A CASE OF HYSTERICAL HEMIANÆSTHESIA.

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L. P., AGED 19, a tall, well-made intelligent girl, was brought by her mother to the East London Hospital for Women and Children, on October 23rd, 1878, complaining that she frequently fainted, and had much pain in the right ovarian region. The mother said she had fainted four times on the 18th, twice on the 21st; she was generally drowsy, but not especially after the attacks, and did not know she had had an attack unless told of it. On the night previous, while sitting in a chair, she said, "Oh, mother, I feel so queer", and fell forwards quite insensible, and remained so five or six minutes, but was not drowsy afterwards. She menstruated regularly, but with a good deal of pain, and the catamenia for the last period had not quite ceased. The mother did not consider her hysterical, nor was her manner suggestive of that condition. On questioning the girl as to any difference of sensation, she denied anything of the kind; but when pricked on the back of the right hand with a needle, to her surprise, she did not feel it, and the needle could be passed deeply in without the smallest sign of pain, and, on withdrawal, no bleeding ensued. The slightest prick on the palmar surface made her draw away her hand immediately with an exclamation. Further investigation showed that the anæsthesia was limited to the right side in the following situations: the extensor surface of the arms, the outer part of the legs, and the right side of the face, except in the eyelid, ear, and forehead; in fact, over the area of distribution of the temporal branch of the fifth, some sensation was retained, but less than on the opposite side. There was marked hyperæsthesia over the right ovarian region. On the left side, sensation was quite normal; she could see and distinguish colours equally well with both eyes. Holding the finger in front of the face, and desiring her to fix her eyes upon it, and passing the other hand across the eyes, sent her to sleep with some difficulty, and sometimes failed from the patient laughing; but it was found that closing the eyes, and pressing gently on them with the thumbs, sent her to sleep at once, from which a noise or pricking the left hand or the palm of the right one would immediately wake her; pricking the back of the right hand had no effect. No mesmeric phenomena, except this apparently normal sleep, could be induced at that time.

A few small blisters over the right ovarian region, and the administration of bromide of potassium, soon removed the hyperæsthesia over the ovary, but no alteration of the other phenomena of sensation was induced.

The experiments on sensibility were in three series. In the first, the nature of the materials and the object of their application was concealed as much as possible. In the second, the patient was aware of the effect expected, and saw what was going to be applied. In the third, although she was aware of the object of the applications, sensibility was tested during sleep. They were spread over a period of nearly five months; between the second and third, there was an interval of two months.

A gold coin was bandaged on for a quarter of an hour without any effect. A thin piece of wood, a disc of Betts' capsule metal, a small magnet, wafers, and the constant current up to twenty-three cells of a Weiss's battery, were without effect. After half-a-crown had been put on for five minutes, the patient knowing what it was, some return of sensibility occurred.

The first of the next series of experiments was carried on under the superintendence of my colleague, Dr. Donkin, who saw her with Mr. Hutton, the clinical assistant, during my absence. After saying that the previous applications had been ineffectual from not being on long enough, two half-sovereigns were fastened on the forearm for half an hour; on then removing the bandage, gentle pinching, or even stroking, was felt clearly, though not so acutely, as on the opposite side; and, while the eyes were closed, the patient touched with the other hand the exact spot which had been stroked. The following week, I repeated this experiment, bandaging on two gold coins for three-quarters of an hour; but the back of the hand was still anæsthetic. I did not test over the site of application, which was, as subsequent events showed, an important omission, so that the failure may have been only apparent; for on another occasion, when the experiment was repeated in an exactly similar way for one hour, sensation was restored, though less completely than on the left side, from one inch below the part on which the coins were placed upwards over the whole arm and face, but not to the hand; the site of the coins was the most sensitive part; below the knee, on the outer side, she could just feel something on being pricked, but was sensitive above.

On another occasion, without any remark being made, a surface-

thermometer was applied for fifteen minutes to the anæsthetic arm, and the temperature was found to be 93.6°, but sensation was completely restored over the part to which the thermometer had been applied, and partially over the rest of the limb. It was now predicted in the hearing of the patient that, when the instrument was applied to the sound side, sensation would be lost. The temperature of this side was 94.6°. Sensation was completely abolished over the place of application, and partially lost over the rest of the forearm. Two gold and silver medals were now bandaged alternately on the flexor surface of the left forearm, one of the gold being on the anæsthetic part where the thermometer had been applied; and it was remarked to the bystanders that, where gold was placed, sensation would return; where silver, there would be anæsthesia; in sixteen minutes, the effects were tested with the patient's eyes closed, and the prediction was fulfilled, the influence of each metal extending a little beyond its site. The top and bottom medals produced a more marked effect than the middle ones, which had been placed close together. Half an hour later, sensation was on the left side almost restored, the anæsthesia being nearly complete on the right, except on the place where the thermometer had been.

After this, the patient ceased attendance for two months. When she came again, she stated that she felt better in her general health, but there was still pain in the ovarian regions at periods which recurred every three weeks.

