 8 P. M. of the first day, at which point it was maintained. He was also given hypodermically, *strychniae sulfatis* 0.002, as a stimulant, every 4 hours.

July 1, at 8 P. M., the pressure was removed from the arteries. The next day, upon cleansing the mouth, the clot was found to be quite small, bleeding had ceased from the lower cavity, and there was but very little from the upper one. The latter was again packed as before, and the following day it was possible

to leave out the packing. The mouth was kept clean by the liberal use of Dobell's solution and solution of hydrogen dioxide. From this time the patient gradually improved.

He was given liquor arsenii et aurii bromidi et hydrargari iodidi (Park) 0.30 every 4 hours, which was increased 0.06 daily to 0.60., and tr. ferri chloridi 1. in a gelatine capsule three times daily. This was continued until July 20, when liq. ferri et ammonii acetatis 15., was substituted.

From July 7 he was given Vaughn's neuclein (hypodermicsol) by mouth every 4 hours, which caused an increase in the number of leucocytes. After July 2, when mouth feeding was resumed, he had as much nourishment as he would take, especially milk, eggs and broths.

Upon dismissal July 30, the liq. ferri et ammonii acetatis was continued, and he was also given ovarian extract, to be taken for some time, as a prophylactic measure, following out the theory suggested by numerous observers (Vide Kinnicutt, *Medical Record*, June 10, 1905).

The blood examinations showed the following:

	HEMOGLOBIN	ERYTHROCYTES	LEUCOCYTES
June 30	30%	2,540,000	10,400
July 4	15%	1,900,000	5,400
July 6	10%	1,210,000	9,200
July 10	20%	1,500,000	9,000
July 11	25%	1,660,000	9,500
July 13	30%	2,320,000	9,600
July 15	30-40%	2,570,000	8,500
July 17	40%	2,730,000	7,800
July 19	40-50%	2,860,000	7,600
July 21	40-50%	2,980,000	7,200
July 25	50%	3,400,000	6,700

Stained specimen showed macrocytes, microcytes and poikilocytes, shadow corpuscles, with normoblasts, microblasts and a few megaloblasts, leucocytes:

Polyneuclear.....	62%
Small lymphocytes.....	31%
Large lymphocytes.....	4%
Eosinophiles.....	3%
	100%

The patient gives the following family history, which if reliable is somewhat contrary to the ordinary, in that the tendency is not confined mostly to the male issue.

In his brother, age 12 years, no tendency is exhibited. His mother, before 25 years, had frequent profuse epistaxis. Maternal aunt, age 45, is a hemophiliac. He has had two uncles, one of whom was found dead in bed following epistaxis; the

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other is also a hemophiliac. Two maternal cousins, boy and girl, both had the condition. A maternal aunt, who is free herself has a daughter with the tendency. His maternal grandmother bled very easily until after she was married. On the paternal side, there is no history of the condition.

Personal History: patient has never been sick. When two years old he shoved a pencil into his throat, from which injury he bled profusely, it being necessary to ligate the injured vessel. About a week ago bled considerably from slight cut on finger. He has never shown any signs of joint involvement.

479 DELAWARE AVENUE.

PROGRESS IN MEDICAL SCIENCE.

Nervous and Mental Diseases

By R. F. SHEEHAN, M. D., Buffalo, N. Y.

Late House Physician at the Buffalo General Hospital.

MYOPHOBIA, by John Punton (*Journal Nervous and Mental diseases*—October, 1905) That if there is a dividing line between the neuroses and psychoses insanity exists upon both sides of this line. Hence the term neurasthenia is often a polite misnomer for insanity.

That a large number of the so-called neurasthenias, and all the hysterias should be classed as the prodromal stages of the psychoses.

That these non-insane psychoses, however, as a rule first come under the observation of the family physician, who unfortunately often fails to recognise their true psychological significance until the obsession impulse becomes most conspicuous.

That the vast majority however, said to be suffering from these nervous effections, upon strict examination are found to be afflicted with a true psycho-neurosis, which we term psychasthenia or which better might be called psychosomatasthenia.

