Echoes from the Past.

RECOLLECTIONS OF GENERAL PRACTICE.
(From the Middle of 1857 to the Middle of 1883.)
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In the Journal of July, 1912, an "Echo from the Past," written by me, was fortunate in having gained insertion. It ended with the remark that I could discourse at length upon various professional subjects which I had to deal with in my days long bygone, such as occurrences more or less noteworthy in general practice, experiences with children, psychological management of patients and of their friends.

I do not propose "to improve this occasion" of continuing the discourse in question by regaling possible readers of this paper with dissertations on microbes, or with recondite theories of the causation of diseases; interesting revelations such as those are imparted at the Royal Army Medical College by the learned professional and pathologist gamaliels, at whose feet young army medical officers sit with receptive minds and earnest attention. It may, however, prove to be a small relief to turn for awhile from the austerity of severely scientific studies to some light medical reading, to some notes of well-remembered cases met with in my practising career.

Very probably it will be seen that in the following pages the personal pronoun "I" occurs frequently—too often, no doubt. But I wish to state at the outset that really I do not think myself a fine fellow! There is nothing more corrective of personal conceit than the lively recollection of grievous mistakes, and of such profoundly regretted errors of judgment, there are several at my discredit. One in particular torments me still; and although I will not deepen my mortification by disclosing what it was, my cheeks still burn when it comes back unwelcomed to memory; vainly do I wish that mental ghost could be laid for ever. Happily for me no harm whatever resulted to any one. It was owing to a hasty resort to the method of saltation in coming to an opinion. The lesson against jumping to a diagnosis was never afterwards lost upon me; never since did I act as if endowed with infallibility!

It often occurs to me when reading medical journals that attention is chiefly given to rare and difficult cases of disease, and
too seldom to the disquieting indispositions with which a family
doctor so commonly has to deal. And I wonder if newly fledged
medicines of the present day begin private practice with the same
confidence and knowledge of petty details of nurseries and sick
rooms, which their predecessors trained by apprenticeship possessed.
As in daily life money transactions are mainly with small value
coins, so in daily professional association with families, minor
ailments come chiefly under notice. In these days of highly
developed specialism, it is a possible danger that the army medical
officer may not always keep in mind to aim at becoming a good
all-round doctor. On foreign service and in isolated positions self-
reliance and extended usefulness will have to be learnt, in order to
escape humiliation and lasting self-reproach through ignorance of
means of relieving pain or of the commoner ailments of women
and children. I have known an army doctor say to a mother
anxious about her sick child: "Oh, I know nothing about
children!" I much regretted I had not the power to relegate him
to half-pay for a year to be spent in "walking" a children's
hospital or in assisting a family doctor. I have even known an
army man decline to pull out the badly aching tooth of a woman,
asserting that he had not practised dentistry!

The recollections which I am about to mention do not comprise
abstruse or mysterious cases, or even very remarkable occurrences,
but they may supply hints on points which are of real
moment in practice.

I had much to do with children, especially with those whose
"only language is a cry," and as I happened to be fond of the
little ones—having eight left of ten of my own—I took special
pains to study their ways and complaints, and in time became
quite able to pose as an authority in any nursery, no matter how
experienced the nurses and mothers might be. But then, when I
found them reasonable, I generally took them into consultation,
knowing well that being women, they were endowed by Nature
with quickness of observation, and often with intuitive soundness
of judgment. A confrère with whom I discussed a case differed in
that opinion; the child's mother was remarkable for penetration
and close observation, and my colleague comforted her by saying
that he never listened to a mother's or nurse's statements about a
child patient. Thereafter I refrained from asking his advice in
consultation cases.