The sensational phenomena were unaltered. On inducing sleep by pressing the thumbs on the eyeballs and stroking the face, no consciousness was exhibited when a needle was thrust into the back of the right hand, but she awoke with a start when the left was pricked.

Three gold coins were now tied on the right forearm for a few minutes, and, sleep being again induced, there was no effect on pricking the left arm, but she awoke immediately on pricking the right.

Before the coins were applied, there was some sensation on the right side of the face, but less than on the left; after their application, this was reversed. On another visit, the patient having been blindfolded, a florin placed on a bit of paper was pressed for a moment on the right arm; and as the bandage was put on, the coin was removed, and the paper only left; after fifteen minutes, sensibility was restored, but with no alteration on the left side. A similar procedure was now adopted with the left arm, the patient hearing that sensation would be lost; and it was, but only over the part where the paper had been. Sleep having been induced, a needle could be thrust into the site of the paper without any sign of sensation, but a slight prick a little below this part immediately awoke her.

On the last occasion, the right arm was found to have some feeling in it, so the left was chosen for experiment; and it was predicted that sensation could be mesmerised out of it. Her arm was stroked with the hand from above down for two or three minutes; and on testing sensation five minutes later, the limb was totally anæsthetic. By stroking it upwards, sensation was restored while the right arm was quite anæsthetic after a few strokes downwards. In reply to a question, the patient said she felt sensation going, "the arm getting numb". During sleep, she could be made to perform any acts she was desired to do; e.g., walk round the room, fetch anything, etc.; the eyes were closed, and she was evidently asleep, staggering as she walked, and feeling her way; and, when standing still, would have sunk down on the floor if not supported. While in this condition, she was told to thrust a needle into the right arm. She did so, without any sign of sensation; but, on doing it on the left side, awoke with a start directly.

REMARKS.—The above phenomena appear to me explicable only on two hypotheses: either that the patient pretended to experience these variations of sensibility, and to be asleep when she was not so; or that the effect of the applications was due to the mental impression they induced, and not to any physical effect upon the skin; for is it conceivable otherwise that such diverse applications as gold and silver, glass and paper, and a few gentle strokes of the hand, should all prove to be equally effectual?

With regard to the hypothesis that she was shamming, the objection is equally applicable to the other recorded cases, but no one who has really witnessed them ever entertains such an idea. In this case, the experiments were always carried on in the presence of witnesses, among whom I may mention particularly my colleagues, Drs. Donkin and Warner; but no one for a moment doubted the reality of the phenomena, nor of her being really asleep. The partial distribution of anæsthesia is a very unlikely phenomenon to be assumed. It is noticeable that silver had on one occasion some effect in restoring sensation, before it had been expressly stated in the presence of the patient what result was expected; but this was only after previous experiments had been made with other substances; and since sensation was of course tested after each, the patient would soon learn what was anti-

pated; and subsequently, in fulfilment of a prediction, the same metal had a directly contrary effect. I think this gradually acquired knowledge of what to expect, soon vitiates attempts to conceal the object of the applications. Take, for example, the case recently published by Dr. Cockle. Four metals had been applied without any result; and then, three days later, when gold was applied, sensation was restored. No doubt the believers in metallo-therapeutics would say that this was because gold was the metal to which the patient was sensitive. But can it be proved that the patient had not learned the object for which the metals were being applied? And how will metallo-therapists explain the opposite effects of the same metal at different times in my case? In the case of the thermometer, the patient had no reason, except the metallic appearance and the experience gained by previous applications, to think that any effect or sensation was looked for. It is observable, also, that no transference of the phenomena was obtained, except when either it was foretold or when applications were directly made to the sound side. The curious localisation of the results in some of the experiments to the part of the skin covered by the substance employed, and a short distance beyond only, is noteworthy, and suggests the necessity of always testing over the part covered by the applications. In Westphal's case, after the application of a sinapism, there was a similar localisation of transferred anaesthesia to the opposite limb. Westphal's case, Dr. Hughes Bennett's, and my own, all strongly point to a mental impression, however induced, being the real factor, at all events, in these cases, in the production of the phenomena; and although at present some cases are not so plainly ascribable to this, I am strongly inclined to believe that further carefully conducted experiments will show that it is in this direction that we must seek for their explanation.

TREATMENT OF ECZEMA OF THE PALM, MIS-CALLED PSORIASIS PALMARIS.

