

MEDICINE

Hay Fever First Described

"A Classic of Science"

A Century Was to Elapse Before Medical Science Could Answer the Riddle of This Odd "Periodical Affection"

CASE OF A PERIODICAL AFFECTION OF THE EYES AND CHEST. By John Bostock, M.D. F.R.S. & L.S. Read March 16, 1819. Published in Medico-Chirurgical Transactions, Medical and Chirurgical Society of London. Vol. X. 1819.

THE following case, it is presumed, will not be altogether uninteresting to the Society, as affording an example of an unusual train of symptoms, and it may perhaps be considered the more worthy of their attention, from its having occurred in the person of the narrator.

Rather Delicate Habit . . .

J. B. aet. 46, is of a spare and rather delicate habit, but capable of considerable exertion, and has no hereditary or constitutional affection, except various stomach complaints, probably connected with, or depending upon, a tendency to gout. About the beginning or middle of June in every year the following symptoms make their appearance, with a greater or less degree of violence. A sensation of heat and fulness is experienced in the eyes, first along the edges of the lids, and especially in the inner angles, but after some time over the whole ball. At the commencement the external appearance of the eye is little affected, except that there is a slight degree of redness and a discharge of tears. This state gradually increases, until the sensation becomes converted into what may be characterized as a combination of the most acute itching and smarting, accompanied with a feeling of small points striking upon or darting into the ball, at the same time that the eyes become extremely inflamed, and discharge very copiously a thick mucous fluid. This state of the eyes comes on in paroxysms, at uncertain intervals, from about the second week in June to the middle of July. The eyes are seldom quite well for the whole of this period, but the violent paroxysms never occur more than two or three times

daily, lasting an hour or two each time; but with respect to their frequency and duration there is the greatest uncertainty. Generally, but not always, their invasion may be distinctly traced to some exciting cause, of which the most certain is a close moist heat, also a bright glare of light, dust or other substances touching the eyes, and any circumstance which increases the temperature. After the violent inflammation and discharge have continued for some time, the pain and redness gradually go off, but a degree of stiffness generally remains during the day.

After this state of the eyes has subsisted for a week or ten days, a general fulness is experienced in the head, and particularly about the fore part; to this succeeds irritation of the nose, producing sneezing, which occurs in fits of extreme violence, coming on at uncertain intervals. To the sneezings are added a farther sensation of tightness of the chest, and a difficulty of breathing, with a general irritation of the fauces and trachea. There is no absolute pain in any part of the chest, but a feeling of want of room to receive the air necessary for respiration, a huskiness of the voice, and an incapacity of speaking aloud for any time without inconvenience. To these local symptoms, are at length added a degree of general indisposition, a great degree of languor, an incapacity for muscular exertion, loss of appetite, emaciation, restless nights, often attended with profuse perspirations, the extremities, however, being generally cold. The pulse is permanently quickened, from 80, the average standard, to about 100, and upon any considerable exertion it rises to 120 or more.

In Its Worse State . . .

This is an account of the complaint in its worst state, which, however, it does not assume in every season, and indeed its violence is generally less than is here described. The affection of the eyes is recollected to have occurred when the patient was eight years old,

and there has been more or less of it every year since; the sneezings came on nearly at the same period, but the first attack of the chest was at the age of sixteen or seventeen. Generally speaking, the complaints have increased for the last twenty years, although not progressively. All the acute symptoms disappear about the end of July, but a considerable degree of weakness and languor is left, which remains a month or six weeks longer. It has happened that the most severe summer complaints have been experienced, after the patient had enjoyed the best health during the preceding spring. On the contrary, it has been thought that after a severe summer attack, the patient has more completely and more rapidly regained his usual state of health and strength in the autumn.

Stopped by a Journey . . .

The remedies employed have been various, and they have been persevered in with an unusual degree of steadiness. Topical bleeding, purging, blisters, spare diet, bark and various other tonics, steel, opium, alterative courses of mercury, cold bathing, digitals, and a number of topical applications to the eyes, have been very fully tried, but it is doubtful whether any distinct or permanent benefit has been derived from any of them. The complaint once seemed to be decidedly stopped by a journey, but in other instances it has existed while the patient was travelling. By using every means for obtaining fresh air, without much exertion, and by carefully avoiding a moist and close atmosphere, the symptoms may in some measure be kept off, but they have frequently appeared under circumstances that seemed the least likely to have produced them.

It may form an important addition to the narrative to state, that during the last summer the patient was so situated as to be able to avoid almost every degree of bodily exertion; he remained nearly confined to the house for about six weeks, and the result was that, notwithstanding the unusual warmth of the season, he experienced much less of the affection than he had done for several years before.

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