

A NEUROSIS CHIEFLY AFFECTING THE STOMACH AND MUSCLES OF DEGLUTITION *

A. ALEXANDER HOWELL, M.D.

PHILADELPHIA, PA.

The manifestation of a neurosis of such extreme grade and in many ways of such unusual character, as occurred in the case of the child herewith presented, seems well worth recording.

Lewis G., aged 8, schoolboy, complains of vomiting and "water brash."

History.—Two or three times a week for the past month the child has been vomiting considerable quantities of sour material. This has occurred from one-half to one hour after meals. The filling of the mouth with water, the so-called water-brash has, on the other hand, taken place several times a day, but without especial reference to meals or other events.

Medical advice is apparently sought, not because the child's health or spirits are suffering, but because of the non-appearance of signs of improvement and the gradual development of a tendency toward an aggravation of symptoms at night.

The child's appetite has been good throughout and he has been free from symptoms of indigestion other than those mentioned. The vomiting and "water-brash" are said to occur spontaneously and without warning. They are unassociated with any feeling of pain, discomfort or nausea. No pain, tenderness or distention has been noted anywhere in the abdomen. There has been no pain or weakness in the back. Vomiting has never been projectile. The bowels, contrary to the general rule, have been moderately constipated.

For the past week the child has been suffering with a cold, attended by a marked catarrh of the bronchi and upper respiratory passages. The urinary functions are said to be performed normally, but on close questioning a somewhat decreased daily output and a deepening in color are found to have been of a week or ten days' duration.

There has been no derangement of a cardiovascular nature, the child continuing to lead an active and unusually athletic life for his years. Nervously, no departure from the normal, which for him has always been that of a high-strung child, lavish of his nervous energies, has been noted with the exception of interrupted sleep. The attacks of vomiting and "water brash" are held accountable for this. For the past two years glasses have had to be worn and with these the child says he sees easily and clearly. Headache has never been present. Patient's normal weight is 68 pounds; he now weighs 66.

Previous Medical History.—The child was at first a breast, then a bottle baby, condensed milk, fresh milk and proprietary foods having been jointly used in his upbringing. While never a robust specimen he has always been considered as healthy and has escaped with the lesser children's diseases. His digestion has not been looked on as easily overtaxed. He has, however, been considered as nervous and excitable. Not subject to coughs, colds or sore throat.

Social History.—As the youngest of a family of boys, the patient has been pampered and allowed to do much as he pleased. This has applied especially to his eating, playing and time of retiring. He is a fast eater and chews poorly.

* Read before the Pediatric Society, Philadelphia, Pa.

* Submitted for publication Feb. 7, 1914.

Family History.—The father is an intensely nervous, irritable and impatient man, 50 years of age, an arteriosclerotic with high blood-pressure, who smokes excessively and who formerly drank. Mother and three living brothers are normal. A brother, the next in age to the patient, died four years ago of a general tuberculous infection. This had its origin in the mesenteric lymph-nodes, which were found to be tubercular at an operation for a supposed appendicitis, which preceded by some two weeks the child's death. It is significant that the symptoms in this unfortunate instance were practically identical with those presented by our patient and in the light of this knowledge it is readily understood why the parents dwell with such concern on the outcome of this child's illness.

Physical Examination.—The physical examination because of its largely negative findings will not be given in detail. Suffice it to say that sources of direct and reflex cause of the trouble were painstakingly sought. The findings which were felt to have a bearing were eyes of a considerable refractive error, adenoids of moderate size with a rather marked nasopharyngeal catarrh and bronchitis; a rather full, tympanitic abdomen and exaggerated reflexes throughout. The failure of this examination to reveal a satisfactory direct physical basis for the symptoms threw the weight of etiological proof on the laboratory and other special examinations in deciding between a direct gastro-intestinal cause, a more or less remote reflex one, or the presence of a neurosis. On examination the vomitus and stools showed some derangement of digestion in the presence of mucus, hyperacidity and evidences of retention in the former and a marked fermentation in the latter. No blood was found in either.