Once I was called to see a baby which during a long journey
had been so constantly fretful and troublesome that the parents
had to halt for medical advice. On entering the room, I noted that the mother was young and inexperienced; she was holding her baby uncomfortably and seemingly without any idea how to soothe it. In accordance with my invariable custom when dealing with the case of a baby, I directed the mother to strip it entirely and put it on a warm rug and on a bed. Immediately the baby was freed from all its garments, it stopped crying, and began to investigate its toes after the manner of its kind. After careful examination I satisfied myself, and the parents as well, that the little one was not ill at all, but had been persistently chafed at the neck by a stiffly starched saw-edged shirt. It was a great surprise to both father and mother that an infant could so vigorously and so long complain of a local irritation.

I think that when a child of very tender age is supposed to be ill, the doctor should insist always upon seeing it quite naked. If there is any hesitation on the part of the person in charge of the child, the stripping should be made a decided request, and the suspicion entertained that something is desired to be concealed, as a chafe owing to neglect or a blister from a hot-water bottle, or at least something. It is not satisfactory or convenient to examine a clothed baby, and discomfort to it from a garment is eliminated. In another case a mother asked for advice about her baby which had been crying unaccountably most of the night, could not be pacified, and yet did not seem to be ill. I suggested that as any ailment could not be discovered, possibly a needle or pin had been prickling the baby frequently. The mother could not accept this as a probability, but next day she confessed that she had found a needle in the bedding and a mark on the baby's heel showing where the needle had stuck in!

A mother brought her baby to me, and stated that for some little time it had had constant action of the bowels, the motions being curdy, greenish, white, and scanty. There did not appear to be any abdominal uneasiness, and the baby was neither thin nor fretful. Suspecting that the rectal membrane might be irritable, I directed the mother to wash out the rectum with syringefuls of warm water, and to give every four hours a powder composed of a minute quantity of grey powder and the same of carbonate of soda. This was really a "placebo," as the baby took food well and had not any disturbance of digestion. Presently the mother noticed that the fewer the motions the less well the child seemed to be. It became evident that restraining the bowel actions did harm rather than good, and eventually the mother and I satisfied our-
selves that as the baby did go on thriving while the looseness continued, it would be better to let things alone. After awhile the evacuations became natural in appearance and frequency.

At a Himalayan station where I was on duty I had to look after soldiers' children. Although the height above the sea was over 6,000 feet, the sun had dangerous power, but the mothers did not appear to understand that its heat could harm their little ones. Among infants cases of congestion of the brain occurred in unusual numbers, almost to epidemic extent. The treatment adopted and found to be most useful consisted in dosing with calomel, two gr. at a time, the body being kept warm. How the mercurial acted I do not know, but act it did and well. The hospital matron's own baby got ill and she begged for calomel, being convinced by observation of its beneficial effect, a confidence in the drug which was duly rewarded.

At another hill station many young children came under my supervision, and among them several cases of continued fever were met with. Sometimes the fever would last only a week or go on for a fortnight or even to twenty-one days; fortunately none turned out badly. But one little boy of 4 years caused me anxiety; he did not get sleep, and I was afraid to administer any soporific, being uncertain as to suitable dose and possible effect. He sat on his bed fretful and difficult to manage. Sleep being urgently necessary I had recourse to a novel expedient. Borrowing from a jeweller's shop close by a large musical box I put it on the child's bed and set it going. At once he stopped whining and began to cuddle the box. Before long the tinkling sounds soothed his nervous system so much that good sleep ensued. The case did well, and the musical box contributed then and afterwards greatly to recovery.

During the hot weather in the plains the parents of some children complained to me of the exasperating naughtiness of their little ones which even slight severity failed to check, and asked my advice. Of course I made a point of seeing the supposed delinquents and found that the misbehaviour was really a manifestation of nervous irritation from the excessive heat of the weather. The parents were rather astonished and grieved when told they had beaten sick children! The nature of the case was explained to them and that it was necessary to tranquillize the harassed nervous system of the little ones. Accordingly I made the mother produce a teaspoon, a glass bottle and some water. Into the bottle I put one gr. of acetate of morphia and with forty teaspoonfuls of water dissolved it. Next I had the bottle labelled with "sedative
solution," and enjoined the mother to keep the bottle and teaspoon always together in order to prevent mistake as to quantity of dose. The morphia acted like a charm after three or four doses of a teaspoonful each at hourly intervals. The mother was told that the medicine was not intended for making the children sleep but only for soothing their nerves. Thereafter there was not trouble about "naughtiness."

