

a flickering return of pulse at the wrist. Efforts were continued for a short while longer, when some vomiting occurred, and it was evident the danger was over. He was conveyed back to bed in the ward—surrounded with hot water bottles, etc.—and allowed to complete his recovery.

As far as can be ascertained, the boy had never had a fit of any kind, and the convulsive movements could not be described as epileptic in character, and the case was equally distinct from an ordinary syncope. Had a few whiffs even of an anæsthetic been given, the condition would have been ascribed to that, and, had a fatal result ensued, it would have been one more to the list of chloroform fatalities. Had death occurred in this case, as at one time appeared inevitable, the cause would have had to be put down as "death from syncope from fright."

We can only ascribe "fear" as the cause of this alarming condition. The boy had cried bitterly for hours, I learnt afterwards, when he knew something was to be done to his knee. The removal from the ward and the placing on the table were great predisposing causes, whilst the mere measurement over the nose and mouth of the corner of a towel, was the final exciting cause. There was no smell of anæsthetics in the room, as it had not been used that day so far, and the chloroform bottles had not been brought in.

The moral of the case is to fortify our patient if we know him to be especially nervous, either by a hypodermic of morphia and atropia, or some diffusible stimulant in the ward, and to precede the administration by a hypodermic of strychnia, and to divert the attention when beginning to anæsthetise.

In children, we are so much more sure of the correctness of our observations. In two fatal cases I have seen in adults, one under chloroform (male), and one under ether (female), the patient in each case had previously declared the fear that he (and she) would die under the anæsthetic! It is evident these statements are not to be lightly disregarded.

CHLOROSIS.

The causes and treatment of this condition are receiving considerable attention at present in various parts of the civilized world, and there have recently appeared in several coun-

tries valuable articles concerning the etiology and pathology of the condition. Certain facts in this connection are, of course, generally accepted and corroborated by the experience of most medical men. In the first place, the vast majority of cases occur in females. Secondly, it is rare to find the disease before the age of fourteen, or after the age of twenty-four—that decade furnishing practically nearly all the cases which fall under this definition. The exciting causes are usually given as insufficient food, light, fresh air, or exercise; physical or mental over-work, anxiety, grief and nervous depression; and perhaps, above all, the condition of chronic constipation. From the latter cause, indeed, it has been argued that chlorosis is really a condition of toxæmia. At any rate, it is beyond dispute that the treatment of the disease by the removal of fæcal retention brings about in many of these cases complete and rapid recovery. An Italian observer has recently pointed out the influence which cold appears to exert in the production of this disease, and he quotes cases which have occurred in his experience in which patients only suffered from this condition during the colder months of the year. From this he argues that chlorosis is a vaso-motor neurosis, the blood changes being dependent on disorders of the circulation. Then it is argued by Meinert, of Dresden, that displacements of the stomach and other organs are frequently so connected with the advent of chlorosis as to lead to the belief that they represent cause and effect. It is certain that in many cases the habit of tight-lacing has been proved to be the exciting cause of the mischief, and it is open to argument whether this was consequent upon the displacement of the viscera or upon insufficient oxidation of the blood. The theory that chlorosis is an infectious disease, which has been held by a certain school of French physicians, has never been accepted in this country, and it is more probable that the occurrence of the affection among those living in the same neighbourhood is rather due to coincidences of life and vitiated surroundings than to any direct infective process. The treatment by iron is undoubtedly the most effective and complete therapeutical cure. But all practical physicians in this country are agreed as to the especial advantages of administering sulphate of soda, together with the iron salt which may be chosen for the particular case.

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