

Cases of nerve-disorder : recorded with reference to the probable operation of malaria as a cause / by C. Handfield Jones.

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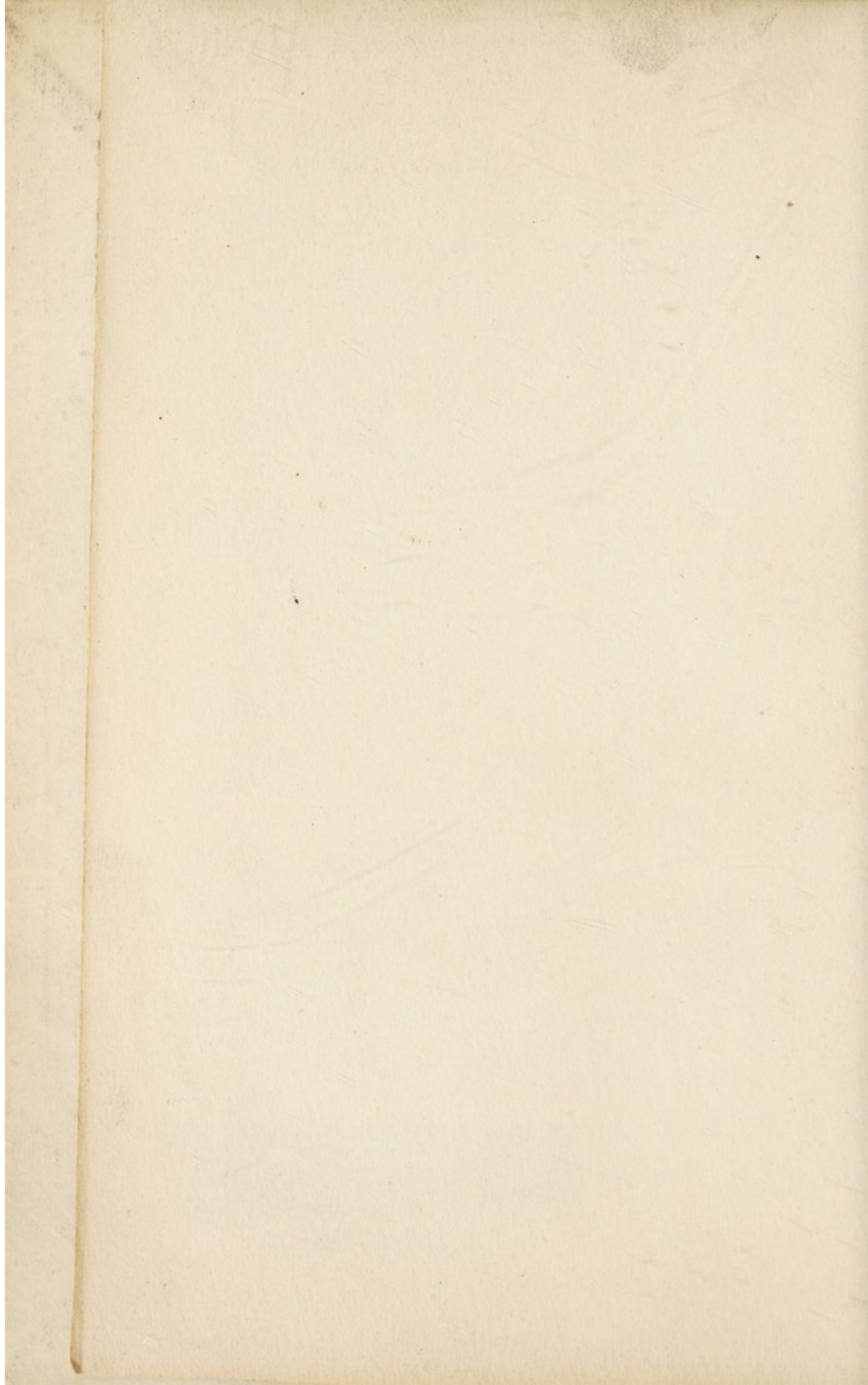


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XLIII.

CASES

OF

NERVE-DISORDER,

RECORDED WITH

REFERENCE TO THE PROBABLE OPERATION
OF MALARIA AS A CAUSE.

BY

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CASES OF NERVE-DISORDER,

ETC.

THE statements with which I would preface the following cases are—(1) that disorders resembling very closely those produced by undoubted malaria are by no means unfrequent among us; (2) that the modifications they present are not more than might be expected from the diminished intensity of the cause; (3) that the treatment these disorders require, medical and hygienic, is the same as is beneficial in malarious; (4) that there is room for believing that malaria, though not of an intense kind, is generated in and around London; (5) that paralysis of the sympathetic, when general, is largely concerned in producing the phenomena of fever, and, when local, may produce hyperæmia, inflammation, hæmorrhage, or secretion-fluxes; (6) that the action of malaria on the nervous system, both cerebro-spinal and sympathetic, is mainly of a debilitating or paralyzing nature; often, however, also, in the first instance, causing morbid irritation or excitement.

CASE I. J. P., male, aged 3 years, admitted December 19th, 1855, residing in Carlisle Place, Marylebone, a small street, or rather *cul-de-sac*, represented by medical authority as one of the most unhealthy ones in the vicinity. Looks tolerably well, but rather pale. Has been ailing since August 1854. Lives on ground floor, in a very damp house. For last month has suffered from attacks of pain in the abdomen, about the middle; the belly “gets very hard and drawn in; he seems as if he would choke, and gets black in the face.” At the same time, his heart beats very

much, and copious perspirations break out. During the attacks, he is bowed forward, and seems to have pain in the back. The attacks come on regularly about seven in the evening, and last half an hour: they do not, however, occur only at this time, but at others also, about twelve times in the course of the day. It is stated that exertion brings on a paroxysm, and even turning in bed at night; so that he is kept as much as possible lying in one position. Tongue perfectly natural; appetite very indifferent; bowels much disordered a week ago, now act pretty healthily; skin cool; pulse weak. I gave him four grains of citrate of quinine and iron thrice daily; and, January 2nd, the dose was increased to seven grains. At this date the pains were less severe, did not last so long, and were less frequent—three or four times a day. He was rather stronger, and was quieter at night.

Jan. 12th. The attacks now occur but rarely, and he is quite without any some days. He enjoys his food more, but he has not good appetite. Bowels relaxed last few days, several times a day. No attacks of pain at night. Motions loose, but bilious.

