

**THE CURE OF WRITERS'
CRAMP, AND THE ARM
TROUBLES OF TELEGRAPHERS
AND BALL PLAYERS**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649317257

The Cure of writers' cramp, and the arm troubles of telegraphers and ball players by S. H. Monell

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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THE CURE OF WRITERS' CRAMP ::::: AND THE ARM TROUBLES OF TELEGRAPHERS AND BALL PLAYERS

BY
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BROOKLYN, NEW YORK

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Price, Fifty Cents



1298

NEW YORK

J. B. TALTAVALL, PUBLISHER

253 BROADWAY

B

M 74
1898

PUBLISHER'S ANNOUNCEMENT.

THIS booklet is the most complete and practical treatise on the subject of "lame arms" ever published. Its facts apply to all occupations which affect the muscles of the arm and hand. The writer is among the foremost living authorities on medical electricity, and this treatise voices the teachings of his ripe experience. The extent of the boon conferred upon the telegraphing fraternity, stenographers, typewriters, penmen, pianists, ball-players, and others who tax any of their muscles with severe use, by his investigations of these affections can be estimated only by those who need professional treatment. It is sufficient to say that the high professional reputation of the author is ample guaranty of the accuracy of his conclusions. Both by his standard text-books and by his clinical work Dr. Monell has established his position in the forefront of those who are attracting the attention of the medical profession to the merits of scientific electro-therapeutics. Every telegrapher should read this treatise.

253 BROADWAY, NEW YORK CITY.

J. B. TALTAVALL.

AUTHOR'S PREFACE.

UP to the 14th of September, 1893, I had never treated a case of writers' cramp, loss of grip, or "glass arm." Since then I have treated a good many, and have worked out by experience and by the co-operation of patients the principles on which proper treatment is based.

The purpose of this treatise is to explain to writers, telegraphers, stenographers, ball-players, cyclists, and others whose muscle fibres become "stale" from high-pressure use:

(1) The nature and cause of *writers' cramp* and *loss of grip* among writers and telegraphers;

(2) The nature and cause of "Charley-horse" and "glass arms" in ball-players, and of muscle *staleness* in runners, cyclists, and athletes in general; further,

(3) To correct popular errors about the incurability of these muscular conditions;

(4) To teach the principles and methods of successful and satisfactory treatment.

Incidentally I shall show how it has come about that these simple

conditions have long been regarded as *incurable*, and I shall demonstrate that every uncomplicated case of *chronic muscle-fatigue* can be perfectly restored if the afflicted person so desires. I shall, moreover, show that it is unnecessary to become *stale* or permit *fatigue* to degenerate into *disease*; for it is easier to *prevent* the arm and leg troubles which now affect perhaps fifty thousand men in various occupations than to cure them after they have become established.

865 UNION STREET, BROOKLYN, N. Y.

S. H. MONELL, M.D.

THE CURE OF WRITERS' CRAMP.

THE ARM TROUBLES OF WRITERS AND TELEGRAPHERS.

CLERGYMEN who write all their sermons, judges, lawyers, journalists, stenographers, and others who make rapid and laborious use of the pen, and operators whose work at the key creates fatigue in the muscles of the hand, wrist, or arm, have furnished, in the past forty years, at least forty thousand examples of a state best known by the name of *writers' cramp*. To telegraphers the term *loss of grip* is more familiar; but a dozen names in medical literature have not made the disease more curable nor offered to victims any satisfactory remedy.

Not every case of arm trouble advances to the stage of actual cramp; but when work becomes unnaturally difficult in any degree, regardless of the symptoms, prompt attention should be given to the matter of restoring the normal state; for not only may "a stitch in time save nine," but an ounce of prevention of telegraphers' paralysis is worth far more than a pound of cure.

Repair, which at first is easy, becomes more and more difficult as the muscle fibres progress on the down grade; and when the "grip" is finally lost, it may take six months to regain it. The problem of where to seek a remedy has hitherto perplexed physicians as much as patients; but hereafter there need be no perplexity about it, for the therapeutic principles of treatment become clear the instant the true nature of these arm troubles is understood.

