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Joseph Moulton

On the Effects of Fright

by

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"On the Effects of Fright"

by-

Abraham Garrod Thomas, M.B. (Edin)

I propose making some remarks bearing on the above subject by describing the following case which recently occurred in my practice:—

Mrs G. aged 26, of fair complexion with light hair and blue eyes, and of about average height weight and development, was delivered on the 8th of January of a 6th month foetus; she thought it had been dead about 10 days and its condition after delivery was such as to corroborate that impression; decomposition had advanced considerably, and the skin was green and ~~rather~~ easily peeled off - no putrefaction - the pelvis was roomy and the foetus so small that delivery was effected by the mechanism of "the spontaneous Expulsion of Douglas"; there was more than the usual amount of haemorrhage. After 4 days there set in symptoms of Pelvic Peritonitis, which however yielded to strict rest, fomentations, and poultices, so that on the 14th day after the

Confinement, Mrs G sat up for the first time and on the 17th day (Jan^y 25th) she felt nearly quite well, sat up for about 6 hours and had begun to amuse herself by doing some Crochet work. There was however the unfavourable condition that the Heart beat feebly, irregular, & slow (48)


Previous Health. She had always been considered delicate, and 8 years ago she had an attack of Pneumonia. All her life she has been subject to occasional severe headaches, (which lasted generally no longer than one or two days) accompanied with giddiness and faintness. She is of a nervous temperament. Has never had a child at full time, but has twice before miscarried, first at the 7th month and then at the 5th month, and in both cases the foetus had been dead some days before its expulsion. Has suffered slightly from Hysteria no history of Syphilis.

Family History has nothing abnormal. No Insanity, Epilepsy &c.

Social History. She has always lived in good circumstances and has enjoyed all the ordinary comforts of life.

History of Present Illness. as above stated on the 17th day after delivery Mrs G. was considered

Convalescent, and no bad symptom, except
 the state of the heart above alluded to, had shown
 itself for a week or more. but on the evening
 of that day, her husband having gone out and
 she being left in the house alone with a younger
 sister, their Chimney (which was a high one) was
 blown down and the stones fell right through
 the roof into the room above the one she was in
 with a tremendous crash, the rubbish kept falling
 bit after bit for nearly 10 minutes, and during
 the whole of this time Mrs E was rushing wildly
 about the house and through an opened window
 calling to passers-by to tell her what was the matter
 — in fact the two sisters were in a state of
 desperation from the fright. That night in spite
 of sedatives she had very little rest, for the moment
 she would fall asleep she would start up in a fright
 from a dream that there were stones falling on her
 head. On the following day she was delirious
 incessantly talking about stones on her head
 and if the least noise were made either on the street
 or in the room, she would jump up in perfect
 terror and it was in vain that we tried to convince
 her that all was then safe: her second night was
 for the same reason almost as sleepless as the first

and she then began to complain more of a pain in the head, frontal, on the right side and in the right eye. This state of matters lasted more or less constantly for ~~about~~ 3 weeks and during this time she often used to make most ridiculous requests and suggestions for the removal of the stones from her head eg. asking for a knife to cut the skin and so let the stones ~~out~~ be turned out. or or Sometimes she was free from pain and almost quite sensible for even 2 or 3 hours together, but immediately on the return of the headache she would begin to speak some nonsense which however always had reference to ~~the~~ stones in or on her head, and she used often to beg and implore of her friends to take them off, ~~and~~ adding that she would then be quite well. On the 10th day after the fright "double-vision" came on, the less distinct image appearing to her to be a little above and to the right of the other thus:— just the same effect as would be produced by pressing with the finger on eg. the upper & outer part of the globe. Occasionally she also complained that everything around her kept jumping and hopping about and both these symptoms she complained of when she was free from pain and perfectly rational; I could not

satisfy myself that there was any Strabismus the only symptom of it present being the "double vision" in both eyes there was a little hyperemia of the optic discs, the pupil was about normal in size and activity, there was slight intolerance of light but she was most intolerant of sound, the least noise if sudden causing her to start up frightened of what she thought had been stones falling.

Taste and Smell were unimpaired and Sensation was normal, but when she endeavoured to walk (about 3 weeks after the accident) a feeling of giddiness would come over her and she would have fallen unless supported, this was tried for 6 or 7 days in succession and there was a slight improvement daily. there was Ptosis on the right side but slight. when free from headache her intelligence was now complete but she was so sensitive to sound that sleep was greatly disturbed. She was often very peevish and difficult to please.

