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REPORT OF A RECENT CASE OF HYDROPHOBIA.

By J. AIKENHEAD, M.D.

(Read before the Manchester Medical Society,
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A case of hydrophobia, terminating in death, having recently occurred in my practice, I have, at the suggestion of some of my medical friends, drawn up the following report for communication to the Society. Moreover, if the history of every instance of this disease, given faithfully and in detail, were put on record, there might at length be formed an accumulation of data, on which future investigators might base a definite pathology and successful mode of treatment.

Without entering into any general description of hydrophobia, which were useless after the labours of Drs. Samuel and James Bardsley, I shall first relate the case of Aaron Fletcher, and then add some remarks which the peculiarities of the case, both as regards symptoms and treatment, suggest.

March 30th, 1845. Aaron Fletcher, aged 48, of sanguineo-nervous temperament, and irregular habits, a maker-up and packer, six weeks since, though cautioned against it by the owner, persisted in teasing a dog, and was bitten at the root of the index finger of the right hand. Some suspicion that the dog was mad being entertained at the time, though the wound was not severe, he was urged by his family to apply for medical assistance, but refused. The wound was washed with vinegar and salt, and healed in about a week. For a day or two past he has felt pains, extending from the injured hand up the arm, which he attributed to rheumatism. In the night of the 28-29th, he awoke from sleep, startled, and heaving several deep sighs; and in the morning, when he arose, felt chilly, shivering, and altogether unwell, but proceeded to his work at six o'clock as usual. He took but little breakfast, yet continued to labour till three P.M., when he returned home to dinner. Feeling thirsty he took up a jug of water to drink, but found it impossible to swallow any, a sensation of choking rendering every attempt, (and he made several,) quite unavailing; still he did not apply for medical aid, attributing his ailments to a cold. He continued tranquil during the afternoon and night, feeling thirsty, but utterly unable to drink.

On Sunday morning I was desired to visit him, but being then only recovering from rather severe indisposition, and not being made acquainted with the nature of the case, I sent my pupil about three o'clock to see him. In the meantime Mr. Holt, of Greengate, Salford, was called in, and from him I have received the following account of his condition:—

Mr. Holt first saw him at one p.m.; he complained of pain at the epigastrium, reaching upwards to the throat, and attended by a feeling of suffocation. When questioned, he denied having been bitten, as did also his family; was supplied with calomel pills and a cathartic mixture, though he requested that no liquid medicine should be sent him. At half-past two Mr. Holt again visited him, having in the interim been informed that *he had been bitten*, which he also confessed himself, yet denied that it had anything to do with his illness. As tests of the existence of hydrophobia, Mr. Holt ordered a basin of water to be brought, and also blew in his face. This induced severe spasm of the muscles of the throat, and general convulsive action; his countenance also exhibiting an expression of the utmost horror. Mr. Holt's proposal to bleed him was not at first objected to, but when the basin was brought, and other preparations made, the distressing symptoms again appeared, and he positively and violently refused to allow the operation to be performed; on this Mr. Holt left.

On receiving my pupil's report, I at once proceeded in company with Mr. Williamson to his residence; we found him labouring under considerable mental excitement, caused by the recent trials by Mr. Holt, of the effect of blowing in his face, &c., as already related. He complained bitterly of the agony he had endured, and spoke almost ferociously of Mr. Holt, not incoherently, but with the manner of a man who considers himself much injured, and is excessively angry. After a little time he became calm, and I then obtained the history of his attack. He now lay quietly in bed, covered with a profuse clammy perspiration, and his countenance wearing an expression of great anxiety. He spoke in a quick abrupt manner, and was almost incessantly talking, his lips covered with a frothy saliva; the respiration rather laboured, with frequent sighs; the tongue white and dry; pulse 84, full, but compressible; bowels constipated; urine scanty and high-coloured, depositing a sediment; has no headache nor other pain, excepting when the spasm occurs; then a shooting pain darts from the scrobiculus cordis to the throat, producing a feeling of suffocation. On examination of the hand that was bitten, I observed on the distal extremity of the first metacarpal bone a cicatrix, about half an inch long, on the outer side of the joint, and another smaller one on the palmar surface; they were neither red, tumid, nor painful. Under pretence of seeing whether, if I sent him any liquid medicine, he could take it, I persuaded him to try and swallow a teaspoonful of water. This he refused with an expression of extreme dread, accompanied by slight

spasm, but said he could take pills if I would send him some. Any accidental current of air passing over him, a sudden movement of the bed-clothes over his chest, or a heavy step across the room, induced the painful spasm of the muscles of respiration and deglutition. He was ordered to be kept very quiet, to eat ice freely, and to take a purgative pill, containing croton oil, every two hours till the bowels were acted on. Messrs. Holt and Boutflower saw him again that night, and we were to meet together in the morning.

