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LECTURES

ILLUSTRATIVE OF CERTAIN

LOCAL NERVOUS AFFECTIONS.

BY

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IN these Lectures, which are now offered to the Public in a separate form, having already appeared in a periodical publication, it has been my object, not to give a complete history of any one disease, but to portray a certain order of symptoms, which, while they have many characters in common, may arise from various causes, and require very different modes of treatment for their relief.

It seems to me that this is a method of illustrating subjects in practical Surgery, which might be adopted much more frequently than it is, with the greatest advantage to the younger members of our profession. In the systematic form which the writings of pathologists usually assume, it is impossible to find a place for a large proportion of that knowledge, which long experience has enabled Physicians and Surgeons to obtain, and to receive which at an early

period must be of the first importance to those who are following them in their professional career. This defect would be in great measure obviated, if writers would sometimes condescend to treat of symptoms, rather than of diseases; not, of course, to the exclusion of the latter, which would be absurd; but taking a particular symptom or order of symptoms as the basis of their inquiries, and referring them to the various diseases from which they may arise; instead of confining themselves to the history of a particular disease, and of the symptoms by which it is indicated.

Dec. 19. 1836.

LECTURES

ON

LOCAL NERVOUS AFFECTIONS.

LECTURE I.

THEORY OF LOCAL NERVOUS AFFECTIONS. — VARIOUS CIRCUMSTANCES UNDER WHICH THEY EXIST. — PRINCIPLES ON WHICH THE TREATMENT OF THEM SHOULD BE CONDUCTED.

A MIDDLE-AGED lady, who had been exposed during a considerable period of time to the operation of causes of great mental anxiety, complained of a constant and severe pain, which she referred to a spot, about three or four inches in diameter, in the situation of the false ribs of the left side. Besides this she was subject to fits, apparently connected with hysteria, and was otherwise in a very impaired state of health. Under these circumstances she died, and on examining the body after death, particular attention was paid to the side to which the pain had

been referred. No morbid appearances could be detected in it; there was neither inflammation, nor thickening, nor adhesion, nor any morbid change of structure, nor the slightest deviation of any kind from the natural condition of the part.

Now such a case as this is by no means uncommon. It is only one of many which might be adduced in proof of this proposition, namely, that the natural sensations of a part may be increased, diminished, or otherwise perverted, although no disease exists in it which our senses are able to detect either before or after death.

There are other cases which may be regarded as corresponding to those to which I have just alluded, except that the nerves of motion are affected instead of those of sensation. Here there is an involuntary contraction or spasm of a particular set of muscles, or certain muscles lose their power of action altogether, and become paralytic; and yet, if an opportunity occurs of examining the parts after death, the most minute dissection can demonstrate nothing in them different from what there would have been if the spasm or paralysis never had existed.

Nor are these facts of difficult explanation. Every part, to which a nervous filament can be traced, may be said to have its corresponding point in the brain or spinal marrow, and an impression made either at its origin, or any where in the course of the trunk of a nerve, will produce effects which are rendered manifest where

the nerve terminates, at that extremity of it which is most distant from the brain.

These local nervous affections are of very frequent occurrence. In one shape or another you will meet with them at every turn of your future practice, and a knowledge of them is of the greatest importance, both to the physician and surgeon. Without it, you will be continually mistaking the real seat of a disease: your attention will be directed to a wrong object, and, following the symptoms, you will be in danger of overlooking the cause on which they depend. The investigation, however, is not unattended with difficulty, and it will often require all your professional sagacity and skill to trace the phenomena, which occur in these cases, to their true origin.

If you accidentally strike the inside of your elbow against a projecting body, the corner of a table for example, you feel a peculiar tingling sensation, not where the blow is inflicted, but where the ulnar nerve, which has been struck, terminates, on the inside of the hand, and especially in the little finger. In like manner, an accidental pressure made for a few minutes on the popliteal or sciatic nerve, will cause that peculiar tingling sensation in the foot which is commonly described by saying that the foot is asleep, and which continues for some time after the pressure has been taken away. Guided by the light of these facts, and of others analogous

to them, the first question, which you will ask yourselves when you are consulted in these cases, will be, whether there is any cause of irritation affecting the trunk of the nerve above, sufficient to account for the symptoms which are met with in the part to which its ultimate fibres are distributed?

A man was admitted into St. George's Hospital in the year 1808, complaining of a severe pain in the inside of his knee. The joint was carefully examined, but no marks of disease could be detected in it. In the thigh, however, there was an aneurysm of the femoral artery, of the size of a small orange. This last disease had scarcely attracted the patient's notice. He said that he should be very well if it were not for the pain in the knee, and it was not until some trouble had been taken to explain to him the nature of his case, that he could be made to understand that the tumour was of any importance. Soon after the man's admission Sir Everard Home (then Mr. Home) applied a ligature round the femoral artery, in the upper part of the thigh. On the instant of the artery being secured, the tumour ceased to pulsate, and the pain in the knee ceased also. Some untoward circumstances occurred, and the patient died about four or five days after the operation was performed. On inspecting the limb after death, the aneurysm was found reduced to one half of its former size; some branches of the anterior crural nerve, which passed over it, and which

must have been kept on the stretch previous to the operation, were found to terminate in the part to which the pain had been referred, on the inside of the knee; and thus the cause of the pain was sufficiently explained. It was, in fact, a nervous pain, existing where there was no disease, in consequence of pressure on the nerves above.

A gentleman in the year 1816 began to suffer from a gnawing pain in the left leg, referred to the course of the peroneal nerve from the foot to the knee. The pain by degrees became very severe, occupying at the same time a larger portion of the limb. The limb itself presented no appearance of disease. The patient consulted various surgeons, myself among the number. The disease went by the name of neuralgia, but the cause of it could not be discovered, and the remedies recommended were of no avail. After having lost sight of him for a considerable time, I was again sent for to see him in the year 1824. He was now dying with dropsy of the belly, and anasarca of the lower limbs. On examining the abdomen it was observed, as the fluid which it contained receded under the pressure of the hand, that there was a large solid tumour attached to the left side of the lumbar vertebræ, and extending into the pelvis. It was evident that this tumour must have pressed on the origin of the sciatic nerve, and thus it afforded a sufficient explanation of the pain which for so many years had been referred to some of its branches.

A case analogous to this is recorded by Dr. Denmark, in one of the volumes of the *Medico-Chirurgical Transactions*. A sailor received a wound from a musket ball in the arm: the wound healed, but the patient complained of an agonising pain, beginning in the extremities of the thumb and fingers (except the little one), and extending up the fore-arm. His sufferings were such that he willingly submitted to the amputation of the limb, and the operation gave him complete relief. On dissecting the amputated limb, a small portion of lead, which seemed to have been detached from the ball when it had struck against the bone, was found imbedded in the fibres of the median nerve.

In each of these cases the cause of irritation was detected in the trunk of the nerve belonging to the part to which the symptoms were referred. But similar effects are produced where the actual seat of the disease is in that more essential part of the nervous system in which the nerve itself originates; that is, in the brain or spinal marrow. Thus caries of the dorsal vertebræ irritating the spinal marrow, produces pains and muscular spasms of the lower limbs; and the same disease affecting the superior cervical vertebræ, produces corresponding symptoms in the upper limbs.

A gentleman complained of severe pains referred to one side of the abdomen. After having been fixed for some time in one situation, it attacked another. No disease could be detected

in the part apparently affected, and the pains were therefore regarded as nervous. It was observed at the same time that his powers of articulation were affected, and that he spoke in an indistinct and drawling manner. This seemed to indicate that there was some disease in the brain, and the suspicion was confirmed soon afterwards by the occurrence of epileptic fits, from which the patient continued to suffer during the few remaining years of his life.

I mention this case because I believe that a particular example will serve to impress the fact, which it illustrates, on your minds better than a mere general observation, and not because there is any thing in it in any way remarkable or singular. You will, indeed, when engaged in practice, find nothing more common than this; that a patient consults you, who labours under some disease in the brain, but in whom a particular symptom, referred perhaps to a distant part of the body, is so severe, or so distressing, that he regards this as the original disease; and it is only after a diligent cross-examination that you are enabled to detect the existence of those other symptoms which serve to explain the real nature of the case. In many of these cases the cause of irritation seems to operate always on the same part of the sensorium, and there is little or no variety in the local indications by which it is rendered manifest. At other times it has no determined seat: it may affect at first one portion of the brain, to which a certain function belongs,

and then it may affect another portion, whose function is entirely different, and the symptoms vary accordingly.

A gentleman laboured under a most severe pain, referred to the left side of the face; to which those whom he consulted gave the name of tic douloureux. While under the influence of this pain he was suddenly seized with a pain in the calf of the left leg, having precisely the same character with that which he had before experienced in the face. When the pain in the leg attacked him, that in the face did not subside altogether, but it abated so much that he suffered little or no inconvenience from it. At the end of a few days, as the pain left the leg, it returned with its usual severity in the face.

A lady became affected with a spasmodic affection of the sterno-cleido mastoideus muscle, producing what is commonly called a spasmodic wry-neck. This symptom continued unabated for a year, and then suddenly left her; but as the spasm in the muscle ceased, she fell into a state of mental depression amounting to insanity; and in this she continued during the whole of the second year. At the end of this period she recovered of the disordered condition of her mind, and the spasm of the muscle returned, continuing from that period up to the time of my being consulted, three or four years afterwards. I was consulted by another lady, in whom a neuralgic affection of the spine alternated with insanity.

When a calculus passes along the ureter from the kidney into the bladder, it frequently occasions a severe pain in the testicle of the same side. The most probable explanation of this sympathetic affection of the testicle is as follows: many of the nerves of the testicle derive their origin from the renal plexus, which also supplies the kidney, and which is formed by branches of the great sympathetic nerve. The irritating cause, namely the calculus, operates in the first instance on the nerves of the kidney, through which its influence is transmitted to the renal plexus; and from thence it is, as it were, reflected to the nerves of the testicle.

The symptoms which occurred in the following case may be accounted for on the same principle. A gentleman laboured under a scrofulous disease of the hip, producing caries of the bones and suppuration within the joint. The following symptoms existed in addition to those which the same disease usually produces. The smallest motion of the thigh induced an attack of excruciating pain, amounting to agony, attended with violent spasmodic contraction of the muscles which move the thigh. The limb was jerked in a most remarkable manner for several minutes, and the volition of the patient had no control over these distressing and extraordinary movements. After some time a tumour began to present itself externally on the anterior part of the limb, raising the femoral artery which lay pulsating on its surface. Com-

bined with the disease of the hip joint there were scrofulous tubercles and abscesses of the lungs, and of this last-mentioned disease he died, the attacks of pain and spasm having subsided for six or eight weeks before this event took place. Having the opportunity of doing so, I did not fail to examine the diseased hip and the parts connected with it with the greatest care. The bones composing it were soft, so that they were readily divided with a scalpel; the cancelli contained a yellow cheesy matter; and the cartilages had been destroyed by ulceration. The tumour was formed by an abscess situated among the muscles of the thigh on the anterior part below the hip joint, but communicating with it. Two lymphatic glands, enlarged to the size of large walnuts, were found situated beneath the skin on the anterior part of the thigh, below the outer extremity of Poupert's ligament. It so happened that a considerable branch of the lumbar nerves lay over each of these enlarged glands, being thus kept stretched and tense in the same manner as the strings of a violin are stretched over the bridge of the instrument. These nerves had the same origin with those which supply the muscles on the anterior and inner part of the thigh, and the peculiar circumstances under which they were placed seem to afford a sufficient explanation of the peculiar symptoms, under which the patient laboured. Nor is the view of the case different if we refer the symptoms to the pressure of the abscess, since this affected the nerves

partially, whereas the convulsive action of the muscles was general, and the psoas magnus muscle, which was situated above the abscess, was not less liable to spasm than those which were situated below.