Thorax.

Respiratory System. there was a little harshness of the breathing at the right apex, and a little cough, but very little.

Circulatory System. the pulse for about 3 days after accident numbered from 85 to 100, weak

but regular, but suddenly on the 3rd day it fell to 48 and for 3 weeks afterwards it remained at from 48 to 54 never higher (except after a sudden noise when it would rise to about 80 or 90) weak and very irregular both in rhythm and strength but corresponding with the cardiac contractions. She had occasional short attacks of dyspnoea when the pulse became so small as to be almost imperceptible and very slow, the breathing short & hurried and the mind still clear. the attacks were accompanied with precordial pain and she used to say "I felt as if I were going to die" the pain was not so severe as is described in "Angina Pectoris" In the intervals between these attacks the respiration was accompanied with frequent sighs.

The Physical Signs of the heart were those of great weakness the apex beat was not visible and but very faintly perceptible on palpation. Cardiac dulness was normal on percussion, and on auscultation the sounds were weak, irregular in strength and rhythm, but otherwise normal and not accompanied with any sort of murmur.

Abdomen.

Digestive System. Tongue red and inflamed looking, deeply indented at the edges, and with large sulci running across its upper surface. Appetite

changeable, sometimes good, occasionally slight nausea but no vomiting, bowels obstinately constipated. abdomen flat, or even retracted, Liver, and Spleen normal. micturition only about twice in 24 hours, no pain. amount of urine being about 28 oz. of a high, concentrated colour Specific gravity 1030. no albumen, Sugar or bile Acid reaction, Occasional mucous deposit.

Treatment. In as much as the pain in the head seemed to be the "fons et origo mali" the treatment was naturally directed to the alleviation of it, and for this purpose, Bromide of Potassium both alone in large doses and in conjunction with Chloral Hydrate was given with the result of very slight mitigation of the pain for a short time, and in about 2 hours it would be as bad as ever. morphia Opium, Quinine, and Blisters to nape of neck while the bowels were kept acting by aperients and Enemata were alike unsuccessful in giving anything but very temporary relief. At last, the Tincture of Gelsemium Semperivirens was tried in 25 minim doses, of with a certainly very charming result, for always in about 15 minutes after the administration of the dose, the pain would entirely cease, unfortunately however

to return again in from 4 to 5 hours, the return being now rather more sudden than when the before mentioned drugs were used. This state of matters continued up to the 15th of February, Swells after the fright when signs of improvement set in the pain under the influence of the *felseminum* ~~oxide~~ (to which owing to the condition of the heart, a little *Tra Digitalis* had been added) becoming less severe and coming on at longer intervals the mind perfectly clear, only a little abnormal nervousness remaining, the pulse and state of the heart improved and from the 15th to the 23rd Febr^y she was sitting up, and was able to move about with but very little help, but a little giddiness and slight P^losis of the right side remained. She passed sometimes 6 hours at a stretch in a nice sleep at night.

On the 24th however a fresh symptom supervened viz: Vomiting which came on very suddenly and with such severity that for 7 days she was almost incessantly vomiting or retching and the stomach rejecting almost everything liquid or solid in however small a quantity it may be administered. The pain, tenderness of the body, exhaustion and want of nourishment

had brought her in a week's time to a most pitiable and reduced state. All the remedies recommended for allaying sickness were considered and tried, but with no appreciably good result. And now as there was considerable tenderness over the uterus it was thought that it might possibly be due to some diseased condition of those parts and ~~a~~ nitrate of Silver was for this reason applied to the os uteri. It would be difficult to say if in this case the result was "propter hoc" or merely "post hoc" but certainly from this time out the sickness became less severe and constant and preceding each return of it she had a peculiar feeling in the head — a mild form of the previous headache as she said. which however would become very severe after the vomiting had continued for a few minutes

The 5th week of her illness ^{i. e.} ~~and~~ 3 or 4 days after the vomiting began the prominent symptoms were as follows: — intensely severe vomiting, headache with delirium, weariness and exhaustion yet sleepless and restless, double vision, a varying pupil — generally contracted, annoyed by light and sound, headache was aggravated by movement — Constipation, the bowels not acting sometimes

* the vomiting perhaps may have been caused partly by uterine, but certainly chiefly by cerebral mischief.