They have long been *misunderstood* by medical writers, and in all standard text-books upon diseases of the nervous system there is to be found mistaken teaching about writers' cramp—teaching which misleads the whole body of neurologists, and completely baffles the general practitioner of medicine.

In 1879-80 my own arm began to give me trouble. For ten years it was overtaxed with pen work. In 1893 I suffered great anxiety lest I should lose the use of it, and I examined into the merits of every method of treatment described in the library of the New York Academy of Medicine, of which I was a member. The whole literature of the subject was disappointing then, and at a later date it appeared to be opposed by much of the practical teaching of my experience.

It would be a waste of time to quote from the almost unreadable and

hopeless pages of this literature. As a brief example of pathologic heresy prevalent among authors, I will, however, cite the following from a medical journal of recent date:

"Dr. Edward W. Wright states that writers' cramp has three chief theories regarding its pathology:

"1. A local disease; a weakness in some muscles permits the overaction of their antagonists, which increases the spasm.

"2. A reflex action; the result of the stimulation of the sensory nerves in the act of writing.

"3. A central origin; a want of proper balance in the co-action of the motor centres concerned in the action of writing.

"The latter seems to be the most satisfactory."

This kind of writing is not only erroneous teaching, but a thousand physicians may read it *without getting the least idea of how to treat a case*. If a single one of my professional colleagues has obtained knowledge of a way to cure a severe case of writers' cramp from any text-book published, he has been more fortunate than I. But my own arm admonished me to find a remedy and made persistence in the search a personal need. Out of this need came final success.

In 1893-95, with the co-operation of telegraphers who assisted my efforts, I made several hundred variations in methods of treatment, and kept a record of the results of each. This sufficiently explains my interest in writers' cramp and the manner in which I have studied its relief. I shall now explain its nature.

PATHOLOGY.

Telegraphers' paralysis, operators' palsy, scribes' palsy, loss of grip, writers' cramp, "glass arm," and all other affections of muscles from excessive use are essentially the same. They vary in symptoms, in degree, in the muscles affected, and in their progressive stages; but they are alike in the principle of their origin and in their resistance to ordinary treatment. They all are equally and rapidly curable in their early stages, are equally difficult to cure in their advanced stage of total loss of grip, and are also alike in the fact that there is no case of any one of them (no matter what the occupation of the victim) that cannot be wholly and radically cured.

These arm troubles are not "paralysis" or "cramp" when they begin, and for that reason many persons are perplexed about their grip long before they suspect anything *paralytic* about it. Nevertheless the terms writers' cramp and telegraphers' paralysis are adopted in medical literature, and I shall retain them for the purpose of this booklet, with the understanding that they mean all cases of lame arms from the earliest to the latest stage, regardless of the way the muscles are affected.

Writers' cramp, telegraphers' lame arm, *begins* when the arm muscles first lose their power to *rest*. So long as his arm retains its natural ability to recover from the fatigue of work, an operator never loses his grip; and the same is true of penman, stenographer, pianist, vamped,

truss-fitter, baseball-player, typewriter, etc. Later, when the *nutrition of the tissues* does not keep pace with the waste of wear, *rest* gradually loses its restorative properties, and a *diseased* state begins. When the arm tires more easily than before, or requires more effort to keep up speed, control of the key, or endurance, or needs "limbering up" at the start, or rests with a lessened elasticity and freedom, the operator is in the earliest stage of trouble, and the nutrition of the muscle fibres is becoming impaired from over-use.

In this stage transitory pains and disordered sensations are commonly felt, though in some cases they remain absent altogether.

As nutrition continues to fail, the fatigue becomes more and more chronic; the disease progresses irregularly according to the tax upon the arm, the periods of relief from work, or the state of the general health; and in time the familiar symptoms of anxiety, weakness of the wrist, sense of weight, stiffness of the muscles, and loss of control set in. Some have little or no pain, and some suffer a great deal. The arm may ache only during sending, or it may ache all the time. In one case the flexor muscles may suffer most; in another, the worst protest may come from the extensors; but no matter which muscles fail, the diseased state is one of impaired nutrition and a wearing out of the functional activity of the primary muscle fibres.