In cases similar to that which I have just mentioned, where nerves have a common origin, it is easy to suppose that an impression made upon one nerve should be communicated to those parts which are supplied by the other. But an impression made on one part of the body will often produce a nervous affection elsewhere, at a distance from the original seat of the disease, and where no such obvious explanation of the fact presents itself. A disease in the liver produces a pain in the right shoulder; a disease in the heart produces a pain in the back.

A gentleman awoke in the middle of the night, labouring under a severe pain in one foot; at the same time that some other sensations, to which he was not unaccustomed, indicated the existence of an unusual quantity of acid in the stomach. To relieve the latter he swallowed a large dose of an alkaline medicine. Immediately on the acid in the stomach having been thus neutralised, the pain in the foot left him.

The late Dr. Wollaston was accustomed to relate the following history:— He ate some ice-cream after dinner, which his stomach seemed to be incapable of digesting. Some time after-

wards, when he had left the dinner-table to go to the drawing-room, he found himself lame from a violent pain in one ankle. Suddenly he became sick ; the ice-cream was rejected from the stomach ; and this was followed by an instantaneous relief of the pain in the foot.

A gentleman consulted me concerning a pain in one instep. The pain was severe, causing lameness, so that he walked with difficulty ; but there was neither swelling, nor, except the pain, any mark of inflammation. I prescribed some remedies, which, however, were of no avail. One morning he called on me, still suffering from the pain in the foot, and so lame that he could not get out of his carriage and walk into the house without the assistance of his servant. Now, however, he complained of another symptom : he had a difficulty of making water, and a purulent discharge from the urethra. He had laboured under a stricture of the urethra for many years, and had occasionally used bougies. Of late the stricture had caused more inconvenience than usual ; but he had abstained from mentioning it, thinking that it would be better that he should (if possible) be relieved of the pain in the foot before any treatment was adopted on account of the stricture. Under these circumstances I introduced a bougie, which penetrated the stricture and entered the bladder. Immediately on the bougie having been used, the pain in the foot abated ; and in less than a quarter of an hour he left the house free from

pain, and walking without the slightest difficulty. This happened some years ago, but I have seen the patient at intervals ever since; and, from a most careful observation of his case, he and I are both satisfied that the pain in the foot is connected with the disease in the urethra, and we have never found any thing to relieve it except the introduction of the bougie.

A lady consulted me concerning a pain to which she had been for some time subject, beginning in the left ankle, and extending along the instep towards the little toe, and also into the sole of the foot. The pain was described as being very severe. It was unattended by swelling or redness of the skin, but the foot was tender. She laboured also under internal piles, which protruded when she was at the water-closet, at the same time that she lost from them sometimes a large and sometimes a smaller quantity of blood. On a more particular inquiry, I learned that she was free from pain in the foot in the morning; that the pain attacked her as soon as the first evacuation of the bowels had occasioned a protrusion of the piles; that it was especially induced by an evacuation of hard fæces; and that if she passed a day without any evacuation at all the pain in the foot never troubled her. Having taken all these facts into consideration, I prescribed for her the daily use of a lavement of cold water; that she should take the Ward's paste (*confectio piperis composita*) three times daily, and some

lenitive electuary at bed-time. After having persevered in this plan for the space of six weeks, she called on me again. The piles had now ceased to bleed, and in other respects gave her scarcely any inconvenience. The pain in the foot had entirely left her. She observed that, in proportion as the symptoms produced by the piles had abated, the pain in the foot had abated also.

Now in such cases as these, you will at once perceive that there is no direct communication between the nerves of the parts affected that will afford a reasonable explanation of the occurrence of the sympathetic pain; and you will naturally inquire, how then is the sympathetic pain produced? To this question I would answer, that in all probability it is in the brain itself that the communication is made, the impression being first transmitted to the sensorium, and from thence reflected to the nerves of the part which is secondarily affected. If you dissect the brain according to Reil's method, having first hardened it by maceration in alcohol, you will find it splitting into fibres, passing in various directions, many of which may be demonstrated as connecting even the most distant convolutions of the cerebrum with each other: and if, with the limited knowledge which we at present possess, we venture to speculate on this obscure but interesting subject, we may easily be led to suppose that an impression on one part of the body should, by means of these communicating fibres,

produce a disordered sensation in another part. It is not more improbable that this should happen than it is that the whole fabric of the nervous system should sympathise with an affection of a particular nerve, as is the case in traumatic tetanus, and on many other occasions of which the experience of surgeons will furnish numerous instances. I shall mention here one remarkable example of the kind which fell under my observation. An officer in the army received a wound (in action) from a musket-ball in the leg. The wound healed, but the ball remained lodged in the flesh, in some deep-seated situation where it could not be felt externally, and giving the patient no inconvenience. After some time the ball changed its place, so that it became perceptible to the touch; but in its new position it occasioned symptoms such as had never existed previously. There were convulsive twitches of the muscles of the limb, occurring at irregular periods, and sometimes followed by a fit, in which there were general convulsions, as in epilepsy. At this time (if I may judge from the patient's own account) the ball might have been readily extracted. Unfortunately the opportunity was neglected, and soon afterwards the ball again shifted its place. Probably it went back to the situation which it had originally occupied; at any rate the spasms of the muscles were relieved, and there was no recurrence of the epileptic fits. I presume that these latter symptoms were the consequence of

the ball, when it had left its original position, pressing on some nervous filament in such a manner as that a peculiar irritation was excited in it, and transmitted to the brain.

As these nervous affections may occur under such different circumstances, and may arise from such different causes, you will not be surprised to find that they assume a great variety of characters, so that it is impossible for me to do more than give you a general notion of what you will observe respecting them in the course of your professional practice ; your own experience will enable you hereafter to supply the deficiencies of my description.

One remarkable feature of these diseases, whether they present themselves in the form of nervous pains or muscular spasms, is that they seem to be suspended during sleep. A patient suffering from the pains of *tic douloureux* in the face, may, for a time, be prevented falling asleep, but if once asleep, his sleep is likely to be sound and uninterrupted for many hours. In like manner, when a patient is affected with the spasmodic wry neck, the muscle which is the seat of the spasm, probably the *sterno-cleido-mastoideus*, becomes relaxed, and remains so while sleep continues, perhaps during the whole night. I do not assert that there are absolutely no exceptions to this rule, but I am much mistaken if the exceptions are not comparatively rare. Even during his waking hours, the sufferings of the patient are seldom constant. Nervous pains especially are

intermissions, occurring in paroxysms, and then either subsiding altogether, or becoming very much abated. The time of such irregular intermissions varies from a few minutes to several hours, or even to several days. The patient then says that the pain comes on by spasms, and even medical men are apt to hold the same language. This, however, is not a very correct application of the term spasm. Spasm means contraction, and the use of it ought to be restricted to involuntary contractions of the muscles. In applying it to nervous pains as well as to muscular contractions, you confound together symptoms which, although they may arise from the same causes, are in themselves dissimilar, and you lead yourselves and others into error. Even where there is no absolute intermission, the intensity of the symptoms varies at different times, according to the state of the general health, the state of mind, and various other circumstances.

Nervous pains vary not only in degree but in kind. They are sometimes described as dull and wearying, at other times, and more frequently, as sharp, darting, or stabbing. A gentleman, who laboured under no other symptoms of disease, lost the sense of touch in one arm, and fore-arm and hand, so that the whole limb was benumbed, and in the place of the natural sensations, experienced a sense of heat and burning, recurring at irregular intervals. Nervous pains may, in the first instance, be readily distinguished from those produced by inflammation

by the absence of throbbing, by their not being increased by pressure; by there being no evident turgescence of the small vessels. But there is more difficulty in the diagnosis afterwards. As the commonest event may prove a source of annoyance to an irritable mind, so will nerves, which have been kept for some time in a state of irritation, transmit every impression, that is made on them, to the brain, with a disagreeable or painful sensation superadded to it: in other words the part affected will be tender to the touch. And more than this: the tenderness may be followed by increased vascularity; by a slight degree of swelling; by actual inflammation. I do not mean to assert that any very active inflammation will be established, such as will end in suppuration and abscess, or ulcer; it will be moderate in degree, but it will be inflammation nevertheless, and marked by the usual symptoms. In a patient, who had laboured for some time under pain in the testicle, depending on a calculus passing down the ureter into the bladder, the testicle became tender and considerably swollen. In a gentleman, who suffered for a great length of time from what was regarded as a most severe *tic douloureux* in the face, at first the parts, to which the pain was referred, retained their natural appearance, but ultimately they became swollen, from an effusion of serum into the cellular texture, and so exquisitely tender that they would not bear the slightest touch.

I have said that nervous pains are subject to

irregular intermissions. But in some instances the intermissions are regular, and the returns of the pain are periodical, like those of an ague, or intermitting fever. I have known such intermitting and periodical nervous pains to alternate with ague. In fact, the two diseases depend on the same state of the general system; and quinine, or arsenic, which would cure the intermitting fever, will also cure the intermitting pain. Here the character which the pain assumes, leads to an important rule of practice; but in other cases, as far as my own experience has yet gone, it teaches us but little as to the origin of the disease, or the remedies by which it is to be cured. What I am now about to mention renders it probable that the kind of pain depends (at the least) as much on the particular structure of the part, to which it is referred, as on the particular cause which produces it. It has been stated by Sir Henry Hallford that the *tic douloureux* in the face arises from the irritation of the nerves, occasioned by a portion of dead or carious bone, and I have no doubt that it is so in some instances. I have seen one, if not two cases, which confirm Sir Henry Hallford's observation. But I also can entertain no doubt that it may arise from other causes. In one case, which I saw with Mr. Green and Mr. Freeman, the existence of epileptic fits, a ptosis of one eyelid, and some other symptoms, led us to believe that the pain in the face was the consequence of some disease in the brain. The patient died

and the appearances on dissection afforded ample proof of the correctness of the opinion which we had been led to form during the patient's life-time. In other instances it appears to be merely the consequence of a disordered condition of the digestive organs. But I am not aware that in these different cases there is any essential difference in the symptoms of the disease, or that it is possible for us, judging merely from the kind of pain, to pronounce that it arises from this or that cause, or that it is to be cured by this or that remedy.

Although there is no part of the body which may not, at one time or another, be the seat of these nervous affections, it would appear that some parts are more liable to them than others. They are met with less frequently in the viscera, which are supplied by the great sympathetic nerves, than in other parts. Nervous pains are more severe, and perhaps, on the whole, more common, in those parts which receive their nerves from the fifth pair, as the face, the eye, the tongue, than in any other individual part. Muscular spasms are common in the muscles of the neck, especially in the sterno-cleido-mastoideus. I am inclined to believe, also, that they occur more frequently in the upper limb than in the lower. It is not uncommon to see one hand and arm in a state of constant tremulous motion, there being no other indication of disease. I have seen several cases in which a muscular spasm of the upper limb has shewn itself in the

following manner. The patient experiences no inconvenience from it until he uses the limb ; for example, until he sits down to write. Then, when he has gone so far as to have written a few letters, some of the muscles act involuntarily, and jerk the hand in a direction contrary to that which was intended ; so that instead of completing the word which was begun, the pen makes a long scratch on the paper.

A lady complained of pain in the head, and her mouth was drawn to one side ; and hence she was supposed to suffer from paralysis of the muscles of one side of the face. However, when I was consulted respecting her, I observed that there were nearly constant twitches of the cheek and eyelids on that side to which the mouth was drawn ; and on more minute examination, I was satisfied that the distortion of the mouth arose, not from the muscles on one side of the face being paralytic, but from those on the opposite side being in a state of spasm. The case precisely resembled that of a patient with spasmodic wry neck, except that the disease influenced a different set of muscles, namely, those supplied by the facial nerve, or the *portia dura* of the seventh pair.

Perhaps there are no muscles in the body which are, on the whole, more liable to have their actions deranged under the influence of nervous disorders, than those of the pharynx and œsophagus. In not a few of those cases,

which have been confounded together under the general appellation of stricture of the œsophagus, the disease is either a spasmodic, or a partial paralytic, affection of these parts, and the patient is to be cured, not by the introduction of bougies into the œsophagus, but by other means.

