REMARKS

ON A

PECULIAR FORM OF NERVOUS APNŒA:
ITS PHYSIOLOGY AND TREATMENT.

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THERE is a peculiar and distressing form of nervousness about which I have not unfrequently been consulted, and which has still more frequently been brought to my notice in the course of conversation with friends and with patients who have consulted me about other symptoms. In most of the cases that have come under my observation, the nervous affection to which I refer has occurred while the patient has been engaged in reading aloud, with his family, either prayers or a chapter out of the Bible. The reader finds that his heart begins to flutter, while his breathing is oppressed; and his utterance becomes indistinct and broken. With this, there is sometimes more or less of a feeling of giddiness, and a tendency to faintness. Sometimes, by a determined effort of the will, the difficulty and the distress are overcome, and the reader continues and completes the work in hand; but not unfrequently the symptoms become more and more distressing, until the patient, voiceless and panting, is compelled to give in and discontinue the reading. Most of those who have spoken to me on the subject have been men, but I have known the same difficulty occur to women. Several of my patients have been clergymen; and more than one of them, to the distress and alarm of themselves and their congregations, have broken down in the manner described while engaged in reading the service in church. All who have suffered in this way have been of a sensitive and excitable temperament; some have been under the influence of nervous depression or a temporary derangement of health. In most instances, some emotional disturbance has been the immediate exciting cause of the nervous paroxysm; it requires no small amount of resolution and nerve to get through some of the lessons which the clergy have to read to their congregations. In some cases, the recollection of a former attack and a dread of its recurrence have increased the liability to the attacks, and provoked their frequent return. One of the most curious examples of this was afforded by a clerical friend, who one day had to run to his church in order to avoid being late. When he went into the reading-desk, his breathing being still hurried by the recent exertion, he had some difficulty in getting through the first part of the service. His breathing gradually became quiet, the difficulty in reading ceased, and for the time he thought nothing more of the occurrence. On the next occasion, when he began to read the same service, he had gone without hurry into the desk; but the recollection of his former suffering brought back the same distressing train of symptoms—palpitation, difficulty of breathing and of utterance—to such a degree, that for a few minutes he could scarcely continue the service. Again and again, at the commencement of several successive services, the memory of his former distress and a nervous apprehension of its recurrence brought back the same train of symptoms; and several weeks elapsed before he got free from the distressing weakness.

The vexation, annoyance, and even alarm, occasioned by these nervous seizures, are often very great; and the patient begins to fear that he has some serious organic disease of heart or brain.

Now, it is a matter of some practical importance to be able to give an intelligible explanation of the phenomena, and upon this to base the suggestion of a simple and efficacious remedy. The explanation which I am in the habit of giving, and which I believe to be the true one, is this. Some kinds of emotional excitement, while they quicken and disturb the heart's action, partially suspend the breathing. It is the suspended breathing, the partial apnœa, the gradual emptying of the chest by the expiratory effort of speaking, that is the main cause of the increasing distress and the difficulty of articulation. We know, as a physiological fact, that a partial suspension of the breathing involves, as its necessary correlative, an impeded circulation, primarily through the lungs, and secondarily through the whole system; hence the feeling of giddiness, faintness, and increasing sense of exhaustion. That this is the true explanation of the phenomena in question, is proved by the fact that a few deep inspirations, deliberately taken, usually suffice quickly to remove the distressing sensations. A deep inspiration, filling the chest with air, at once renders vocalisation more easy, and the circulation more free; and I repeat that a few deep inspirations quickly lessen and remove the distress which had resulted from a partial arrest of the respiratory movements. I am in the habit of saying

to these patients that, when they are threatened by a nervous attack while reading, they may ward it off, and escape all serious annoyance, if, while continuing to read, they give so much attention to their breathing as to ensure a continual succession of deep inspirations. I tell them to bear in mind that, while the organ is continually emitting sound, the bellows must be regularly and vigorously worked. It scarcely need be said that, if any discoverable bodily derangement or debility appears to contribute to the nervous disorder, this should be treated by suitable remedies.

In connexion with this subject, it is not without interest to remark that most patients, whether men or women, who are subjected for the first time to examination by the laryngoscope, require to be told that, while the examination is being made, they must continue to breathe freely. I had practised laryngoscopy for many months before I discovered that the slight nervousness experienced by most patients on having their throats inspected causes them to hold their breath; and this suspension of breathing soon distresses the patient, and embarrasses the operator. The direction which I now invariably give to my patients is, in substance, this: "While I introduce the mirror and look at your throat, do not hold your breath, but continue to breathe in and out freely." And I do not attempt to introduce the mirror until I see that my patient understands and obeys my directions.

A few days since, while I was discussing this subject with Mr. Ernest Hart, he reminded me of a precisely analogous instance of nervous apnœa. It happens occasionally that, when a nervous patient is about to inhale chloroform, emotional excitement so completely suspends the respiratory movements, that the patient has to be encouraged, and instructed to continue his breathing, before the inhalation can proceed.

THE TREATMENT OF HÆMORRHOIDS.*

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AMONG the diseases of the rectum, that abnormal condition of parts which we call hæmorrhoids, and which is popularly called piles, is the most frequent which the medical man in general practice is called upon to remedy; and from its known frequency, the public expect that our profession should be able to relieve those who suffer much more expeditiously and satisfactorily than from less known diseases. So well known is this disease by the public, that there are a great many popular remedies generally used, often in mild cases with benefit, and we are very seldom called upon for advice till the disease has assumed a stage in which ordinary remedies are of no use, and active procedure is necessary at the hands of the surgeon.

Judging from authorities who have written on this subject, notwithstanding the frequency with which this affection is met, a plan has yet to be fallen upon which will bridge over the gap between the treatment of mild cases and that of the most severe. In the former class, we content ourselves with removing the cause—if known—and with the application of innocuous remedies, such as ointments, lotions, etc.; in the latter, we proceed to use what has been called the "opprobrium of surgery"—the knife, ligature, etc.; but any method of treatment which would bridge over the great distance between these two extremes we have not. The very strong objection on the part of our patient to any operative procedure, so great, indeed, that the mention of cutting, tying, clipping, or burning, will cause him to submit to an even greater amount of pain, from the disease under which he labours, than what he would require to suffer under treatment, is a great inducement for us to endeavour to discover some means more efficacious than lotions and lavements, and less heroic than the knife. To point out a method whereby this result may be accomplished, is the reason of this paper being submitted to your notice.

Hæmorrhoids have been divided by authorities into internal and external, and by some we have yet another class called intero-external. These have their names from the position which they occupy in relation to the sphincter ani muscle. The internal are situated within or above the sphincter; the external without or below the sphincter—taking the body in the erect position; and the intero-external occupy a position intermediate to the other two divisions, being placed over the fibres of that muscle.

Piles, in whatever position they are placed, consist essentially of knots or tumours, developed upon a varicose condition of the hæmorrhoidal plexus of veins. "A pile in this state is quite soft and compressible and can readily be emptied by pressure; and, when cut into, it will be found to be composed of one or more cells filled with blood

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