Clinical and other Notes

Clinical Note of the Value of Hyoscine in the Treatment of Convulsions Following Heat-Stroke.

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Sergeant — was admitted on the night of May 18th, 1905, suffering from heat-stroke. On admission he was unconscious, pulse 130, respirations shallow and stertorous, and temperature in axilla 110° F.
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He was at once rubbed down with ice, placed in a wet pack, and the temperature reduced to 100°F. Patient now appeared easier, but as his pulse was still very quick and bounding and his face rather cyanosed, 5 ounces of blood were removed by venesection, artificial respiration began, and a blister applied to the nape of the neck. After this treatment the patient improved slightly; the respirations were deeper and less laboured, and the corneal reflex returned for a time. About an hour later the temperature again began to run up; the patient vomited a lot of mucus, and contractions of various muscles, with opisthotonus, supervened. The temperature again being reduced he was given a hypodermic injection of tinct. digitalis, mxx., and he fell into a drowsy state, in which he remained for some hours. Next morning, about 8 a.m., although the temperature was only 100°F., he was seized with very severe convulsions, and a hypodermic injection of hyoscine, followed by another in half an hour, was given, which seemed to control the convulsions very effectually, as he had no recurrence afterwards. After this the temperature gradually dropped to normal in the course of a few days, and gave no further trouble; but on the fifth day the patient developed peripheral neuritis of the lower extremities with the usual signs, tenderness of the calf muscles, loss of knee-jerk and foot-drop being present. This condition, however, has improved a good deal, and the patient is now able to get about without the use of a stick.

The case is interesting owing to the high temperature, and also as showing the marked effect of the hyoscine on the convulsions.

I am indebted to Lieutenant Macrae, I.M.S., for his help in the treatment of the case, and also for the examination of the blood, in which no malarial parasites could be found.

A CASE OF MYXODEMA FOLLOWING A GUN-SHOT INJURY TO THE NECK.

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The patient, R. W., married, aged 39, a pensioner employed as office messenger in the Royal Hospital, Chelsea, first came under my care on October 4th, 1906. He then had a typical appearance of an advanced case of myxœdema. Face large, puffy and expressionless, with patches of heightened colour, and small vessels in the centre of either cheek. The puffiness was most marked around the eyes, so much so that he could scarcely raise the upper lids. The lips were large, cheeks baggy, and saliva was dribbling from the corners of his mouth. His tongue was much enlarged and very flabby. Speech slow and jerky, and he articulated as if he had “a plum in his mouth.” His whole body and limbs, even to his fingers and toes, were swollen. He stated that