A lady consulted me concerning symptoms which were ascribed to a stricture of the œsophagus. She was unable to swallow the smallest morsel of solid food, so that she was compelled to subsist entirely on liquids, and even these she swallowed with great difficulty. These symptoms had been coming on for upwards of three years. I introduced a full-sized œsophagus bougie, which entered the stomach without meeting the slightest impediment. From this and other circumstances I was led to conclude that the difficulty of deglutition was merely a symptom of some other disease. The lady's face was bleached, as if she had suffered from repeated attacks of hæmorrhage, and her feet were in some degree œdematous. On inquiry I found that she had long laboured under internal piles, from which had taken place repeated discharges of blood. To this last disease then I directed my chief attention, prescribing a cold lavement to be injected every morning; and at the same time a solution of the sulphate of iron, and sulphate of quinine, to be taken three times daily, by the mouth. When this plan had been persevered in for three weeks the piles were much relieved; they no longer protruded exter-

nally; there had been no recurrence of hæmorrhage; her cheeks were less pale; and she swallowed with comparative facility. At the end of six weeks more the piles occasioned very little inconvenience; she had lost no more blood; her general health was much improved; and there was so little difficulty of deglutition that I had no hesitation in recommending that, after her return to the country, she should swallow a bolus of Ward's paste three times daily, with a view to the cure of the hæmorrhoidal disease.

The pathological history of these local nervous affections constitutes in itself a most curious and interesting object of research; but it has another, and still stronger claim on your attention. Your patient wishes to be cured; he has of course no other reason for consulting you. Now you may supply yourselves with a list of what are called nervous remedies; prescribing, for example, the carbonate of iron first, changing this for the extract of belladonna, and that for something else; trusting that accident will at last enable you to hit on the right expedient; but you will do little good by the adoption of such a loose and empirical method of practice. If you would cure your patient, you must study each individual case that comes before you, pathologically; endeavour to trace the symptoms to their true origin; and if you can succeed in doing so, you will, in many instances, learn at the same time in what manner a cure is to be effected; while in others, in which the disease does not admit of

a cure, you will learn this also: you will be able to avoid tormenting your patient with useless remedies; and at any rate you will be satisfied you can do as much for him as your neighbours.

It is not to be supposed that in these cases any permanent benefit can arise from applications made to the part to which the symptoms are referred, the cause on which they depend being elsewhere; and the first thing that you have to attend to in the treatment is, that you do not fall into the error of regarding the symptoms as constituting the original disease. A patient applies to you complaining of a pain in the testicle; but the testicle appears to have its natural structure, and (except the pain) bears no marks of inflammation. You inquire further, and find that the pain is not constant; that it is especially induced by exercise, and that it subsides when the patient is in the horizontal posture. Examine the groin after he has taken a long walk, and you will perhaps find an incipient hernia; a small portion of bowel just attempting to protrude through the abdominal ring. You apply a truss, which supports the hernia, and cures the pain in the testicle. If you had been careless in your investigation of the case, and had applied leeches and lotions to the testicle, you would, to say the least, have plagued your patient to no purpose. Another person applies to you concerning a spasmodic wry neck. If you at once conclude that the disease is where it shows itself, and

divide the tendon of the sterno-cleido-mastoideus muscle, what is the consequence? The patient undergoes a certain quantity of pain in the operation, and to no purpose; for before the wound is completely cicatrised, the divided tendon has again become fixed by adhesion to the neighbouring textures, and the contraction of the muscle, and the twisting of the neck, are as bad as ever. I shall relate a case in which a patient underwent a severe and painful operation to no purpose, in consequence of such a want of discrimination on the part of the surgeon. A sailor had received a severe wound in the ham, I believe, from a musket ball. The wound healed, but not until after a considerable time, and the patient was left with a contracted leg, and suffering from a most agonising pain in the foot. This state of things having existed for a considerable time, and no benefit having been derived from any of the remedies employed, the poor fellow wished to lose the foot. The surgeon, under whose care he was, therefore, amputated the leg. But, unfortunately, he amputated it, not above the knee and above the injury of the nerve, but below the knee and below the injury. I scarcely need tell you the result. The pain continued as severe as ever, and it was not relieved until amputation had been performed a second time higher up in the limb.

It is however reasonable to conclude, that few among you will be guilty of a mistake so palpable as this. But in many instances, as I have already

expressed to you, the diagnosis is really difficult, and it will require a very minute observation, and much exercise of judgment, for you to understand the real nature of the case, so as to be enabled to determine where the primary disease is situated, and in what it consists. You must take into the account not only the present circumstances, but the former history; and your observations, instead of being limited to the particular symptoms concerning which you are consulted, must extend to the state of the animal functions generally; and where more light is wanted, you must be satisfied to wait and watch the further progress of the disease, and the effects produced on it by the remedies employed.

If the original disease operates immediately on the nerves of the affected part, producing in it pain, or muscular spasm or paralysis, you will have first to consider how far it is within the reach of topical remedies. If a tumor presses on a nerve, or if some foreign body, as a musket ball, or a piece of dead bone, irritates its surface, or is entangled in its substance, perhaps the tumor or the foreign body may be removed by a surgical operation, or the tumor may be reduced by other means. If this cannot be accomplished, or if the nerve itself be altered in structure, either from disease or injury, it will become a matter for consideration, whether the limb should be amputated, or whether the nerve should be divided. It is only under these circumstances that any advantage can be expected to arise from

the division of the nerve. In ordinary cases of neuralgia, where the disease on which it depends is in the brain, or in some other distant part of the body, or where it is connected with some derangement of the general health, it is evident that such an operation cannot be recommended on any sound principle, and it need be a matter of no surprise that where it is performed it should so generally fail. Where nothing better can be done, and a cure is not within your reach, a palliative treatment may be productive of some advantage, and you may endeavour to mitigate the patient's sufferings by the use of the local vapour bath, or by the application of the opium, or hemlock, or what is still better, the belladonna plaster.

In other cases the success of your practice must mainly depend on these circumstances: whether you are able to discover the primary seat of the disease, and whether, if it be discovered, it is of such a nature as to be under the influence of remedies. If you refer to what I have said in former parts of the present lecture, you will find that I have anticipated much of what belongs to this part of our inquiries. I shall not trouble you by needless repetitions. There, are some points, however, on which I feel it my duty to make some additional remarks.

The mucous membrane of the stomach and intestines presents a very extended surface, on which a multitude of nervous filaments are distributed, maintaining an extensive sympathy

between these organs and the rest of the system. This membrane is subject to various causes of irritation, to which nervous affections shewing themselves even in distant parts of the body, may not unfrequently be traced. Hence it is that these diseases are in some instances relieved, or cured, by an adherence to a well-regulated diet, by the exhibition of purgatives, of what are called alterative medicines, and of others which tend to improve the disordered secretions of the stomach and liver.

In a great number of instances nervous pains are manifestly connected with a disposition to gout, and the colchicum, combined with other remedies will contribute to their cure.

I have already adverted to cases in which various pains assume an intermitting and periodical character, having a manifest relation to cases of intermitting fever. According to my experience there is no part of the body in which such pains may not occur, and when they occur daily, or on the alternate days, they are always relieved by the exhibition of the sulphate of quinine, or of the cinchona, combined with arsenic. But large doses of these medicines are sometimes required. A respectable medical practitioner consulted me, believing that he laboured under a disease of the spine. He complained of pain, which he referred to the inferior dorsal vertebræ, and which was so severe that he could, as he said, scarcely endure it. On inquiry, I learned that the pain attacked him always at a

particular period of the night; that it lasted for a certain number of hours, and that he was free from pain, or nearly so, in the intervals. I recommended that he should take the sulphate of quinine procured at Apothecaries' Hall. He took as much as fifteen or sixteen grains daily without any decided amendment: but I was so satisfied of the efficacy of the remedy in such a case, that I advised him to increase the dose still further. At last he took half a dram of the sulphate of quinine daily, and this effected his cure.

Nervous affections of the same kind not unfrequently shew themselves in other ways. Still they are cured by the same remedies. It would be an endless task for me to describe all the varieties of this disease which you will meet with in practice; and I shall content myself with furnishing the following examples.

In my lecture on the diseases of the urinary organs I have noticed the case of a gentleman, who had long laboured under a stricture of the urethra; but from which, introducing a bougie occasionally for himself, he suffered little. At last he became affected with a periodical retention of the urine, recurring at a certain hour every night. The retention continued for some hours, and then subsided. The introduction of the catheter gave him relief at the time by emptying the bladder, but it did not remove the spasm, and if the urine was secreted rapidly afterwards, a second introduction of it was required. After

this state of things had continued for some time, I prescribed for him two grains of the sulphate of quinine to be taken every six hours. On the first night after he began to take it the retention recurred, but he had no attack afterwards.

A lady about sixty years of age complained of a most distressing sensation of thirst, beginning about ten o'clock in the forenoon, continuing for five hours, and recurring daily. A slight degree of chilliness preceded the attack; and while it lasted, although the sense of thirst was such as to produce absolute misery, there was no perceptible dryness of the mouth and fauces, and the secretion of urine was natural. These symptoms had existed for several weeks. The patient appeared to labour under no other disease: she had, however, begun to lose flesh, and her complexion was sallow. The same symptoms had attacked her four years ago. At that time they continued for six months, leaving her thin and debilitated. I prescribed for her three grains of the sulphate of quinine to be taken three times daily. I have not seen her since; but at the end of four days I received a note to the following effect:—"Mrs.——, the thirsty lady, has the pleasure to say that she is very much better; and she is much obliged to Mr. Brodie for his advice. She returns to the country tomorrow."

A lady suffered from a neuralgic affection of the face. Her medical attendant prescribed a pre-

paration of valerian, and the pain in the face subsided; but immediately afterwards she began to experience a pain in one foot. This pain recurred in the early part of every evening. After a short time it was followed by redness of the skin, and tumefaction of the subjacent parts near the bases of the toes. These marks of inflammation continued to increase for some hours, and then subsided, leaving the foot of its natural appearance and free from pain. This state of things, at the time of my being consulted, had existed with little variation for several months. She was advised to take the sulphate of quinine. On the following evening the attack was less severe than formerly, and in the course of three or four days the symptoms had entirely subsided.

In this case the inflammation of the foot was manifestly the consequence of the intermitting neuralgia. In that which follows, the inflammation of the leg formed the most prominent feature of the disease; yet from its resemblance to the last we can scarcely doubt that it ought to be considered as belonging to the class of nervous affections.

A lady laboured under an inflammation of her leg. The whole leg was swollen from the toes to the knee, the skin being red, painful and tender. These symptoms had existed for several weeks; the usual remedies had been employed, and no amendment had taken place; yet the inflammation did not proceed further, and there

were no signs of suppuration. At last I observed that the symptoms varied considerably; that sometimes the redness, pain, and swelling had nearly subsided, that at other times they were as strongly marked as ever; and that these variations always took place on the alternate days. She was now directed to take the sulphate of quinine. The effect was immediate, and a few days completed the cure.

In those cases in which the local nervous affection depends on an organic disease of the brain, or spinal marrow, it is evident that the patient has no chance of actual cure. Other nervous symptoms shew themselves in succession, such as a stumbling walk, a drawling speech, epileptic fits, derangement of the intellect, and at last a stroke of apoplexy occurs as the immediate prelude of death. But here months or years may elapse before the disease reaches its fatal termination; and in the meantime you attain an important end, if you can relieve the local symptoms. Now where these appear in the form of muscular spasms or paralysis, according to my experience, remedies are of little avail. The spasms may subside spontaneously, but they are not to be relieved by art. It is different, however, with respect to nervous pains; and for these, local applications of hemlock or belladonna, stimulating liniments combined with laudanum, and even blisters, may be employed with advantage, removing the pain, perhaps for a time, perhaps permanently,

although the disease on which the pain depends is slowly but progressively advancing.

