ASSOCIATION MEDICAL JOURNAL:

BRING

THE JOURNAL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

No. CLXXXI.

LONDON: SATURDAY, JUNE 21, 1856.

Hospital Reports.

ST. MARY'S HOSPITAL.

CASES OF NERVE-DISORDER, RECORDED WITH
REFERENCE TO THE PROBABLE OPERATION
OF MALARIA AS A CAUSE.

By C. HANDFIELD JONES, M.B., F.R.S., Assistant-Physician to
the Hospital.

[Concluded from page 496.]

CASE XI. E. L., male, aged 10 years, was admitted March 15th, 1856. He lives in a healthy place. He has been ill about one month; is always delicate. He suffers with pain at both sides of the chest, and at the lower part of the sternum; it is not worse after eating. He has attacks of shivering two or three times a day; "can scarcely keep life in him during them"; gets feverish afterwards. The other night he fell down, calling out that he had "such a pain in the chest"; he fainted for three or four minutes, and, after he recovered consciousness, shivered and retched. During the faint his face was very pale, with dark margin round the eyes; his father thought he was dead. Skin cold; pulse very weak; bowels regular; tongue clean; clear breathing in backs. Though he is delicate, five other children are all healthy.

Sumat ferri et quinae citrat. gr. vij ter die.

March 22nd. He has not so much pain or shivering.

March 29th. He is better; has less shivering, but has it sometimes. Skin cold; pulse languid. "Is very dull." Pains in legs and knees. Bowels open twice a day.

R. Ferri et quinae citratis gr. viij; ammoniæ carb. gr. ij; liquoris opii sedativi ℥ij; aquæ cassiæ ʒj. Fiat haustus ter die sumendus.

April 9th. He continues to improve.

April 19th. He is improving very much.

April 30th. He is doing well; does not shiver now.

REMARKS. Here is a case of very marked aguish disorder, with syncope, in a child who certainly had never been exposed to any other than English malaria. His natural delicacy and weakness of constitution rendered him specially liable to the invasion of the disease, and will, I fear, make it very difficult to procure him a complete recovery. Torti's case of syncopal tertian (*Therapeutica Special.*, p. 435) may be instructively compared with this. A slight attack of dysentery occurred May 17th; it ceased after the administration of quinine, gallic acid, and opium. This is the natural sequel to the disorder, regarding it as ague.

CASE XII. J. D., male, aged 7 years, was admitted April 19th. He had been ill one week, ailing some time, complaining of his chest, and drooping, and being always cold. He "has heats and colds", is hot first, and then turns cold. Yesterday he was very sick, vomiting everything; had pain in region of heart, and was very feverish. He is now quite cool. The tongue shows whitish papillæ. Pulse very weak; bowels confined. No bad smells in the house. Lives on second floor. He was put on the use of quinine immediately—two grains three times a day. Treatment,

however, was not regularly carried on, it seems, till May 3rd, when the bowels were very relaxed. The quinine was continued, with the addition of four minims of liquor opii sedativus to each dose; and six grains of Dover's powders were given each night.

May 7th. "One motion yesterday consisted of phlegm and blood"; two or three others contained less. On 4th and 5th, the motions were natural, and are so this morning. Urine natural; no fever.

R. Quinae disulph. gr. iss; liquoris opii sedativi ℥v; acidi gallici gr. iij; acidi sulphurici q. s.; aquæ cassiæ ʒj. M. Fiat haustus ter die sumendus.

Sumat olei ricini ʒss alternis auroris.

The Dover's powder was continued.

May 10th. This morning he had a bad motion, containing mucus and blood; the two previous days (8th and 9th), they were very good; so was the first this morning. Is, on the whole, improving; tongue white.

May 31st. He was discharged well.

REMARKS. This case I notice as presenting febrile aguish symptoms, obscurely developed, with consecutive recurring dysenteric attacks. The disorder was not a continuous one, like an ordinary inflammation, and was treated on the view of its aguish character. Though the phenomena are slight, and by comparison insignificant, they correspond unmistakably with the fever and dysentery of tropical malaria; and the case therefore seems worth mentioning in this series, as marking the existence of such disease among us.

