

tion, whilst extensive suppuration and depositions of fibrine and adhesions of the convolutions, were the evidences of disease of a more chronic character. The portion of intestine which had been strangulated, was black; and a part of the omentum, firmly adherent to the neck of the hernial sac. The patient's life was probably not materially abridged by the occurrence of the hernia, or by the operation; as neither could have caused the appearances of abdominal disease.

The case derives its chief interest from the complication of permanent irreducible omental hernia, with recent and strangulated enterocoele. In *this case* the diagnosis was not very difficult, although the medical men present were not altogether unanimous. But in some instances that have fallen within my observation, where an omental hernia, of some ten, or twenty, or thirty years' standing, has at length been complicated by the sliding down of a knuckle of intestine, and this becoming strangulated, without any sensible increase of the size of the tumor, the case has been exceedingly difficult to decide upon, especially as the symptoms—the *rational* signs of strangulation—are often extremely insidious. A valuable illustration of this latter fact occurred to me three or four days before the case I have now described. A woman of 40, in perfect health, and who had never experienced any of the symptoms of hernia, was attacked with vomiting. The symptoms, according to the account of her physician, Dr. Russ, of Pomfret, resembled those occasioned by the passage of a gall-stone, rather than those of strangulated hernia. Things remained in this condition 24 hours, when the doctor elicited the fact, that about the period of the commencement of the vomiting, the patient had perceived a tumor at the top of the thigh. On examination, he made this out to be a crural hernia, and after making such attempts for its reduction as he thought proper, called me in consultation. After carrying the trials at reduction by taxis as far as seemed warrantable, without success, I proceeded to the operation. And although the protruded intestine was very dark colored, yet its function was speedily restored; evacuations from the bowels occurred on the day subsequent to the operation; the wound healed by the first intention, and the patient's health is now wholly restored.

The frequent occurrence of strangulated hernia; the alarming rapidity of its course to a fatal termination, and the importance, both to the patient and the practitioner, of an early correct diagnosis, must be my apology for details which are sufficiently familiar to the experienced surgeon.

Woodstock, Vt., August 10, 1839.

THE EFFECTS OF MENTAL EMOTIONS IN PRODUCING ASTHMA AND DYSPNŒA IN GENERAL.

BY N. H. ALLEN, M.D.

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I HAVE often been surprised at the great number of asthmatics to be met with among educated and public men. From my own observation

I am led to the conclusion, that far more than a just proportion of those who are afflicted with asthma and dyspnoea of all kinds, are to be found in those classes that get their livelihood by thinking, rather than by bodily labor; and who are subjected to the rack of thought, the anxieties of business, and the perplexities of scientific pursuits, more than to the inclemencies of the weather or the fatigues and hardships of corporeal labor. We have always been taught, that exposure to the vicissitudes of our climate, intemperance, malformations of the chest, hereditary predisposition, &c., were the causes of asthma. But when we meet with it as frequently among the strictly temperate, as among the intemperate, and as often among those that are not exposed to the weather and to corporeal fatigue, as among those who are, we must conclude that there are other causes as powerful, at least, in producing this disease, as those which are generally mentioned by authors on this subject. It is, therefore, from the foregoing considerations, that I have been led to the belief that the influence of mental emotions upon the functions of respiration have generally been too much overlooked.

The treatment of asthma has always been conducted on the *ne plus ultra* principles of empiricism. Hundreds have been the infallible remedies for this disease; but the most of them have been like the charms of the soothsayer, incapable of producing their wonderful effects except when administered by the hand of the inventors. One practitioner comes forward, and with bold assurance declares that the lancet is the *sine qua non* in this malady of "*ghastly spasm*;" whilst another "*vetoos*" this practice, and tells you to let this instrument remain quietly deposited in its case. One boldly prescribes the warm bath; another says, "give us a little cold water." One extols opium as the "sovereignest remedy in the world;" another stands astonished at the absurdity of giving this drug in such a disease. You can scarcely meet with a wiseacre in the country, who cannot give you all but numberless undoubted remedies for the asthma. Tobacco, lobelia, sulphuret of potash, antimony, ipecac., and a hundred other articles, are extolled by some as cures, while others can find no relief whatever from their use. This difference of opinion, with regard to the effect of these various remedial articles in this disease, probably results from prescribing them to a patient at different stages of the paroxysm. One practitioner gives some remedial article a short time before expectoration takes place, which relieves the patient. He, therefore, ascribes the beneficial effects to the article last given. Another gives the same article at the commencement of the fit. He, therefore, says no good effects result from it; and of course condemns it as useless, when, perhaps, it had as much effect in the one, as in the other case.

