A HUNDRED AND FIFTY YEARS AGO

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MORPHIA BY SUBCUTANEOUS INJECTION IN AN ELDERLY PERSON WITH SCIATICA

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THE SUBCUTANEOUS INJECTION of morphia has become a comparatively common household remedy among certain classes of society for some years past. More especially among the very numerous persons, chiefly women, who suffer either from neuralgia, or even from attacks of nervous depression and sleeplessness without positive pain, it has become a too common practice to inject themselves, or to get injected by their servants, whenever they feel symptoms.

In a number of instances the practice has arisen from the careless directions of the medical attendant, who has omitted to warn the patient and his or her friends of the danger attending its repletion, especially with increased doses, without express medical sanction. A refined species of opium-eating has thus sprung up, with special delights and special dangers of its own.

I have the past history of several patients whose medical attendants had commenced the hypodermic treatment by doses which were unnecessarily large and which always produced considerable narcosis.

I shall here give a typical example of the way in which I have been gradually led to treat the class of cases now referred to.

The patient is a lady in advanced life, who some seven years ago was attacked, for the second time, with sciatica. The first attack had occurred some thirty years previously: the malady was extremely severe and obstinate but at length departed, leaving her free from anything like localised neuralgia until the commencement of the illness from which she still suffers, and the immediate exciting cause of which was anxiety of mind.

This lady is herself of a highly nervous and emotional turn, and she comes of a family in whom the emotional and aesthetic mental temperament has always been conspicuous.

The sciatica was from the first very violent and intractable, and the patient was unable or unwilling to take that prolonged and complete repose in the recumbent posture without which no severe sciatica occurring in advanced life, can be cured. The consequence was that mere palliation, by morphia, was the best course remaining open.

For some time the patient took the drug by the mouth (¼ grain doses), as I did not see my way to providing her with the means of daily hypodermic injection. About three years since, I overcame difficulties, by carefully instructing her servant in the use of syringe. I commenced with either the 1/11 th or 1/12 th of a grain and was surprised to find that so small a quantity produced twenty-four hours' complete immunity from the pain; and notwithstanding the daily use of the injection up to the present time, we have only increased the dose to ¼ grain, at which point it seems likely to stand for some time to come.

The value which hypodermic morphia has had for this lady is difficult to overstate. The agonising sciatic pain was shattering her whole nervous system, and her general health was in grave danger of a fatal collapse, when we commenced it. She now enjoys a great deal of calm happiness, her mind is active and clear, though her emotions are still very easily excited; she has comparative, though not complete, immunity from pain, and her general nutrition is in a very good state for her time of life.

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The truly narcotic effects are at a minimum, in consequence of the strict economy with which the morphia has been used. There is occasionally a slight excess of sleepiness, making it rather difficult for the patient to rouse herself in the morning; and towards three o'clock in the afternoon (about two hours before the usual time for injection) the beneficial influence of morphia has usually given way, not to positive pain, but to the indescribable sense of depression which Niemeyer's patients graphically represented to him by the phrase 'katzenjammer' (caterwaul). This feeling disappears almost immediately after the injection, the patient enjoys her dinner, is lively and conversational during the evening, and goes to bed at 11, or later, to enjoy, most commonly, what would be considered a very good amount of sleep for a person of her age.

In fact, if preserved from fatal acute disease, this patient has many years of a by no means unhappy or unfruitful life before her; certainly not free from suffering, but with no unendurable suffering.

There can surely be no doubt that such a method of employing the hypodermic injection as the above is perfectly legitimate. Granting fully that we have here a fully formed morphia-habit, difficult or impossible to abandon, it does not appear that this is any evil under the circumstances.

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