

## THE SUCCESSFUL USE OF ARSENIC IN CERTAIN KINDS OF GASTRIC PAIN.\*

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I PROPOSE to show that certain kinds of gastric pain are amenable to a treatment not yet employed by the profession; and, as far as possible, to indicate how these are to be distinguished. In the sense that it is not caused by dyspepsia, by inflammation, or by organic disease, pain in the stomach is, in a certain number of cases, a primary disease. The nausea, vomiting, and other special stomach-symptoms which accompany it, are simply consequents. Of the truth of this I hope to be able to satisfy you. It will be admitted that neuralgia may attack the stomach and intestines in common with almost every organ in the body. And, inasmuch as the disease consists essentially of pain unaccompanied by the signs of inflammation, the gastric pain now to be considered must be regarded as neuralgia.

This primary pain occurs by no means so frequently as that which attends dyspepsia. There is, perhaps, no kind of suffering more severe when in its worst form. The anguish of extreme pain is supplemented by the anguish of utter prostration, and what the patient calls a sinking sensation often adds to his distress. This sinking and other indefinable sensations in the stomach are probably due to its connexion with the solar plexus of the sympathetic nervous system.

The painful affection happily intermits; but the intervals between the attacks, which at first may have been measured by months, come at length to be spanned by weeks, or even by days, and, in some instances, the patient is attacked even on successive days. The seizure happens with but little warning, and generally when the stomach is empty. The patient may at the time be in his usual health, which, however, as will be afterwards seen, has been impaired by nervous exhaustion.

The pain is no less variable in degree than in kind. In some cases, it is intense and fixed to a spot under the epigastrium. Sometimes it is more diffused and cramp-like, as if the stomach was being forcibly dragged or compressed. The pain may even extend over a great part of the abdomen. When it has continued some time, vomiting of a glairy fluid, or of bile, or of food, if any be present, ensues. In the less severe attacks, there is no vomiting.

When the pain is intense, the state of the patient borders on collapse. The pulse is feeble; often slower than natural. The surface is bathed in cold perspiration. The face is pallid, and the features pinched. He rolls on his bed or on the floor in a manner which expresses great suffering. In some instances, stimulants or food give relief; but in others they increase the pain. The length of the attack, like the intervals between them, is very variable; it may only last half an hour, or extend to several hours. For some time after it has subsided, the epigastrium is sore on pressure. In other respects, with the exception of great prostration, the patient feels well. The tongue is pale and flabby, and the bowels may be quite regular. He eats with appetite, and digests quickly.

Most men in practice can call to mind cases to which the foregoing description applies, in which so-called gastric colic, or intense gastrodynia, has time after time unaccountably recurred. They will also bear me out in the assertion that ordinary sedative and tonic treatment is of little avail. But, if the pain is not connected with indigestion, can we be certain that the stomach, and not some adjoining part or organ, is the real seat of suffering? The position of the pain, the sinking and allied sensations, plainly indicate to the patient that it is so, and vomiting very often affords additional proof. As has been said already, the pain always precedes the vomiting, which is, therefore, caused most probably by reflex nervous action. In every instance of the disorder which has come under my notice, the subjects of it were persons of middle age, debilitated by some influence previously at work—such as loss of relations or friends by death, or that no less active cause of depression, loss of money. Malaria was also specially noted as being an excitant.

Dr. Budd has described an affection of the empty stomach "closely allied to waterbrash", brought on by similar causes, except that no mention is made of malaria. He cites two cases which would range under the description of the disease now given. But there is in general a wide distinction between it and waterbrash. Dr. Budd's chief remedy

is hydrocyanic acid for the pain, and tonic medicines between the attacks. In "persons", he says, "who have once had it", the disorder is very apt to recur.

Dissatisfied with the effects of ordinary remedies, I thought of giving arsenic a trial. There can be no question of the extraordinary value of this drug in many forms of disease, and notably in some neuralgic affections of the head. If, then, it was a true conclusion that this gastric disorder was a neuralgia, the means by which it is subdued in the one situation ought to be effective in subduing it in the other. Here is the first case in which the remedy was tried.

A lady, of stout habit, 46 years of age, consulted me in July 1863. The sudden death of her husband by accident, and the anxieties about a large family, weighed upon her heavily. About once a week she suffered such violent pain in the stomach, that, although it seldom lasted more than half an hour, left her in a weak condition for a long time afterwards. The pain would come on quite unexpectedly, whether the stomach was empty or contained food; and it was not influenced by diet. There was no habitual gastric symptom except flatulence, and the bowels were quite regular. Bismuth and various remedies were prescribed with little effect. Liquor arsenicalis was now given, at first in doses of three minims, subsequently increased to five minims. This treatment was only continued for a fortnight. The attacks were promptly suppressed by it; and, in a letter written to me at the end of this period, she says that she had already, in consequence of her improved health, encountered with impunity a great deal of fatigue, both mental and bodily. In the course of the following year, the disorder relapsed for a time, apparently from increased anxieties about her children, who had got fever. In this instance, the treatment was not continued sufficiently long. Although the beneficial action of the remedy was very apparent, I quote it as one of my least satisfactory cases.