Another very extensive class of local nervous affections remains to be investigated. To these I shall call your attention in the next lecture.

LECTURE II.

VARIOUS FORMS OF LOCAL HYSTERICAL AFFECTIONS.

WHEN I was formerly engaged in the study of the diseases of the joints, having, at the period, to which I refer, few opportunities of investigating the subject except in my hospital practice, I occasionally met with cases, in which a particular joint was affected with pain, and a great degree of morbid sensibility, attended occasionally with some degree of tumefaction of the soft parts, although the characteristic symptoms of the ordinary diseases to which these organs are liable were wanting, and the usual consequences of abscess and destruction of the joint did not ensue. For a long time these cases occasioned me great perplexity, and it was not until after I had published the first edition of my Treatise on the Diseases of the Joints that the occurrence of the case, which I am about to describe, first led me to suspect the real origin of the symptoms, which I had not comprehended formerly.

I was consulted concerning a young lady who complained of severe pain and a morbid tenderness of the knee, in the first instance attended with no perceptible enlargement of the joint. The remedies which, with such knowledge as I

then possessed, I was led to recommend, gave her no relief; and after some time a slight degree of tumefaction took place, depending, as it seemed, either, on a fulness of the small vessels, or on an effusion of lymph or serum into the subcutaneous cellular texture. She had been in this state for a considerable time, when she was seized with a succession of violent paroxysms of hysteria, which terminated in an hysterical affection of the brain; so that she lay in a state approaching to that of coma, with dilatation of the pupils of the eyes. She was now attended by the late Dr. Babington and myself. I do not undertake to say whether the disease yielded to the remedies employed, or reached its natural termination; but, from one or other of these causes, the patient recovered of the last mentioned symptoms, and from that time she never complained of her knee.

Not long afterwards another young lady was brought to me, labouring under what had been supposed to be a scrofulous disease of the wrist. The resemblance of this case to that of the last-mentioned patient led me to doubt the correctness of this opinion, and the results proved my doubts to be not without foundation. She also was seized with a succession of violent paroxysms of hysteria; and when, after the lapse of many days, she had recovered from them, the disease of the wrist had vanished.

It seemed impossible to doubt that in each of these cases there was some connection between

the local symptoms and the constitutional disease under which the patient laboured; and a great number of other cases, which fell under my observation afterwards, confirmed me in the opinion; that where there is that state of the general system, whatever it may be, which produces the phænomena of hysteria, it is not uncommon for a particular joint to be affected with pain and morbid sensibility, such as may lead a superficial observer to believe that it is the seat of some serious local disease, although no such disease in reality exists.

In the second and subsequent editions of my Treatise on the Diseases of Joints, I have given some account of these local hysterical affections. I trust that what I have there stated may have been not wholly unacceptable to those, who are engaged in the practice of our art; but the subject is one of great interest both to the scientific pathologist and to the practical surgeon, and believing that I can furnish you with some information respecting it, beyond that which is to be found in these publications, I am led to call your attention to it on the present occasion.

I have already mentioned, that when my opportunities of studying these diseases were limited to what I saw in the wards of the hospital, these affections of the joints fell occasionally under my observation. Since I have been engaged in a large private practice, they have presented themselves, I may say, without exagge-

ration, almost daily. This is easily explained, "*Fæminarum enim paucissimæ,*" says the sagacious and observing Sydenham, speaking of hysteria, "*ab omni horum adfectuum specie prorsus liberæ sunt, si istas excipias quæ laboribus aduetæ duram vitam trahunt.*" The liability to hysteria is, in fact, among females, one of the severest penalties of high civilisation. It is among those who enjoy what are supposed to be the advantages of affluence and an easy life that we are to look for cases of this description, not among those who, fulfilling the edict of the Deity, "eat their bread in the sweat of their face." I do not hesitate to declare that among the higher classes of society, at least four fifths of the female patients, who are commonly supposed to labour under diseases of the joints, labour under hysteria, and nothing else.

Frequently the symptoms are referred to the hip joint. They then have a considerable resemblance to those of diseases in the bones or cartilages, yet a minute examination of the case will rarely leave you in doubt as to your diagnosis.

There is pain in the hip and knee, which is aggravated by pressure and the motion of the limb, and the patient often lies fixed in one position on the bed or sofa. You will say, "are not these indications of a diseased hip joint?" But observe further. The pain is not in general fixed in any one part: it belongs to the whole limb. The patient winces, and sometimes screams,

when you make pressure on the hip, but she does the same if you make pressure on the ilium, or on the side as high as the false ribs, or on the thigh, or even on the leg, as low as the ankle : and every where the morbid sensibility is chiefly in the integuments. If you pinch the skin, lifting it at the same time off the subjacent parts, the patient complains more than when you forcibly squeeze the head of the thigh-bone into the socket of the acetabulum. As her attention is more directed to the examination, so the pain, which she suffers from it, is aggravated ; and if her mind be occupied in conversation, she will scarcely complain of that, which would have occasioned torture otherwise. Then, there is no wasting of the *glutæi* muscles, and no flattened appearance of the nates ; and the aspect of the patient is different from that which you would expect to find if the bones and cartilages of a joint were in a state of ulceration. Neither are there those peculiar and painful startings of the limb at night, attended often with frightful dreams, which mark the existence of this last disease. The pain will sometimes prevent the patient falling asleep, but, if once asleep, she sleeps soundly for many successive hours ; and this state of things may continue for weeks, or months, or even for years, without leading to abscess, or any further ill consequences. There may be a suspicion of abscess (I have known this in a great number of instances,) but the suspicion is never realised. Sometimes there is a

general tumefaction of the thigh and nates, the consequence either of a turgid state of the small vessels, or of an effusion into the cellular texture (I suppose of the former, as the parts do not *pit*, or remain indented after pressure); but this is entirely different from the swelling of an abscess. In a few rare instances there is a more defined and circumscribed swelling, but still it is altogether different from that of abscess. There is no perceptible fluctuation, and I can compare it to nothing better than a wheal of urticaria of unusual magnitude. A careful examination will always enable you to distinguish these swellings from abscess. For the satisfaction of others, I have sometimes made a puncture with a grooved needle, or some other convenient instrument, the introduction of which would have detected matter, if matter had existed.

I have said that, in these cases, there is no wasting of the glutæi muscles, and no flattened appearance of the nates. It is, however, not uncommon to find much alteration in the figure of the parts, of another kind; namely a bulging of the pelvis posteriorly, at the same time that it is elevated, on the side of the disease, so as to make an acute, instead of a right angle, with the column of the vertebræ. Of course, under these circumstances, the limb is apparently shortened, and when the patient stands erect, the heel does not come in contact with the ground. A superficial observer may be led to believe that there is an actual dislocation of the hip; and, indeed,

it requires a careful examination to enable the surgeon to understand that all this strange distortion is but the result of the predominant action of certain muscles, and of a long-continued indulgence in an unnatural position.

When the symptoms are referred to the knee, they bear a near resemblance to those which have been just described. There is great tenderness of the joint; but the patient suffers more from pinching the skin than from pressure, and the morbid sensibility extends for some distance up the thigh, and down the leg, perhaps as low as the foot and ankle. She suffers less from an examination when the attention is fixed on other matters than when it is directed to the affected parts; and she does not usually complain when pressure is made on the heel, so as to press the articulating surface of the tibia against that of the femur, provided that care be taken at the same time to produce no motion of the joint. In most instances the leg is kept extended on the thigh, whereas, in cases of real disease in the knee joint, it is usually a little bent. The symptoms may continue in this case, also, without any material alteration, for an indefinite time; for weeks, or months, even for years, the joint retaining its natural size and figure: but occasionally a slight degree of tumefaction is observable especially on the anterior part, over, and on each side of, the ligament of the patella. This tumefaction is not to be confounded with a general enlargement of the joint, by which surgeons are

frequently perplexed and misled, the result not of the disease, but of the remedies employed. I refer to cases which have been misunderstood, and mismanaged by the application of blisters, issues, and a succession of various counter-irritants.

What I have now stated may be sufficient to enable you to understand the nature of the symptoms which you may expect to find where these hysterical affections occur in the other joints of the extremities. The following observations are equally applicable to all these cases, and while they are necessary to complete the history, will be found of use in enabling you to form a correct diagnosis.

The patients thus affected are, for the most part, not much above the age of puberty.

In many instances they labour under some irregularity with respect to menstruation; while in others this function is in no respect different from what it is under circumstances of perfect health.

Those who labour under habitual coldness of the hands, have a weak small pulse, and afford other indications of a feeble circulation, are more liable than others to suffer in this manner; yet occasionally we find these symptoms existing in combination with a florid countenance and a sufficient development of animal heat.

In some instances the joint to which the symptoms are referred, and even the whole limb, is affected with a remarkable alternation of heat and cold. Thus in the morning the limb may be cold, and of a pale or purple colour, as if

there were scarcely any circulation of blood in it; while towards the afternoon it becomes warm, and in the evening is actually hot to the touch, with the vessels turgid and the skin shining. This state of things is often a source of serious alarm to the patient, and even to the medical attendant, but I never knew it to be followed by any ill consequences.

The majority of the patients thus affected exhibit other proofs of their liability to hysteria. Sometimes they have been subject to the usual paroxysms of hysteria, which have ceased on the local symptoms showing themselves; and a recurrence of the former has been followed by an abatement of the latter, or by complete recovery from them.

Not unfrequently the origin of these symptoms may be traced to a severe illness, which has left the patient in a state of great physical exhaustion; at other times they are as clearly to be attributed to some moral cause having a depressing influence on the constitution. In like manner the agency of moral causes, especially of those which compel the patient to make much physical exertion, often leads to her recovery. But we must not be led by this last-mentioned circumstance to adopt the harsh conclusion, that these symptoms exist only in those who are of a fanciful and wayward disposition. Young women of the highest moral qualities, and of the strongest understanding, are not exempt from these maladies; but it must at the same time be acknow-

ledged that a cure is more easily attained in them than it is in others.

Although there are none of those painful and involuntary startings of the limbs which occur in combination with caries of the joints, spasmodic actions of the muscles of the limbs are not uncommon in the cases of which I am now speaking. In some instances convulsive motions of the limbs are produced by pinching, or even by lightly touching the integuments. These bear no very distant resemblance to the movements of chorea; and it is worthy of notice, that they do not occur if it can be managed, at the same time, that the attention of the patient should be otherwise directed. I have also known them to take place independently of any manifest exciting cause. In some cases, which have fallen under my observation, the limb was at irregular periods violently agitated, so as almost to throw the patient off her couch.

In these cases there is always a sense of weakness in the limb, which for obvious reasons becomes aggravated in proportion as the muscles have been for a longer time in a state of inaction. While the pain and morbid sensibility of the joint are gradually subsiding, this sense of weakness increases, until at last it is the predominant symptom. Under these circumstances the patient often says, "I have no pain, but I cannot walk, because the limb is so weak." Weakness of the muscles, however, is not the only circumstance which interferes with the

speedy recovery of the use of the limb in these cases. The tunics of the small blood-vessels, when the limb has been long kept in the horizontal posture, seem to partake of the condition of the muscles; and when the foot is first put to the ground, the skin assumes, in consequence, a red colour, sometimes amounting to a purple hue, as dark as that which, when limited to a particular spot, is often the precursor of a vesication.

The symptoms which have been described for the most part come on gradually. In the majority of cases they subside gradually also; but sometimes it is otherwise, and they vanish all at once without any evident cause. For example: in the year 1834 I was consulted respecting a young lady labouring under a well marked hysterical affection, simulating disease of the hip joint. As she was not a resident in London, I had no opportunity of watching the progress of the case, but I have lately received the following account of it from Dr. Mortimer, the surgeon of Haslar Hospital:— Her symptoms had continued, nearly unaltered, for nearly two years, when one night, on turning herself in bed, she said that she had a feeling as if something had given way in her hip, and from that moment she was quite well.