for nearly a week and then only after strong purgatives and enemata, the pulse had again gone up to about 90 and after the cessation of vomiting it would rise to over 100, face flushed, temperature 99° to 100.5° ; Respiration frequently sighing. I was now under the impression that my patient was suffering from Meningitis (Tubercular?) and I considered that diagnosis corroborated by the fact that 3 days later there came on severe twitchings alternating with Tonic Spasms of the arms, face, body, and then legs. These however did not get very much worse and they lasted altogether about 18 days, some days more severe than others. Under mercurial aperients, cold to the head, and Iodide of Potassium in $\frac{1}{4}$ grain doses every 4 hours her condition had in about 10 days very much improved. On the 9th of March (13 days after the vomiting began) she lost her hearing completely for 8 hours and for the 3 succeeding days this state of absolute deafness returned but for about 1 hour shorter time. On the 10th of March the condition of Aphemia was well marked, i.e. she could think and write (imperfectly) but could not speak, the intellect seemed unaltered and

there was no hemiplegia. Even after speech returned it was of a stuttering nature and very low. On the 12th she felt a sudden sensation of tingling and numbness all through the body which in about 24 hrs was gone and has not yet returned. Sense of touch, heat & cold, normal.

Sleep now returned and she was drowsy the greater part of the day, sometimes opening the eyes and staring vacantly around the room. She answered questions tolerably sensibly, but it took her a long time to do so. On the 18th she fell into a deep sleep from which she could not be aroused, no amount of shouting in her ears seemed to make her change her countenance at all. She lay on her back in bed, without herself undertaking any change of posture, but retained any new position however awkward her friends might place her in, during this time all the muscles of the body were in a state of Tonic Contraction so much so that when lying on her back in bed she could be raised up by lifting her head and could be held in that position without any pain to her for many minutes, the body merely resting on the head and heels. The eyes were open, pupils dilated, but would contract under a stimulus

of light. Respiration tranquil 18. Pulse 48, irregular, Urine expelled involuntarily but no faeces. She fell into this Cataleptic state 4 times in successive days almost exactly to the minute from 8 a.m. to 5 p.m. daily: the recovery from this state was very sudden, and ⁱⁿ the interval she seemed in every respect better than she had been up to this time since the vomiting came on.

After coming out of the last of these attacks however the mind seemed to be more affected than heretofore; physically she was also weaker and she frequently had a feeling of tremor running through the whole body, her pulse varied from 48 to 56 and the temperature was sometimes as low as 97°. Light and sound did ^{now} not cause her much annoyance, pupils were sometimes dilated and sometimes contracted, she wanted to get up and leave the house, and she thought that she was unkindly treated, she became very jealous of her husband. A few days later her memory was impaired, in fact she completely forgot the last 4 years of her life, and she used sometimes to wonder how she ever came ~~there~~ to live to this town. Her marriage (which took place about 3 1/2 yrs ago) she had

quite forgotten, and she used sometimes to cry bitterly at the thought of living here unmarried. She had been across to America to see the Philadelphia Exhibition, a subject she often spoke about in health, and this ^{like} every other occurrence important or unimportant during the last 4 years of her life was a blank in her memory. Sometimes she has noises like screams in her ears. She menstruated first at four weeks after delivery and again twice, each time with an interval of 5 weeks, the loss was rather more ~~excess~~ free than was usual with her; this did not seem to influence in any way her mental condition which had now become one of monomania with suicidal tendencies which unfortunately is also her condition at the present time (April 25th). Her greatest wish is to throw herself out of the window in such a way as to come down on her head, by which means she argues that the stones that are in there would come out as of a broken box and that she then would be quite well, and although her physical condition was very low, yet, when she became violent, it required 2 people much stronger than her to prevent her from injuring herself.

(i.e. since the Cataleptic Symptom ended)

* During this time, she frequently had attacks of Tonic Spasms, lasting 2, 3, and even 10 minutes, but with no loss of Consciousness.

When she found that she could not get to the window she would endeavour to get a knife to cut her throat, or try to choke herself by twisting a pocket handkerchief round the neck. The screams which she before heard had now become articulate voice of someone urging her to commit these acts which she attempted. After these periods of violence would come semilucid intervals when she was thankful that she had been prevented from killing herself, but at the time she said she felt as if she were obliged to do it, and even during these intervals she maintained that the stones were still in her head, and the memory was not improved. Thrice however a temporary glimmer of self-consciousness has returned (lasting one hour, 3 hours and 4 hours respectively) when she became aware of her condition, and endeavoured to work against what she recognised to be a morbid condition.