March 31st. Messrs. Ransome and Gardom, in compliance with my request, having consented to see the patient, met Mr. Holt, Mr. Williamson, and myself, in consultation, at half-past nine a.m. We found him again in a state of angry excitement, from Mr. Holt having expressed a wish to see him this morning. The presence even of this gentleman seemed now to be most obnoxious to him, for on expressing my earnest desire that he should be allowed to accompany us to his room, he was instantly seized with most violent spasms, and starting up convulsively in bed, *shrieked* out his refusal with every appearance of most intense horror. He soon became calm when assured that Mr. Holt would not see him. He did not object to the other medical men visiting him. He had had no sleep, but had been tranquil till this morning. Bowels had been freely relieved; skin cold and clammy; pulse 96, but variable, contracted; no headache; pupil contracts readily. The excessive thirst, with the same dread of liquids and susceptibility to cold, &c., as yesterday. Had eaten some ice.

On consultation, it was decided that all known remedies having failed in these cases, it was advisable as an experiment to try the effect of mesmerism, to which Fletcher gave his consent very readily. Anxious that my report of the result of this experiment should be as accurate as possible, I requested Mr. Gardom, the operator, to favour me with a statement of the phenomena which he conceived were produced by the mesmeric treatment. From this statement I extract the following, to the perfect accuracy of which I can bear testimony:—

"The first operation was on Monday morning, at about ten o'clock, being fifty-seven hours from the commencement of his complaint. The mode of operating was that recommended by Deleuze, with some slight modification. It was continued for thirty-five minutes, in the presence of yourself only. When I had completed the process, I asked the patient several questions as to his condition during the operation, and I concluded on the following changes having been made:—

"The countenance, from an expression of horror to that of calmness and placidity; the skin, from being cold and dry,* to having become warm and perspirable; the pulse more expansive; the abdominal muscles from a state of rigidity to the opposite condition. He told us on inquiry that he felt tired; that he had been very sleepy; that he had experienced an inclination in his eyelids to close, particularly the eye nearest me, which, to use his own expression, 'felt as if they would go to whether they would or not;' that he felt warmer in his head, and all over his person; that his face felt larger, and 'look,' said he, raising himself up from

bed, lying down again, and repeating the motion, 'I could not have done this before.' He further said, 'This is the most comfortable half hour I have yet passed; this is the best thing I have had yet.'

"I was perfectly satisfied that I had had a mesmeric influence over him, which I hoped might possibly preserve him in a state of greater calmness until I might have an opportunity, (consistent with the use of other remedies,) of repeating the operation."

An attempt was afterwards made for some minutes, by Mr. Gardom to "hypnotize" him, but without success. A trial was made whether he could drink some milk, but though, by a great effort, he swallowed a little, it caused a severe spasmodic paroxysm. It was now determined that some medicinal treatment should be adopted in addition to the mesmerizing.

An enema of beef tea and eggs to be administered. To eat ice as freely as possible.

R. Iodinii, dr. j. Lin. Hydrarg. Comp., oz. ij. M.

To be rubbed well into the inside of the arms and thighs.

To be mesmerized again in the afternoon.

A small enema was injected, but not long retained. The inunction was continued for an hour and a quarter, and about an ounce of the liniment used. He then felt fatigued, and it was discontinued.