Another young lady was brought to London for my opinion in October, 1833. She also was supposed to labour under a disease of the hip-joint. After a careful examination of her case, I was satisfied that it was one of hysterical

affection, and that there was no actual disease of the joint. I recommended her to leave her couch, to which she had been confined, and to take exercise, especially on horseback. Being a sensible and well disposed person, she followed this advice, in spite, I doubt not, of a good deal of inconvenience in the first instance. After the lapse of a year, I received from her father the following statement respecting her:—“ In pursuance of your advice, she began to use the limb more freely, but with little alteration as to pain and lameness until about six weeks ago, when, by a fall of the donkey on which she was riding, she was thrown over the animal's head, standing on the foot of the lame limb, with her weight upon it. She felt immediately what she describes as a sudden snap, as if something near the joint had given way. This was attended with a violent acute pain, which, however, lasted only a short time. She was replaced on the donkey, and rode home, a distance of four miles. To her great surprise the former habitual pain of the limb had entirely discontinued, and there has been no return of it since. She was able to walk up and down stairs without difficulty or pain, and now walks a considerable distance, using the one leg as freely and as well as the other. Her general health is improving rapidly, although she is still weak. There has been no hysterical fit since the accident; in short, the cure has been complete.” However, the cure was not permanent. Three months afterwards the com-

plaint recurred, having the same character as formerly, except that it was not now combined, as it had been in the previous attack, with other hysterical symptoms. She was at this time on the Continent, and I have not heard the result of the case.

I have hitherto described these cases as if the symptoms were peculiar to the female sex ; but it is not so in reality ; and I have known several (though by comparison certainly rare) instances of males being affected in the same manner. I employ the term hysteria because it is in common use, and because it would be inconvenient to change it for another ; but the etymology of it is undoubtedly calculated to lead to a great misapprehension with respect to the pathology of that disease. It belongs not to the uterus, but to the nervous system ; and there is no one who is much engaged either in medical or in surgical practice, who will not be able to bear testimony to the accuracy of Sydenham's observation on this subject : — “ *Quinimmo non pauci ex iis viris qui vitam degentes solitariam, chartis solent impallescere eodem morbo tentantur.*”

Hysterical affections, in which the symptoms are referred to the spine, are of very frequent occurrence. Such cases are, in many instances, mistaken for those of ulceration of the intervertebral cartilages and bodies of the vertebræ ; and in consequence of this unfortunate impression on the minds of the medical attendants, I have known not a few, but very numerous, instances

of young ladies being condemned to the horizontal posture, and even to the torture of caustic issues and setons, for several successive years, in whom air and exercise, and cheerful occupations, would probably have produced a cure in the course of a few months.

In these cases the patient complains of pain and tenderness of the back, to which one or more of the following symptoms may be super-added tending very much to mislead the medical or surgical attendant:—Pains in the limbs, especially in the lower limbs; a sense of constriction of the chest; involuntary spasms of the muscles, sometimes induced by change of position, at other times recurring without any very evident cause; a sense of weakness in the lower limbs, so that they are scarcely capable of supporting the weight of the body; and even actual paralysis; difficulty of voiding the urine. When the patient first complains of pain in the back, it must be acknowledged that there is some difficulty in forming a positive diagnosis; but the difficulty vanishes afterwards, so that none but a superficial observer can have any doubt as to the real nature of the disease. The pain in the back is seldom confined to a single spot, but it extends to different regions of the spine, and it not unfrequently shifts its place from one part to another. The tenderness of the spine is peculiar. The morbid sensibility is chiefly in the skin, and the patient, for the most part, flinches more when the skin is even slightly

pinched, than when pressure is made on the vertebræ themselves. The pain is, in the majority of cases, more severe than in those of real vertebral disease; and the spasms of the muscles have a near resemblance to those of chorea. Where there is paralysis, or a tendency to paralysis, it is quite different from what is observed in cases of pressure on the spinal cord or brain; and I may take this opportunity of observing, with respect to hysterical paralysis generally, that it has this peculiarity: *it is not that the muscles are incapable of obeying the act of volition, but that the function of volition is not exercised.* The accuracy of this observation will, if I am not much mistaken, be acknowledged by all those who are at the pains of studying these cases with the attention which they so well deserve; and the importance of it in medical and surgical practice is sufficiently obvious. There are still other circumstances which may assist us in forming our judgment; such as the general aspect of the patient, and her condition in other respects; her time of life; the state of the menstruation; and especially the liability to the more common hysterical affection.

Patients with a weak pulse, and cold hands and feet, are, on the whole, more liable to suffer in this manner than other persons. But this is almost a needless repetition. It would be sufficient for me to refer to what I have already stated in speaking of hysterical affections simulating diseases of the joints of the extremities.

I have frequently known surgeons to apply a hot sponge to the spine, believing that if the patient complained of pain on the application, this was a proof of the existence of caries. My own experience leads me to believe that a patient who labours under a nervous pain of the back will complain of the hot sponge even more than one in whom real disease exists. I mention this trifling matter, that you may avoid being misled by it in your diagnosis.

What I have already described are only a part of the local hysterical affections which fall under the observation of the surgeon, and an acquaintance with which is necessary, to enable him to practise his art with credit to himself, and advantage to the public.

Hysterical retention of urine is of such frequent occurrence, that any particular description of it would seem to be superfluous. An observation, which has been already made, is equally applicable to this as to other forms of hysterical paralysis. The muscles are not incapable of obeying the act of volition, but the volition itself is not exercised. So it is, at least, in the first instance : but if the patient has allowed the bladder to remain for a great length of time in a state of extreme distention, actual paralysis may ensue, and she may then strive in vain to empty the bladder, without the aid of the catheter. In these, and in other cases in which the bladder has been long extremely distended, the mucous membrane becomes affected with chronic in-

flammation, secreting the usual adhesive mucus; and even worse consequences may ensue than these. In a case, to which I have had occasion to refer in my lectures on the diseases of the Urinary Organs, hysterical retention of urine having been for a long time neglected, at last forty ounces of urine were drawn off by the catheter. In the *post-mortem* examination, the bladder was found of a very large size, of a dark and almost black colour: there were only slight vestiges of its natural structure left, the muscular fibres being very much wasted, and the internal membrane presenting the appearance of a very thin film, which was readily separated from the parts below. The dark colour of the bladder did not seem to arise from mortification, there being no foetor, nor, with the exception of the black colour, any indication of it.

Females who labour under hysterical retention of urine, if left to themselves, usually recover in the course of a short space of time; sometimes almost suddenly; but if the catheter be employed, their recovery may be protracted for an indefinite period. We may lay it down as a general rule, that in these cases the catheter should not be had recourse to: and the only exceptions to it are in those extreme cases in which actual paralysis has taken place, and the bladder is likely to become diseased, if not artificially relieved.

Hysterical *aphonia*, or loss of voice, allowance being made for the different functions of the

affected parts, corresponds very nearly to the hysterical retention of urine. It takes place suddenly, continues often for many months, even for one or two years; and then disappears as suddenly as it began. A patient thus affected may, when under the influence of strong moral excitement, find herself speaking in her natural voice, when, for some time before, she had spoken only in a whisper. Her recovery may be permanent, or she may relapse into her former condition. This symptom is not unfrequently met with in the male sex, especially in those of the clerical profession, probably because they often lead very sedentary lives, and also because in their profession they are called upon to speak in public in a tone raised above the ordinary standard.

A tympanitic distention of the intestines is not an uncommon symptom in young women who are affected with hysteria; and, when existing to a great extent, is frequently mistaken for ovarian dropsy. The majority of cases in which the patient has been supposed to be cured of ovarian dropsy, by the agency of iodine and other remedies, have been, I doubt not, of this description. Yet the diagnosis is not difficult. The absence of fluid is distinguished by the absence of fluctuation; and the sound produced by percussion sufficiently indicates the cause of the distention. When the tumour is of a large size, there is pain in the abdomen, and the respiration is rendered difficult in consequence

of the impediment which exists to the descent of the diaphragm. If the uneasiness be such as to induce the practitioner to direct the use of the warm bath, and the tympanitic distention be great, the effect is remarkable. Instead of sinking in the bath, as under ordinary circumstances, the patient floats in the water. If an elastic gum tube be cautiously introduced, so as to reach the upper part of the rectum, and pressure be made on the surface of the abdomen, the air may, in some instances, be made to escape through the tube, until the abdomen is reduced almost to its natural dimensions; but it becomes re-accumulated in the course of a few hours. A stimulating injection, made with the *confectio rutæ*, will sometimes produce the same result.

Young women are subject to an affection of the breast, corresponding to the hysterical affections of the joints, and indicated by very similar symptoms. These cases have been noticed by Sir A. Cooper, in his observations on the Diseases of the Breast. The patient complains of pain in the breast, and shrinks on pressure being made with the fingers, or even on the skin being slightly pinched. Not unfrequently the examination of the part produces twitches and motions of the body, bearing no small resemblance to those of chorea; yet, if it can be dexterously managed, while the examination is being made, that the patient's attention should be otherwise engaged, not only these motions do not occur,

but she may seem scarcely sensible of pain. The morbid sensibility is not confined to the breast, but extends to the axilla, and down the arm. No distinct tumour is perceptible in the breast, but when the disease has been of long continuance, the whole organ becomes slightly enlarged, probably in consequence of an increased determination of blood to the small vessels; yet there is no redness of the skin, and indeed the skin is even paler than natural, with a somewhat glossy appearance of its surface.

These cases are to be distinguished from those of a rare kind of irritable tumour of the breast, of which a representation is to be found among the plates annexed to Sir Astley Cooper's work. I conceive that they ought also to be distinguished from those which may occur at any time of life, and in women who have no particular disposition to hysteria. In the cases to which I now allude, the pain and tenderness are much less than in the true hysterical affection of the breast, and it will be almost invariably found that the patient has witnessed the miseries of some friend or acquaintance who has suffered from carcinoma. No part of the body will bear that rigid scrutiny to which the breast is subjected under these circumstances. Close attention will discover in any, even in the most healthy organ, sensations which had been previously overlooked; and constant anxiety on the subject may magnify such sensations into pain. In these last-mentioned cases a strong assurance that no disease

exists will make the patient happy, and remove the pain ; but no such assurance will be adequate to the cure of a genuine hysterical affection.

Hysterical tympanitis is always attended with a more or less constipated state of the bowels. But obstinate constipation of the bowels is a frequent occurrence in hysterical patients, independently of any considerable degree of tympanitis ; and I have known many instances in which a case of this kind has been mistaken for one of stricture in the upper part of the rectum. The surgeon here sometimes misleads himself by taking it for granted that a very long bougie may be introduced into the rectum, if there be no actual contraction ; not recollecting that the naturally tortuous course of the bowel is often sufficient to prevent a bougie being passed more than a few inches, even in a healthy rectum. But the statement of the patient tends to mislead him also ; for she describes herself as going to the water-closet, and yet being unable to eject the contents of the bowels. I will not say that it is so in all cases, but I am satisfied that, in some instances, if you cross-examine the patient, you will find reason to believe that the hysterical constipation of the bowels is of the same nature with the hysterical retention of urine. The effort of volition is not exercised except when the accumulation of fæces has become excessive. Hysterical difficulty of deglutition, which is sometimes mistaken for stricture of the œsophagus, is probably an affection of the same kind ;

there being no actual spasm, but a defective action of the voluntary muscles, by means of which deglutition is performed.

Symptoms resembling those of tetanus occasionally occur in patients who are under the influence of hysteria; sometimes assuming the form of trismus, at other times that of *opisthotonos*. A case of *locked jaw*, cured by the injection of oil of turpentine into the rectum, and published by Dr. Philips (then residing at Andover), in the sixth volume of the *Medico-Chirurgical Transactions*, is manifestly one of this description.