CASE XIII. Mr. H., aged 51 years, of robust powerful frame, but much debilitated by excesses, consulted me January 17th, on account of chronic and asthenic bronchitis. He had suffered from the same affection several winters. The usual auscultatory signs were present. His stomach had been uneasy after food for a long time, and flatulent. He was not a tractable patient; but, under a tonic treatment and dry-cupping to the chest, he improved materially.

Jan. 29th. Last night he had some diarrhoea and stomach disturbance, having taken for supper a Welsh rabbit, beer, and brandy and water. To-day he felt fairly well, went out for a drive, had a chop for dinner, and toast and butter at tea; after which he took nothing, thinking his interior would be more quiet if he abstained. However, this evening sickness commenced about 5½ p.m., and continued for several hours; he threw up a large quantity of mucowatery fluid. At the same time an intense itching came on, and an erythematous eruption broke out all over him. About 11½ p.m. it was receding; his tongue then was clean, pulse very weak, skin warm. I gave him twenty minims of liquor opii sedativus, in brandy and water.

Jan. 30th. He had no sleep; his mouth and throat were parched up with thirst; he has no sickness or diarrhoea now. Tongue tolerably clean; pulse very weak; skin cool. He says he feels comfortable in the chest, but his bowels are sore, and have been so some days; they are not tender, but hurt him when he coughs. He is uneasy from not being able to expel flatus. The abdomen is rather large and distended.

R. Quinae disulphatis gr. iv; acidi nitrici mʒ; decocti cinchonæ ʒj. M. Fiat haustus ter die sumendus.

Jan. 31st. He slept well last night, and feels almost as well as ever he did: he has had no return of the eruption.

Feb. 4th. There is still tenderness at the lower part of

the abdomen, and some tendency to diarrhoea, with uneasiness after the food. The chest is improving.

℞ Ferri et quinquæ citratis gr. x; liquoris opii sedativi mviij; aquæ pimentæ ʒj. M. Fiat haustus ter die sumendus. Sumat tannini gr. iv ter die.

Soon after this he became quite convalescent, though some degree of abdominal uneasiness still remained when my attendance ceased.

REMARKS. Here was a case of chronic bronchial and gastric catarrh, associated with neuralgia of the intestines. The latter on several occasions became exacerbated towards evening (as is common in neuralgia), and hence the diarrhoea and sickness. There must have existed a state of irritation of sensory nerves, combined with paralysis of the vascular; so that muco-watery profluvium took place from the gastric and intestinal surface. The point, however, which I wish to remark is the extension of the morbid action to the outer teguments at a time when he had been more restrained than usual, and the prevention of any recurrence of the disorder by the use of nervine tonics. Supposing that I had not recognised the true nature of the eruption on the skin, and had believed it to proceed, as well as the neuralgia, from undigested matters in the primæ viæ which required to be carried off by purgatives, would it not have made a material difference in the patient's state? The hyperæmia and irritation of the cutaneous surface was a faithful representation of the state of the mucous; and the state of the general system, the paroxysmal character of the disorder, and the success of nervine remedies, showed clearly that the affection was chiefly of the nature of a neurosis. Such instances of the power of nerves over blood-vessels, and the tissues they supply, are certainly very striking. Conceive the possibility of such an erythema as occurred here on the skin taking place on the convoluted grey surface of the brain—what fierce excitement and delirium would it not probably induce! Something of an approach to this I have seen in patients who appeared with cheeks looking as if they had been highly rouged, but hot and burning, and who complained of a throbbing and headache at the same time. It was clear that in them the ramifications of the external and internal carotid were relaxed, and admitted an hyperæmiating supply of blood to the parts they were distributed to. In these cases, also, nerve tonics were found successful.

CASE XIV. A. F., aged 22 years, a cook, was admitted on January 2nd. She had been ill fourteen days. She has been residing lately in St. John's Wood. She complains of a "terrible" pain in the right side, paroxysmal, and attended with sickness. She says she keeps nothing on her stomach, either solids or liquids. She faints away two or three times a-day when the sickness comes on. She has terrible shivery feelings all over her each time before the sickness comes on. There is not much epigastric tenderness, nor enlargement of either liver or spleen. She has no sleep at night, and feels then "so dreadfully cold." Tongue glazy, clean. Skin cool. Pulse weak. Bowels confined three days.