Mr. Gardom visited him again at four p.m. He says, "I found him fully as well as I expected; but there was this difference—he had become painfully sensible of noises in the street; said he could have slept had it not been for them. When I proposed to mesmerize him a second time, he observed, 'Will you do it for another half hour, for I feel tired at the thoughts of it.' I replied, 'Not quite so long;' I began and repeated the operation as in the morning. He never shut his eyes; was calm, and now and then sighed slightly. When I had finished, he asked if the operation had been as long as in the morning; said he felt that he could have stood it better. I told him it was eight minutes shorter than in the morning. He expressed himself as feeling better, said 'I think you will cure me among you;' that he felt warmer, had had a disposition to sleep; that his face, as after the morning operation, felt swelled; that on my placing my hands over his abdomen, and on his sides, in the situation of the diaphragm, he felt the former as if I had been nearer to the surface of the skin, and the latter as more binding of the ribs. I had made no pressure on the parts referred to, but simply placed my hands over them, and had my mind particularly directed so as to avoid it. The abdominal muscles had continued flaccid. At his own suggestion he sat up in bed and lay down again twice, without spasm. I asked him to do it a third time, which he did, but then said, 'There, that is enough; I could not have done that yesterday, if you would have given me Manchester.' He then asked Mr. Hall, (my pupil,) to fetch him a small piece of ice the size of a marble, and he would show us how he could eat it. A piece was brought in a tea-cup, he sat up in bed, seized the ice with eagerness in his fingers, put it into his mouth and chewed it with great energy, and under considerable spasmodic constriction of the muscles of the throat and fauces. However, he succeeded in swallowing the whole, and afterwards I said, "You have managed very well." He replied—"Yes, and it was a large piece

* My notes say cold and clammy. J. A.

young man, (to Mr. Hall,) it was much larger than I expected you would have brought me." In truth, it was a large piece, the size of a walnut. The pulse before the second operation was 84, and after it, it varied from 80 to 84, according as he might cough or speak."

At eight p.m. we again met, and were joined by Mr. P. Holland. Our patient's condition was but little changed. He laid on his back, with his limbs fully extended, and the arms by his side. This had been his ordinary condition since the attack. Now and then he raised his hand to his mouth or throat, gave a deep sigh, and thus seemed to cut short a supervening paroxysm. This was especially the case when he was talking. Pulse exceedingly variable, ranging from 72 to 100 per minute within three minutes; the eyes remarkably prominent. He stated that he had no pain in the head but when the spasms attacked him. We observed a certain degree of incoherence in what he said, not easily described.

It was now determined that the mercury and iodine inunction should be repeated, and that a pill containing four grains of calomel, and the eighth of a grain of opium, should be administered every hour. Mr. Gardom's pupil and my own were to sit with him through the night, to watch the effect of the remedies, and to discontinue the pills should typhalism be induced. Mr. Gardom would remain with him now to repeat the mesmeric operation.

Mr. Gardom states, "Although he willingly consented to it, yet he showed much impatience during the process, which occupied half an hour. He interrupted me three several times, on each occasion apologising for having done so; but it was evident he had very little control over himself, and I felt convinced his complaint had so far advanced as to render all hopes of mesmerizing him to advantage utterly lost."

From reports furnished me by Mr. Hall, (Mr. Gardom's pupil,) and Mr. Drew, (my own,) I learn that the inunction was continued for about forty-five minutes, nearly the whole of the ointment being used. The application of every fresh portion was much dreaded by him, and usually induced a slight spasm. He took the pills regularly till two o'clock. About midnight his countenance assumed a more pinched and anxious expression, and the spasms recurred at intervals of every four or five minutes, without any appreciable cause. A degree of delirium also came on; he said 'he was much better, he was mending hourly,' and desired the young men to inform his family 'that he should be quite well in the morning, and should be down to his breakfast with them.' At two o'clock when taking his fourth pill, he experienced some difficulty in swallowing it, and fancied it had stuck in his throat. He made several attempts to dislodge it, but not succeeding began to cough violently. He spat a considerable quantity of very frothy mucus and saliva, which sometimes was of a coffee colour. It did not dribble from his mouth, but came up, sometimes after a good deal of spasmodic cough, and at other times without difficulty. It had no mercurial fœtor, and the quantity expectorated between two o'clock and the hour of his death, was between two and three pints. After two o'clock the peculiar susceptibility to impressions of cold, noises, and disturbance of the bed-clothes, was greatly diminished, and he spoke of fluids without

so much horror. He asked for some ice, but declined taking it when produced, for fear of bringing on the spasms. About five o'clock he seemed much exhausted, and it was necessary to support his head, in which he felt much pain; it was very hot, and perspired much, while his limbs were cold. The pulse became rapid and feeble.