In a great number of instances, local hysterical symptoms appear to be connected with some accidental injury; generally a very slight one; and they are then especially liable to be misunderstood, and mistaken for something very different from what they really are.

For example: a woman is bled in the arm. She complains, perhaps, of severe pain at the time; but this subsides, and the wound heals, as under ordinary circumstances. Then she complains of pain again, extending down the forearm to the hand, up the arm to the axilla and shoulder, and even to the side of the neck, and sometimes down the side of the chest also: the extent and degree of pain varying in different cases. You examine the cicatrix, but can discover nothing unusual in it; but the patient flinches when it is touched. She very commonly complains of the surgeon, saying that she was

badly bled, or bled with a blunt lancet, or a foul lancet, or that a nerve was pricked which ought not to have been touched; while the real origin of her symptoms may be traced to the peculiar state of her own nervous system. If you investigate the case further, you will always find that she has been liable to various nervous symptoms previously to those which are attributed to her being bled; and when these last disappear, nervous symptoms of some other kind shew themselves.

In another case, the patient has received a blow on the head. In order to avert the consequences which such an injury may be expected to produce, she is bled repeatedly, takes aperient medicines, and is kept on a low diet. When her physical powers are thus reduced, she complains of pain in the head even more than she did in the first instance: but the pain is of a different character, and is usually attended with other symptoms, such as do not belong to inflammation. Thus she has a sense of dizziness, or a feeling as if water was trickling over her head. Then the countenance is blanched, the skin is cool, and the pulse is probably small and quick, and weak. If under these circumstances, the surgeon, mistaking the nature of the case, continues to abstract blood, and to keep the patient on a low diet, all these symptoms become aggravated; other symptoms of a more decidedly hysterical character shew themselves, and no improvement takes place until a more judicious treatment is

adopted. In another case, which is of no unfrequent occurrence, a young woman pricks her finger, or perhaps the finger is merely pinched. Soon afterwards, she complains of pain extending from the finger upwards, along the hand and fore-arm. This probably is followed by a convulsive action of the muscles of the arm, or by a continued contraction of the flexor muscles on the anterior part of the arm, so that the fore-arm is kept permanently bent; at least while the patient is awake, for the spasm is generally relaxed during sleep.

But the symptoms which, in hysterical patients, are attributed to a local injury, often proceed much further than what I have hitherto described. For example :

A young lady, eleven or twelve years of age, pricked the fore-finger of her left hand with the point of a pair of scissars. This was immediately followed by pain in the course of the median nerve, and on the following day the fore-arm was fixed by muscular contraction, at a right angle with the arm. After a few days, all the muscles of the hand and fore-arm were affected with violent spasms, producing strange convulsive movements of the hand and fore-arm. These were attended with sickness and vomiting, so that for two days, whatever was received into the stomach was immediately rejected from it. By degrees the other limbs became affected in the same manner, and it was impossible for the patient to walk, or even to stand. Sometimes

the diaphragm was affected so as almost to threaten suffocation. At other times the jaw was closed by a contraction of the masseter muscle, or she lay in a state of opisthotonos. Occasionally there was a violent pain in the head, which was described as having the same character as that of the finger which had been pricked; and these symptoms continued (sometimes one order of them, sometimes another, being predominant) until recovery took place under the circumstances which I shall have occasion to notice hereafter.

With a view to the further illustration of this part of the subject, I shall mention another case. A female about thirty years of age was admitted into St. George's Hospital, on account of a simple fracture of both bones of the fore-arm. There was nothing unusual in the fracture, but she complained of an extreme degree of pain in the injured part. By degrees the pain extended up the arm to the axilla; then to the same side of the neck and head. The smallest motion of the limb, even the lifting the fore-arm off the pillow on which it lay, occasioned violent pain, and convulsive agitation of the limb, which were soon followed by what might be termed a state of hysterical syncope, in which the patient lay apparently insensible to external impressions for several minutes. The fracture united as under ordinary circumstances; but the nervous symptoms continued for many weeks, then subsiding gradually. It is worthy of notice (and this cir-

cumstance confirms the opinion, that symptoms of this kind belong more to the constitution than to the actual injury), that about two years before the occurrence of this last accident, this individual had met with a slight injury of the ankle, for which she was attended by Mr. Fuller, of Piccadilly ; and that a train of nervous symptoms at that time supervened, nearly similar to those with which she was afterwards affected in the hospital. It is also worthy of notice, that on both occasions she had occasionally a spitting of blood, probably furnished by the mucous membrane of the pharynx or trachea, as there was no reason either at the time, or afterwards, to suspect the existence of disease in the lungs.

I have seen several cases of a singular affection of the hand and wrist, which manifestly belongs to the class of cases of which we are now treating. It occurs in females who have a disposition to hysteria, especially in those who have suffered from mental anxiety and over-exertion, and is usually, but not constantly, referred to a sprain, or some other slight accident. The patient complains of pain in the back of the hand and wrist, trifling at first, but gradually becoming more severe. In many instances, after some time has elapsed, there is a diffused swelling of the soft parts, extending a short distance up the lower extremity of the fore-arm ; and downwards as low as the fingers. This swelling is not attended with redness of the skin ; and having lasted for a few weeks, it subsides, while the pain

remains, constant in its character, aggravated by every motion of the limb, and always more severe in proportion as the patient's attention is in a greater degree directed to it. To prevent the motion, which she so much dreads, the patient keeps her hand in one position, and the consequence is that the joints become comparatively stiff, the hand at the same time having a very characteristic appearance, the skin being smooth and shining, and appearing to adhere more closely than is usual to the parts beneath. This state of things may continue for three months, for six months, or even for one or two years; the symptoms then gradually subsiding, without leading to any further ill consequences. The result, however, is not always so fortunate. I attended a lady who laboured under the symptoms which I have just described, with the late Dr. Luke. She left London on a visit to the continent, without any amendment having taken place. I saw her again after the lapse of four or five years: the muscles of the fore-arm were at this time wasted and paralytic; the whole hand was shrivelled and useless; the fingers permanently contracted towards the palm of the hand; the nails thin and scabrous.

I shall conclude the present lecture by a brief notice of some cases, which will serve to illustrate further the variety of singular local symptoms which may arise as a consequence of hysteria, and which may fall under your observation as practitioners in surgery.

I was consulted concerning a young lady, eighteen years of age, under the following circumstances. She was liable to fits of incessant sneezing, attended with a most abundant flow of watery fluid from the nostrils. This sometimes alternated with a nervous cough; while at other times she suffered from that sensation in the throat which is usually described under the name of *globus hystericus*. Not unfrequently she was affected with ordinary paroxysms of hysteria. She had a feeble circulation, and cold hands and feet, and her menstruation was irregular and deficient; in other respects she was in good health. There was no evident disease in the nostrils.

A married lady, thirty-seven years of age, was affected with similar fits of sneezing, attended also with a copious watery discharge from the nostrils. These symptoms attacked her once in a week, and in each of these attacks she sneezed not less than one hundred times; the watery fluid dropping from the nostrils so as to wet a pocket-handkerchief completely through. About the same time she began to experience a disagreeable sensation in the face and palate, not amounting to pain, but which she described to be such as might be produced by a worm creeping in her flesh. These latter symptoms gradually became more distressing, while the fits of sneezing became less frequent. At the time of my being consulted, three years after the commencement of the disease, the fits of sneezing

did not occur oftener than once in a month, but she complained of an aching pain, with a sense of pulsation, in the roof of the mouth, the teeth, and tongue, occurring chiefly during the night, and being then very severe. There were no perceptible marks either of inflammation, or of other disease, in the parts to which the pain was referred.

An unmarried lady, thirty-two years of age, consulted me on account of her being liable to some very distressing paroxysms, in which she experienced a difficulty of respiration, attended with a sense of constriction of the chest, and great general excitement and agitation. These paroxysms often continued for ten or fifteen minutes, recurring at irregular intervals; sometimes without any evident cause; while at other times they might be traced to some sudden emotion of the mind. So far the case did not differ from many other cases of hysteria; but the peculiarity of it, and the circumstance which led to my being consulted, was as follows:—There was a particular spot near the ensiform cartilage, which she believed to be in some way or another connected with her complaint. Nothing could be discovered in this part different from what is usual, by the most strict examination; but the pressure of the finger on it never failed to induce one of the paroxysms which I have just described. When these paroxysms were most severe, they were always attended with an abundant flow of limpid urine. These symptoms

had existed in a greater or less degree for ten or twelve years, and had supervened on a state of exhaustion, occasioned by an attack of typhus fever.

A young married lady, who was liable to ordinary attacks of hysteria, complained of a tender spot on the anterior part of the abdomen, a little below the ensiform cartilage. The slightest pressure of the finger on it caused excessive pain, and was followed by violent agitation of the whole person, bearing a more near resemblance to the convulsive motions of *chorea* than to any thing else, and continuing for several minutes.

LECTURE III.

PATHOLOGY OF HYSTERIA.--TREATMENT OF LOCAL
HYSTERICAL AFFECTIONS.

ALTHOUGH the examples of local hysterical affections which I have adduced in the two preceding lectures form only a part of those which you will meet with in practice, they are probably sufficient to answer the purpose of rendering you less liable than you would have been otherwise, to fall into the very common error of confounding cases of this description with those of real local disease. This is the principal object which I have had in view, in directing your attention to this subject; but it is one of much interest, and I am unwilling that you should leave it without proceeding somewhat further in the inquiries to which it leads. In the present lecture, then, I propose to offer some observations on the pathology of these cases, and on the treatment which should be employed for their relief.

Probably the following question has already presented itself to your minds. Is there any sufficient evidence that symptoms so various and dissimilar as some of those which have been described, depend on one and the same cause? Are there good grounds for the hypothesis that a pain in the knee in one case, retention of urine in a second, tympanitis in a third, are only

different manifestations of one and the same disease, and that they are connected with the same state of system as that which gives rise to the common fits of hysteria? The same question may arise if you refer to Sydenham's observations on hysteria, in which he has endeavoured to point out the symptoms which may mislead the medical, as I (following him *haud passibus æquis*) have now endeavoured to point out those which may mislead the surgical practitioner. To this it may be answered, that there is scarcely a single case, such as I have endeavoured to describe, in which, if you have the opportunity of studying its history and progress, you will not find abundant proof of the patient having suffered, in a greater or less degree, from the ordinary and acknowledged symptoms of hysteria; the two orders of symptoms sometimes existing simultaneously; at other times, and more frequently, alternating with each other; and thus even a limited experience will enable you to satisfy your minds on the subject. But when you have attained an enlarged experience in your profession, you will find that it affords you evidence of another kind, though of such a nature that one individual cannot well communicate it to another, either in a lecture or writing. You will then find, that while no two of these cases are precisely and in all respects alike, it is by no means difficult to trace a series of cases leading from one to the other by an almost imperceptible gradation, and connecting with each other symp-

toms which, in the first instance, might be regarded as the most distant and heterogeneous.