Sumat pulv. cretâ comp. c. opio gr. iv post singulas sedes liquidas.

Jan. 16th. He was very sick and quite prostrate yesterday; vomited black matter. No appetite; bowels relaxed twice to-day; tongue clean.

Pergat in usu pulv. sedativi, et mist. cum mī liquoris opii sedativi singulis dosibus.

℞ Hydrarg. cum. cretâ gr. j; pulveris Doveri gr. ij. M.
Fiat pulvis omni nocte sumendus.

Jan. 19th. Much better; bowels in good order. Has hiccups; no attacks of pain. Last few nights, has slept well. No appetite. Arms have been like scarlet several times a day. An older sister has been lying ill in the house for more than a week, with a fever, which may be scarlatina, but is not of the normal type. It is stated of her, that she is scarlet all over at some times, while she is not so at others. The mixture was continued.

After this he had occasional attacks of languor and prostration, with nausea; and remained so up to February 13th. His mother then stated that he lost his appetite about every other day, eating heartily on the intervening ones. The bowels were in good order, not relaxed. The pains occurred very seldom, and were "not a quarter" so severe when they did. Medicine had been omitted five days. I strongly advised his being removed to a purer air, but this could not be effectually carried out; and the little patient remained, consequently, in an unsatisfactory state. About a month later I saw him again, when he was free from attacks of abdominal pain, but had hiccup at irregular intervals, much more some days than others. One of the dorsal spinous processes was prominent, and somewhat tender; and there was reason to fear that caries of the vertebral bodies had commenced. He was, however, able to walk very fairly, and there was no starting or twitching of the legs: indeed, the impairment of locomotive power did not seem more than might be accounted for by the existing debility.

REMARKS. This child's illness dates from the period of the last cholera epidemic, since which time aguish disorder has been very prevalent in the vicinity of Paddington. The influence of the epidemic constitution was powerfully promoted by the unhealthiness of the residence. The disorder was a neuralgia, but whether of the small or large intestines cannot be stated certainly. I incline to think the former, chiefly because the bowels did not act when the pain came on. The muscular parietes of the abdomen were excited to reflex contraction during the paroxysms, and that to such an extent as to interfere with the respiration. The influence of treatment was very positively apparent in arresting the neuralgia, though exerted under most unfavourable circumstances. The diarrhœa which occurred at one period is analogous to the salivation or lachrymation which so often accompanies facial neuralgia, and is probably the result of paralysis of nerves, and consequent dilatation of vessels. The attacks of languor and prostration

were, I believe, owing to the same malarious influence which produced the neuralgia. In one of these, the stomach seems to have been involved, and some hæmatemesis occurred. The scarlet flushing of the arms—a fugitive erythema—shows how the morbid action shifted its seat occasionally from the intestinal to the cutaneous nerves, and how, by paralysing the vessels, it produced an hyperæmia. I do not think that the vertebral caries can be supposed to have occasioned the abdominal pain, as in that case treatment such as I employed would surely have been of no avail.

The sequel of this case was as follows:

March 19th. He was brought to me again, suffering from severe nocturnal attacks of pain, lasting ten minutes at a time, and recurring the whole night long. The pain appeared to extend from the epigastrium to the cardiac region. There was at the time great tenderness over the heart, and it beat violently.

℞ Ferri et quinae citr. gr. viij; ammon. carb. gr. ij; aquæ ʒj.
M. Fiat haustus ter die sumendus.
Sumat olei morrhuæ ʒj ter die.

March 29th. He is free from pain in abdomen; has had none in the last six days. Appetite very bad.

April 29th. Has been at Shepherd's Bush, and is a great deal better; takes food much better. Hardly ever complains of pain in abdomen. Is not so well without medicine. Here again the effect of treatment was very marked.

CASE II. — —, girl, aged 6 years, naturally thin and pale looking. Her mother and several other children are of similar habit, but yet have good health and much strength. Ill three weeks before I saw her. The family have recently returned from the country, having visited a place where low fever was said to be prevalent. While there, two of the servants contracted the fever; and, after their return, a third had a well marked attack of dysentery. About the same time, the subject of this case had diarrhœa with bilious motions, which was arrested by some doses of

grey and Dover's powders; but ever since, for the last week, she has suffered from a pain in the abdomen, at the upper part, which comes on every morning from three to five o'clock, causes relaxation of the bowels, continues for a quarter of an hour after, and gradually subsides. During the rest of the day she is comparatively quite well, eats heartily, and is cheerful; and has no complaint except occasional very slight twinges of pain in the abdomen. Skin cool; pulse weak; no abdominal tenderness. The motions, for more than a fortnight after I saw her, were unhealthy; at first they were unusually large, and evidently very deficient in healthy bile. Under the use of very small nightly doses of grey powder (gr. $\frac{1}{3}$), they became less copious, and at last quite healthy, yet without cessation of the morning paroxysm of pain. At one time I noticed that she was chilly and depressed in the morning, with a dark rim under the eyes, and much the same aspect as persons have who suffer from attacks of imperfect ague, consisting chiefly of a cold stage. A fortnight after she came under my care, her mother stated to me that, when she lay against her in bed during the pain, she felt the abdomen burning hot, and full of flatus, quite unlike what it was at other times. At that time the pain was succeeded by copious perspirations. Three days later, the burning heat ceased, and she was rather chilly at the time of the paroxysm. Quinine was first tried, with small doses of liquor opii sedativus, thrice in the day, but without effect. The saccharated carbonate of iron and manganese was then given, and with some benefit, the paroxysms occurring at a later hour. I did not, however, anticipate that the disorder would be overcome by tonics until a healthy state of evacuations was obtained; and when this was the case, a visit to Brighton was determined on, to which I willingly assented, as the patient's system was most evidently one of those "finely fibred" ones which benefit more by the "non-natural" than any other tonics. After staying at Brighton ten days, she returned free from the abdominal pain, which subsided gradually.