All these multifarious forms of treatment would lead us to suspect that the pathology of asthma is seldom very strictly attended to by the practising physician. It would seem that when he is called to a case of the kind, like the person that is suddenly called upon to extinguish a flame, he makes use of the means the nearest at hand, till at last the combustion is overcome, or goes out of itself, while the means that have been the most used get the credit of extinguishing it.

But my object is to inquire into the causes of that asthma which is dependent on nervous influences. With regard to all other kinds, I would merely remark, that the only rational mode of treatment, where the system is plethoric, is by depletion. It matters little whether dyspnoea is caused by inflammation of the bronchi, by a loaded and deranged state of the digestive organs, by emphysema of the lungs, by disease of the heart, or by any other morbid state of the system; if the system is plethoric and oppressed, our grand object is to take off the burden from the moving powers, to remove the obstruction from before the clogged wheels of life, and give the *vis a tergo* a chance to act. And this must be done by the lancet.

But to come to the subject of inquiry. I am convinced that nervous influences, mental emotions, care, grief, anxiety, hard study, &c., will as certainly produce a fit of the asthma, in those who are predisposed to it, as a fit of dyspepsia in those of delicate digestive organs. This is frequently the only way that paroxysms of asthma in men of sedentary habits and literary occupations can be rationally accounted for. And I have generally observed that clergymen and physicians, who are troubled with this disease, have uniformly been attacked with their most severe fits soon after having made some great mental effort, or labored under some deep anxiety. And why should not mental emotions have as great an effect over the respiratory, as over the digestive organs? A sudden alarm destroys the appetite, fear and anxiety stop digestion, and long-continued severe mental efforts debilitate the organs of nutrition, and render them incapable of performing their functions. If, then, mental emotions have so great an effect upon the digestive organs, they must, of course, have equal control over the respiratory organs. And why should they not? The lungs are supplied by the same nerves as is the stomach; and they at least have as close a connection with the brain as does the latter organ. Therefore the mental influences which injure the stomach will have the same effect on the organs of respiration.

Under almost all mental emotions of the graver kind, the respiration, if it is not rendered slower (and that it is rendered slower, I am very positive), certainly becomes less deep. The circulation is accelerated, and thereby a disproportion is established between the frequency of the circulation and the respiration. The secretion from the mucous membrane of the lungs is increased, and the exhalation from the same is lessened; the lungs, of course, become, in a greater or less degree, congested, and difficulty of breathing is the consequence. To illustrate my meaning, let us take a case; an orator, for instance, who has been occasionally somewhat affected with asthma. He is called upon to make some vigorous effort in public. He gives himself up to laborious composition, to prepare for the occasion. He burns out, in mental labor, that part of the vital principle which would have otherwise been expended in supporting the operations of the digestive and respiratory organs. The lungs are not properly expanded; and a disproportion is established between the frequency of the respiration and the circulation. Anxiety increases this disproportion. He makes an effort before a public audience, during which his lungs become still more congested,

and in a short time afterwards he is attacked by a paroxysm of dyspnœa, more or less severe.

Paroxysms of asthma from mental causes happen, perhaps, more often in physicians than in any other class of people. The son of Æsculapius was originally condemned to lead a life of care, fear and anxiety. How often, in the course of his practice, does he meet with cases that call for the exertion of all his mental powers; and whilst his nervous power is being expended by intense thought, anxiety adds fuel to the fire. His lungs are not expanded, and the nervous fluid which ought to be expended on them, is diverted into another channel; and, if he is predisposed to asthma, it is after some difficult case in his profession, that his most severe fit comes on. It is on this account, that the medical profession is of all occupations the very worst in which a man can engage who is subject to this disease. He must either leave it or lead a most wretched life. It is not the exposure to the vicissitudes of the climate that makes this profession so difficult to be followed by those who are subject to asthma; but it is the rack of thought, and the anxieties inseparable from this class of the community.