Another question cannot fail to arise in the progress of these investigations. What is the real nature of the disease on which these various and anomalous symptoms depend? We cannot doubt that its locality is in the nervous system. This is sufficiently demonstrated by the characters of the symptoms themselves. Dissection, which illuminates so many of the darkest regions of pathology, affords us little assistance here; at least we derive from it only negative information. I have, in several instances, examined the parts to which hysterical pains had been referred; and in one very aggravated case of the kind, I made a careful dissection of all the nerves by which they were supplied, but I have never been able to discover in them any thing different from what belonged to their natural condition. But every part of the body has its corresponding point in the brain, and the greater number of them have their corresponding points in the spinal chord also. Does the examination of these organs lead to any more satisfactory result? The best proof that it does not do so is furnished by the following circumstance: although so many die of other diseases, who have suffered from hysteria also, and the opportunities of examining the bodies of hysterical patients after death are therefore sufficiently numerous, yet the works of the best morbid anatomists contain no observations whatever on the subject. I have had the

opportunity of instituting *post mortem* examinations in three cases, in which the hysterical affections were of so aggravated a kind as to be, directly or indirectly, the cause of death; and you shall know the result. In one of them, the patient laboured under a very severe hysterical pain in the side, and was liable, among various other hysterical symptoms, to fits, in which she was scarcely conscious of her own actions. It must have been in one of these attacks that a great number of needles were introduced into one of her legs, which afterwards occasioned much inflammation and effusion of serum into the cellular texture. The patient died, and the body was most carefully examined, but no morbid appearances of any kind could be discovered in it, except what belonged to the œdematous state of the leg. Another case is one to which I have referred already, in which, the patient having long laboured under an hysterical retention of urine, the bladder was found enormously distended, of a black colour, the mucous membrane and muscular tunic being at the same time much attenuated. This patient was an unmarried female, twenty-nine years of age. Having been previously indisposed for a considerable time, she was supposed to have sprained her wrist in lifting a heavy saucepan. From this time she was never free from pain, in the situation of the outer part of the lower extremity of the radius. The pain extended up the fore-arm, and downwards on the side. In November, 1814,

about a month after the occurrence of the accident, she was admitted into the hospital. At this time the most careful examination could detect no alteration in the appearance of the limb, but she complained of a constant and intense pain, which extended from the supposed seat of the injury downwards to the fingers, upwards to the shoulder, and again downwards to the spine and sternum. She had great oppression and difficulty of respiration, occasional twitches of the muscles of the face, and any sudden motion of the hand aggravated all these symptoms, and then threw her into a state approaching to that of syncope; in which she was almost unconscious of all that happened, lying with her eyes wide open, and at last recovering with an hysterical sobbing. Her pulse was feeble, beating 120 times in a minute. Forty ounces of urine were drawn off from the bladder, but without any relief as to the other symptoms. The tongue became black and dry; the pulse more feeble; the belly tympanitic; the alvine evacuations being of a dark colour. Then there was hiccough and vomiting: she became weaker and weaker, and died after the lapse of fourteen days from the time of her admission into the hospital. After death, the brain and the thoracic and abdominal viscera were very carefully examined, but no morbid appearances were discovered in any one of them, with the exception of the peculiar condition of the bladder, which was described formerly, and two ulcers of the mucous membrane of the *ileum*, each not

more than half an inch in length, but occupying almost the entire circumference of the intestine.

The female, who was the subject of the third case had laboured under a paralytic affection of the lower limbs (*paraplegia*), which Dr. Seymour believed, with good reason, to be connected with, and the consequence of, hysteria. A practitioner whom she consulted, however, thought it advisable to have recourse to repeated blood-letting and other methods of depletion. The result was, the formation of extensive sloughs of the nates and of the soft parts covering the ankles. The patient was now admitted into the hospital, in a state of great exhaustion, and soon afterwards died. The brain and spinal chord were most carefully examined, in the presence of many of you who are now present, but it could not be discovered that they differed, in the smallest degree, from their natural condition; nor were there any signs of disease in the thoracic or abdominal viscera.

In adducing these facts, however, I by no means intend to assert that the organisation of the nervous system, in a person who is liable to aggravated hysterical affections, differs in no respect from that of another. The intimate structure of the brain, spinal chord, and nerves, is on too minute a scale for our senses to be able to perceive and comprehend it, and of course there may be differences in the organisation of these organs which our senses are incapable of detecting also. There is, it is true, nothing in

the history of hysteria to justify the opinion that it is connected with any morbid growth, or morbid change of structure, such as we find to exist in what are usually termed organic diseases ; but it is easy to suppose, without reference to organic disease, that the construction of the nervous system, at the period when growth is concluded, may not be the same in all individuals, and that an imperfect development of it may lay the foundation of all the aggravated hysterical affections. It seems to me that this hypothesis affords a reasonable explanation of the phenomena which those strange diseases present to our observation, and that it is not easy to explain them in any other manner. This being admitted, the connexion of hysteria with the habits of early life, while growth is going on, becomes no mystery. We can understand, also, wherefore it is that the disposition is often, to a certain degree, hereditary ; that it prevails in particular families, and that having been once established in the system, it is never totally eradicated. Nor is this opinion in any way contradicted by the circumstance of hysterical symptoms alternating with longer or shorter intervals of perfect health. It is the same with many other nervous diseases, some of which are much more formidable than these. The lunatic has intervals in which his delusions vanish. A tumour pressing on the brain may occasion epilepsy: the cause exists always, but after the patient has had one fit, weeks or months may

elapse before he has another. In like manner a patient may have a nervous system so constructed as to render her liable to attacks of hysteria. While she is strong and healthy in other respects, no hysterical symptoms arise; but if she be weakened by an attack of fever, by loss of blood, by too great exertion of mind and body, or depressed by anxiety, grief, or disappointment, the disease is rendered manifest, and it assumes one form or another, accordingly as accident directs its influence to one or another part of the system.

This view of the origin and nature of hysterical affections derives some confirmation from a circumstance which I have had frequent occasion to observe; although it has not, as far as I know, been noticed by pathological writers. In those who are much disposed to them, there is an evident weakness and laxity of the tissues, independently of what may be supposed to belong to the tissues of the nervous system. Thus there is a peculiar looseness of the joints; sometimes existing to such an extent that they are liable to a kind of subluxation (a slipping in and out, as the patient terms it), without any laceration of the synovial membrane or ligaments. I have known several cases in which a patient, on making some sudden exertion, has experienced a sensation as if some muscular or ligamentous fibres had given way; and, in some instances, a severe nervous pain, referred to this and the neighbouring parts, has remained for a long time afterwards. It is

not unusual for the smaller blood-vessels to burst, so as to occasion slight hæmorrhage ; although there is no actual disease in the bleeding part. This occurs most frequently with respect to the vessels of the mucous membranes. The disposition to hæmorrhage, however, is not peculiar to these textures. In a patient concerning whom I was consulted with Mr. Mawdsley, there had been repeated hæmorrhages from the ears.

These things must be regarded as indications of want of physical power in the system, and such is the prevailing character of hysterical disease ; most distinctly marked, of course, in the most aggravated cases of the kind. A large proportion of hysterical patients suffer from cold hands and feet, have a feeble contracted pulse, a small appetite for food, and are wearied by very small exertions ; they are more liable than other persons to lateral curvature of the spine. In some instances, and more especially in the parts which are most exposed to the external temperature, or at the greatest distance from the vital organs, the point of the nose, for example, and the ankles, the circulation is so weak that they assume at times a purple appearance, followed by vesications, and even by a thin slough. These last-mentioned symptoms are, in themselves, a proof of an insufficient generation of nervous energy ; they correspond to what is observed after severe injuries of the spinal chord, as well as to what occurred in the following cases, as the consequence of an injury of a nerve. A young man met with

an accident, in which the ulnar nerve was divided behind the inner condyle of the arm. The wound healed readily; but when I was consulted, about three months afterwards, the little finger was cold and deprived of sensation, with purple spots upon it, similar to those which precede the formation of vesications. A girl was admitted some years ago into the hospital after a similar accident. The little finger was cold and benumbed, and occasionally the whole of the integuments covering it assumed a dark purple colour: this was always followed by a broad vesication; then by a superficial sore, which, however, healed by the formation of a new cuticle; and this process was repeated several times while the girl remained in the hospital.

In some instances the disposition to hysteria manifestly depends on an original mal-construction of the nervous system, which probably has been transmitted from the parent to the child; in others it is equally manifest that it is the result of injudicious management in the early part of life. In the latter order of cases, the ill consequences which would otherwise ensue, may be altogether averted by the timely adoption of a better system of education; and in the former, much may be done in the interval between the period of infancy and that of growth being completed, to improve the condition of the individual, and to render her situation in after-life less distressing than it would be otherwise.

You can render no more essential service to the more affluent classes of society, than by availing yourselves of every opportunity of explaining to those among them who are parents, how much the ordinary system of education tends to engender the disposition to these diseases among their female children. If you would go further, so as to make them understand in what their error consists; what they ought to do, and what they ought to leave undone, you need only point out the difference between the plans usually pursued in the bringing up of the two sexes. The boys are sent at an early age to school, where a large portion of their time is passed in taking exercise in the open air; while their sisters are confined to heated rooms, taking little exercise out of doors, and often none at all except in a carriage. Then, for the most part, the latter spend much more of their time in actual study than the former. The mind is over-educated at the expense of the physical structure, and, after all, with little advantage to the mind itself; for who can doubt that the principal object of this part of education ought to be, not so much to fill the mind with knowledge, as to train it to a right exercise of its intellectual and moral faculties, or that, other things being the same, this is more easily accomplished in those whose animal functions are preserved in a healthy state, than it is in others?

But these observations relate only to measures of prevention; whereas, in practice, you will

have to deal with cases in which the hysterical construction of the nervous system already exists.

The medical treatment of hysteria is in the department of the physician ; and as this subject is treated of at length in the lectures on the practice of medicine, I shall only offer a few observations as to the principles in which it should be conducted.

In those in whom the liability to hysterical diseases exists, as I have already had occasion to observe, the symptoms of hysteria are not always present, and much may be done by art towards rendering their occurrence less frequent, and their character less severe, than would be the case otherwise. These symptoms are especially called into existence whenever, from any cause, the bodily powers are reduced below the ordinary standard ; and it is reasonable to suppose that an opposite effect will be produced by whatever tends to elevate these powers, and maintain the general health. The whole class of tonic remedies, especially steel, quinine, sulphate of zinc, and ammonia, may, under certain circumstances, be employed with advantage. So also, it is of importance that the patient should live on a generous diet ; that she should take exercise out of doors ; that she should live in the pure air of the country rather than in that of a crowded city ; and that her mind should be agreeably occupied, without being exhausted by great exertions. Nothing tends more to aggravate the disposition to hysteria than the tedium and *en-*

nui of a life without occupation ; when the mind is, as it were, thrown back upon itself, brooding over imaginary misfortunes, and creating for itself objects of anxiety.

The use of what are usually called anti-spasmodic remedies, especially valerian and assafoetida, is indicated, not where there is merely a liability to hysterical symptoms, but where these symptoms are actually present. Those tonics which are useful in preventing these symptoms, are useful in the removal of them also, especially where the disease assumes a chronic form, as it generally does in the cases which fall under the observation of the surgeon. Here, also, I have in several instances known much advantage to arise from a long-continued course of the sulphate of copper administered in pills, in small doses. Nor must we overlook another important rule of practice. There is often some particular circumstance in the state of the system at the time, which operates as the immediate exciting cause of the hysterical symptoms, and which medicine may remove. For example, in one individual there may be a furred tongue, and a costive state of the bowels ; in another, deficient menstruation ; and purgatives and emmenagogues may be administered with advantage, either separately or in combination. Again, it is not unusual in aggravated cases of hysteria to find the urine depositing a large quantity of lithic acid, in the form of sand ; or the urine may be voided high-coloured, depositing a pink amorphous sediment,

abounding in the lithate of ammonia; and in either of these cases the exhibition of alkalies, combined with alterative doses of mercury, purgatives, and a regulated diet, will contribute to produce a cure, the unhealthy quality of the urine seeming to be the cause, rather than the effect, of the hysterical affection.

On all these points I refer you to the instructions which you will receive from some of your other teachers; but there are some questions connected with the surgical treatment of local hysterical affections, into the consideration of which I shall feel it my duty to enter more fully; although, in so doing, the advice which I shall have to give you will be for the most part of a negative kind, relating not so much to what you ought to do, as to what you ought to leave undone.

Hysterical pains are sometimes relieved by friction with a stimulating liniment; such, for example, as the compound camphor liniment, which may also be used in combination with the tincture of opium. The application of the belladonna plaster is occasionally useful, although it certainly does not produce those remarkable effects which not unfrequently follow its use in other cases of neuralgia.