REMARKS. If the interest of a case is thought to depend only on the danger and severity of its symptoms, I concede that the above is not worth much notice; but I submit that small and apparently trivial phenomena may, if we view them aright, serve to us as pictures—aye, and faithful ones too—of events which occur elsewhere on a far larger scale, and are attended with far more serious and striking results. Thus, in this case, we have exposure of a family to an endemic influence, as the result of which two suffer from fever, one from dysentery, and a fourth from diarrhœa ending in periodic neuralgia. May we not see here distinctly marked a local malaria, with several of its varieties of morbid effects? In tropical climates, the cause is well known, and the various forms of disease to which it gives rise; but in England I fear we are too apt to regard disorders as separate entities, and to think too little of the affinities between them, the way in which they may replace each other, and the frequency of their origin from a common cause. The rapid improvement after removal from London (where similar malarious disorder was prevalent) to a healthier locality was very apparent, and is in exact accordance with the observation of Dr. Macculloch, who says “that to such change of place or air we must trust as the leading remedy”, succeeding often “after everything else has failed”. The large size of the evacuations I am inclined to connect with want of bile-secreting action in the liver, in consequence of which the natural amount of absorption did not take place.

CASE III. Jan. 19th, 1856. A girl, aged 10 years, spare and delicate, has been ill some weeks with sharp pains occurring at night, latterly every night. She suffers less from them when she lies still. Each attack of pain generally lasts five minutes. The other night the pain was very severe; she could not lie still a moment. The pain is at the lower part of chest and the upper part of abdomen, and is attended with a sense of heat. In the day she is generally pretty well, but yesterday was feverish and sleepy in the afternoon. The bowels are well open;

they do not act when the pain comes on. Tongue clean; papillæ prominent; skin cool now; pulse weak; appetite tolerable. I gave her six grains of citrate of iron and quinine, with three drops of liquor opii sedativus, thrice daily, which she continued till the 28th, when she was quite free from pain. Slight diarrhœa occurred on the 21st and 27th; and on the latter date she was very tired and drowsy, her head heavy, and her eyes sore; and she slept much during the day. These symptoms appeared to me to indicate an action of the malarious poison on the cerebro-spinal nervous system, after it had been dislodged from the sympathetic. I therefore gave her—

℞ Decocti cinchonæ ℥ss; ammoniæ carbon. gr. ij; liquoris opii sedat. ℥iij; tincturæ cinchonæ ℥xij. M. Fiat haustus ter die sumendus.

Under this treatment she recovered.

REMARKS. This was a simple case, easily managed when once recognised. There occurred in it, as in Case I, occasional diarrhœa and prostration. The latter, when it comes on without apparent cause in paroxysms, is very characteristic of the operation of malarious poison.

I may refer to another case of the same kind, in which citrate of iron and quinine was fairly tried, but without any good effect, and in which the paroxysmal pain was greatly ameliorated under the use of bark and iodide of potassium. This indicates that the disorder was rather rheumatic than aguish; the former being, however, as is well known, a frequent sequel or attendant upon the latter—almost, indeed, as if it were only another mode of the same disease.

CASE IV. J. R., aged 43 years, man servant, admitted February 9th; ill ten months. He states that he was taken ill at Hampton Court with diarrhœa, and that this was the commencement of his present illness. He was deaf of the left ear three months before he fell ill, but recovered then his hearing immediately. From Hampton Court he went to Hampstead, where he put himself under the care of Mr.

R. G. Brown, who kindly furnished me with the following account of his state at that time.

July 23rd. He was suffering from intermitting pains in the umbilical and hypogastric regions. There was considerable tenderness over the region of the liver; pain at the angle of the right scapula; the urine was scanty and very high coloured; the fæces bore no evidence of the admixture of bile, whilst the skin and conjunctiva had a highly bilious tinge. Three grains of hydrargyrum cum cretâ, with a little rhubarb, were given every other night; three grains of iodide of potassium, with half a drachm of liquor taraxaci, three times daily.

Under this treatment and rigorous diet, he rapidly improved, and, on August 17th, appeared recovered.

Sept. 5th. He had a return of similar but slighter symptoms. The same remedies were employed for a week, and afterwards grain and a half doses of quinine for another. No treatment seems to have been used after he ceased to be under Mr. Brown's care.

When I saw him, he appeared ill and emaciated. He took his food well; had no thirst; slept well. His tongue was natural, his pulse quiet, his skin cool. No jaundice. There was no emphysema of the lungs; the liver projected but little below the ribs. Abdomen was rather distended and tender. The spleen was not enlarged, but there was dulness for some considerable extent in the hypogastric region. He had no stricture. The bowels were relaxed daily, beginning to act at 4 A.M., and continuing till 7 P.M., or later: many liquid motions occurred in that period; they were light coloured, "frothy like barm", passed without pain. The urine was very scanty, and red, and turbid. Some days he was without any motion, and then he felt much better and stronger, but was so weak from the knees downwards, with a sensation of coldness there. He was generally weak and nervous. It appeared clear to me that I was not dealing with a case of ordinary liver disorder requiring calomel and clearing out, nor with ordinary diarrhœa but probably with a disordered innervation of the

intestines and liver. The chronicity of the disorder, its periodicity, and its occasional shifting of seat, pointed clearly to this conclusion. I gave him, therefore, seven grains of quinine, with five drops of liquor opii sedativus, three times a day.

Feb. 16th. No morning paroxysms of diarrhœa; the bowels have only acted three times in the week, generally in the afternoon, except this morning. Motions of rather light colour, not so yeasty. Urine more copious, deposits lithates, otherwise is natural. Feels better in himself. Porter, which used to disagree with him, relaxing his bowels, does not do so now. No dulness in hypogastrium. He improved decidedly and steadily on the same plan of treatment till March 1st, when I discharged him to go to a situation. The bowels were acting regularly; the evacuations of a darker, more natural colour, than previously.

REMARKS. If we accept the Hippocratic apophthegm, "Naturam morborum curationes ostendunt," we can scarce avoid regarding the affection above described as a "neurosis". In the preceding cases, we have had intestinal neuralgia, occasionally attended with temporary diarrhœa, the latter generally showing itself when the neuralgia was declining. In this case, we have the flux alone, without the pain. As the disorder seems to have been contracted in the vicinity of the Thames, there is some increased probability in favour of its malarious origin. I rest my opinion, however, as to this, much more on the persistency and general features of the disease than on the above circumstance.

CASE V. J. O'C., female servant, aged 35 years, Irish, was admitted on July 16th, 1855, into St. Mary's Hospital. She has been ill two months with her present disorder, which commenced after exposure to cold and wet. She has had palpitation during the last eight years, on and off. Her general health has been good; she had hæmoptysis and evacuation of blood *per anum* at the age of 14; no other disease that she can recollect. Catamenia regular. She had excessive leucorrhœa for three months, which

ceased about two months ago. She is of light complexion, blue eyes, light hair; the aspect of her face is doughy. She complains most of excessive pain in right foot and shoulder, pain in head and sickness, with a good deal of perspiration. The pain in the foot, when most severe, causes nauseous taste and feeling. Tongue red at apex, coated at back and sides, tremulous; pulse 90, small; bowels constipated; urine copious. The heart's sounds are normal; the lungs appear healthy.