One day, also in the plains, I was hurriedly summoned to see a baby alarmingly ill with sudden convulsions. Arriving without delay at the bungalow close by, I was told the baby had died, and dead it certainly seemed to be. But the happy thought occurred to me that as death was so very, very recent it might be worth trying what artificial respiration could do. Taking the body on my lap I began the process. How long I persevered I do not know, but eventually spontaneous breathing was set up, feebly and at intervals; then there was a cry and I was rejoiced to see light come back into the eyes and respiration become quite re-established. The baby was not under my care and I saw it that once only, but I know that it regained health and grew up.

I may mention respecting convulsions in children that ordinarily I treated the cases by inhalations of chloroform. They always controlled the seizures without any harmful effects. In one family I taught the mother how to administer the vapour with safety and to what permissible extent; her two little girls were very subject to convulsions.

Instances of the medicinal use of alcohol have not been uncommon. A striking case was that of a fine, strong baby which had become dangerously collapsed in consequence of severe diarrhoea. The mother was directed to give brandy slightly diluted; with her finger tip to drop five drops every few minutes into the baby's mouth and not to stop while benefit seemed to be derived. Next morning the patient was comparatively convalescent and I inquired how much brandy had been given. The bottle was produced and seen to be half empty; it was of ordinary size and fresh from the shop; the mother said she had not dared to stop dropping as the need of the stimulant continued to be evident so long. The baby certainly appeared to be none the worse for the free potations; he recovered well from the bowel complaint.

Occasionally I prescribed an alcoholic liquid for children not really ill but languid in constitution and obviously needing a stimulant. The tonic ordinarily ordered is in the form of a tincture and this is made with spirits of wine. Now to give forcibly...
to a child a “nasty medicine” is a grievous offence to it, arousing open or secret resentment, and as I credited the tincture with effect mainly because of the spirit excipient I generally selected a liqueur instead. One quite little boy was always looking pale and below par, but had not any ailment. His system needed a fillip. I directed the mother to put a teaspoonful of curaçao in an ounce phial and fill up with water for a day’s consumption; a little was to be given with meals, never on the empty stomach. At first she objected to the alcoholic remedy, alleging that her husband being a confirmed teetotaller might not approve it. In turn I explained that a medical man could hardly be expected to make his selection of remedies dependent upon non-medicinal sanction, and I desired her to give to the child what I, the responsible adviser, considered best for him to take. I heard nothing more on the subject, and after several weeks’ trial of the “medicine” the mother was convinced that it had done the boy good.

A case quite unique in my experience I may put on record. I was hastily sent for to see a baby which had been taken ill suddenly and alarmingly. I found the little patient recovering somewhat from collapse, and employed suitable restoratives. But neither disease nor injury was apparent. The mother said that after giving the baby the breast as usual, it became almost immediately ill to a degree that frightened her. Noticing that the mother seemed capable of animation, and possibly possessed “a temper of her own,” I drew a bow at a venture and guessed: “I suppose you had a quarrel with your husband this morning?” She looked much surprised, and admitted that she had had. I went on: “You were furiously angry with him I dare say?” A reluctant “yes, she was.” “While angry, you took up baby and nursed it?” “Yes.” “And then it got ill?” “Yes” again. “Well,” I rejoined, “your child has had a narrow escape from convulsions, and, perhaps, death; the milk of a suddenly infuriated mother is a rather dangerous poison to an infant; so you had better not nurse yours any more, or else resolutely refrain from outbursts of angry temper.” She was much startled, and effusively promised not to endanger her baby again.