Hysterical pains are sometimes palliated by bathing the affected part with the following lotion, applied tepid:

℞ Misturæ Camphoræ, ℥iss.; Spiritus Rosmarini, ℥iss.
M. Fiat lotio.

In some instances the patients derive advantage from the exposure of the part to the vapour of hot water. This is especially useful in the cases of that peculiar affection of the wrist and hand which I described in the last lecture.

In those cases in which the limb to which the symptoms are referred is affected alternately with heat and cold, I have known the following plan of treatment to be attended with excellent effects. During what may be termed the hot fit, let a compress be applied wet with a cold spirituous lotion ; and when the heat has subsided, and the limb has become cold, let a thick woollen stocking be drawn over it, and then an oiled silk covering over the worsted stocking, so as to confine the heat and perspiration. When the cold fit has subsided, the oiled silk covering may be removed. This local treatment, however, should be combined with the exhibition of the sulphate of quinine, the use of which seems to be especially indicated by the intermitting character of the symptoms.

In some cases of hysterical neuralgia the patient is supposed to derive benefit from the abstraction of blood by leeches, or cupping, or even by venesection. Indeed, I have no doubt that the loss of blood is occasionally followed by a real alleviation of pain. But the relief is never otherwise than temporary ; and wherever I have known this kind of treatment to be frequently resorted to, the ultimate result has been, certainly, not only not beneficial, but absolutely

injurious to the patient. In fact, we may lay it down as a general rule, that whatever lessens the physical powers tends to prolong the duration of hysterical diseases of all kinds; and nothing producesthis effect in a more marked manner than repeated blood-letting. Those who are subjected to this treatment, according to my experience, become almost invariably invalids for life; and I have no doubt that not unfrequently their lives are materially shortened by it.

Blisters, issues, and the whole class of counter-irritants, in the majority of cases increase the patient's sufferings; and there is one objection that may be urged against all local remedies, which applies especially to these, namely, that they prevent the attention being abstracted from the local symptoms. I may take this opportunity of observing, that nothing is more essential to the patient's recovery than that her mind should not be constantly occupied with the subject of her ailments. The treatment employed should be such as will involve as little as possible deviation from the ordinary habits of life. Thus in a case of hysterical neuralgia of the knee or hip, it seldom happens that any real amendment takes place while the patient remains confined as an invalid to her sofa. The pain may abate, but a sense of weakness follows, which disables her from walking more than the pain itself, and which for obvious reasons, goes on increasing in proportion as the confinement is of longer duration. The first step towards a cure is, that she

should have sufficient strength of mind to begin to use the limb in spite of present suffering.

Another question connected with surgical practice remains to be considered. In hysterical diseases affecting the extremities, will any advantage arise from the division of the nerves which supply the affected part, so as to destroy the communication between it and the sensorium? or from the entire removal of the part itself, by excision or amputation? If the view which I have been led to take of these affections, namely, that they belong to the nervous system generally, and not to the part to which the symptoms are referred, has any foundation in reality, it cannot be expected that such operations will lead to any good result: and the notorious failure of similar operations, when performed in cases of *tic douloureux* of the face, and *tetanus*, undoubtedly tends to confirm this opinion as to their utter inutility. Pathological science, however, is not so far advanced as to authorise us in any instance to disregard the lessons of experience; and it is well, before we arrive at a positive conclusion on the subject, that we should refer to this higher source of instruction.

In a case which I have already mentioned, of a young lady who had a train of most severe hysterical symptoms following the accidental prick of her finger, I was induced (many years ago) to divide the digital nerves. This was effected by a circular incision, carefully performed, ex-

tending through the whole of the nerves, integuments, vessels, and cellular texture, to the bones laterally, and to the aponeuroses of the tendons, anteriorly and posteriorly. The result was, that the patient's sufferings were aggravated rather than relieved.

As long ago as the year 1818, I was requested to visit a lady in the country on account of a disease of the knee. I was led to believe that she had laboured under an inflammation of the synovial membrane, which had in a great degree subsided, but that the harder textures had suffered in consequence, and that the cartilages were in danger of being ulcerated, and I recommended a plan of treatment accordingly. Whether, with my present experience on the subject, I should have taken the same view of her case, I will not undertake to say, but the result was, that a material improvement took place in the first instance. After some time, however, there was a manifest aggravation of all her symptoms. She suffered more than ever; so that she became anxious to undergo the amputation of the limb. I was now again consulted respecting her, but from the written accounts which I received, I concluded that the pain did not indicate the existence of any serious disease, and that the circumstances of the case did not justify so violent a measure as had been proposed. However, her wishes remained unaltered, and two surgeons of eminence in the country yielding to her entreaties, performed the operation. On dissection of the

amputated joint, they were surprised to find that there was no collection of matter in its cavity ; that the cartilages had disappeared in one spot, of very limited extent ; and that there was no other mischief. The stump healed readily enough, but she obtained no relief. I had the opportunity of seeing her some months after the operation, suffering more than ever, with intense pain in the stump, and violent convulsive action of the muscles which move the thigh bone on the pelvis.

Mr. Soden, of Bath, informed me of another of these cases, which fell under his observation, in which also the limb was amputated above the knee, but with no better result than in the case last mentioned. The symptoms attacked the stump, and the patient suffered as much after the operation as she had done before.

The history of a third case of the same kind has been published by Mr. Mayo, in his *Outlines of Pathology*. The knee was amputated, and the stump healed. Soon after the stump was accidentally struck, and this slight accident was followed by pain in the part, exactly similar to that which had been referred formerly to the knee. Amputation was then performed a second time ; but as the wound healed, the pain recurred, being again referred to the stump. Mr. Mayo then divided the sciatic nerve, below the edge of the *glutæus maximus* muscle. At first the pain was supposed to have been relieved, as after the former operations ; but it returned on

the wound being healed. At this period I had the opportunity of seeing the patient, the pain which she endured being as severe as ever. In short, she had undergone these various operations, without having derived the smallest advantage from any one of them.

It must be acknowledged that these, and other similar cases which might be enumerated, seem to be quite conclusive against all attempts to relieve these hysterical affections by an operation. Some evidence, however, may be, and has been, adduced on the other side of the question.

A young woman was bled in the arm, in July, 1820. The wound healed as usual, but on the 7th of August she was admitted into St. George's Hospital, labouring under hysterical pain, referred chiefly to the cicatrix, but extending also downwards to the hand, upwards to the axilla, and again downwards on the side to the leg and foot, the latter being at the same time in a great degree benumbed. The whole of the arm was cold, and of a purple colour, and the skin was exquisitely sensible when pinched. On the 25th of August I excised the cicatrix. She was supposed to be immediately relieved; and when the wound made in the operation was healed, she left the hospital as cured. So far, then, it appeared as if the operation had been successful. But observe what happened afterwards. At the expiration of two months, she was re-admitted, not on account of a recurrence of the pain in the arm, but with other symptoms depending on

the same state of the general system. The nose was cold, and of a purple colour, and there was a similar condition of the integuments of the ankle. On the latter there was a broad vesication; and both of these parts seemed as if on the point of becoming gangrenous. This result, however, did not take place, and I lost sight of the patient some time afterwards.

In Mr. Mayo's patient*, whose case I have already mentioned, we are informed that he afterwards was induced to perform a further operation; removing the head of the thigh bone from the acetabulum: and I have a letter from Mr. Mayo, in which he states that this last measure has been followed by a relief from pain up to the present time. We are also informed that Sir Astley Cooper† amputated the arm at the shoulder joint, on account of a neuralgic affection of a stump, and that the patient was permanently cured; and that a similar operation was performed successfully by Mr. Bransby Cooper. However, until we know more of these cases than is now recorded, it is impossible for us to determine whether they did or did not belong to the class of hysterical affections. Even if they did, the question still remains; how long did the patients remain under the observation of the surgeons afterwards; and was a cure really obtained, or was there simply a commutation of one hysterical affection for another?

In estimating the value, not only of such oper-

* Medical Gazette, May 7. 1836.

† Op. cit.

ations, but of various other modes of treatment which have been supposed at one time or another to be useful in cases of aggravated hysteria, we are never to lose sight of the following circumstances : — 1. *Hysterical symptoms frequently disappear at once, without any manifest cause for their disappearance.* Examples of this fact may be found among the cases to which I have had occasion to refer in the preceding lectures. A young lady, who had been for more than two years confined to the recumbent posture on account of an hysterical affection simulating disease of the hip joint, recovered suddenly one night while in the act of turning in bed. Another young lady, in whom a long train of most severe hysterical symptoms followed an accidental prick of one of her fingers, after the disease had existed for a great length of time (if I am not much mistaken, for more than two years), recovered, also. 2. *It still more frequently happens that recovery from hysterical symptoms immediately follows a forcible impression of any kind made on the nervous system.* Hence it is that any thing may obtain the credit of having effected a cure in these cases. Moral and physical agents are alike in this respect. Sometimes one remedy may appear to be successful, sometimes another : and that which is supposed to be productive of the greatest benefit in one case, may never be useful afterwards.

I have already mentioned the case of a young lady who, having long laboured under an hysteri-

cal neuralgia of the hip and thigh, rendering her unable to stand, or even to walk, immediately lost all her symptoms on being thrown from a donkey which she was riding: and the following are only a few among many other cases, which might be adduced in confirmation of what has been just stated.

In the eighth volume of the transactions of the Royal Medical and Chirurgical Society, Mr. Pearson has described the case of a lady who laboured under a nervous affection of the hand and forearm, shewing itself in the form of severe pain and spasms of the muscles, and she immediately recovered on the application of a stimulating liniment, which, containing oil of turpentine, produced a vesicular eruption over the whole person.

I was informed, on good authority, of the case of a young lady who had long laboured under a severe hysterical affection, attended with spasmodic contraction of the muscles of one of the lower limbs, and which symptoms left her suddenly, on the extraction of a molar tooth.

Many years ago, I attended a young lady on account of a painful affection of the instep, which I certainly did not understand at the time, but of which, with my present experience on these subjects, I am satisfied that it was hysterical neuralgia, and nothing else. She was attended by other surgeons afterwards, who, I believe, were as much perplexed as I was, as to the nature of the disease, and who, at all events,

gave her no relief. At last, while suffering as much as ever, she was informed of some remarkable cures obtained by the use of the vapour bath and champooing, and she immediately went to Brighton, that she might make a trial of these remedies. The first champooing gave her great relief; the second completed the cure. I was consulted respecting her afterwards, labouring under a nervous affection of the arm and fore-arm.

In the "Christian Observer" for November, 1830, we find recorded the case of Miss Fancourt who had long been unable to move in consequence of what was evidently an hysterical affection, simulating disease of the hip joint, and was supposed to have been miraculously cured under the influence of the prayers of her spiritual adviser, leaving her couch at once, and walking down stairs to supper, to the astonishment of her family.

We need not pursue this part of our inquiries further. To you who will soon be engaged in the practice of your profession, what I have now stated will be sufficient to impress your minds with a proper degree of scepticism, and to prevent you being misled by the caprices of these strange disorders. With respect to the great majority of society, whose minds are not accustomed to these investigations, and who do not know the difficulty of obtaining exact evidence as to the operation even of the remedies in common use, I feel that it will be almost a waste of

time to endeavour to enlighten their minds on the subject. They will always be disposed to listen to, and to believe, the histories of the marvellous cures of hysterical affections; and with them conjurors of all kinds, from Prince Hohenlohe and the professors of animal magnetism, down to the most vulgar impostors, will always be the successful rivals of those practitioners, who have studied their profession as a science.

Before I quit the subject, I shall trouble you with one further piece of advice. I have told you that it is most important that you should not mistake cases of nervous affection for those of real local disease. It is equally important that you should not mistake the latter for the former; whenever you are in doubt, be careful that you do not employ any kind of treatment which would be injurious, if local disease existed. A short delay will always enable you to understand the exact nature of the case, so that you can no longer hesitate as to the remedies which are required for its relief.

THE END.

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