

ment unless he re-examined her in another week or ten days. He expressed himself very cautiously and reservedly.

When at last the patient and I were left quietly alone, she acknowledged she was feeling the want of food. I soon made her an egg-flip, which she drank with relish, and after that for the next few days she had something every two hours. I found her very gentle and amenable, though perhaps bitter, and cynical and hard, but this was easily accounted for when she told me her history, which certainly was an unusually eventful and cruel one. Suffice it to say that at the age of twenty-seven she had lived through more trouble than would fall to the share of several long lives; a homeless, penniless, childless widow, who had known want and seen her children die one after another for lack of food and medical attendance, she finally found herself free and alone in the world and forced to earn her livelihood. A gifted, capable woman, she was thankful to get this post as housekeeper, and during the last thirteen years she had furnished the house, and filled it with her wood carving, water colours, leather and brass work; in fact she had been the making and mistress of the home which she had now to leave. Was it, therefore, surprising that she should feel it? But now came the question was it temper, or was she really ill and the fact of her illness merely a coincidence at the time? Certainly for the first few days it all pointed to the first surmise, for as soon as the sister had carried off her brother and left the patient and myself alone, she had opened her heart to me, and I—after having sympathised with her at first—endeavoured at the same time to show her how wrong and selfish she was in making herself ill, and standing in the way of the happiness of others. She confessed to being ashamed of herself, pulled herself together, brightened up, took her nourishment well, and altogether acted and looked like another woman.

Suddenly, however, on the fourth morning of my arrival, she became very sick; it was about three or four in the morning, the vomit changed in character as she went on being sick, being first green fluid, then coffee grounds, and finally it became quite fetid, so that I feared obstruction and death. Pending the doctor's arrival, I first tried hot water, but this failing, I gave her black coffee, which checked it. On the day of my arrival she had had an aperient which had acted well, but since then her bowels had not been opened, and the doctor ordered an enema.

An ordinary soap and water enema had no effect, so I added ʒss. of castor oil and ʒi. of turpentine, and to my astonishment several enormous scybalæ came away. These I showed to the doctor as well as a specimen of her vomit, and he put the whole

trouble down to this obstruction, gave every hope of her recovery, and told me to stop the morphia injections. But now a fresh trouble arose, for she either could not or would not do without her morphia; she would double herself up and writhe with pain, and on being asked where the pain was, she would at one time hold her ribs and describe the pain in such a way as to give the impression of intercostal neuralgia—at another she would give one the idea of pelvic inflammation, but as the temperature never rose, and hot fomentations gave no relief, we would abandon the idea—next, it was something like sciatica, and so on. Unfortunately she had attended St. John's Ambulance lectures at the Polytechnic, and both the doctor and I found it very trying to hear her talk of her pylorus, her sigmoid flexure, her carotid artery throbbing, and her sciatic nerve shooting. She moreover had dabbled with dispensing, she knew the taste of drugs, and detected them in the doctor's mixtures.

Our present difficulty was the giving up of the morphia. My patient argued quietly and emphatically that it had *not* taken hold of her, but that she really required it, and the doctor persisted that she was *not* to have it. She, however, grew so unmanageable, and was apparently in so much pain, that the doctor ordered the injections again; she certainly looked very ill, and was losing flesh daily, and her appetite quite failed her, the sickness came on again, and the tonic had to be stopped.

Finally, a third consultant was called in; this time it was an obstetric surgeon, famous for abdominal section. As he came into the room, I saw the patient look up at him, and an expression of aversion and absolute hatred came over her face; she lay perfectly still with a fixed expression, and with the greatest difficulty gasped out her answers to him, and when he came to examine her, the abdominal muscles were so hard and tightened, that he was completely unable to feel anything through them, in fact, she looked and acted like one possessed. On making a vaginal examination, he passed up a sound, which he withdrew covered with blood. "Strange," he said, "I felt nothing." He then said, that unless the patient were put under an anæsthetic and properly examined, he could give no opinion about her. This she positively declined, and we were again in the same position of uncertainty as before.

And now a fresh phase came, she grew morbid and silent, and refused to talk or be spoken to, or have any one with her in the room, and thus she lay frequently for hours, preferring to be left alone, as the slightest noise or movement disturbed her. She hated and talked against everybody, no one escaped the sharpness and cynical satire of her tongue, except—so far—myself. Unfortunately all this looked "mental,"

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