REPORT OF A CASE OF HYSTERICAL DYSPNOEA.*

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I desire to report a case that to me was unique, having never in all my experience met with a similar case. I am convinced that such cases must be rare.

In the evening of January 1st I was called by a brother practitioner to see a girl, fifteen years old. I was urged to make all possible haste as the patient was choking to death, and it was feared that she could not live until my arrival. The attending physician informed me that he would certainly have done a tracheotomy while waiting for me, had he at hand any instruments whatever with which to have done the operation, as several times she seemed at the point of death.

She had been breathing with difficulty all day, but during the evening had become much worse. The symptoms were certainly most urgent. There was cyanosis, sinking in of the walls of the chest, loud stridor and the patient limp and apparently unconscious. Upon being shaken and aroused she was able to speak only in a whisper. There was no time to lose, as the patient seemed upon the very verge of fatal suffocation. She was placed in position for intubation and the finger introduced into the throat, followed by the tube. Just as the larynx was being engaged the girl gave a sudden spring, nearly out of the hands of the assistants, and the tube passed into the esophagus. I was astonished to hear the patient tell me in a clear loud voice that I hurt her. I was equally astonished to see the respiration perfectly normal, the loud stridor gone and the color returning to the face. All evidence of the former dyspnoea had entirely disappeared as by magic. The tube was withdrawn from the esophagus and she was directed to go back to the bed and behave herself, which she did with alacrity. She was sternly informed that the operation would be repeated if there should be any return of the trouble. It is needless to state that there was no recurrence of the attack and that the recovery was prompt and complete. It was subsequently learned that the patient, a few weeks previously, had seen a little friend and playmate, of whom she was very fond, die from suffocation resulting from laryngeal diphtheria. It was this fact that caused her hysteria to manifest itself as it did. While the diagnosis was poor, on account of the haste and the urgency of the symptoms, yet the treatment was the most effective that could have been administered.

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