

An Interesting Case.

THE HISTORY OF A PIECE OF GRASS.

"Boys will be boys," we are told when some untoward piece of mischief has occurred, but sometimes these boyish pranks become very costly to the boys' parents, to say nothing of the danger to the life of the boys, as occurred in the following case. For the clearer understanding of this history we will call the boy Tom, it is not his real name, but that doesn't matter.

One day at school Tom was playing "Whoop" in the school garden, and to wile away the time was doing what thousands of other school boys have done before him without any serious consequences, nibbling a piece of grass, when a school fellow running up behind him slapped him on the back, with the result that the grass disappeared down his throat.

This was the history of the case when I was called in the following day to nurse poor Tom, whose temperature has risen to 105.2, with a corresponding rise in pulse (118) and respiration (38), he had vomited the night before, but no trace of the grass could be found.

During the following nine days the temperature rose in the evening, often reaching 104.6, and in the morning dropping to 99.8 or 100; once during each of the first three days he vomited, but nothing but food, which of course was restricted to a milk diet.

The doctor, whilst thinking the illness was the result of the grass, treated him for pneumonia, as there was a decided "spot" on the left lung, and open air treatment was adopted.

On the eleventh day the temperature fell to 99, and with many slight rises during the next three weeks gradually became normal, when it was decided that my services would no longer be required.

Three nights before I left, the temperature again rose to 102, but as the following morning it was normal again, it was thought to be due to some excitement at my leaving; a week before I left I had taken Tom to a seaside town on the east coast as it was thought a more bracing air would bring renewed health.

Four days after I left I was wired for again, in the meantime Tom's temperature had risen, and a specialist from the next town had been called in for consultation, and had diagnosed consumption, and the patient was again placed under the open air treatment.

Then began a very serious struggle for life; poor Tom from a robust, sturdy boy lost flesh so rapidly that he became almost a skeleton. His temperature kept up between 101.8, and

104.8, with rapid pulse and respirations; his breath was most offensive, and a very large amount of pus was coughed up. Specimens of sputum were sent to London for examination; the first time tubercle bacilli were discovered, the second time, which was about a fortnight later, only a very small quantity were traced, the third time, a fortnight later still, only pus was reported.

After eleven days of this severe fight against the great enemy, the temperature dropped to 99.6, but rose again the next day, when there were very evident signs of heart failure, and in the afternoon Tom seriously collapsed. The pulse became very intermittent and thready, and a terrible fear possessed us that we were going to lose in this great struggle; injections of strychnine were then prescribed, and Tom rallied for the moment. The injections were given at first about every eight hours, but very soon they had to be given more frequently, sometimes five times in the 24 hours, as signs of collapse were constant. The temperature during this week (the third after the relapse and the eighth from the beginning of the illness) gradually fell until it twice touched normal, but still it was necessary to administer strychnine three and sometimes four times a day.

During the ninth week the temperature varied from 99.8 to normal; only once did it rise to 101.2, but the heart was still in rather a serious condition as shown by the condition and frequency of the pulse, which fluctuated between 104 with 32 respirations per minute, to 54 and 32 respirations; but gradually the pulse steadied and the strychnine injections were given less frequently, until a few days later they were entirely discontinued.

Diet during these weeks had been a very serious difficulty. Everything possible, such as milk, beaten eggs, Valentine's meat juice, etc., had been tried, but only the very smallest quantities had been taken, especially while the heart had been in such a critical condition. The first signs of a returning appetite—if such it could be called—were hailed with joy when Tom swallowed two teaspoonfuls of a very soft rice pudding, which, being a favourite dish, I had prepared myself, hoping to tempt him.

During all these weeks the amount of pus coughed up had gradually decreased until the doctor said the lung abscess had healed, yet in spite of this the breath remained more or less fetid, so much so at times that very close proximity with my patient became almost unbearable.

By the end of the tenth week, Tom began to show decided signs of returning health, his

[previous page](#)

[next page](#)