

ance; civilisation, therefore, carries in its train a progressive intolerance of every form of suffering. Toleration varies according as brain and cord are vigorous or feeble, inherently stable or unstable. But many differences in the capacity for endurance remain unexplained by such generalisations. Why, for instance, do women, despite their more delicate organisation, stand pain better than men? And why, among nations, does the Hebrew race manifest such feeble resistance to the tyranny of its manifestations? Such problems are beyond the reach of explanation, and will remain so, even if an adequate cause for the occurrence of pain be discovered and proved to the fullest satisfaction of science. Nevertheless, all hypotheses on the subject are fascinating, and the latest promulgated by Mdlle. Joteyko, Chef des travaux au laboratoire de psychophysiologie de l'Université de Bruxelles, is not lacking in ingenuity. She adopts the theory of Max von Frey and others—that there exist special nerves, or nerve strands, or end organs, the specific business of which it is to collect and transmit painful impressions—and she contends that pain is aroused by poisoning of these nerve endings induced by toxins generated at the moment of a sufficiently powerful excitation. The special sensations of taste, smell, sight, and hearing are, it is suggested, directly due to chemical changes resulting from the appropriate stimulus of each, but no sensation of pain is possible, according to this theory, unless under the influence of a summation of stimuli powerful enough to produce certain "algogenic" substances which alone are capable of exciting activity in the specific nervous mechanism concerned in the conscious perception of painful impressions. To meet an obvious objection, it is added that there is no necessity to suppose that these toxins are carried in the blood to the brain, their disturbing effect on the nerve-endings at the seat of their production being enough to account for a sequential cerebral record of their evil influence. Pain is said to require an appreciably longer time for its manifestation in consciousness than other sensations, and this is explained by the time necessary for the formation and accumulation of the requisite toxins. The theory is wholly speculative. We cannot agree with Mdlle. Joteyko that her suggestion is no less improbable than the toxic theory of fatigue, but when the algogenic substances, have been extracted from the tissues, and when it is demonstrated by experimental evidence that they are possessed of the powers claimed for them, we shall gladly have our scepticism converted to faith.

Toxæmia of the Nervous System.

Miss M. A. Turton writes from Florence:—

On reading in the BRITISH JOURNAL OF NURSING for February 17th Miss E. M. Fox's most interesting article, "Some Facts about Vomiting," I noticed that toxæmia of the nervous system was not mentioned amongst causes of this condition. As we had nursed in this home a rather remarkable case where this was one of the most serious complications, it struck me that a brief account of it might be of interest to your readers.

NOTES OF CASE.

Patient, elderly Englishman; disease dysentery, contracted in Jerusalem, aggravated by travelling for about a fortnight before reaching Florence and being sent to the home; temperature irregular, sub-normal at midnight, 103 deg. Fahr. next midday; pulse averaging 88, and fairly strong; only occasional abdominal pain; motions typical and frequent, 15 to 19 in the 24 hours for first three days.

Starch and laudanum enemas, morphine suppositories, bismuth and opium cachets were ordered; hot fomentations when in pain. Diet, milk, albumen, and arrowroot.

4th Day.—Tannalbine and cinnamon were tried, instead of the bismuth cachets, the rest of the treatment continued for six days. Temperature fell to sub-normal except for half a degree's rise in the evening; but the pulse became accelerated, and the patient's strength diminished; evacuations 9 to 12 in the 24 hours.

The eighth night was disturbed also by evacuations. Ninth day's report as follows:—a.m., occasional hiccough, evacuations pea-soup type, without blood or mucus; p.m., hiccough continues, complains of abdominal pain, no sleep, evacuations in the 24 hours, 9.

10th Day.—Consultation with Italian specialist. Orders alternate enemas of tannin and laudanum 300 gr. Protargol, 150 gr.; 50 cg. of calomel every second or third day. Hypodermics of caffeine if necessary. Report, a.m.: Hiccough continued, enema of protargol retained only half an hour; p.m.: Very little sleep owing to constant hiccough. Evacuations 8.

11th Day.—Brought up coffee ground colour mucus. Caffeine hyp. and calomel. Milk and lime water, Benger, arrowroot, three hourly; p.m.: Hiccough continues, vomiting repeated at intervals. Ice bag over stomach. Hyp. of morphine at midnight. Slept 4 hours.

12th Day.—Hiccough and vomiting continue. Pulse very feeble, patient prostrated. Two

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