It is important thus to comprehend correctly the nature of the lesion, for an inaccurate diagnosis has long confused the treatment. To the one fact that in all medical text-books *writers' cramp* is wrongly described under the head of nervous diseases is due, more than to any other cause, the failure of neurologists to master its successful treatment. Its therapeutics have been mystified by the "central nervous system" theories of its nature; and when remedies have been aimed at "theories" they have had no practical result. The theories of former medical writers have appeared to me to have no ground to stand on since my personal experience with "glass arms" has been matured by study of the self-evident cause and the nature of the effect. In an article written for the *Medical Record* upon this subject, I have set forth this view, and regard it as the only one a physician can with reason entertain.

The true understanding of the nature of these arm troubles makes the right principles of treatment obvious; and without doubt every step of treatment must be directed to the end of *improving the impaired nutrition of the muscle fibres*.

The popular belief that writers' cramp is incurable is quite sufficiently accounted for by the fact that remedies have generally aimed at antidoting a cramp spasm or paralysis of the central or peripheral nervous system, *which did not exist as a primary disease*. Shooting to the north will not hit a target placed in the south. When tissues cry out for nutrition they will not be appeased by an antispasmodic.

A telegrapher or writer may indeed have rheumatism, neuralgia, or some other actual disease of the arm affecting his grip, instead of simply chronic fatigue from over-use; and I once had a case of paralysis agitans sent to me for treatment by a physician in a neighboring city under the

belief that the patient had writers' cramp. It is the rule, however, that the symptoms of true telegraphers' palsy develop slowly, while other diseases, such as rheumatism of the arm muscles, have a more sudden invasion, and have marks about them which the physician can diagnose. It does not matter much what symptoms first give an operator trouble; but as so many telegraphers think minor symptoms are something else than the beginning of an impaired grip, and as many even refuse to admit that their arm is affected so long as they can work the wrist and keep a finger on the key, it is worth while to say that *any persisting sense of increased effort* in doing what was previously done with ease is a sign of *chronic fatigue*, and a danger signal.

The early symptoms may be transitory and may pass away; but when the muscle fibres are taxed with heavy work it is only a question of time when they hoist further signals of distress. Operators may dislike to listen to these; and when no remedy was known there was excuse for the general tendency in such circumstances to deny that trouble in the arm existed. *But with a means of treatment available which is wonderfully efficient in these early stages*, the case is altered, and one is foolish to neglect the speedy and inexpensive remedy.

Some, however, have gone far on the down grade before they have recognized the meaning of passing symptoms; and both in letters to me and in conversation these people question whether or not their trouble is actually an approaching loss of grip.

In 999 cases out of 1,000 it is, for there is no other disease which can long be mistaken for it. The most common complication—muscular rheumatism—calls for no doubt in the diagnosis, as it will yield to the same treatment. It simply hastens the need of treatment when it affects the sending muscles.

To enlighten others who may not understand the state of their arms and the drift of warning symptoms, it will be educational to quote the personal experience of operators who have written to me. These extracts are taken from private letters, and the writers' names are therefore omitted; but the testimony of facts is stronger than any signatures.

DALLAS, TEXAS.

I read with keen interest your article in the *Telegraph Age* on "Telegraphers' Paralysis." I have been sending Associated Press reports for a number of years, and find I am gradually losing my grip. I cannot handle the matter with my old-time ease, and after a few hours' rapid sending my hand pains and cramps. In starting out, the first half-hour my arm feels heavy, and it is only by an effort that I can attain the desired speed. Added to this, I know my "Morse" is not so legible as it used to be, and I fear a total collapse.

COLUMBUS, OHIO.

I was a deeply interested reader of your article in the last *Telegraph Age*, as I have suffered more or less from telegraphers' paralysis for seven or eight years, although I am not an old-timer. In 1890 I had my first job in a small town, and a few months later went to Pittsburg to work in a heavy office. In just three and one-half months I was suddenly