The case of an infant born very weakly and kept alive by a method of incubation is interesting. The parents were healthy and the pregnancy of usual duration. But the baby was so frail that it was feared she would not survive. It occurred to me that it was of primary importance to maintain and reinforce the bodily warmth. Accordingly the largest india-rubber hot-water bag obtainable was half filled with hot water, and the air squeezed
out, a soft cushion resulting. Under this a folded blanket was placed, and upon it a layer of flannel to receive the baby. A fire was kept up in the room and relays of warmed flannels laid constantly on the body. It was impressed upon the father, a very loving parent, and most useful in a sick room, that reliance was placed mainly on unremitting continuance of the warmth, supplemented with diluted warm milk and an occasional drop of brandy. Owing to the steady perseverance for several days of the family and servants the "incubation" proved successful. The infant thrived and grew up to be a fine girl.

Of midwifery cases and diseases of women I had some experience. One of the former interested me much at the time. The patient was a well-built and robust Irishwoman in hospital for her confinement. She was not under my personal care and commonly parturition, when ordinary in its course, was superintended by the hospital matron. When going in the evening round the men's and women's wards, I inquired how the patient was getting on, as I had heard that labour pains had set in. The matron said that everything was going on all right, but her tone made me suspect that she was not quite certain. I saw the patient, and, making the usual examination, discovered that so far from "going on all right," delivery was hardly likely without manual assistance, the presentation being breech! With infinite care I proceeded to turn, not very easily, and ultimately the child was brought into the world, but unfortunately dead. The mother recovered quickly and completely.

One case which I attended ended in death, very greatly to my surprise, as the labour was normal in every respect. After the child had been born, the placenta removed and the patient duly bandaged, she complained of feeling faint, and died immediately. It was difficult to account for the sudden death; there was no flooding, no convulsions, nor any insensibility. Eventually I ascertained that the patient, an Eurasian, had been in the habit during pregnancy of eating rather largely small earthen saucers such as were used in illuminations when filled with oil and provided with a wick. I think she had so interfered with the nutrition of her own body that Nature had kept her alive only for the sake of her child until its birth, and then allowed collapse of her vitality. The infant was healthy and did well.

Once I met with a very rare occurrence in a lying-in room. I had agreed to attend a patient who said she was expecting a baby at a date not distant. In due course a summons to the house
came, and, on arrival, the monthly nurse reported that the pains were going on regularly. After awhile, as much progress was not apparent, I proposed to make sure that things were all right while there was time to do anything which might need to be done. I set about ascertaining in the customary manner, and presently discovered to my amazement that the uterus was of unimpregnated size, and no trace of a fœtus outside it. Knowing how keen the disappointment to the patient would be, and appreciating her mortification, I took extreme care to satisfy myself as to the non-existence of the expected baby. As I anticipated would be the case when informing the husband, friends, and nurse, their incredulity was strong. Eventually I turned to depart, saying I would call in the morning to see the new-born child. I went and found the patient up and dressed, confused and most reluctantly convinced of her mistake as to pregnancy. The abdominal enlargement had been merely distension from wind and the "labour pains" simply colicky.

Soon afterwards I had a case of quite opposite character. A lady, thinking, hoping, and doubting that she was enceinte, asked me to satisfy her on the subject. I found that most certainly she was "in the family way," but could not convince her. After some time she came again, still tormented with hopes and doubts. I then tried to reassure her by means of the ballottement method. She admitted that she felt during the process something jumping up and down. It was explained that as the jumper could not be a fish, it was really a baby. She replied, "When you talk to me, you free me from doubts, but when I get home, they return worse than ever!" I told her that as she had not any disease which could be detected and as she admitted feeling quite well, she had better wait to see what time would reveal. Needless to say labour pains and the appearance of a baby finally dispelled all misgivings.

A lady who was feeling distressed because motherhood had not fallen to her lot consulted me as to possible cause of the barrenness. Examination showed that owing to chronic subacute inflammation of the lining membrane of the cervix, the channel was closely blocked with mucus so thick and tenacious as to yield passage only to the hydraulic pressure of the menstrual fluid. Simplicity of remedial measures having always appealed to me, I decided to recommend the systematic application of water as warm as could be comfortably endured. The method of the irrigation and the effect aimed at were explained in detail to the patient, who steadily persevered with the treatment. The undue secretion of mucus was
reduced to natural quantity and condition, and ultimately pregnancy ensued; and was repeated several times.