Such is the history of this case, and there seems to me to be no grounds for doubting the opinion I have formed that the train of symptoms above described, including the

termination - Insanity - is due to the Fright
 as Exciting Cause. No doubt there were here
 some conditions favourable to the production
 of the mental Aberration, which acted as
Predisposing Causes, and without which the
 Fright would have been unable to cause such
 disastrous results. These were :- her origin-
 al nervous temperament, the deficient supply
 of blood to the Brain by the weak heart, the
 (slight) Lung mischief which is known to have
 an influence in the development of Insanity,
 her recent miscarriage and the considerable loss
 of blood which then occurred, from the Anæmia
 and Exhaustion resulting from which she had
 not recovered even at the time of the accident,
 and again the Pelvi-peritonitis, which Prof-
 Griesinger of Berlin (in his work on "Mental Dis-
 eases" page 203 Sydenham Society Translation 1867)
 mentions as a predisposing Cause may here
 have assisted although she was considered nearly
 well at the time. All these however put together
 were mere predisposing ~~circumstances~~ Circumstances
 besides which something else was necessary
 to bring into existence the actual disorder,
 and this something else in this case was un-

doubtedly the Fright. In no book that I know of is Fright alone mentioned as ever having given rise to meningitis or Encephalitis, yet in this case it certainly seems to me to have done so. Most authors mention it as being a not unfrequent cause of Insanity especially in women. Professor Griesinger in the work already quoted page 167 says - "The Emotions, particularly the passed-off psychological phenomena, are often the immediate originators of the mental disease, inasmuch as they produce a state of intense irritation of the brain which now continues. Thus for example Fright which is so dangerous to the female organisation may immediately give rise to an Insanity which for years may present the chief character of the physiological Effects of Fear - that half convulsive, half paralytic state of torpor, of thought and will". and in a foot note on the same page he says "we may call to mind the similar sudden effect of shock in the production of Epileptic attacks - Anger may act quite as suddenly - In these cases a very rapid and intense change in the collective activity of the Brain takes place, which

appears to act very injuriously on that organ?

In a Reading article in the Lancet for November 10th 1877. (page 697) mention is made and extracts are given from a paper by Dr. Reibel (to the medical Society of Bas Rhin) "on the Effects of Fright" as Exemplified in cases occurring during the bombardment of Strasbourg in 1870.

The 1st Case is that of a well known Physician in the town, Dr. Teinturier, whose house was set on fire by a shell, Terrified he rushed into the street and was immediately attacked by a form of nervous delirium with hallucinations, but in spite of all care, sleeplessness and agitation gave place to coma and paralysis which were followed by collapse and death in 5 days.

The 2nd Case was that of a boy aet. 10. years, close to whose head a ball whizzed past, greatly alarmed he ran into his own house, saying he had been frightened, and wished to lie down as his legs trembled under him. He was put to bed, had a rigor followed by vomiting which was succeeded by delirium, con-

vulsions, and death in 5 hours.

Case 3rd a patient liable to migraine and therefore probably a nervous Subject suffered frequent attacks of her ordinary Complaint during the first days of the Siege, a month later the attacks became intermittent and yielded to Sulphate of Quinine. ~~never-~~theless her appetite failed, she became weaker with symptoms of low fever, in another month sleeplessness agitation and delirium supervened followed by Coma and death probably from meningitis.

Case 4 was that of a woman who had hidden her money in a cellar: her house was struck on fire and she had to fly for her life. An attack of delirium supervened in which the predominant idea was that she was ruined (which was not the case). An Apoplectic seizure with hemiplegia occurred, followed by a second and a third and death took place shortly after she had fallen into a state of deep depression and complete dementia.

In addition to the above M. Reichel gives a number of other cases of nervous affec-

tion, the disease, or death where this occurred, being in each instance traceable to the effects, direct or indirect, of the explosion of shells. this there were 5 cases of cerebral apoplexy, 7 cases of paralysis of the cord. 4 cases of mental alienation, 2 of Epilepsy 4 cases of uterine hysteria convulsions, 2 cases of Exophthalmic goitre, and 1 case of extreme neuralgia of the mamma. Besides these affections of the nervous system M. Reibel observed one case each of Pneumonia of Angina pectoris, of diabetes, and of purpura, many cases of diseases of the River and 2 cases of Cancer developing with extraordinary rapidity, and all more or less clearly associated with the terror and excitement of the siege.