Sumat calomel. gr. iij horâ somni, et haustum sennæ cras mane.

℞ Potassii iodid. gr. j; ammoniæ carb. gr. iij; decoeti cinch. ℥j. M. Fiat haustus ter die sumendus.

July 17th. She has been sick during the night; has vomited yellow acrid matter. She has been shivering, and had continual heats and chills. The bowels have been open once.

July 18th. Pain in præcordia; heats and chills, succeeded by perspirations, during the night.

July 19th. Less sweating; recurrence of pain in præcordia, and some in abdomen; tongue not clean.

July 23rd. She complains of palpitation, pains in loins, and everywhere. She has been retching constantly, but does not eject anything. Cardiac and pulmonary sounds normal.

July 27th. Slight ejection of blood from the mouth occurred last night.

After this date, I did not see her again till August 15th, when she gave me the following account. She had been bringing up blood every day since the last date. It came up with a little short cough, not with sickness, for the first two weeks, to the amount of about a teacupful a day. She used to begin at 2 P.M. most days, and continue all the evening and much of the night, bringing up the blood in mouthfuls. The blood I saw this day was small in quantity, blackish, acid, and mixed with a little mucus. Her food had not digested very well for some time; she complained of much sinking and faint sensation at the epigastrium, where

there was much tenderness until she was dry cupped two days ago. There was clear and full breath-sound in both fronts. The liver was not manifestly enlarged or diminished. Nothing morbid in the throat. She had taken, during the interval of my absence, infusion of roses with sulphate of magnesia, acetate of lead with acetate of morphia, and gallic acid. One blister had been applied to the left hypochondrium, and another to the sternum. Her present medicine was one ounce of infusion of roses, with five grains of tannic acid, three times daily.

Aug. 18th. Her pulse was 87, small, and weak; skin moist and cool; appetite very bad. She had cold perspirations.

℞ Quinæ disulph. gr. iij; acidi gallici gr. v; acid. nitrici ℥ij; liquoris opii sedat. ℥iv; aquæ ℥j. M. Fiat haustus ter die sumendus.

Aug. 20th. She has vomited less.

Aug. 23rd. She looks better; the sanguineous ejection is much less. The medicine was continued, and she was ordered to have ℥iv of port wine.

Aug. 25th. The sanguineous ejection is more abundant every other day; to-day it is slight. She feels better. "The chest is not at all so bad."

℞ Quinæ disulph. gr. v; acidi sulphurici dil. ℥x; decocti cinchon. ℥j. M. Fiat haustus ter die sumendus.

Aug. 26th and 27th. No blood was brought up.

Sept. 1st. Very slight sanguineous ejection occurred yesterday in the morning; none to-day. She still perspires much. There is less of the very great sinking at the epigastrium. She wishes for meat. The wine does much good. The mixture was ordered to be taken four times daily.

Sept. 2nd. The catamenia are very profuse.

Sept. 5th. There is some diarrhœa.

Sept. 8th. The catamenia have ceased; she feels better; no blood brought up during the last two or three days. The left side has been neuralgic since yesterday.

Sept. 9th. A little blood was brought up.

Sept. 12th. She is gaining strength; is much improved in appearance.

Sept. 19th. She continues improving in appearance and strength; no blood was brought up since last report till to-day, when it was mixed with phlegm.

Sumat quinae disulph. gr. x ter die.

Sept. 21st. Yesterday she had an attack of trembling all over, followed by severe palpitation; she has a good deal of cold chilly feelings, succeeded by heats and much perspiration; much noise in ears; tongue dry in middle; no appetite; no thirst; bowels not open; head giddy; pulse 93, of good force; no blood brought up. The quinine was omitted. Calomel and a purge were given, I think.

Sept. 22nd. Not the least enlargement of liver or spleen; tongue moist and nearly clean; bowels open. Some sanguineous vomit occurred last night. The cold douche was employed in the morning.

Sept. 24th. She brought up some jelly-like matter from stomach.

Sept. 26th. She felt very ill yesterday, and threw up "thick stuff" mixed with blood. Feels much better to-day: no sickness; pulse exceedingly weak. Has alternations of hot and cold feelings, and perspires very much. Tongue clean and natural.

Oct. 1st.

℞ Tincturæ ferri sesquichloridi ℥x; infusi quassiaë ℥j. M.
Fiat haustus ter die sumendus.

Oct. 3rd. She felt rather sick yesterday, about 2-3 P.M., and brought up about 3 vi of blood, bright (she says) at first, but now dark, not acid. She has the same shivering feelings and perspirations. The catamenia have just ceased; they lasted three days.

Oct. 6th. Yesterday she had good appetite, and felt well till about 5 P.M.; she then began to feel chilly, and could not take her tea. About 6, she began to bring up blood, and continued to do so till 9. She got warm after

the chill, and was so during the night, feeling very ill, with much palpitation and trembling. There is much soreness at the epigastrium and lower sternal region, more when blood comes up. The blood seemed yesterday to rise up of itself, without cough or vomiting, but with some nausea. In quantity it equalled half a pint; it is neutral and blackish.

Oct. 12th. She has had a bad toothache the last three days, preventing sleep at night; has not had it before for two years. No blood has been brought up since the 7th. She has been sick, vomited "only watery, and afterwards brown stuff". Last night she had very great sinking at stomach, and pain in loins.

Soon after this she went to the Convalescent Asylum at Carshalton, where, during her month's stay, she gained a good deal of strength, but still had shivering often, and brought up blood three times. When she returned to town, she lost her appetite.

Nov. 17th. She brought up a pint of blood in two or three attacks, and again on the 21st brought up "a lot of brown stuff by vomiting"; before this she was shivery, cold, and low spirited.

Nov. 24th. She came under my hands again as an out-patient. I ordered the following medicine:—

℞ Ferri et quinæ citratis gr. x; spiritûs ætheris chlorici ℥xx; aquæ ℥j. M. Fiat haustus ter die sumendus.