℞ Strychniæ gr. 1-16th; ferri et quinquæ citrat. gr. x; acidi citrici gr. j; aquæ pimentæ ʒj. M. Fiat haustus ter die sumendus.

Sumat pil. aloes c. sapone gr. v omni nocte.

January 5th. She is much better; has no fainting; the sickness was stopped by the first dose. She has some pain in the side, but nothing like so much. After this she went on very well for a fortnight, but having gone to a situation in the country, and ceased her attendance, a relapse occurred.

In another woman, a laundress, aged 38 years, ill six months, there were the same violent paroxysms of pain in the right side, and constant vomiting. Her illness commenced with loss of appetite, nausea, thirst, and depression of spirits, with violent shivering and perspirations. During the attacks of pain she felt almost paralysed, unable to stand. The urine, when I saw it, was perfectly aqueous,

but was stated to be sometimes as red as blood. She resided on the bank of a canal. A son of hers, aged 16 years, suffered with asthmatic symptoms, and two of her daughters were often ailing. Intermittent fever was said to occur in the street. I gave the same medicine as in the former case, and the sickness ceased, and the appetite improved. In eleven days she stated she was wonderfully better than she had been. But the heat and steamy vapour to which she was exposed in her calling, the unfavourable locality, the fatigue, and, I believe, the epidemic constitution, were all too powerful to be counteracted by drugs, and when I last saw her she was in a pitiable state of prostration, mental and bodily. The sickness and pain did not seem to be severe, but her head was oppressed by a feeling of pressure and burning at the top; her memory was very deficient, and she was very anæmic.

REMARKS. In the latter of these cases especially, the operation of malaria, as a cause of disease, seems to me very probable. The symptoms with which the illness set in were those of a febrile paroxysm, and the varying condition of the urine subsequently indicates a recurrence of the same state. The peculiar extreme debility, the neuralgia, the vomiting, the failure of memory, of muscular power at the time of the neuralgic paroxysm, all go to make up a picture which is more like the effect of chronic malarious disorder than anything I know. In both cases, there was the same phenomenon of semi-paralysis during the paroxysms of pain, but in one case the heart was more affected, producing syncope, and in the other the general muscular system. The sudden death of several of the convalescents at Walcheren, mentioned by Sir G. Blane, was doubtless the result of cardiac debility; I have seen patients from the Crimea who evidently suffered from a partially paralysed state of the nerves of the heart, and I have had two instances communicated to me in which the paralysis affected the cerebro-spinal system, in one an arm being deprived of motion, and in the other all the limbs.

The cases now cited are but examples of a great many in which similar symptoms, more or less strongly marked, have been observed. They (those cited) have all occurred since the cholera epidemic of 1854, and the general result of my experience has been to the effect that, since that period especially, some general influence has been operating extensively on the nervous system in a manner irritating and depressing, the one or other condition predominating in different instances, but the latter constituting the main and fundamental state. Whether there actually exists a malaria I cannot be sure, as we have no other test for it than its morbid effects; but it does certainly appear to me that the phenomena we notice are exceedingly like those produced by this poison. I could wish that the views of Dr. MacCulloch on this subject were more generally known and considered than they seem to be.

ST. GEORGE'S HOSPITAL.

ANEURISM TREATED BY PRESSURE, ILLUSTRATED BY A SERIES OF CASES.

By T. HOLMES, Esq., Surgical Registrar to the Hospital.

[Continued from page 494.]

CASE IV. *Double Popliteal Aneurism: Diseased Heart: Compression to both Femoral Arteries for more than seven Months: Failure of the Treatment.* J. B., aged 38 years, was admitted, under the care of Mr. Cutler, October 30th, 1855, on account of a popliteal aneurism on the right side. He was a strong healthy man, a soldier in the Life Guards, and therefore of rather dissipated habits, but had had no serious illness in the course of his life. No cause was known for the appearance of the swelling, nor was its date ascertainable with accuracy. He had noticed the beating for several months, but not so much as a year. It had been increasing with great rapidity during the past week, and had been growing painful. He had been doing duty with