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DR. SPENDER of Bath has lately called attention to the common misapplication of the term *psoriasis palmaris* to certain forms of eczema of the palm; and he does me the honour to quote a remark of mine on the subject. I think there can be little doubt that simple psoriasis so rarely attacks the palm or sole, that practically we may say those parts are exempt from it. Even in the severest cases of general psoriasis, these regions escape; and, as Dr. Spender truly says, all the so-called cases of psoriasis palmaris are either modified forms of eczema rimosum or dermatosyphilis. It is true that we occasionally, though rarely, meet with mixed eruptions of eczema and psoriasis in gouty subjects, both eruptions being often associated with a gouty diathesis; and I have no doubt that those who hold that psoriasis of the palm exists, could find examples of this kind that might seem to justify the use of the term psoriasis palmaris; but even in these rare cases, the changes that occur in the palm are exactly the same as those that we commonly meet with in the hands of patients who suffer from ordinary eczema in other parts of the body; it is therefore, in my opinion, a misapplication of terms to call them psoriasis. With regard to the syphilitic eruption of the palm, which resembles psoriasis, I would say that I have always been an advocate for keeping the names we apply to syphilitic eruptions distinct from those applied to other diseases. Thus, for example, *in theory*, I object to the terms syphilitic lupus, syphilitic psoriasis. The disease is either lupus, or it is syphilis; the two are distinct; so that by syphilitic lupus we either mean a syphilitic eruption resembling lupus, or perhaps that we are not quite sure whether it is lupus or syphilis. On the other hand, there is undoubtedly a convenience in the old form of nomenclature, which to many outweighs all the theoretical objections to it—namely, that it is a short expressive way of describing to others the appearance of an eruption. If I say that such a person has syphilitic psoriasis, it conveys a more distinct idea of the appearance of the eruption than if I used the term squamous syphilide. Anyhow, I feel quite sure that the old nomenclature will never be superseded; and, under these circumstances, like Dr. Spender, I would limit the use of the term psoriasis palmaris to the well known syphilitic eruption of the palm, although I should prefer to see the term entirely dropped out of our nomenclature.

With regard to the treatment of chronic eczema rimosum of the palm, it is confessedly difficult. This arises from several different causes. 1. The position and mobility of the part affected is unfavourable to treatment; the hand is never at rest; the consequence is that, as fast as the skin heals, it is rebroken by flexion and extension. This of course applies especially to the class of domestic servants and others who

have to live by the use of their hands; for although they may be cured for a time, the cracked condition is very apt to return as soon as they resume their usual occupation. 2. The hands are the parts of the body most frequently washed, or perhaps kept constantly wet by particular occupations; this makes the cuticle brittle, and is very unfavourable to the cure of eczema rimosum. Barmen, for example, are particularly liable to this affection, favoured, perhaps, by their mode of life, but excited by having their hands constantly wet with beer. The only way of dealing with them, after the eruption has been cured by rest and appropriate treatment, is to make them wear India-rubber gloves, which can now be obtained of any degree of thickness. I have permanently cured many obstinate cases in this way. 3. The most important element of difficulty is, however, the nature of the cuticle of the palm, which is very thick, and does not exfoliate readily; the consequence is that the eczema takes an unusual and abortive form; the products of the inflammation do not escape, and the outer cuticle becomes thickened, brittle, dry, and cracked. Instead of a free exit of fluid and rapid exfoliation, we have an almost horny condition to deal with; the principle of all successful treatment is to get rid of this (I am speaking only of the chronic form), and to promote a rapid removal of the hard, thickened, and imperfectly formed epidermis.

Acute or subacute eczema of the hand is best treated by the constant application of water-dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated.

The ordinary chronic forms are well treated in the way Dr. Spender has pointed out, by the application of the lead-ointment to which he refers. The compound lead-ointment of the old *London Pharmacopœia*, made rather soft by the addition of oil, is also a good remedy; so, also, is Hebra's unguentum lithargyri; but in all cases the hand must be rested, covered, washed little, and the ointment constantly applied. It is well to bear in mind that the constant use of lead-ointment stains the nails; this is not, however, of much importance.

I now come to those cases that are most obstinate: I mean where the cuticle is extremely hard, brittle, thick, and cracked across the natural flexures of the skin. In these extreme cases, ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This is best done by the constant application night and day of a lotion of liquor potassæ (from two to four drachms of liquor potassæ to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta-percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness, and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way.

Lastly, chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefited by the internal use of arsenic.

A CASE OF SUPPOSED CARDIAC THROMBOSIS : USE OF LIQUOR AMMONIÆ AND DIGITALIS : RECOVERY.

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A MARRIED woman, aged 21, seen on February 21st, 1879, always healthy until this illness, of good constitution and family, was under the care of Mr. Todd, one of the resident medical officers of the dispensary. She had been confined of her second child four months previously. Soon after her confinement, the right breast inflamed; it suppurated, and was opened freely; but did not get well. It was now red and hard and swollen; pus also was escaping, though not freely, from the wound in it. Lately, albumen had been found in the urine, and she had begun to seem very ill altogether. I found her still fairly nourished, but with a pallid face, an eager, anxious, scared expression in her eyes; sitting upright in bed, unable to breathe in any other posture, and believing that the attempt to lie down would kill her. There was dropsy of the dependent parts (loins, lower abdomen, and thighs). There was scarcely any radial pulse. Upon inquiry, it was found that her legs had swollen much more during this second pregnancy than in her first; that, moreover, she had felt ailing the greater part of the time, and had had constant headache and vomiting—without, however, having asked for any advice or treatment. She was now purged several times a day; but passed a fair quantity of highly albuminous urine of specific gravity 1018. Though the breathing was rapid, there was no cough; there was free respiration