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# MONTHLY CHRONICLE

OF

MEDICINE AND SURGERY.

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CONDUCTED

BY AN ASSOCIATION OF PHYSICIANS.

**WITHDRAWN**

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*Dabiturque licentia sumpta pudenter.—Horace.*

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profession, he tacitly binds himself both by the ties of honour and honesty to follow the customs of its wisest and best members, and when he deviates from them, he ought to meet the disapprobation of every individual of the profession; not a silent and slight disapproval only, but open and avowed contempt.

In consequence of the inattention, and even ignorance so prevalent upon the subject of fees, it was presumed that the fee-bill recommended by the College of Physicians in 1815, and approved by the Medical Society of the county of New-York in 1816, would at this time be interesting.\*

We shall postpone the subject of exorbitant charges for medical services till another occasion; and although we consider it a less common offence, still think it one of no inconsiderable importance.

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## II.

*Observations and Researches on CYANIA, or Blue'skin. By E. Gintrac. Translated for the Monthly Chronicle.*

[ALTHOUGH cases of this affection are not uncommon, and are found recorded as early as the time of Morgagni, they have never been collected and arranged in a systematic form, nor has any work upon the subject ever been written, till the one of Mr. Gintrac just mentioned, and it was thought that a translation of a notice of his work, from a late number of the *Journal Universel des Sciences Médicales*, could not fail of being agreeable and instructive. The word *Cyania*, which is taken from Sir Alex. Crichton, and is used by Good, is derived from a Greek word meaning *blue*, and serves admirably to express the appearance of the skin, produced by blood which has not been properly subjected to the action of air in its passage through the lungs.]

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\* See first article under the head *Miscellany*.

The work of Mr. Gintrac, contains fifty-three cases of cyania ; all, with one exception, taken from other writers. The history of the disease, its causes, symptoms, paroxysms, varieties, complications, terminations, and the anatomical and physiological observations to which they give rise, are treated of in the first part of the work, and the diagnosis, prognosis, and the treatment in ordinary cases, and the modification rendered necessary, from the intervention of other diseases, in the second. Of the fifty-three cases just mentioned, *fourteen* arose from the foramen ovale remaining pervious with obliteration or contraction of the pulmonary artery at its root ; in two of these cases, the ductus arteriosus remained pervious ; in another the aorta rose from both ventricles ; *in eleven*, there was a communication between the aorta and the two ventricles ; in four of these, there existed an opening between the auricles, and the pulmonary artery contracted or obliterated ; *in ten*, there was a passage of the blood from both the ventricles into the aorta, with contraction or obliteration of the lower portion of the pulmonary artery ; in two of these cases, the foramen ovale remained open ; in one the foramen and the ductus arteriosus were both open, and in another there was no separation between the two auricles ; *in five*, there was no partition between the ventricles ; in one of these the ductus arteriosus was open, and the pulmonary artery dilated ; in another this artery was much contracted ; *in four*, the foramen ovale and the ductus arteriosus were both open ; in one of these, there was a contraction of the pulmonary artery ; and in two other children, these openings were closed at the beginning of the second year ; *in four*, the aorta arose from the right ventricle, and the pulmonary artery from the left ; *in three*, there existed but one cavity, the aorta and pulmonary artery arising from it by a common trunk in one case, and the pulmonary artery branching from the aorta in the two other ; *in one*, the pulmonary artery and aorta arose from the summit of the left ventricle ; and in the *last*, the aorta terminated after having given off the usual branches to the head and upper extremities, a communication existing

between the pulmonary artery and both ventricles, and the opening between the two auricles remaining open; in this case the aorta arose from the pulmonary artery. These are the facts collected by our author, and they are certainly not less interesting than numerous.

As the Cyania (*maladie blue*) is generally little known, and at the same time abounds in interesting phenomena, we have thought proper to extract the following details, which exhibit in a strong light the talents and industry of the author.

Amongst the causes of cyania, are enumerated hereditary predisposition, male sex, infancy, the climates of England, Germany, France, Italy, Holland and Prussia, the weakness of the newly born, sluggishness of the respiratory powers, congenital narrowness of the chest, slow expansion of the pulmonary tissue, organic alterations of the lungs, strong action of the respiratory muscles, blows, falls, sudden and violent movements, spasms, convulsions, severe pain, and powerful moral excitement.

The symptoms are a livid, blueish complexion, sometimes a purple or violet, and at others, a blackish colour of the skin, more remarkable upon the cheeks, the nose, the lobes of the ears, the upper eye-lids, the genital parts, and the hands and feet, particularly the extremities of the fingers and toes; the action of sucking in the infant, digestion, stimulants, coughing, crying, walking, efforts of every kind, the influence of heat and cold, and the access of a fit of suffocation increase it, while rest, sleep, &c. diminish it.

The eyes are prominent and moist, the vessels of the conjunctiva injected with dark coloured blood, pupils slightly moveable, the alæ of the nose wide apart, nostrils large, lips thick, especially the lower, and of a livid or blackish colour; gums of a similar colour, spongy, and disposed to bleed, tongue irregular and large, face swelled and puffy, tinklings in the ears, pain in different parts of the head, sometimes dull, sometimes acute and occasionally accompanied by vertigo. The intellectual faculties are tolerably developed, the mind calm, the disposition good and quiet, and the pas-