In the following case, the effect of treatment was very marked. I was consulted, in January 1866, by a gentleman, 54 years of age, strongly built, but thin and worn-looking. His habits were temperate. About two years previously, he was for the first time seized with a most violent cramp-like pain in the stomach, from which he afterwards suffered many repetitions. At first, the intervals between the attacks would be as long as a month; but for some time before this he had been rarely free from them for a single day. They generally came on at night after going to bed; and it is worth noting that he dined early. The pain lasted from two to four hours; and he described it as being almost insupportable. It was attended by vomiting of acid fluid, which however did not relieve his suffering. But, with the exception of slight flatulence, he had none of the ordinary symptoms of indigestion. The appetite was good, and the bowels acted well. He had right inguinal hernia, and told me that the late Dr. Babington, under whose treatment he was for some time, was of opinion that the attacks depended on the hernia. A variety of treatment had been tried without effect. He was director of a public company, which, about the time of his first seizure, was broken up under unpleasant circumstances, and caused him great trouble and anxiety. This was ascertained by questioning, and it helped the diagnosis materially. Liquor arsenicalis, in two minim doses, was ordered to be taken after food three times daily. On the fourth day from commencing to take the medicine, he called and told me, with the exception of the first night, he was free from the attacks, and his nights were altogether better than for a long time previously. The dose was then increased to five minims. On the eleventh day, he again called. His nights had been good, and, except on two occasions in very modified degree, there had been no pain. Six minims of the arsenic solution were now prescribed as the dose. On the eighteenth day, he reported himself as going on well; but there had been two slight attacks of pain. The dose was increased to seven minims. On the twenty-fourth day, or six days from last report, he stated that there had been no return of pain. He was rapidly regaining the appearance of health. In order to make the cure more certain, the medicine was continued for two weeks more; the dose having been increased to eight minims. I saw him lately; he has had no return whatever of the pain, and is in every respect well.

In March of the present year, a case was brought to me for consultation by Mr. Wheeler of Bexley under these circumstances. The patient was 38 years old, and rather robust. He had had, for three or four years previously, frequent eructations of what he called acid fatty fluid. But he brought up the same fluid in larger quantity about six P.M. daily, and this was afterwards repeated two or three times during the evening. Severe gastric pain preceded, and was relieved by these discharges. He was flatulent; but the appetite and digestion were good. The bowels were moved several times daily, and the fæces were frothy, and often mixed with mucus, described by the patient as closely resembling frog-spawn. Finding that he had had ague, although many years previously, and that the spleen was now large and tender on pressure, I advised a

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trial of quinine in three-grain doses, combined with bismuth three times daily; this was continued for some time with little result. I then suggested that arsenic should be given, the dose being gradually increased, and that counterirritation should be kept up over the spleen. These measures were attended by cessation of the pain and gastric discharges, and great improvement in the condition of the bowels.

Although other remedies were here employed, there can be no doubt that arsenic was the effective agent. It is interesting to observe that, notwithstanding the irritable state of the bowels, it acted as a sedative. The case differs in several particulars from those which precede it. It was a kind of waterbrash, but differing essentially from that commonly seen, in which arsenic would act as a strong irritant.

The following case shows that the same treatment has proved useful when the pain in the stomach depended upon irritation transmitted from another organ.

The wife of a tradesman consulted me on account of the "dreadful agony" caused by taking any solid food. She had lived almost exclusively on milk for three months previously. There was great flatulence; and the tongue was most remarkable—it was precisely as if thickly coated with white paint, with a yellowish streak in the centre. She was very thin, and had a slight cough. On stethoscopic examination, a large dry cavity was found to exist in the upper part of the left lung. She improved considerably at first under the use of manganese, with small doses of morphia; but the improvement lasted only a few days. Arsenic was now prescribed, with the effect of entirely removing the pain; and she continued free from it for some weeks afterwards, during which she remained under observation.

[To be continued.]

## OBSTETRIC MEMORANDA.

[UNDER this head we shall from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record to relate them with the utmost brevity, and equally to condense any appended remarks.]

### CASE OF MONSTROSITY DEPENDENT ON MENTAL SHOCK.

By J. WARING-CURRAN, L.R.Q.C.P.I., L.R.C.S.I., etc.

The following case illustrates the effect which mental shock produces, during the early period of utero-gestation, upon the embryo or *fœtus in utero*.