A lady who married after her first youth became pregnant and was exceedingly desirous of having a child. In due time a baby was born but unfortunately arrived dead. She took her lamentable disappointment so much to heart that she drifted into a melancholy which it was feared might be rather lasting. In these circumstances it appeared to me that a strongly decisive effort ought to be made to dispel the deep depression. I consulted with the husband and explained that in my opinion the cure practically depended upon his co-operation, which he readily promised. The plan was that he should administer a severe moral shock which might prove of permanent good effect. He was to alter his conduct towards her, to change from a devotedly loving and sympathizing manner to harshly manifested indifference. At once she noticed the change and became much startled and alarmed, with consequent emergence from the melancholy and with anxiety to regain her husband's affection. I believe my method of moral cure was unfolded to her after a time, and that she was not ungrateful to me. Pregnancy again ensued and this time a son was born alive. It was most pathetic, her sobbing relief from suspense when she heard the infant cry, which I took care it should, with the encouragement of a spank. It throve well and the mother's happiness was touchingly great.

A young wife, just confined of her first baby quite naturally and without any notable suffering, professed inability to pass water and some bladder distension was appearing. As there did not seem to be any good reason why she should not micturate, and it being advisable to refrain, if possible, from encouraging by the use of a catheter the patient's want of will power, I told the husband to frighten her by saying that if she did not make water soon, the doctor would have to come with a big instrument and draw it off. The intimation had speedy effect and nothing more was mentioned by her of the imaginary difficulty.

As a quaint experience, I may note the case of a lady under my care with typhoid fever. The patient was progressing satisfactorily, and, in fact, convalescence had begun. But one day, an hour or two after I had paid my morning visit to her, a message was brought in haste that she was dying. I had felt certain when I saw her in the morning that nothing untoward was at all likely to happen; however, I hurried to the house and found the family tearfully surrounding the bed and the patient taking mournful leave of them all.
Kneeling by the bedside I felt the pulse and found it full, soft and regular. Evidently there was nothing serious the matter. Seeing me cheerful and apparently unconvinced as to danger in the case, and hearing me make a remark or two of anything but dismal character, the surrounding faces cleared and the owners of them began to sidle out of the room. I then questioned the nurse: "Mrs. —— was feeling a little down, I suppose, and you gave her a little brandy?" "Yes," was the reply. "Show me the bottle," I said: It was half empty; it then became evident that the nurse had made her invalid maudlin! I comforted the husband by telling him that the brandy had gone to his wife's head a little and that there was nothing to fear in consequence. I did not afterwards refer to the affair when seeing my patient, but she did with some embarrassment.

A useful lesson was taught me at a bedside on one occasion. I was seeing the patient for the first time, and on feeling the pulse was concerned at finding it small, almost thready and weak. But I did not perceive in the case any alarming symptoms, and yet the quality of the pulse excited apprehension. I thought of examining the other wrist pulse and found a vigorous beat of ample volume. The patient had one abnormal radial artery. Thereafter I made it a rule, before arriving at an opinion as to the state of the circulation, to feel both pulses, taking care to keep the arms well away from the sides of the body in order to avoid squeezing pressure upon the axillaries. The advantage of this precaution was brought home to me on more than one occasion.

Extraction of teeth occasionally came in my day's work, and in one case the circumstances were somewhat ludicrous. A young woman, wife of a soldier clerk, came to have a tooth pulled out. She was duly placed in a chair and the offender examined. But the moment the forceps was brought near her mouth she clutched my hand. These two actions were repeated so constantly in succession and for so long a time that I gave up trying to overcome her opposition and sent her with a note to the local dentist of perhaps more persuasive charm. She came back with a message from him to the effect that having spent more than half an hour in the endeavour to get at the tooth, he had to dismiss her. Apparently she really could not restrain herself from preventing extraction, although she sat quietly in the chair and did want to lose the tooth. Again I tried to induce her to let me remove it, but without success. I then called in my Mussulman servant armed with basin, towel and tumbler of water. To my astonishment she then opened her
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mouth, admitted the forceps and submitted to extraction without the least demur. I asked her why she had given me and the dentist so much trouble. Her answer was that she was ashamed to behave in a silly way before the native! Being an Englishwoman she had the usual strong racial feeling, and could not endure the thought that a native should secretly laugh at her.