Under this she improved, and had much less hæmatemesis. There was slight recurrence on December 10th, severe on 20th (three-quarters of a pint), very little on January 6th, and then none till she went to service (Jan. 19th) in the capacity of cook. The citrate of quinine and iron was changed on January 9th for the following:—

℞ Quinæ disulph. gr. iij; tincturæ ferri sesquichloridi ℥xv; acidi muriatici ℥ij; liquoris opii sedativi ℥v; aquæ ℥j. M. Fiat haustus ter die sumendus.

Jan. 10th. She had neuralgia in the left side, "like a knife". The mouth was parched with thirst at night. On the whole, she was a great deal better.

Dec. 8th. She had rheumatism in the feet. She went to service unwillingly, at the desire of others, not thinking herself that she was fit for hard work. The result may be best told in the account I received from her mistress, whose suspicions of habits of intoxication were evidently aroused. "Yesterday (Jan. 21st) she was taken ill; she appeared completely stupified; spoke as though her tongue were too large for her mouth; reeled in her walk; fell off her chair; and, after a long, *extremely sound* sleep, seemed somewhat recovered, and got to work again. To-day, by one o'clock, she is very little better."

I saw the patient again Jan. 30th. Her own account was, that the work of the place had immediately knocked her up; that she brought up blood again immediately, and had ever since. Appetite lost. She felt bewildered in the head at times, and forgetful. I gave her the same medicine as before.

Feb. 20th. She has only brought up blood once since the 2nd; has attacks two or three times a day, in which she almost faints, and loses her sight; and feels bewildered, with "deadly sensations" at the same time, and cold perspirations. I gave her, besides the mixture, five drops of Fowler's solution three times daily with her meals. She continued in much the same state, and left for Ireland on March 5th. I examined her chest then, and could find no evidence of anything morbid in the lungs or heart.

REMARKS. Long and tedious as this history may be, I think its perusal will repay the reader. It shows a number of morbid phenomena, such as might and do occur separately, springing up rapidly one after the other, and without any manifest interdependence. I reject at once the hypothesis of the symptoms being dependent on any organic lesion of the heart, lungs, or stomach, for none such was detected, and the general character of the disorder was very unlike anything that is seen in such cases. There remains only the view of aguish disorder which can explain the phenomena, and it does so fully. The system was under the influence of a depressing poison, operating primarily on the

nervous organs. This caused the neuralgia, the toothache, the cerebral disorder resembling intoxication, the bewildered feelings, the forgetfulness, and loss of sight, by its action on the animal nervous system; while, by affecting the organic, it produced the hæmatemesis, the syncopic attacks, the aguish paroxysms, and the sinking at the epigastrium. Not the nerve tracts only, but the centres, seem to have been affected; both the brain and the solar plexus appear notably to have felt the palsying influence. The periodicity of the hæmatemesis, and its being checked by quinine, testify to its peculiar character. The immediate relapse on recommencing work is exactly what is observed in neuralgia and other nerve disorders; the symptoms which remain in abeyance during rest are immediately reproduced by exertion. The cause of this seems to be, that the nervous power is so feeble that a slight expenditure of its energies immediately exhausts them, and leaves them unable to resist the morbid cause. I believe in inveterate cases, such as this, the air of a high and dry locality is absolutely essential to cure. Medicine is of some avail, but not to cure, while the morbid influence is in operation; and after removal from its sphere, medicine is often unnecessary. How puzzling and inexplicable such a case as this would be, if not regarded from the right point of view.

CASE VI. Jane H., aged 39, single, of rather large and tall make, was admitted on Nov. 14th. She states that her father was very nervous; and that, as a child, she used to have epistaxis frequently. She had been ill about a year, and was getting worse. She thinks her illness was brought on by witnessing almost alone a fearful death-bed. She acts as visitor of the poor under a clergyman in this neighbourhood. The face is flushed, and red; bowels regular. She cannot eat anything; food goes against her stomach. Tongue white. The catamenia have been absent for the last two months. She cannot sleep except for an hour, after which she is awoke by perspirations. Pulse pretty large, rather soft. Urine rather high coloured, and sedimentary. Head rather warm. She complains of extreme debility and depression,

with frequent paroxysms of shaking, affecting all the body more or less. She can hardly speak sometimes. The shaking, when I saw her, appeared as a constant muscular trembling, not like chorea; the arms were most affected. She has some sharp pain in the right elbow. At night she has dreadful perspirations, and turns so cold, and has cramp. She took a calomel pill and black dose lately, and was much worse the next day.

Sumat morphiæ muriat. gr. ss omni nocte.

℞ Quinæ disulph. gr. v; acidi sulphurici dil. q. s.; aquæ ℥j.
M. Fiat haustus ter die sumendus.

Nov. 24th. The appetite improves. The opiate causes dreadful dreams, but she sleeps better. There is still very much tremulousness of the limbs. She had violent pain in the back and lower part of the trunk three days ago. Pulse exceedingly small and weak. Her hands shake so that I can hardly feel the pulse. Her teeth chatter. The legs are less affected. She has much pain and swimming in the head. She vomits on rising in the morning clear water and frothy fluid.

℞ Ammoniaë sesquicarb. gr. v; decocti cinch. ℥j; tincturaë cinch. ℥j. M. Fiat haustus ter die sumendus.

Sumat ferri carbonatis ℥j ter die.

Dec. 1st. Her head has been easier since the application of a mustard poultice. She has no sleep at night, from starting. She is altogether low, mentally and bodily.

℞ Strychniæ gr. 1-16; quinæ disulph. gr. iv; acidi sulph. dil. ℥vi; ferri sulph. gr. iv; aquæ ℥j. M. Fiat haustus ter die sumendus.

℞ Opii, camphoræ, aa gr. ij. M. Fiat pilula omni nocte sumenda.

Dec. 22. Some, but only temporary, improvement ensued. She is sad and tearful; and now she is sick after all her food. Tongue white, with some red papillæ.

Sumat assafoetidæ gr. x, in pilulis ij, tertiis horis.

Dec. 29th. Much better; appetite better; hands much

steadier. Head suffering. Pulse small and weak. The pills were continued.

℞ Infusi valerianæ ℥j; tincturæ valerianæ com. ℥j; zinci oxydi gr. iv. M. Fiat haustus ter die sumendus.

Jan. 19th. She is not improving. She has dreadful sinking at chest, and nausea. She has not half an hour's sleep at night.

℞ Hydrargyri chloridi gr. j; extracti aloes aquosi, gr. ij. Fiat pilula bis in septimanâ sumenda.

Sumat pilulas assafœtidæ secundis horis.