sions moderate ; sometimes, however, there is irritability, sadness and timidity ; the sleep is light, and sometimes disturbed by convulsive motions ; the individual can rarely ever lie in a horizontal position, or on the left side ; he is under the necessity of having the head elevated and the trunk slightly curved, in order to render the motions of the thorax more free ; the action of the muscles is destitute of energy, the lower extremities are weak, from which arises a disposition to rest and quiet ; the gait is slow, and difficult where the ground is ascending, often staggering, and sometimes followed by great fatigue ; the appetite is generally good, and there is a strong predilection for vegetables and fruits ; spiritous liquors produce intoxication very easily, and are very injurious, there is more or less thirst ; the action of sucking is difficult, and deglutition is often very painful ; chymification is laboriously performed, and there is nausea, vomiting, and constipation or diarrhœa, though the alvine evacuations are often natural ; the respiration is rarely ever free, being most commonly accelerated, difficult, oppressed, laborious, panting, irregular, accompanied by a greater or less degree of oppression, and a frequent threatening of suffocation, by pains in the chest, crying, anxiety, sighing, yawning, &c. ; cough with expectoration either purulent or bloody, or simply viscid ; all muscular exertion increases the dyspnœa ; the voice is weak, and the articulation difficult and frequently interrupted ; the heart is subject to violent palpitations, which may easily be felt and heard ; sometimes there is fainting ; the pulse is rarely natural, almost always weak, small, soft, sometimes regular, sometimes not, occasionally intermittent, generally frequent, beating 80, 90, 100, and even 120 times in a minute. The course of the veins is easily traced through the skin, and they frequently become varicose. The blood when drawn, appears black and thick, and the crassamentum does not separate from the serum. The skin is sometimes dry, sometimes covered with perspiration ; its heat is nearly always below the natural point ; the suffering from cold is habitual, particularly at the extremities, not only in winter but summer.

Individuals, affected with this disease, preserve for a long time the appearance of childhood. The head is sometimes preternaturally large, and the sutures have remained open for six months after birth. The process of dentition is performed languidly; the development of the thorax is incomplete, especially at its upper part, while its base becomes broad, and the sternum projects. The extremities are slender and emaciated, the superior ones apparently acquiring an extraordinary length. The fingers are long, swollen, and blunt at the ends. The nails are large, thick, curved, and of a violet colour. The genital organs are slowly developed, and the approach of puberty arrives late. The act of reproduction is performed passibly well, but the offspring bear marks of weakness and debility. The paroxysms are ordinarily produced by some hasty motion or effect, or some moral cause, and takes place usually after meals, during sleep, or at the moment of awaking; their return is regular, and sometimes periodical. They commence with oppression, dyspnoea, and threatening suffocation, strong spasms of the muscles of the thorax, violent palpitation of the heart, or a total cessation of its contractions, and syncope. The patient appears to be plunged in a state of great weakness and insensibility, or has the appearance of a person suffocated. The pulse is small, quick, irregular, and intermittent; sometimes there are convulsions, and sometimes an increase or diminution of the livid colour of the integuments. The body is covered with a cold and viscid perspiration; the alvine dejections are involuntary, and the excretion of urine is sometimes suspended. This state may last for several hours, and during its access is often attended by a species of remission. The termination of the paroxysm is gradual, and is preceded by sobbing and yawning; the deep sighs and continual moaning of the patient, showing the profound debility and lassitude in which the disease leaves him.

Generally, the result of the disease is fatal, and the termination is hastened by an attack of fever, apoplexy, some cere-

bral lesion, the small-pox, dysentery, croup, hæmoptysis, peripneumony, or phthisis pulmonalis.

Death is preceded by a rapid increase of the general weakness, coldness, and lividity of the extremities, extension of the œdema, cold and adhesive perspiration over the whole surface of the body, pains in different parts, great anxiety, increased difficulty of respiration, weakness, and almost total disappearance of the pulse, convulsions and syncope. This termination is sometimes sudden, sometimes after an interval of several hours. The two extremes in point of age, at which death took place in the cases given by our author, were 12 hours, and 57 years.

A communication, established between the right and left cavities of the heart, is ordinarily followed by cyania, but not always, since cases are cited by various writers where this malformation existed without any consequent discoloration of the skin. The reason is obvious; first the auricles, then the ventricles contract simultaneously. If they possess an equal force, and the opening offers no greater obstacle on one side than on the other, a perfect equilibrium will exist between the two columns of blood, and each will follow the course assigned to it by nature. Thus the foramen ovale, and the ductus arteriosus may neither of them be obliterated, and yet the circulation take its right course.

The diseases with which cyania may be confounded, are aneurism of the heart, contraction of the opening between the auricles and ventricles, as well as of the orifices of the arteries, organic alteration of the lungs, derangement of the respiratory functions, the blue colour of the skin occasioned by suppression of the menses, by intense heat, by a great degree of cold, by scurvy, and typhus; the *morbis lividus* of Hippocrates, the *febris livida* of Euriphron and Galen, the black jaundice, and the blue colour, which follows the protracted internal use of nitrate of silver.

Though the disease is incurable, the life of the patient may for a time be preserved by attention to diet, by exercise pro-

portioned to the strength, by avoiding exposure to the weather, by living in a dry, pure air, and in a temperature sufficiently high to relieve the habitual sensation of cold, of which this class of patients complain, by wearing sufficient clothing to protect the body from moisture, and to keep up an equable warmth of the surface, by dry warm frictions, food of easy digestion, light aromatic tonics, mineral waters, &c. The treatment of the paroxysms consists in keeping the patient quiet, and in a situation favourable to an easy motion of the chest, and a free performance of the respiration and circulation, in dry frictions, inhalation through the nostrils of stimulating vapours, the application of heat to the limbs and trunk, &c.

As the principal phenomena of cyania arise from a want of oxygen, Lentin has recommended the breathing a highly oxygenated air. M. Gintrac supposes it would be too stimulating for the lungs. Burns has advised the use of the oxy-muriate of potass; and Baylies, distilled laurel water, because he noticed that it gave venous blood the vermilion colour of the arterial; others have recommended the prussic acid, but our author thinks none of these means offer any great prospect of advantage.