I may here be asked what is the remedial treatment of asthma dependent upon mental causes. I would then say that the physician, in such cases, must be such a one as can "minister to the mind diseased." He must be such a physician as can teach his patient self-command—can teach him to meet any or all the troubles and perplexities of this world without suffering the balance wheel of his mind to be disturbed. When the patient can do this—when he can be calm, collected and undisturbed under all the cares, troubles, doubts and anxieties of life, he may as well, although predisposed to asthma, follow the life of a physician or a clergyman, as that of a hermit. But if he cannot gain this command over himself, let him give up a mode of life in which there are ten thousand difficulties to beset him, and seek to enjoy himself in some other that is more congenial to his physical organization.

There are, however, some remedies of essential service in this variety of asthma; and among the first of these is to be ranked opium. This is, perhaps, the best possible remedy we can use in asthma dependent on mental causes, such as I have already enumerated. It often acts like a charm. A full dose will frequently restore, in a short time, the balance of nervous power between the lungs and brain, and relieve the difficulty of breathing. It causes a rush of nervous fluid to be given out by the brain, whereby the chest is dilated and the lungs expanded. I have often experienced the happy effects of this remedy in my own person. I have frequently retired at night with so great an oppression of the lungs, that it was with the greatest difficulty I could get my breath; but after taking a full dose of laudanum, I have had a good night's sleep, and awaked in the morning without a vestige of the difficulty of the preceding night.

There is another remedy in this variety of asthma, which may sometimes be found of the utmost importance; and this is galvanism. This remedy was first recommended by Dr. Wilson Philip, and is applied by placing one plate of zinc on the back of the neck, and another on the epigastrium, and passing the current diagonally through the chest. This

remedy always relieves this species of asthma, and it confirms the idea that it is dependent on a want of nervous power in the lungs. But I am growing prolix.

Gray, Me., August, 1839.

FACTITIOUS DRINK.—NO. III.

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REFRESHMENT.—In the dying prophecy of Jacob, an abundance of wine, as well as of milk, is evidently mentioned, as itself a blessing, or as a type of the peculiar blessings which were in reserve for the posterity of Judah. The Psalmist refers to *wine that maketh glad the heart of man*, as a subject of as much gratitude, as oil and bread. The writer of Ecclesiasticus says, *Wine is as good as life to a man, if it be drunk moderately: what is life, then, to a man that is without wine? for it was made to make men glad.* At the first dawn of the Gospel, its divine author created wine, towards the close of a feast, after men had *well drunk*, as the *beginning of [his] miracles.*

From these and numerous references besides, which might easily be made to various parts of the Scriptures, it strikes me that a man's mind must be strangely constructed to question the lawfulness of the use of wine, under the three dispensations of our holy religion, the Patriarchal, the Mosaic, and the Christian. I cannot, therefore, stop to dispute a moment with those who would wish to interfere with the Christian liberty of their brethren, and deprive them of wine and fermented drinks, on the ground either of religion or morals. They are not only wise above what is written, but in opposition to what is written. If argued with at all, they must be treated upon the principles by which we would attempt the recovery of enthusiasts, bigots, fanatics, and other monomaniacs. They are insusceptible to a process of reasoning which is adapted to sound minds. Individuals have the same moral right to use fermented liquors, as they have to use money, credit, commerce, the printing press, or any other improvement of civilization, the casual abuses and contingent evils being no more of an argument in favor of prohibiting them, in one case than the other.

The expediency of continuing the use of these factitious drinks is quite another question, and is a matter worthy of the most accurate investigation. The following extracts from Parr very accurately describe the operation of wine, when it is employed as a refreshment, analeptic, or restorative.

"Wine is highly grateful to the palate and stomach, giving an immediate and agreeable warmth to the whole system, and its peculiar and pleasing stimulus is felt, even at first, in the mouth. It completely answers the idea formed of an analeptic, as it appears immediately restorative. When we pursue its effects further, we find the strength and spirits renewed; the perspiration and other secretions, which may have languished from fatigue, restored; the thoughts follow each other with more freedom, and every motion is carried on with ease and