CASES FROM PRIVATE PRACTICE.

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

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On a perusal of the first of these cases, it is seen that the patient was a young and somewhat chlorotic-looking girl. The affection, as in children, came on with great suddenness. There was a degree of attendant spasm in the muscles proper to the chest, as evinced by the sensation of constriction experienced when full inspiration was attempted. The stethoscope at once proved that the disease was not in the chest, but in the larynx, notwithstanding the sense of pain in the chest, and this was the partial closure of the glottideal chink. The bleeding produced relief by its induction of general relaxation. On the night of the 8th inst., she had no return, nor on the morning of the 9th were there any pyrexial symptoms indicative of the existence of inflammatory action. The paroxysms which subsequently came on during that day, were in a moment, and during their continuance, as seen from the reports, there were hystero-epileptical symptoms, in addition to those immediately produced by the asphyxial condition under which she laboured. It has been said that damp and cold have nothing to do with the production of laryngismus stridulus, and that croup, on the contrary, is mainly brought on by these conditions. It is quite clear from the above cases that the first of these statements is incorrect, as in both instances wet and cold were the exciting causes. The girl, Cooper, had been employed most of the day on which her illness commenced in pumping and carrying water out of the house, which had come in during a great flood of an adjacent stream, and her feet had been wet for some hours. The boy stated, that the day before his attack he was thoroughly wet, and on the following morning he had in a great measure lost his voice.

The instance of John P—— supplies a good example of one of those cases but rarely observed, of distinct hysterical symptoms in the male. When such become manifest in this sex, (the male,) it is about puberty, when the generative organs, and the body generally, undergo a great change, or in the persons of nervous and excitable young men, though cases have been recorded of distinct hysteria occurring in a stout plethoric man. Sydenham, Hoffman, Whytt, Ferriar, Villermay, Georget, Conolly,* etc., favour the opinion that undisputed hysteria may occur in the male; when in this sex it is never, however, so unequivocally developed as in females, perhaps owing to the greater mobility which there is in the latter than the former. The present writer knows a married gentleman, of two or three and thirty years of age, who at times is

decidedly hysterical, being often somewhat melancholic, highly irritable, has the globus hystericus, etc., rendering no doubt, whatever, as to the nature of the affection. During the paroxysms John P—— presented much the same kind of symptoms as the girl Cooper. There was slight lachrymation, a sensation of choking, a wild incoherent-like tossing, with great difficulty of breathing, and a congested state of the countenance, which demonstrated asphyxial symptoms. The hands were suddenly clinched, and the inferior extremities involuntarily moved in convulsive twitches, and he intimated that he felt a painful tightness at the chest and throat. From these facts, then, it would be difficult to dispel the opinion of there being evidence of true hysteria present, with whatever other conditions associated.

Respecting the treatment of the two cases, it is quite undeniable that medicines which produce a ready sedative and antispasmodic effect upon the nervous system constitute the class of remedies most correctly indicated. Our object is to overcome the morbid irritability which there is in the nervous centres, and when the paroxysmal attacks have subsided, to strengthen the system by means of tonics, of which the mineral kind are the best, especially the preparations of iron. Both it is observed were bled. Blood-letting was had recourse to on two accounts,—first to relieve the congested state of the vital organs, especially the lungs, which had been induced by the imperfect aëration of the blood, as evinced by congestion of the features, sense of suffocation, incoherence, etc.; secondly, to promote general muscular relaxation, thus overcoming the spasmodic rigidity in the muscles proper to the larynx, and therefore averting the dangers of immediate suffocation. Unless absolutely indicated by the imminent peril of the patient, there can be no doubt whatever that the abstraction of blood in chlorotic women is not good practice, and indeed we should then always avoid having recourse to the lancet when other remedies can be safely substituted, for the more we bleed the greater will become that mobility of the nervous system, which is the prelude to, or perhaps the main cause of, these conditions. It is true, however, as all men of experience must acknowledge, that under these kind of affections, delicate young women will occasionally endure, not only with impunity, but be benefitted by the loss of large quantities of blood.