Dr. Wilton also in a letter to the Lancet for Novem. 24th 1877. (page 787) relates 2 cases that came under his observation, of Fright from the Regents-park Canal Explosion some 3 years ago. - One was a miscarriage (a by no means unusual result); the other had convulsions and became hemiplegic

from, she stated, fright caused by the Explosion; this was also a favourably - progressing recent lying-in case. Both these patients recovered. In the same letter he mentions the case of a child 5 years of age who suffered from facial paralysis brought on by fright. and also the case of a healthy young woman who immediately began to flood, and was speedily delivered of a dead child on witnessing a shocking accident. The termination of the last of these cases he does not give.

As a result of Fright from the same accident W. Drew mentions two cases - the one of a young married lady living in the vicinity, who had been prematurely confined on the day after the Explosion, with severe haemorrhage. She suffered for nearly 3 months from a low hysterical desponding state; but ultimately entirely recovered. The other an old gentleman, aged 99, living in the immediate vicinity, after the fright seemed to have his memory and powers generally impaired suddenly from that time, although before that he would enjoy his rubber &c. although he lived 2 years after W. Drew thinks that this short-

ened his life, as he came of a long-lived family, a brother having died shortly before within 2 months of 100. (Lancet Decemr. 8. 1877. page 867.)

Fright, as above remarked is universally received as a not unfrequent cause of Insanity yet in most of the cases where it is put down as such, when closely looked into, there has been something more than mere Fright, e.g. under the one head, Fright, are classed Shock or Grief excited by injury, loss of fortune, a rude interference with the modesty, news of the sudden death of a near relative &c. Now, these are, no doubt, all Fright in the sense that they are sudden & and are ~~not~~ ~~not~~ certainly very different from the slow gnawings of e.g. disappointed love or ambition, domestic affliction, jealousy etc - but in all of them there is the element Grief whereas in this case there was nothing of the sort, but merely Fright. Even in the cases of M. Reibel, Grief, I think was an important co-operator with the Fright in causing such sad havoc, for that state of "apprehension and dread in which they lived excited such mental tension that extreme

and ~~the~~ exaggerated effects were the more likely to be brought about."

It is also interesting to note the variety of forms the disease ran through. First, There was the intensely severe pain in the head, with sleeplessness, excitement, and hallucinations - 4 weeks. Then came vomiting with all the symptoms of meningitis, twitchings, tonic spasms - nearly 3 weeks afterwards the Cataleptic state for 3 days, and finally the Insanity which has lasted up to the present time. I consider however that there are some conditions which would make one give a prognosis not altogether unfavourable. E.g

- (a) No hereditary history of Insanity or Epilepsy
- (b) Her age (26) and Sex. (y) The patient attributes her condition to something within herself (stones in her head) and she is therefore likelier to quit her delusions than if she referred it to External agencies (Zeller page 450 of Prof. Greening's Book)
- (5) There have been 3 remissions during the last fortnight, and these getting gradually longer, and lastly - the originating cause was here sudden, which is much more favourable than if it were a gradually developing one

The Condition of the Lungs and Heart has

not become worse as it often does during Insanity the heart on the contrary has somewhat improved of late. Menstruation again, which sometimes exerts such well marked influence on the course of mental diseases has continued with a little longer than the natural interval from the first and with each return, although closely watched, nothing was observed in the way of increased mental excitement or depression or any other decided change.

I would again beg to say how very valuable the Funetura Gelseminii Sempervirens was found in the early period of the disease when the pain in the head entirely ceased under its influence and under its influence only, at first for 4 to 5 hours and later for a longer time. I think it should be given a trial in all such cases especially when other drugs have failed.

In the Tonic Spasms I made repeated trials of # nitrite of Amyl by Inhalation; in every instance the contractions ceased, but they again returned in a minute or less after the inhalation was discontinued, and I cannot attribute any permanent benefit to its use.

In the Cordish treatment of the Meningitis

26.

the principal drug used was the Iodide of Potassium, and I certainly think that the improvement in her condition was due to the use of that drug.

Newport, Mon.

April 26th 1878.