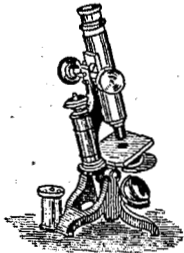


Medical Matters.

RECURRENT VOMITING OF NERVOUS ORIGIN.



In the *Medical Record* Dr. Louis Fischer, of New York, describes a case of recurrent vomiting of nervous origin, and makes some remarks upon the symptomatology of these cases. His case is that of a girl of fourteen, and he has watched it for six years. There is no family history of neurotic disease, but the child had had convulsions on cutting each of the early teeth, and must have been extremely debilitated, for she had had rickets severely, small-pox, measles, and several attacks of tonsillitis. At the age of eight she suffered from whooping cough for nine months. This appears to have been the starting point of the gastric trouble, for the paroxysms of pertussis were accompanied by gastric pain and vomiting, and when the former ceased to occur, the attacks of vomiting continued and have lasted up to the present time, *i.e.*, for six years.

The gastric symptoms have consisted all along in a constant pain in the epigastrium, a little to the left of the middle line. The pain is made worse by food. Vomiting may occur once or twelve times a day, but scarcely a day passes without an attack. As a rule the stomach contents show an excess of free hydrochloric acid. There is always a certain degree of hunger. There has never been hæmatemesis, or any sign of organic disease of the stomach. The abdomen is rather full and tender, and there is constipation and flatulence. The urine shows a diminished excretion of urea, and an excess of uric acid. Acetone is usually present. For the rest, there is anæmia, with headaches, insomnia, defective memory, a tendency to brood over her symptoms, and other signs of hysteria. No treatment has been of real service but opium, bromide, and other sedatives have given relief from time to time.

The neurotic symptoms and the evidence against the existence of organic disease of the stomach, establish the case as one of "vomiting of nervous origin," but the extreme frequency of the vomiting and the constant presence of pain rather separate it from the cases which are called cases of "recurrent or periodic

vomiting of nervous origin." In the true periodic cases there is usually an interval of a week or a month between the attacks, and the patient may be perfectly well during these intervals. In a case reported by Dr. Fischer the attacks recurred almost regularly at the beginning of each month for about six years, and the patient was able to take hard exercise during the intervals and enjoyed an all-round diet with impunity. His family history showed a large amount of neurotic disease. He was unable to discover any circumstance which brought on the attack, and the many physicians and surgeons who have seen him have been equally unsuccessful. This case is almost a typical one, *i.e.*, the attacks are periodic, and occur without discoverable cause. There is, or was, for five or six years, perfect health in the intervals. The attacks consist of extreme pain in the left side, corresponding to the position of the fundus of the stomach, and the vomiting is urgent and gives no, or only temporary, relief. The vomited matter consists of food, and then of mucus and bile. There is constipation and anorexia during the attack, and the tongue is not foul as in cases of stomach disease. There are no symptoms of locomotor ataxy, which is important, because the paroxysms closely resemble the "gastric crises" of that disease, as has been pointed out by Tryden and Rossbach. In one respect, however, the case is not quite typical—namely, the amount of free hydrochloric acid is less than normal, whereas hyperchlorhydria is so constant a feature in these cases of periodic vomiting that Rossbach applies the name of "gastrocynsis" to them. How far this difference may be essential remains to be seen.

As regards the pathology of these cases, it seems probable that they are caused by the presence in the blood of some poisonous materials, which are the products of defective metabolism. Dr. Fischer states that Rachford believes that the blood contains during the attacks, an excess of uric acid, and compares them to attacks of migraine. As a matter of fact, there is usually an excess of uric acid in the urine, and acetone has been found in some cases. These abnormalities in the urine indicate defective metabolism, but the actual poison in the blood would, according to the views of Tuff, not be uric acid but one of the materials out of which uric acid is manufactured in the kidney.

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