An instance illustrative of this assertion was supplied during the last few weeks. Martha C——, a young woman, aged 23, hair dark, of somewhat waxy complexion, and hitherto of delicate health, was, after having rigors and slight nausea, attacked with very acute pain in the abdomen, which was increased on the gentlest pressure. The pulse was full, quick, and of good strength; the skin rather hot, but not dry. Perceiving her chlorotic condition, and being informed by her mother that the abstraction of a very small quantity of blood, not more than four ounces, a short time previously, had induced a most alarming syncope, I was led to give a large

* "Dr. Copland's Med. Dict.," Art. Hysteria, Sec. 40.

dose of calomel and opium, and ordered sinapisms, hot applications, etc., to the abdomen and inferior extremities. She still complained of much pain, and in a very distressing manner tossed about in bed, whilst the appearance of the countenance and her general aspect manifested characteristics of that protean malady—hysteria; yet these were so mixed up with other symptoms, and of such an anomalous description, as to leave some degree of doubt as to the diagnosis. The opiate was repeated within an hour, although she would now instead have been bled, had it not been at the particular solicitation of the mother, who begged earnestly that I would try any other means except blood-letting, at the thoughts of which she was considerably agitated, owing to the circumstance before mentioned. She now had what was equivalent to nearly 100 drops of laudanum, but without producing scarcely any relief; I therefore determined to bleed, by a large orifice, to syncope, if the pain did not abate on a less powerful impression being made on the circulation. This, it was to be anticipated from the mother's statement, might be done by a slight loss of vital fluid. Twenty-four ounces were, however, taken before much benefit was produced, or the pulse markedly affected; she then became for some few minutes faint, and afterwards expressed herself as better. Two grains of powdered opium were given, with five of calomel, and in the course of two or three hours she was much easier, the tenderness in a great measure having vanished. On the following morning another paroxysm came on, which fomentations, etc., alleviated. The blood was not in the slightest degree buffed or cupped, and the crassamentum was proportionately less than normal. Two days subsequent to this a hurrying message intimated that she had again very suddenly become affected with pain, indeed the informant said she was dying. On reaching the house several of the neighbours were assembled to witness, in their opinion, the fast approaching struggles of dissolution. The pain had now migrated to the chest, and she gave expression to her suffering in piteous cries, which were most distressing to those around. She felt so tight about the chest and throat, that she was as if suffocating, and on each imperfect expansion of the thorax violent lancinating pain was experienced. The countenance was anxious, expressive of much obstruction in the circulation, and although the pulse was of tolerable strength, yet a general review of the case impressed me with the conviction of her being in a precarious condition. Profiting from the experience of her last attack, and from such not having much confidence in any other methods except the lancet, it was at once determined to overcome by the induction of syncope the spasmodic rigidity which there was in the muscles proper to the respiratory functions. Another large basin of blood was taken with immediate advantage, although the relief was not so continuous as might have been desired. Other adjuvants, as calomel and opium, an antispasmodic enema, composed of turpentine, solution of morphia, and the fœtid tincture, sinapisms to the dorsal region of the spine, fomentations, etc., were employed. It may here be remarked that there was now no pain in the abdomen, but the affection was solely located in the thorax, extending to the throat. She had one or two other attacks, and was treated in a similar manner.

This case terminated in fever, and might be considered as hysteria engrafted upon that disease; nor is it a very uncommon thing for the initiatory stage of fever to assume such complications in pale chlorotic looking girls.

Some few months ago a young lady was suddenly taken with violent spasmodic pains in the epigastrium, and she also bore considerable doses of opium, nor was she relieved until blood-letting was also employed: her case too terminated in fever. When it is recollected that according to the Cullenian theory the brain and spinal marrow are the first organs which become affected with the poisonous agent, it may easily be conceived that the organic nervous influence will participate in the morbid impression, and that the manifest characters of such impression will be determined mainly according to particular predispositions of certain parts; hence where there is great mobility of the nervous system, and proclivity to hysteria, this complaint would be likely to become developed during the disturbance created in the system in incipient fever.

To return to the question of blood-letting in the cases particularly under consideration. I am fully aware, as has already been advanced, that to bleed chlorotic patients for their anomalous pains, as a general rule, is neither in accordance with physiological and pathological deductions, nor borne out by experience; yet, in instances like that of Cooper, where considerable spasmodic action existed in a vital part—the air-passages, and that of Martha C——, where the muscles proper to the respiratory functions were in a rigid fixity, tending in both cases to asphyxia, a less evil is had recourse to, in order to prevent a greater; for in cases of such emergency, our main object is to avert present danger, and relieve existent suffering. It was requisite, as observed, to produce an immediate and powerful impression upon the heart's action, and thus by lowering the circulation, overcome the resistant spasm in the muscles directly essential to life, which could only be done by copious depletion. That the practice was correct seems evident, from the successful results by which it was followed. Whenever we bleed, we should ever be guided by the condition of the pulse, and in all of these cases it was of good strength; and it may be taken as a general rule, when it feels hard, as it did in these instances, (depending upon visceral engorgement,) the lancet is indicated. Proving that the blood was highly venoid, the first portion of that emitted from the arm of John P——, was of a tarry description, and so inspissated, that it would scarcely flow from the vein.