Another case of dentistry is worth mention. A young and very pretty lady had so troublesome a toothache that she determined to submit to having the delinquent taken out. The doctor on the spot declined to extract, alleging (so I heard) that he had not the heart to give more pain to so charming a patient. As I was reputed to be aiming at all-round usefulness as a practitioner, I was invited to appear on the scene. Accordingly I went to her house—at a neighbouring hill station—but failed to induce her to allow me to use the forceps. For about a couple of hours her courage failed in spite of marital and friendly coaxing. At last I resolved to try a method of mental counter-irritation. Suddenly I glared at her and said sharply: "Do you think it fine to make all this fuss?" Her eyes sparkled with anger and astonishment; she opened her mouth and out came the tooth. I deemed it expedient to leave the room soon and to explain to the husband that nothing short of my stratagem would have sufficed to inspire his wife with the necessary fortitude, and that I had felt impelled to suppress my own feeling of sympathy for her suffering in order to relieve her of pain. The husband appreciated the expedient, but I suspect that the lady did not forgive me for making her respond involuntarily to my simple ruse.

A third dental case interested me by its result. A 16-year-old frail-looking girl was brought to me by her mother, the girl having insisted that one of her back teeth should be pulled out. I examined with care the tooth complained of but could not see any trace of decay or anything wrong with the adjacent gum, so I demurred to her losing a tooth apparently quite sound, and, besides, so firmly fixed in place. However, she was determined that it should come out, said that she had borne the aching for a very long time and would not endure it any longer. Reluctantly I extracted the tooth; there did not appear to be anything unusual in its exterior condition, but upon crushing it there was found in its centre a globule of pus about the size of a large pin's head. I think the girl was pleased by the proof of foundation for her enmity to the molar.

Cases of insanity in women rarely came under my care. One is deserving of record here. The patient was young, thin, duskily
pale, had been confined a few weeks previously, no appetite, and
eyes rather glaring. She began at my first visit to talk about the
devil and other matters of delusion. Thinking it would be judicious
to converse with her as with a sane person, I remarked that I had
heard of the devil but had not had opportunities of meeting the
individual, and professed desire to know more about him. She pro-
ceeded to give me information. After awhile I said that a little
medicine sometimes made one's ideas clearer about the devil and
his works and persuaded her to promise to take some to that end.
I supplied her with a batch of seidlitz powders with instructions to
take one night and morning; but they were to be dissolved in warm
water and not taken till the effervescence had quite stopped. She
did follow the advice, and as the tartrate of soda pervaded her body
the delusions began to fade away and before long she regained
normal mental health. I had rather in mind the old doctrine of
peccant humours and fancied that such might possibly be diluted
away.

In family doctor practice it is useful to take quietly note of the
patient's domestic surroundings. I had a young lady under my
care recovering from an attack of continued fever. Her convales-
cence was slow and she was depressed, but I could not account
for lowness of spirits. It occurred to me that perhaps the collateral
details of the sick room were not quite favourable. The women
relations were dressed in black and moved about on tiptoe and with
bated breath in order not to disturb the invalid. Heavy curtains
were shutting out most of the daylight and the air was made heavy
with sympathy! Suspecting that the patient's mind was being
burdened with this funereal fuss I said so to the family and ordered
the curtains to be fully drawn back, the windows opened, the black
raiment to be changed for brightly coloured dresses, the piano to
be played upon, and laughing voices to be heard. Immediately the
sick girl brightened up, convalescence was accelerated and complete
recovery soon followed.

(To be continued.)