Monday, April 1st, at nine a.m., we again met, and found that he had lately become violent, requiring several persons to hold him down in bed; this was at his own desire. He lay on his left side, the head thrown forward, the knees drawn up towards the abdomen, his arms folded, and his hands pressed firmly over his sides, where they were held by those assisting him. His head was hot; the face livid, and wearing a horrible expression, was covered with a profuse perspiration; saliva was running from his mouth; the eyes fixed in a glassy stare. He recognized us, and answered a question or two. His extremities were cold, the hands livid, and the finger nails blue. The pulse was barely perceptible at the wrist. A few minutes before his death, spasm of the muscles of the face was observed. He died at fifteen minutes after nine; his body in the position already described.

Sectio cadaveris made ten hours after death. Present—Dr. Francis, Messrs. Gardom, Holt, Williamson, and myself. Dr. Francis kindly made the dissection, and has favoured me with the following statement:—

No external morbid appearances; the body large and muscular; well marked rigidity of the limbs; countenance congested, but not distorted. There were two small smooth white scars at the root of the right index finger.

Head.—No appreciable deviation from the natural state in the structure or vascularity of the brain; the left ventricle contained two drachms of clear fluid; the right rather less; veins of the plexus choroides not unusually full. The arachnoid on the surface of the brain was opaque and thickened in parts, especially over the course of the superficial veins; there was no undue vascularity along with it, but a very little sub-arachnoid effusion of serum. This change in the arachnoid membrane appeared to be old. He had suffered from a severe fall on the head two years before.

Spine carefully opened. There was about two or three drachms of clear fluid within the theca; no venous congestion anywhere about it; no deviation from the normal appearance in the medulla; no inflammatory deposits in its membranes.

Chest.—Many enlarged glands upon the lingual surface of the epiglottis towards its root, such as may often be seen under other circumstances; rima glottidis had its usual patency; nothing morbid in the larynx or trachea, which were rather unusually free from secretion; lungs did not collapse on opening the chest, their margins were much rounded, and they were pervaded in parts by vesicular emphysema; the left was slightly adherent to the pleura costalis by old adhesions; they were both loaded, especially posteriorly, with fluid blood and serum.

Heart.—About two drachms of fluid in the pericardium; left ventricle firmly contracted, its cavity and that of the aorta empty; this was ascertained before removal by an incision; right ventricle also contained but little blood; but this result was not so satisfac-

tory, the right lung having been previously removed; no disease of the heart.

Abdomen.—Liver, spleen, and kidneys contained much blood, but appeared to be healthy in structure; about three drachms of dark thick bile in the gall bladder; the stomach was empty and not distended with flatus; its internal surface was rugous, and marked with a few small spots of ecchymosis; at the great curvature, towards the cardiac end, were a few streaks of sooty looking matter, apparently blood blackened by the action of the gastric fluid. A few grains of white material were enveloped in mucus among the rugæ, which, on being washed and treated with lime water, became black and proved to be calomel. In various parts of the ileum were observed oval patches of aggregate glands, varying in size from half an inch to two inches in the long diameter; they were not raised above the surface, but merely more vascular than the surrounding tissue. Many of the solitary glands were similarly characterized. The whole of the small intestines contained fluid, greenish fæces, and several lumps of calomel; nothing unusual in the large intestines; urinary bladder contained about two ounces of urine.

Such, then, were the course and issue of the disease in this unfortunate individual, and it only remains for me to point out the phenomena which coincide with the recognized symptoms of hydrophobia, and to call attention to what may be peculiar to the history and treatment of this case.

That the man was bitten by a dog there can be no doubt whatever. Of the condition of the dog at the time it inflicted the injury, and of its subsequent fate, I could learn nothing, till several days after Fletcher's death. At the coroner's inquest I gave it as my opinion that there was no evidence that the dog was mad, (not as incorrectly reported, that I did not believe it to be mad,) and stated what I thought were the views of Dr. Samuel Bardsley, to the effect that hydrophobia might follow the bite of an enraged animal. I find, however, on reference to Dr. Bardsley's Medical Reports and Observations, that I have unintentionally misquoted him, for though at pages 273 and 275 he cites two cases, one from the German Ephemerides, the other related by Dr. M. Lister, he does not give an instance as occurring within his own knowledge. When prosecuting my inquiries I learnt from Fletcher's sister, that at her house, on the same night, and by the same animal that he was injured, her own dog was bitten. On the seventh day after the characteristic symptoms appeared in Fletcher, her dog gave indications of being mad, and becoming worse in the course of the day, she had it hung. From the details given to me I have no doubt the animal was labouring under hydrophobia.