The anti-spasmodics employed in both cases were of essential service. The strong liquor of ammonia applied to the throat was exceedingly useful, and tended to cut short the paroxysm. The inhalation of the vapour of hot water, impregnated with laudanum proved

very advantageous, and as an adjunct should never be omitted. During one of the paroxysms of Esther Cooper, the finger was freely rotated in the fauces, which produced an effort to vomit; she then obtained a full inspiration. On the whole, it is evident that these cases should be treated on general antispasmodic principles, blood-letting being avoided if such can be done with safety when the patient is chlorotic, and such other measures be had recourse to, as may seem likely to supply its place.

In conclusion, from the few cases which I have seen of this peculiar affection, the following deductions seem important to be remembered:—

1st. In the young, it may be detected from croup by the suddenness of its supervention, occurring in a dry and warm atmosphere, where perhaps, no cases of croup are to be observed; by the intermissions of natural breathing; by its taking place at the time of teething, or where there is some obvious source of nervous irritation; by the entire absence of pyrexia, and by the non-existence of the traces of inflammatory action after death.

2ndly. In adults, it comes on as quickly as in children, occurs generally in the persons of hysteric females, is diagnosed from laryngitis, by the absence of fever during life, and of lymph on the parts after death, and by its sudden mode of accession, by the great utility of an antispasmodic, and the inoperative effects of an antiphlogistic, mode of treatment.

3rdly. In the paroxysms it can be distinguished from epilepsy by the absence of foaming at the mouth, and biting the tongue, and by the intellectual faculties remaining entire, together with the positive symptoms before described.

Lastly, on application of the stethoscope to the lateral aspects of the larynx, a loud whistling noise is heard, as if produced by blowing through a small pipe, or when a stream of air forcibly passes through a narrow aperture; hence by these positive signs, and negatively by the absence of bronchial murmur in the thorax, it is broadly distinguished from bronchitis, the only other affection with which it might be confounded.

(To be continued.)

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There is a point beyond which the farther endurance of burdens and injuries oft repeated becomes intolerable, and where resistance once fully roused, can scarcely fail to bring relief. To this point we think the contumely and neglect with which the just claims and remonstrances of the medical officers of Unions have been systematically received, are rapidly tending to,

and at last working out, their own remedy. The fractional weight has been added to the load which renders it no longer bearable—the last drop of water which causes the cup to overflow. However Boards of Guardians may strive to force from their medical officers the utmost complement of service, for the lowest amount of salary,—and however the weakness, or apathy, or both, of Poor-Law Commissioners, may for a time suppress the demands for relief, a period must come (we trust it is now come,) when the grievances of the Union officers, so long unattended to, will be at length redressed.

We have before us a statistical document, furnished by Mr. F. S. Garlick, medical officer for the Halifax District. It is a summary of the visits and medicines supplied to the Poor-Law patients of the district during the quarter just ended. The area of the district is 990 acres; the population 19,981. The number of fresh orders received from the relieving officer during the quarter was 186, averaging 14.3 new cases per week; the number of visits paid was 685, averaging 50 per week, or deducting the last two weeks of the period when Mr. Garlick was ill from fever, and able only partially to attend to his duties, and drawing the average from the first eleven weeks, 58 per week. The medicines and appliances supplied during the period, mixtures, pills, powders, &c., each of which requires time and attention to prepare, leaving expense out of the question, were 4070, or 313 weekly. Now, the amount of salary awarded for this expenditure of time and funds, and for the medical skill which directs them, is twenty pounds; or one pound ten shillings and ninepence per week, (4s. 4½d. per day,) for taking charge of upwards of 14 fresh cases, preparing and giving 313 medicines, &c., and paying 58 visits, in “courts, lanes, alleys, cellars, garrets, and crowded lodging-houses,—places which baffle all description, but which may truly be pronounced sinks of misery, filth, and destitution;” and we may add, from fatal experience, sources of malignant infection, in seasons of epidemic disease, which expose the medical officer to almost certain attack, and too often to the sacrifice of life itself.

Such is a simple statement of the facts of the case, certainly not an exaggerated one, and we only want a few more such reports as those drawn up by Mr. Garlick, from other towns and districts in different parts of the country, to render manifest by incontrovertible evidence the extent of the evil.

The pressure of this evil has long been endured; it is now, we trust, working out a remedy, and among the first effective step to its removal, must be the bringing together of the