℞ Ferri et quinae citratis gr. x; aquæ pimentæ ℥j. M. Fiat haustus ter die sumendus.

Jan. 20th. She is a great deal better; her hands are steady, and skin warm; more appetite. The mixture does much good. Her gait in walking is still so unsteady, that some of the patients who saw her walking to the hospital supposed her to be tipsy.

Feb. 9th. She is a great deal better; can walk better; gives me her hand steadily without shaking; face paler than it was; can take food better. She was discharged at her own suggestion, with directions to continue the medicine another week.

REMARKS. The prominent symptoms in this case were extreme debility and depression, disorder of the motor power, with nocturnal aguish disorder. Comparing the above record with that of pure neuralgia, it must, I think, be apparent that there are strong indications of the nervous centres being involved in the former in a way which they are not in the latter. The power of the cerebrum and cerebellum seems to me, in the above case, to have been notably impaired, the enfeebling of the latter occasioning the muscular trembling. The nervous system seems to have been weak from the first, as one may reasonably consider the epistaxis of her early life to have depended in part on a proneness to congestion in the nasal vessels, itself the result of want of tone in the accompanying nerves. This patient, like the preceding one, incurred the suspicion of being ad-

dicted to intoxication, though it was quite clear to me there was no ground for it. I saw her soon after her tottering gait had been animadverted on; and, though much distressed and annoyed by the calumny, she was evidently in full possession of her mental faculties. The assafoetida acted, in my opinion, as a special stimulant or tonic to the encephalic centres; the quinine and iron performing the same duty to the ganglionic system.

CASE VII. M. H., aged 32 years, wife of a waiter, was admitted November 24th. She has suffered since the age of 17 with weak nerves. She had been suffering six months since her confinement; her child had been weaned six weeks. She was an in-patient for a month, and got better, but is now as bad as ever. She "feels regular bodily ill"; her senses leave her every now and then; she has extreme weakness; "no heart or spirit for anything in the world". She has no pain anywhere, but has much weight in the forehead. She has had no sleep last week. At various times she is conscious of all that is around her, but without power to act. While I was questioning her, she fell off the chair in a kind of fit: she did not struggle; her face was not pale. She soon recovered after a dash of cold water in the face; tongue a little white; bowels open; urine of usual colour and appearance; skin cool; pulse not weak, 72; lips rather congested. She is not a great tea-drinker. From November 24th to December 15th she took the following medicine:—

℞ Ammoniae sesquicarb. gr. v; tincturae hyoseyami ℥xx; infusi valerianae ℥j. M. Fiat haustus ter die sumendus.

℞ Camphoræ gr. ij; opii gr. iss. M. Fiat pilula omni nocte sumenda.

From the latter date to February 2nd she had quinine, at first seven grains thrice daily, afterwards ten, and the last three days fifteen grains. She took, besides, seven minims of liquor potassæ arsenitis three times a day, from December 26th to January 16th; and, from January 23rd to 30th, ten grains of assafoetida every three hours. From February 2nd to about 9th or 10th, when she went to the Con-

valescent Asylum at Walton, she had ten minims of Fowler's solution three times a day. The general result of this treatment was, that she benefited decidedly by the arsenic, but not by any other remedy. This was observed both times that it was given. Her symptoms throughout were much of the same kind, mainly pointing to the brain as the seat of disorder. She spoke of "losing her reason", having "lost and deadly feelings", recurring so frequently that the intervals were shorter than the paroxysms.

Jan. 30th. She reports that she loses her senses at times; "memory and eyesight and all seem to go"; she has "such a fever upon her before these attacks"; can keep them off for a time, but at last they overpower her, and she loses herself completely for about a quarter of an hour.

Feb. 2nd. She was much worse; she had either the deadly feelings, or else for a time went quite out of her mind and became insensible. At times she had hot flushes, at others trembled and shook all over. Her skin was cool; pulse weak; tongue clean; appetite lost. She could not see to thread a needle. A neighbour informed me that she was a steady well-conducted person, not in the least given to intoxication; but that in her paroxysms she became so excited that she would run out and throw bricks at people.

Feb. 5th. I saw her for the last time before she went to Walton: she was then better, having found much benefit from the liquor arsenicalis, which enabled her to digest her food. She was still "very lost", but had had no more attacks.

March 14th. She has returned about a week from the asylum, where she got better and stronger, but did not get well. She still suffers from sense of pressure at top of head, failing memory, and attacks of depression of spirits. Has had no violent paroxysms. "Can't be active; if she tries to be so, it overcomes her." She sleeps well, and takes her food well, but has sinking sensations at the epigastrium. Feet and ankles very weak; pulse languid; skin cool. She is keeping a good house, and does not appear to be in want.

REMARKS. General debility without apparent cause, cerebral irritation, or prostration, temporary amaurosis, and slight and obscure manifestations of aguish paroxysm, are the chief features of the foregoing case. To say that it was all hysteria seems to me merely taking refuge in an *asylum ignorantiae*. The phenomena bear some resemblance to those of epilepsy, but only a distant. The view which is most satisfactory to my mind is that which regards the whole nervous system, but especially the brain, to have been suffering under the depressing influence of a poison akin to, if not identical with, malaria. If Crimean malarious fever can produce fatuity and insanity (not permanent), is it unreasonable to look for similar though slighter effects from English? The very remarkable and great debility under which this patient suffered, for which no cause could be assigned, is one circumstance which seems almost to require some such hypothesis as that just offered. The cure of such cases as these by drugs alone is scarcely to be expected: rest, a bracing air, and occasional change of scene, with generous diet, are equally or more important.

