

fairly healthy and of good family history, was attacked on the night of May 3rd, with hiccoughs, the attack consisting of three or four paroxysms of half an hour's duration each, which ceased on the following morning. Toward the afternoon of the same day the paroxysms reappeared, increasing in severity until in the evening the exhaustion of the patient frightened the parents and I was called. At this time she had been hiccoughing continuously for two hours and had just recovered from an attack of syncope. During the faint the hiccoughs ceased, but returned upon her regaining consciousness. Her temperature was normal; pulse rapid, feeble, and irregular; and her general appearance that of extreme prostration.

While watching her I remembered her as a patient whom at one time I had treated for malaria, and in whom quinine had caused a most unbearable urticaria. It occurred to me now that if I should again prescribe quinine and induce this urticaria I might so disturb her nervous system as to cure the hiccoughs. Acting upon this thought, I gave ten grains of the drug. During the ensuing two hours her hiccoughs grew worse and her condition became so alarming that the parents feared death. At the end of that time, however, a scarlet rash spread over her body, her fingers and face puffed, and an intense itching came on. At the onset of this rash the hiccoughs promptly ceased, and although but one dose of quinine had been given and the rash lasted only three hours, the hiccoughs did not return.

In thinking of this case it strikes me that treatment of hiccoughs by nerve sedatives is unwise, and that a more rational treatment would be by nerve irritants. If I may use a figure of speech, we might compare the nervous system of a patient suffering from hiccoughs to an indolent garrison in an enemy's country allowing a crazy gunner to exhaust all his ammunition by firing salutes to the sun. By throwing a shell into its midst we awaken it from its lethargy and stop this foolish pastime. So, in a case of hiccoughs, the nervous system is not attending properly to its duties and is exhausting its vitality in a harmful direction. By employing some means that will give it a thorough shaking up, we awaken it to its danger and restore its normal action.

In the above case this result was obtained by the idiosyncrasy of the patient to quinine. In other cases we might seek some like condition and utilise it.

## Medical Matters.

### HERNIA.



JUST at present, a number of writers in different parts of the world happen, by a coincidence which is not infrequent, to be discussing the subject of the radical cure of Hernia—or, as it is popularly termed, Rupture. The cause of this complaint is simple enough. Nature, for some not very obvious reason, has left apertures in the lower part of the abdominal walls which are guarded only by rings of fibrous tissue. If the muscles around these rings become at all lax or feeble, the openings tend to be more easily dilated; and then any severe strain can force a piece of the bowel, with or without a piece of omentum, through one or more of the openings—forming thereby a protrusion under the skin which is the first characteristic of Hernia. In the great majority of cases, a very slight pressure of the hand upon the swelling will cause the bowel to be returned into the abdominal cavity, or, in surgical parlance, the Hernia is *reducible*. In some cases, however—generally through neglect—the protrusion remains unreduced, and then the pressure upon the bowel causes swelling of the surrounding tissues and the Hernia becomes what is termed *irreducible*—that is to say, moderate efforts fail to return the bowel into the abdominal cavity. If this latter condition is permitted to continue, in a great many instances the swelling increases, the patient becomes violently sick, obstruction is present, and the Hernia is then said to be *strangulated*. If this continues, the bowel usually becomes mortified, and the death of the patient follows. Hernia, therefore, demands and receives the most careful attention, even in its most simple form; and the use of a suitable Truss in order to prevent the bowel from coming down again, is almost invariably ordered. But this is, of course, only a palliative measure—a preventative and not a cure of the condition. From the earliest times, therefore, surgeons have endeavoured to find what is termed a complete, or radical, cure for the affection. The most obvious and simple, because the most common-sense, procedure has been to close up the weakened opening

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