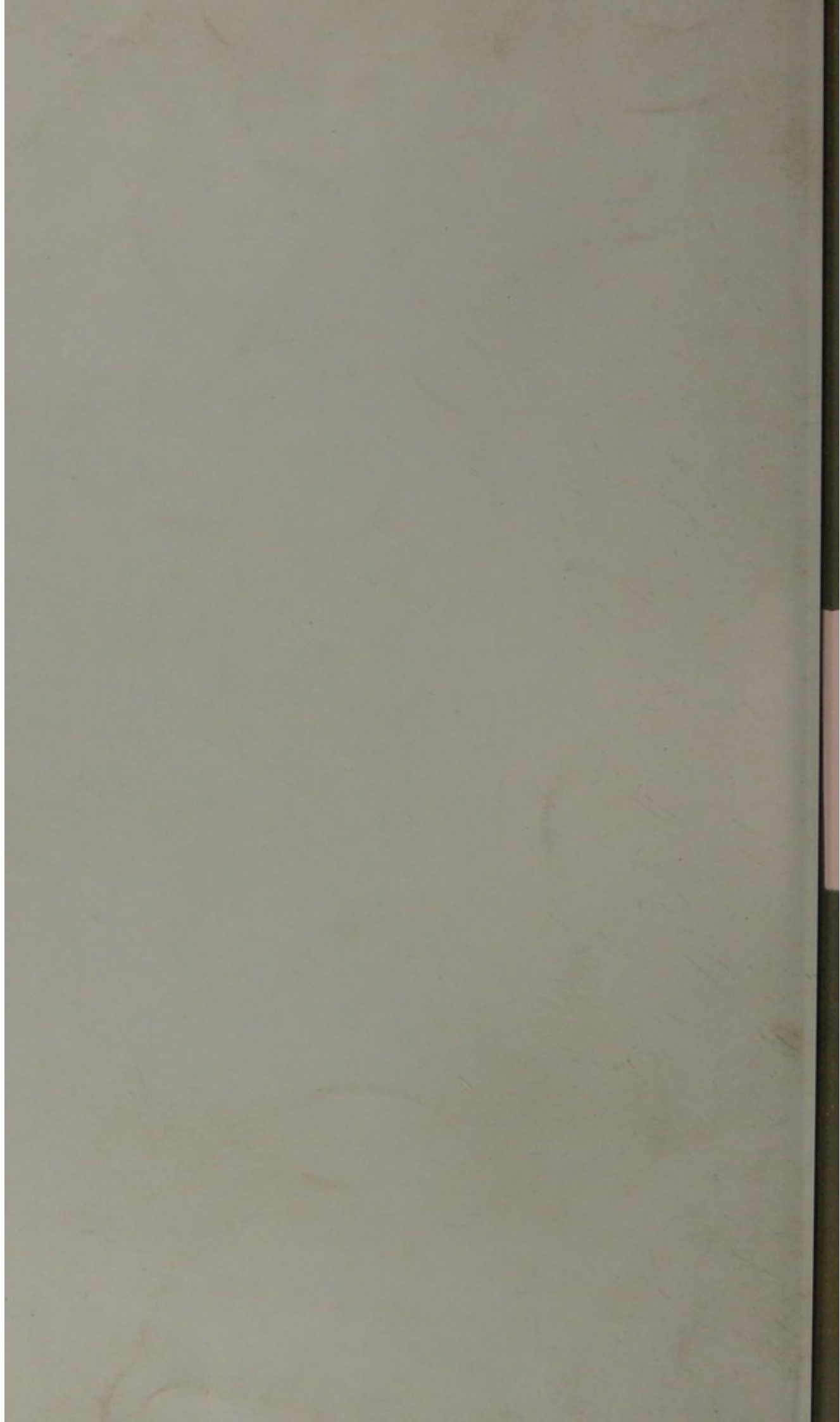
That because we do not recognise these conditions, as true psychoses, we neglect stringent measures of treatment and so account for our inability to cure such ailments, as the longer the duration, without appropriate treatment, the less chance of recovery.

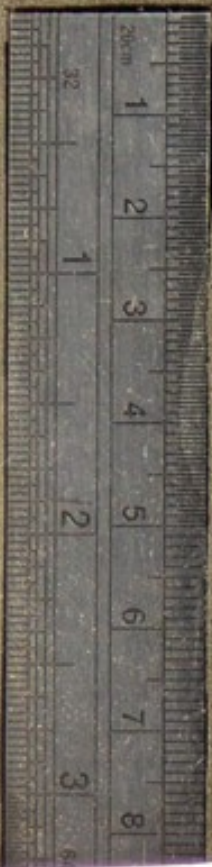
That if agreed that insanity in its incipiency is curable, why allow it to become incurable before applying the legitimate means and measures that favor its cure.

From which the following conclusions are deduced.

1st. That the close relation which exists between the so-called neurasthenias and insanity is so very striking, as to establish a true equivalency.







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