CASE VIII. S. S., aged 45 years, male, a plasterer, came under my care December 22nd, 1856, having been under treatment for the previous ten days. He had been cupped at the back of the neck to eight ounces, had a seton put in the left arm, tartar emetic ointment applied to the neck, and been purged, without benefit. He was of stout, rather short make, rather sanguineous aspect. He had been ill about four weeks, since a fall from a height of about eight feet. He states that he suffers with attacks of the following kind, occurring five or six times a day. He begins to wink, and then both eyes become drawn quite under the lids towards the right, one inwards, and the other outwards; and he then loses consciousness for four or five minutes, and falls down; he does not scream, but moans as if choked. He has continual headache all along the right upper cranial region from behind forwards. I witnessed the attacks more than once; they were perfectly involuntary, not attended by much flushing of head. He feels tremulous

and nervous. He does not sleep well; has a trembling in the head when he lies down. Not an intemperate man; never drank spirits. Urine high coloured; bowels open; pulse of good force; skin warm. He was similarly affected two years ago, and got well after six months. He had rheumatism twelve or fourteen years ago. He has not had syphilis, but gonorrhœa long ago. Tongue clean; eats food well. I gave him at first valerian with ammonia and iodide of potassium, and camphor with extract of St. Ignatius' bean, thrice daily. The camphor, etc., were soon changed for assafœtida, which was given at first in five-grain doses four times a day; and, on June 2nd, in ten-grain doses every two hours, and continued at the same rate till February 20th, when he ceased to attend, having had only slight attacks in the previous fifteen days, and having been nearly free during several former weeks. The valerian and ammonia were given up when the assafœtida was given every two hours; but from January 9th to February 5th he took also the following medicine:—

℞ Quinæ disulph. gr. iii; tincturæ ferri sesquichloridi ℥xv;
acidi hydrochlorici ℥ij; aquæ cassiæ ℥j. M. Fiat haustus
ter die sumendus.

He took this with an intermission of four days only. For the last fortnight, a mixture, containing gallic acid, sulphate of zinc, infusion of calumba, and tincture of hyoseyamus, was substituted for the iron and quinine. He relapsed to some extent at one time, when a severe frost gave way to a thaw.

REMARKS. I have cited this case partly because it is of much interest in itself, as a history of a curious neurosis, but chiefly because I wish to contrast it with the three preceding, in all of which, together with cerebral affection, there were more or less marked symptoms of aguish disorder, as well as very great prostration of the nervous power generally. In this case there was nothing of the kind; and I do not feel that I have any sufficient reason for ascribing the phenomena to the action of malaria. The paroxysms evidently had much of the epileptic character,

and the movements of the lids and eyeballs may be regarded as a kind of aura. The beneficial action of assafoetida, which seems to act as a peculiar cerebral nervine, or toner, confirms very decidedly the opinion expressed by Dr. Todd, that "the phenomena of the epileptic fit depend upon a disturbed state of the nervous force in certain parts of the brain—a morbidly excited polarity." What is wanted, therapeutically, is to find some drug or drugs which shall so influence the nutrition of the dynamic grey matter in the part affected, that it shall act with more steadiness, and be less mobile and excitable. How difficult this is all experience declares. One great cause of this difficulty, I believe, is, that brain tissue partakes much more of individual peculiarity, and so differs much more in its vital endowments and reactions towards remedies, than nerve tissue does. We feel a great deal more confidence in our ability to cure a neuralgia than an epilepsy; still we trace much of the same features in the one as in the other, and our therapeutic proceedings are in principle the same. If excitement, excesses, bleeding, and all debilitating influences, aggravate an epilepsy, so in most cases do they a neuralgia. The curative means in both cases are such as give tone without stimulating. But it may well be conceived that the tissue of the cerebral convolutions, whose function is of so high an order, and whose nutritive actions are so liable to be deranged and impaired by mental or emotional influences, is far less likely to be in all cases modified alike by the same agent than other tissues of lower and simpler function.

CASE IX. — —, widow, without children, past mid-age, of mobile, hyperæsthetic temperament, was seen on Dec. 18th, 1855. She complains of a paroxysmal disorder, which comes on about 4 to 5 A.M., waking her out of her sleep. In each attack she experiences a great heat about the upper part of the abdomen, succeeded by chills and perspirations, the legs and feet being at the same time deadly cold, and much muscular tremour and nervous agitation coexisting. The attacks last one hour or more, several

accès supervening one upon the other, and afterwards she is quite tranquil. She expresses great dread of them, and fears they will cause her to go out of her mind. In the morning, after one of these attacks, she has quite an aguish aspect, face sunk, skin cool, pulse languid, mind and muscular power greatly depressed; bowels costive; appetite tolerable; digestion not much amiss; tongue clean. She has had these attacks at various times previously, and recovered under treatment. She has suffered from them now about four weeks. There was nothing morbid in the thoracic viscera, except some slight enlargement of the right ventricle of the heart. The urine was normal, specific gravity 1024. During my attendance she had occasionally some asthmatic affection, there being a sense of oppression at the chest, with frequent sighing, and morning expectoration: this seemed in some degree to replace the nocturnal paroxysm; it was not, however, confined to the night. The remedies employed were nervines and tonics. Bark with henbane and ammonia produced for a time very good effects. Quinine also was of decided benefit, especially when given in doses of gr. iss three times a day, with the following pills three times a day.

R̄ Zinci sulph. gr. iss; extracti hyoseyami gr. iiss.

Under this she passed seventeen nights without any paroxysms; they then returned, though less severe, and continued for four nights, until the medicines were all omitted, when they ceased, and, I have reason to believe, have not returned. There had been no relapse seven weeks after the last. Small doses (one-twenty-fourth to one-twelfth of a grain) of morphia at night appeared to aid in keeping off the attacks, but calomel and aperients were of very little avail. It is more probable, I think, that the disorder was really a masked intermittent, the cold stage being the only one which was well marked. Acting on this impression, I gave her (January 29th, when she had just had a more severe attack on the previous night than any before, attended with sickness, vomiting of watery fluid, and palpitation, and

was greatly depressed) three grains of quinine in the middle of the day, and as many more at bed-time. The succeeding night she slept better than she had for a long time. When, however, she continued the same morning dose, with four and a half grains at bed-time, on January 31st, it acted injuriously, and she had a very severe paroxysm. After this she went on favourably, as above mentioned, with a grain and a half of quinine three times a day, and the zinc and henbane. I forbore giving her quinine at first, as she declared it did not agree with her. This seems to have been true, so far that it was essential to adjust the dose exactly to the requirements of the system. When she finally omitted medicine, it was from her strong conviction that she had taken it as long as it would benefit her, and that further continuance of it would be injurious. So the event proved; yet I could see no apparent sign that it was disagreeing; the bowels were regulated, and the tongue was quite natural. While I was attending this case, I had under my care several of nocturnal abdominal neuralgia; and the impression on my mind was very strong that there was some common exciting cause.

