

A HUNDRED AND FIFTY YEARS AGO

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A CASE OF SEVERE NEURALGIA TREATED WITH PHOSPHORUS

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THE PATIENT, A LADY AGED ABOUT 25, had suffered more or less from sick-headache or migraine from girlhood. After her marriage she had children rapidly, and being weakened in consequence, the attacks had become more frequent and violent, and had changed somewhat in character, having assumed more the character of distinct neuralgia of the first division of the fifth nerve, a common transformation.

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Change of air afforded relief from the attacks for a while, but as soon as she had been a short time in any place in England they began to return. She enjoyed a more complete immunity when at sea or abroad, and during two or three journeys to the Orkneys, and on one to Malta, Egypt, and other parts of the Mediterranean, and for some time after her return she had not a single attack.

In November 1872, however, she was suffering more than ever: she scarcely had a day free from pain, and twice a week, or even more frequently, was prostrated by a severe attack. These began with pain in the brow, extending over the side of the head, and then shooting into every limb. Usually there was violent retching, but not always. After the violent pain she was left in a state of extreme prostration, almost amounting to insensibility, which lasted for the remainder of the day.

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A complication had been gradually coming on, which she called indigestion. There was some gastralgia, but what she most complained of was that on beginning to eat she lost all power of attending to what was said or done, and became unable to take part in, or follow, the simplest conversation. This was worse at lunch than at dinner and had become so bad that she was compelled to withdraw from all society at lunch, eat it alone, and then lie down; she was beginning to be afraid also of dining with friends. The neuralgia had been treated in various ways, but for

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some little time she had been allowed to diminish the quantity of food on account of the dyspepsia, and she had taken carbonate of potash for the relief of discomfort attributed to acidity.

I attributed the mental confusion at meals to cerebral anaemia, caused by diversion of blood to the gastric mucous membrane for the work of digestion, and explained the lesser degree of this at dinner than at lunch by the fact that the food taken at the earlier meal had become available for the support of the nervous system at the later meal.

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Of course it was necessary here to do more than give drugs. I ordered breakfast to be taken in bed, and to be followed by some repose; at 11 or 11.30 A.M. a cup of strong beef-tea; the luncheon to consist chiefly of meat, with Burgundy or porter; milk with cocoa to be taken instead of afternoon tea. Dinner needed no special regulations. A little beef-tea was to be taken at night. The phosphorus (1/30 grain dissolved in oil or lard in a gelatine capsule) was ordered to be taken twice a day with a teaspoonful of cod-liver oil, after lunch and dinner.

Four days after the commencement of this treatment the patient was entirely free from pain, and so remained for three weeks, when, according to my directions, the phosphorus was to be suspended for a week. She was at this time entertaining a large party at her husband's country house, giving dinner and a ball.

In three or four days she began to have neuralgic twinges, upon which she at once resumed the phosphorus, which she still takes with occasional intermissions. She had had no attack now for more than three months, and she is better in all respects.

I do not pretend to explain the action of phosphorus. The popular rationale is that as phosphorus is found in the nervous structures, the beneficial effect is produced by supply of this element for their nutrition.



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