When six months pregnant, Mrs. E. first sought advice respecting her condition; and the following is the history which she then gave of her case. "I have always enjoyed good health until about three months ago, and date the commencement of my present illness from that time. I was passing through a hay-field, when a young man, picking up a frog, threatened to throw it at me. I begged him not; but he did so, striking me in the face. The shock was so sudden and so great, that I felt a peculiar creeping sensation passing over me, ending in sickness of stomach. I was compelled to sit down, otherwise I should certainly have fallen. From that time up to the present, I have been more or less unwell. My appetite is impaired, and I have constant thirst, and desire for cold drinks. Just now, my feelings are most peculiar: I cannot sit in the erect position without feeling nausea; there is the sensation of something swimming, as it were, in my womb, so that I am compelled to lie constantly on my back. I have long thought, but feel now certain, that my unborn child will resemble a frog."

On examination, nothing abnormal was remarked. There was an effort made to dissuade the woman from dwelling upon what was considered a delusion. She was frequently visited throughout the remaining period of her pregnancy; but no amount of reasoning could alter the opinion which in her own mind she had formed, and to the hour of her accouchement adhered, respecting the result of her confinement.

Having gone the full time, she was delivered, after a tedious labour, of a monster, bearing, as far as the head, neck, and shoulder went, a striking resemblance to a frog. It breathed a couple or three times, and

then happily died. There was a dropsical condition of the liquor amnii, the discharge of which literally deluged the room; this accounted for the swimming sensation experienced.

The woman rapidly recovered her former strength, was in a short time able to resume duties which she was forced to forego, and has since borne a well-developed child.

There are distinguished obstetric practitioners who deny the fact that mental shock can effect the *fœtus corporeally in utero*. The above case, then, is a remarkable coincidence, as the woman prepared all about her for the consequence of the shock she received, and the effect which her sufferings would terminate in, which occurred as she predicted; or it is a striking illustration of the power which the mind can exercise by constantly (consequently morbidly) dwelling on a fixed subject, and the influence which that mental power eventually effects upon a distant organ.

### CASE OF ASCITES DURING PREGNANCY.

By T. AGMON VESEY, A.B., M.B. Dub., etc., Rostrevor.

In August 1866, I was called to attend Mrs. S., aged 36, the mother of four healthy children. Two days previously to my first attendance, she had been delivered of a son. She was then nearly two months before her time.

When about four months pregnant, she noticed that her abdomen was unusually large, and thought (to use her own expression) "she was carrying twins". She also noticed some slight œdema of the legs. Her labour was short and easy; the child was living and healthy. There was no hæmorrhage either before, during, or after delivery. The waters were very scanty.

I found the abdomen prominent, but not tense, of the shape usual in ascites. Fluctuation was very distinct. The liver was not much enlarged. The conjunctivæ were slightly yellow. The heart's sounds were normal. The thorax was clear. Bowels free; tongue clean; skin dry, but not feverish.

A curious circumstance in this case was that, after the first eight hours, there had been no lochia. No bad symptoms arose in consequence. The uterus was made out to be of the usual size so soon after delivery. The urine was scanty, high coloured, acid; it contained no albumen.

The treatment consisted of compound colocynth pill and purgatives at first, followed by the warm bath. Subsequently, iodine paint was applied to the abdomen, with iodide of potassium, compound spirit of juniper, and decoction of broom, internally. Afterwards, nitro-muriatic acid was given; and finally quinine and iron completed the cure in six weeks.

Occasionally, the dropsy quickly disappears after delivery, either by active absorption, or by suspended secretion; but sometimes it has been known to escape into the natural passages through the Fallopian tubes.

### MATERNAL IMPRESSIONS.

By J. HYDE HOUGHTON, Esq., Surgeon to the Dispensary, Dudley.

MR. GARRAWAY'S case recalls to my mind one I have often thought of publishing. Whatever may be the import of maternal impressions as cause to deformities as effect, the coincidence in many cases is marvellous, and in few, perhaps, more marvellous than in the following, which I must be pardoned for relating rather circumstantially. The facts are copied from my notes taken in the patient's room many years since; but dates and names are obviously avoided, as a grave scandal accompanied the case.

In the year 185— there lived, in a hamlet in this district, two married sisters, Mrs. A. and B., and a third party, Mrs. C., all patients of mine. Mrs. A. was the wife of a grocer; Mrs. B., of the manager of some works; and Mrs. C., of a well-to-do publican, whose residence was exactly opposite to Mrs. A.'s, the grocer. One day, whilst attending on Mrs. B., I incidentally asked after Mrs. A., when I was told she was in a deplorable condition; and, expressing my surprise that I had not seen her, Mrs. B. replied, "It's not the body, Mr. Houghton; it's the mind. You must have heard the dreadful scandal; it's killing my poor sister by inches." On assuring her that I had not heard it, she told me that an intimacy, which she feared was of an improper character, had arisen between Mr. A. and Mrs. C.; that it was the source of a grave scandal in the district; and that it was breaking her sister's heart.

Shortly after this interview, Mrs. C. called to ask me to attend her in her approaching confinement; and in due time, after an easy labour, she was delivered of a fine healthy girl; but on the body and limbs of that poor child I counted forty *nævi*, varying in size from a small pea to a walnut, and looking as though the skin was dotted with prunes and grocers' raisins and currants! It is not in my power