

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

PADDINGTON INFIRMARY.

A CASE OF HYSTERICAL APHONIA IN A WOMAN AGED SEVENTY-ONE; RECOVERY; REMARKS.

(Under the care of Dr. T. D. SAVILL.)

THE chief point of interest in the case here recorded is the age of the patient at the time of the development of the affection for which she was under treatment.

H. B—, a woman seventy-one years of age, was admitted on June 7th, 1888. She was a small, sparely-built woman, of a neurotic temperament, and complained of complete loss of voice. The loss of voice had come on quite suddenly one morning eight months previous to admission, while she was recovering from a slight attack of bronchitis, and it had persisted ever since. She was quite unable to speak above the lowest whisper. The lungs were emphysematous. The urine was of low specific gravity, and contained a faint trace of albumen. The arteries were somewhat firm. She complained of occasional attacks of giddiness, but otherwise she seemed in very good health for her years. The climacteric had occurred twenty-six years previously, and there was nothing worthy of note in her previous or family history. There were scattered patches of partial anæsthesia over the left leg, right thigh, and both arms, and well-marked ovarian tenderness on both sides.

On laryngoscopic examination the next day, an adductor paresis of the vocal cords was discovered. There was no congestion, ulceration, or growth discovered which could account for the loss of voice. From this circumstance, the patchy anæsthesia, the ovarian tenderness, the patient's temperament, the history of sudden advent, and the adductor paresis, the aphonia was ascribed to functional causes. A strong faradaic current was then passed across the larynx by means of a reophore placed externally, one on each side, and the patient was encouraged to call out. She was promised that the application should cease immediately that she did so, and after much evidence of tribulation she uttered articulate and vocal sounds.

During the next few days there was a slight tendency to relapse, but the threat of another application was sufficient; it never really became necessary, and she left the infirmary perfectly well on June 20th to resume her occupation—that of charwoman.

Remarks by Dr. SAVILL.—Hysterical aphonia is by no means a new disease. Heberden gave an excellent description of it in his "Commentaries,"¹ published in 1802. He points out the peculiarity that in some cases, although the patient can laugh, she cannot speak aloud. It usually comes on and disappears suddenly, he says, and the disease is very liable to relapse. All the remedies he tried were unavailing. Hysterical aphonia is by no means a rare disease, and this case presented no special difficulty of diagnosis. The chief point of interest lies in the age of the patient. The times of life at which it most frequently occurs are under thirty and at the climacteric; and though it may occur at other times, I am not aware of any recorded cases over seventy years of age. In the foregoing case, as is usual, the affection was due to an adductor paresis of the vocal cords. It was cured, as it generally may be, by a violent shock. I am not disposed to regard the electricity as having any special virtue *per se*. It is the suddenness of the shock, combined with the pain and unusual sensation produced by the faradism, which is the chief agent. The short time (eight months) during which the disease had existed made it easier to cure. Some may be inclined to take exception to my use of the word "hysterical." But, while I am not concerned to defend it on any other ground, it has the advantage of being established by long custom, and therefore conveys a clear idea to the mind of the reader, and repre-

sents a more or less definite group of clinical phenomena. The unbounded gratitude expressed by this patient at her cure is a point worthy of note. It illustrates the fact, which I have found pretty constant, that patients suffering from these affections are very desirous of deliverance from them, and indicates the reality of the disease.

BURTON INFIRMARY.

A CASE OF TRAUMATIC TETANUS; RECOVERY; REMARKS. (Under the care of Mr. BELCHER.)

FOR the following report we are indebted to Mr. Oldham.

A. D—, a healthy youth, aged nineteen, a scavenger, was admitted on April 19th, 1888, with a lacerated wound of the outer side of the right hand; the abductor indicis and first lumbricalis were torn through, the index metacarpo-phalangeal joint was opened, and the soft parts contused; the hæmorrhage was free and the wound filled with grit. It was dressed with carbolic lotion, iodoform, and "Gamgee" tissue.

April 25th.—Dressed daily to date; hand swollen and painful; wound sloughy. Linseed poultice applied. Temperature: morning 99°, evening 100°.

26th.—Wound improved; half an inch of a digital nerve exposed. This was pulled and cut off short. Temperature: morning 99°, evening 98·6°.

30th.—Wound healing; dressed with wet boric lint.

May 2nd.—Constipation relieved by white mixture; one or two ashy points in the wound. In the evening he had a rigor. Temperature 103°; pulse 112. Complained of a sore throat and stiff neck. Said he had caught cold from an open window. Fauces congested. Twenty grains of salicylate of soda were ordered every two hours.

4th.—Temperature: morning 103·2°; pulse 112. Angles of mouth drawn up; masseters contracted; unable to eat his fish dinner. Temperature: evening 101·6°.

5th.—Temperature: morning 99°; pulse 112; respiration 30. Trismus and risus; recti abdominis stand out like tense cords. The patient was removed to the private ward. Soap enema ordered; a sixth of a grain of extract of physostigma every hour. After five doses this was increased to a third of a grain every hour.

6th.—Typical and severe tetanus had now developed. To take the extract (one grain) every half hour. At midnight he was worse; two grains of the extract given every half hour.

8th.—Wound more healthy; symptoms persistent and worse. Sixty grains of chloral during the night. Physostigma continued; has lost much flesh. Sordes. Temperature 98·4°; pulse 120.

10th.—Temperature normal; spasms every fifteen minutes, lasting one minute; pupils contracted.

11th.—Temperature normal; pulse 96. Great thirst; tongue dry and cracked. Since midnight of May 6th has been taking the extract at the rate of ninety-six grains every twenty-four hours. To continue the extract, two grains every hour.

12th.—Great pain in loins; spasms every twenty minutes. One ounce of brandy mixture ordered every four hours.

15th.—Spasms less; wound healing rapidly; tongue moister.

16th.—Disturbed by admission of another patient; spasms more frequent.

20th.—Wound nearly healed; spasms only when excited or disturbed. Ate some bread-and-butter with difficulty.

22nd.—Mincemeat ordered.

30th.—Ordinary diet. Spasms are now once or twice in twenty-four hours. Recti muscles are rigid.

June 5th.—Sat up in an armchair for half an hour.

8th.—Walked out of doors for ten minutes.

12th.—Discharged cured.

Remarks by Mr. BELCHER.—Causation: 1. The injury. 2. Dirty wound; a scavenger. 3. Nerve exposed and cut. No symptoms for seven days. 4. Exposure to chill from open window. Must we (if perfectly logical) cross out the descriptive adjective in our title, and take the romance out of the case? I fear so. Look at the rise of temperature, the red fauces, the salicylate of soda treatment pointing to catarrh before tetanus cut in. May I digress? I only recall as under my own care four cases of tetanus; the first years ago, when I was house-surgeon under that accomplished surgeon, the late Mr. John Gay. I sent off for him at night, saying I had a case of hydrophobia from the bite of a pig. He went back grave, remarking, "What a disappointment—

¹ Commentarii de Morborum Historia et Curatione, cap. 100, p. 406.