CASE X. A., aged 39 years, male, married, employed as a carriage fitter on the railway, was admitted on April 2nd, 1855. Formerly he was a sailor, and was on the west coast of Africa, where he had "a slight touch of fever". He had gonorrhœa eight or nine years ago; no eruption. He has had some rheumatism. He is rather tall and robust. He states that he has been ill three or four months, off and on. He lost his speech at first; it is now impaired, "titubans". The arms and legs feel weak at various times, chiefly on exertion. He has a dull pain across the forehead, not constant, and not worse when lying down. Head rather warm; no tenderness in cranium or spine; intellect seems obscured; memory impaired; skin cool; pulse weak; bowels costive; pupils sluggish, left larger than right; gums swollen and red. What to think of these symptoms I did not well know; it seemed to me most probable that there was some chronic rheumatic or syphilitic affection of the

meninges or cranial bones. So I ordered him five grains of iodide of potassium in an ounce of decoction of cinchona, three times a day; and a blister to the neck. This was continued fourteen days, and then one-tenth of a grain of bichloride of mercury was added: the blister had been repeated the week before. At the end of three weeks I left off the iodide of potassium, and gave him one-eighth of a grain of bichloride of mercury in an ounce of decoction of cinchona, three times a day.

May 7th. I saw him for the last time, when he had improved a good deal; but he had trembling of the right arm and leg. The blister was repeated.

He now ceased to attend, and I did not see him again till February 23rd, 1856, when he returned, stating that he had got quite well on the former occasion, and resumed work. His present illness had lasted, he said, one week. His condition was sufficiently obscure. I noted the following particulars, almost as he described them. "Knees tremble." Right arm is tremulous. "Is all of a tremble", sometimes falls down, sometimes loses consciousness; skin cool; pulse weak; bowels costive; tongue natural; pallid; head rather hot; no blue line on gums; urine turbid as from urates, not albuminous. He is not emaciated. When at sea he used to drink, but has not for eighteen months. He appears to be in a general fidgety, fussy condition. My attention had by this time been aroused to the effects of obscure aguish or malarious disorder, and I thought it not unlikely that this was an instance of it. His history of having had fever slightly at Sierra Leone made this more probable. I gave him, therefore, the following medicine:—

℞ Ammoniaë sesquicarb. gr. iv; liquoris potassæ arsenitis ℥v; decocti cinchonæ ℥j. M. Fiat haustus ter die sumendus.

March 8th. He reports that he is a great deal better. The right arm is steady. Speech improved; no loss of consciousness; head cooler. He has some pain in the right knee.

March 22nd. He is a good deal better.

March 29th. He had some swelling in the right knee the other day ; there is none now. He improves in speech, and is a great deal stronger.

After this I saw no more of him, and for the following interesting sequel I am indebted to the kindness of Dr. Murchison.

On the evening of March 29th, at 10 P.M., just after his supper, he suddenly lost his speech, and remained speechless until his admission into the hospital on March 31st. The day after he had a fit, consisting of convulsive movements of all the body, but chiefly of the right side, with rigidity of the flexors of the arm and extensors of the knee. These fits recurred frequently during his stay in the hospital, the intellect remaining clear.

April 5th. There was complete paralysis of motion and sensation in the right arm and leg, which are relaxed. The mouth is drawn to the left. Reflex movements could be excited in the paralysed leg. The fits lasted two or three minutes, several occurring one after the other: they were not succeeded by coma; he was able to recognise his children immediately after them. No fits occurred for about twenty-four hours before death, which took place April 10th; but he became very weak, unable to swallow, and gradually sank, his intellect remaining clear to the last. His urine and fæces were all passed under him. The heart's sounds were normal.

The treatment consisted in the application of six leeches behind the ears, and four to the left side of the head, and in mild purgatives.

At the *post mortem* examination, the cerebral veins and sinuses were found full of dark blood; the smaller veins were filled, but the grey matter was not dark, nor the minute vessels injected. Considerable subarachnoid effusion existed, and there were some patches of opacity over both hemispheres. The substance of the brain was firm and consistent; the white matter congested. In each lateral ventricle there were six drachms of serous fluid;

the vessels on the walls were congested, and a largish one on each choroid plexus. In these, also, there were a number of cysts, some as large as peas. At the base of the brain there was some serous effusion, and the vessels were full of blood. Coats of arteries not diseased. Nothing morbid at all was found in the brain or cerebellum, though they were very carefully examined for two hours; no extravasation, softening, or trace of old cysts. The venæ medullæ spinalis were congested, especially at the origin of the brachial nerves; nothing morbid in the spinal cord. The heart and lungs were healthy. The kidneys appeared healthy. The liver was slightly fatty. The spleen was of usual size, with cartilaginous patches on the surface. Microscopic examination detected nothing morbid in the brain.

His wife states that one of his brothers has dragging of one leg, and that two of his sisters have died with paralysis at the age of 45. He has resided in Hampden Street, near the Paddington Canal, for some length of time, at least as long ago as the date of his first application to the hospital. A friend, who is attached to a dispensary in the neighbourhood, informs me that he has at least a dozen cases of intermittent fever under his care, who all reside in that street, or in an adjacent one. I think it will be allowed that this case affords something very near a demonstration of the action of malaria in producing effects of palsy and irritation. The man had once had malarious fever, and thereby acquired a predisposition to suffer from even a slight renewal of the exciting cause. He inhabited a locality where intermittent fever prevailed to some extent. He has somewhat similar symptoms in two successive years, and dies. The *post mortem* shows no more morbid condition, except a certain amount of venous congestion and some serous effusion. He had benefited on the last occasion very materially by the use of arsenic and tonics, and on the former by the use of iodide of potassium and bichloride of mercury, with blisters. As rheumatism is a common sequel of malarious disorder, it is very pos-

sible that his attack in 1855 was actually rheumatic, and that the remedies then employed were quite appropriate. One can hardly avoid the thought that many a case of simple and serous apoplexy, of which we have no other explanation than that there was "determination of blood to the head", is of the same pathological nature as the one now related.

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.

℞ Ferri et quinae citratis gr. viij; ammoniæ carb. gr. ij; liquoris opii sedativi ℥iij; aquæ cassiæ ℥j. 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 (*Therapeutic. 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.

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

Sumat olei ricini ℥ss 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 diarrhœa 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 diarrhœa 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.

℞ Quinæ disulphatis gr. iv; acidi nitrici ℥ij; decocti cinchonæ ℥j. 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 diarrhœa, with uneasiness after the food. The chest is improving.

℞ Ferri et quinæ citratis gr. x; liquoris opii sedativi ℥viij; aquæ pimentæ ℥j. 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 diarrhœa 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

x no proof that it did not?

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 quiniæ citrat. gr. x; acidi citrici gr. j; aquæ pimentæ ℥j. 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.

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