The urine on several examinations was normal except for moderate increases in specific gravity and acidity. It did not contain albumin, sugar, indican or acetone. There were no casts. The daily output was but moderately decreased. The systolic blood-pressure was 110 mm. The "water-brash" when collected alone contained no free hydrochloric acid, and except for some mucoid material, was practically free from sediment. This finding confirmed the belief that had been formed from observation, that the watery material did not come from the stomach. When seized with an attack patient would jump up, or if in bed rise to a sitting posture, the mouth would be opened as if to vomit and the tongue revealed drawn tightly backward and upward against the roof of the mouth. Sounds similar to vomiting, but obviously due to unsuccessful efforts to draw air inward past the obstructing tongue, would be made. Toward the latter part of the seizure the lips would become quite cyanotic; at this, relaxation in the throat and tongue would take place and several deep noisy inspirations follow. During the period of obstructed inspiration saliva dripped freely from the mouth, undoubtedly accounting for the so-called "water-brash."

The vomiting proper, in some instances at least, could be accounted for as follows: Almost invariably the first inspiration or two after an attack carried some of the plentiful saliva into the larynx and set up short coughing fits of varying intensity. On the occasion of an extra severe coughing fit the child was seen to vomit a cup full of stomach contents much as a child with whooping-cough might have done. The eye grounds were examined and found to be normal. The eyes were refracted anew and a change of glasses made. Roentgen-ray examination showed the stomach to be normal in shape, size and position, and an absence of ptoses, masses or obstruction in the intestines. The child grew progressively worse. One month after he was first seen the spasmodic attacks had become quite frequent during the day and at night were well-nigh omnipresent. The mother stated that with the exception of a couple of periods of one hour each, the child's sleep was interrupted on an average of every ten minutes all night long.

By this time the loss of weight was decidedly noticeable, having fallen as low as 62 pounds. The child's strength and spirits had suffered proportionally. The nervous atmosphere surrounding the child had likewise grown worse and all

hope of cure at home had to be abandoned. Hospital treatment was now insisted on. The child spent three weeks in the hospital, and the outcome of treatment here, though no recourse was had to any but the simplest measures, was as productive of favorable results as the treatment at home had been of disappointing.

The key note at the hospital was of course mental and physical rest and quiet. A period of low diet was, as soon as possible, followed by a period of over supply. Calls by even his parents were for the first two weeks allowed under the strictest surveillance as to frequency and duration. Experience had shown that very little could be expected from medication *per se*.

After adjustment to the new surroundings, requiring three or four days, the spasmodic attacks began to decrease in frequency and severity. An initial fall to 58 pounds was followed by a steady gain in weight. During the latter part of his stay at the hospital the child was up all day long on full diet and receiving members of the family morning and afternoon, and was entirely free from seizures. On reaching home, regularity and care in eating, with a daily two-hour rest period and a curtailment of amusement of an athletic nature, was insisted on. The hospital training here bore its fruit in that such instructions were conscientiously followed, whereas formerly it had been impossible to obtain more than ephemeral efforts to this end.

In view of the above course of the illness, the nature of the attendant circumstances and the absence of any discoverable direct or reflex disorder, which could adequately account for the trouble, one is forced, somewhat reluctantly, to be sure, to settle on the diagnosis of a neurosis. In this case the chief manifestation was spasm of the muscles of the throat and tongue, similar to, if not actually accompanied by, laryngospasm. The gastro-intestinal disorder, the eyes with high refractive error, the nasopharyngitis, the generally over-wrought nervous system must be considered as contributory rather than causative factors.

The similarity of his own symptoms to those which in his brother's case had proven fatal must have made a tremendous impress, subconsciously at least, on the child's mind, and undoubtedly played an important part in paving the way for such a full blown neurotic outburst.

The point should be emphasized, in closing, that in this instance a condition which had become well-nigh hopeless at home, progressed to a speedy recovery when a change was made to suitable surroundings.

1413 South Fifty-Eighth Street.