Though unable to trace the dog, the original aggressor, there is now, I think, every reason to conclude that it was in a rabid state at the time that Fletcher was bitten. The period that elapsed between the receipt of the injury and the developement of the hydrophobic spasm, the stage of delirium of Dr. James Bardsley, viz., six weeks, corresponds with that observed in the average of cases. The second stage, or that of recrudescence of the same writer, was not entirely wanting; the patient having experienced pain, described by him as rheumatic, in the affected arm, for

a day or two before we saw him; but the pain, redness, and swelling of the cicatrix, often observed, were in this instance absent. That the true hydrophobic symptoms were fully developed was acknowledged by all the medical men who visited the patient; and as Messrs. Ransome and Gardom had seen the disease before, no doubt will, I think, remain on your minds that this was a true case of hydrophobia lyssodes. This conclusion is confirmed by the regular progress of the disease; by the partial remission of the spasms, and dread of water, shortly before death; and by this event occurring within eighty hours of the first appearance of the pathognomonic symptoms.

A striking peculiarity in the history of this attack is the inveterate dislike which the patient took to Mr. Holt. I would not, for an instant, be understood to convey the slightest censure on the conduct of this gentleman, which indeed I am persuaded was strictly honourable and professional; but am induced to mention it inasmuch as similar behaviour on the part of the patient has not been observed by writers on the subject. It may be well to trace this feeling to its origin; and a quotation from Dr. James Bardsley's article, "Hydrophobia," in the *Encyclopædia of Practical Medicine*, will assist in throwing light on the subject.

"A great plurality of testimonies," observes Dr. Bardsley, "has satisfactorily established, that a certain change or alienation of mind takes place during this disease. * * * The most general form under which it appears, is a certain promptitude of action and loquacity whilst engaged in conversation, which is chiefly evinced by the patient rendering longer answers, and more circumstantial explanations, than he might naturally be expected to do at another time; yet his ideas are said to be perfectly coherent, his reasoning just and consecutive. But the susceptibility of the mind, also, as well as of the body, becomes greatly increased, and in this point the analogy with incipient ebriety fails, with the exception, perhaps, of a very few instances. This morbid susceptibility is manifested by a tendency to take alarm at inadequate causes, and to form suspicions without any probable grounds and in fact the dread of water itself, and of everything suggesting the idea of water, may, in certain subjects, be merely another of its indications."

I imagine that, from the commencement of the attack, Fletcher had an idea of the true nature of his disease. At the time the injury was received, as suspicion was entertained that the dog was mad,—the generally diffused knowledge that a dread of liquids, and an inability to drink, are characteristic of this disease,—his denial to Mr. Holt that he had been bitten,—and his constant and perseveringly made assertions to us that the bite had nothing to do with his illness, with a certain unwillingness to be questioned on it,—all in my opinion confirm this supposition. When, however, his laboured self-deception was removed by the decisive experiments of Mr. Holt, attended moreover as they were by great physical suffering, he not unnaturally experienced a feeling of resentment against the person who had undeceived him. This feeling, aggravated by the mental alienation already referred to, led to those ferocious expressions and violent conduct mentioned in the report of the case. Probably also, by a well known mental law, the idea of Mr. Holt's

presence could not be dissociated in his mind from the *idea of water*, and hence the occurrence of the dreadful spasms which the mere mention of his name occasioned.

The only remaining point of interest to be discussed is, the question whether mesmerism influenced in any degree, and to what extent, the progress of the disease? My practical acquaintance with mesmerism in any form, is exceedingly slight, but the appreciable phenomena induced by the manipulations are so accurately related by Mr. Gardom, that any one who has heard it, can form an opinion for himself. The conclusion at which I have arrived is—first, that a tranquillizing impression was made on the patient; but secondly, that as it is unphilosophical to refer to mysterious and doubtful, what may be effected by known and certain causes, we shall not be justified in determining that this tranquillization was the result of mesmeric manipulations *quasi* mesmeric. To support this position it should be observed, that prior to the operation, Fletcher was much depressed in spirits, anxious, and agitated; that he had recently been greatly disturbed by the proposal that Mr. Holt should visit him, and that he had had several violent spasms. Now, however, strict quietness was enjoined in the house; absolute silence reigned in the apartment; he lay extended in an easy position in bed; rather strong expressions of hope and encouragement were used; he was directed to keep his attention fixed on the operator, in which he was doubtless assisted by the manipulations, and his mind was thus withdrawn from distracting thoughts on his melancholy state, while perfect bodily quietude would tend to relax all muscular rigidity. The, to him, mysterious nature of the performance would also exercise an influence on his condition. Does it then require more than quiet hope, rest of body and mind, and a vague notion of some mysterious power used on his behalf, to induce those changes which Mr. Gardom has enumerated? I cannot believe that it does; yet, should another case occur to me, I should make another trial of mesmeric agency, since, if it do no good, it cannot by possibility diminish the patient's chance of recovery; and though in this instance it has failed, it is not certain that in the next it may not prove successful. Before concluding I have only to add that the *post-mortem* examination, as in many other instances, throws no light on the nature of this disease.

J. AIKENHEAD, M.D.

RETROSPECTIVE ADDRESS OF THE READING PATHOLOGICAL SOCIETY.

Delivered by J. L. WALFORD, Esq., Surgeon to the
Reading Dispensary, July 23, 1845.

(Concluded from page 576.)

From the heart and its envelope we pass to the lungs. Mr. Harrison presented portions of the lungs of a man, aged 60, who died from a condition of the system, induced by disease in various organs. A circumstance worthy of being noted, is, that he never was able to run: running produced such an indescribable sensation about his heart, that he was obliged to desist. At spring and fall for many years he had petechiæ on his

legs; for the last two years he had suffered much from hæmoptysis. When admitted a patient of the Dispensary, his chest was generally, if not normally, clear on percussion, excepting at the base of the right lung; rhonchus, with crepitation on both sides; breathing short, laboured, increased by the slightest exertion; expectoration copious, like currant jelly; heart's action regular, but very feeble and distant; ascites, œdema, petechiæ, help to fill up the description of his condition.

Inspection. The right pleura universally adherent through the medium of a thick membrane, except at the lower part, where about a pint of fluid was collected; left pleura free; both lungs much congested and studded throughout with small whitish bodies, strongly believed to be miliary tubercles, but which, from their disappearance a week or two afterwards, were concluded to have been lymph in their character; heart free from disease, but remarkably small; liver small, bound down with a thick false membrane, in an advanced state of nutmeg degeneration; spleen large and soft; some quarts of fluid in the abdomen. The discussion on this case was long and interesting, but no new principle of treatment was insisted on.

By Mr. Bulley was presented, from Mr. Brooks, of Henley, a larynx, in which the upper rings of the trachea are ossified posteriorly, so as to form perfect circles of bone.

By your reporter was presented, a portion of lung, taken from a female, aged 22, who died from anæmia. The whole of the right lung was in a leathery condition; the symptoms were vomiting of anything she was induced to take; the other symptoms were really only those which took their rise from such a state of the stomach. The brain was not examined.

The last specimen of diseased lungs we have to notice was exhibited by Mr. Harrison,—the lungs of a monkey, and the liver also, aged six months, a native of Calcutta. It came over with a number of others, and when landed, was apparently in perfect health; within a week after its arrival in Reading, it began to droop, lose its appetite, and cough. It died in five weeks, and with every symptom general and physical of consumption.

Inspection.—The lungs, liver, and spleen, and mesentery, were crowded with tubercles. Mr. Harrison observed that the great practical lesson to be drawn from the production of tubercles in the case under consideration was, their development, independently of an hereditary taint.

We have now reached the abdomen. Dr. Cowan presented the section of a liver, taken from a female, unmarried, and aged 43, afflicted with medullary sarcoma of both mammae. Six weeks before death he discovered a tumour of the liver, which daily increased in size; exceedingly rapid pulse; extreme debility; urgent dyspnoea on the slightest exertion; some little effusion into the abdominal cavity; no œdema; no want of bile; no alteration of urine. Examination after death discovered the liver to be of double its natural size and weight, and converted throughout into medullary carcinoma.

By Mr. J. Taylor were shewn sections of a scirrhus liver, taken from a female, aged 45, married, the mother of several children. Her symptoms were pains of the abdomen, spasms of the stomach, frequent vomit-