CLINICAL LECTURES ON THE UTERINE NEUROSES.

Delivered at University College Hospital.

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LECTURE III.

B.—HYSTERICAL ATTACKS.

THE next series of phenomena which come under consideration as hysteroneuroses are those commonly designated *hysterical attacks* or *hysterical convulsions*. These phenomena have at all times attracted much attention, and have been repeatedly described and discussed. They do not occur very frequently, and consequently opportunities of making observations on their nature and causation on a large scale do not present themselves.

Speaking generally respecting these phenomena, two opinions have been advanced concerning them; the one being that they are dependent upon the uterus or ovaries for their origination; the other, that they are a part of a general disturbance of the nervous system, the generative organs having no special influence in producing them.

Another general remark to be made is, that those who have made the diseases of the generative organs their special study uphold the former of these two views.

The principal objection to the view that these phenomena, as observed in women, have their origin in the uterus or ovaries, is, that hysterical convulsions indistinguishable from those observed in the female sex are sometimes present in the male sex also. To this it may be replied, that the nervous centres are not essentially different in the two sexes. Convulsive phenomena may be present in both sexes. Hysterical convulsions having a central origin may probably occur in both sexes. There may also occur reflex convulsions having the so-called hysterical character in both sexes, but the peripheric irritation giving rise to the attacks may be different in the man and in the woman. In both sexes, it appears, as proved by Charcot's cases, that reflex convulsions may be initiated by irritation of the generative organs. It is quite reconcilable with the foregoing that hysterical attacks should be, as we know to be the case, far more common in the woman than in the man. It also might be expected that reflex hysterical convulsions in the woman should be producible by an irritation present in the uterus or in the ovary.

My own observations, continued over several years, have induced me to come to the conclusion that reflex hysterical attacks or convulsions in women are, as a rule, associated with particular disorders of the uterus, and that the phenomena are preventable and curable by treatment based upon a knowledge of this association.

Without discussing this important question more fully at this moment, I propose to lay before you particulars of cases which have come under my notice, and which have furnished the data on which my conclusions have been formed.

So far as the female sex is concerned, there appear to be two classes of cases in which convulsive attacks, such as are termed "hysterical," occur: 1, those which are produced by a sudden impression on the emotional centres, such as that due to fright, a severe mental shock, etc.; and, 2, those which occur quite irrespectively of any such mental disturbance. The cases which I have to bring forward belong exclusively to the second of these classes. They are instances of hysterical attacks which appear to be reflex in character, and which are originated by means of an irritation in the generative organs, the uterus being the special organ to which the clinical facts I have observed point, rather than to the ovary.

I have already published a series of eighteen cases, illustrative of the opinion above-mentioned, these cases having come under my notice in the ten years from 1870 to 1880. They formed the subject of a paper read at the International Medical Congress held in London in 1881, and were afterwards published also in the fourth edition of my work on *Diseases of Women*.

The following is an abstract of one of the eighteen cases.

The patient, married, aged 30, and had one child, 4½ years. She had good health up to one year ago. Then an illness followed six weeks' nursing a sick child; first, an attack consisting of slight loss of consciousness for a moment; then convulsions. Since then, she had

had two or three convulsive attacks in a day, as a rule, lasting a short time, without unconsciousness. The convulsions had been more intense lately. Menstruation had ceased for three months, but had just occurred again once. The uterus was acutely anteфлекed. A cradle-pessary was employed, and the uterus unbent by means of a sound. The attacks were at once reduced in frequency. She was under observation seven weeks. The attacks latterly only occurred once in two or three days, and were very slight. Menstruation had again occurred rather profusely.

In most of the other cases, very distinct and severe flexion and displacement of the uterus existed; while, in some, the distortion of the uterus was less severe. In some, the attacks were frequent and severe; in others, less severe. In almost all the cases, the remedial effect of mechanical support of the uterus by means of a pessary, or by other measures calculated to diminish the degree of the flexion, and to prevent further intensification of the flexion or displacement, was most evident, and, it may be said, remarkable. In some of the cases, severe sickness was also noted, and in these latter cases the treatment had a like beneficial effect on the sickness and on the convulsions.

The conclusion to which the series of eighteen cases pointed was that, prior to the initiation of the treatment, the condition of the uterus was such that, when the patient slightly exerted herself, a convulsive attack was liable to occur. Here the argument used, in regard to the cases of reflex sickness, again applies; and, seeing that these exertions were calculated to increase the existing displacement, it was reasonable to infer that the attack was in such cases initiated by the exertion. Seeing, further, that the tendency to attacks was removed by putting the uterus at rest, and by procedures calculated to lessen the degree of flexion, or, at all events, to prevent further exaggeration of such flexion, the inference was a natural one, that the hysterical attacks no longer occurred because there was no further increase of the flexion.

CASE XIX. *Hysterical Attacks*.—Miss —, aged 34, had never been strong. She had St. Vitus' dance eight years ago; since which time she had been ill in various ways. 1. She had now hysterical attacks eight months out of the twelve in the year. They came on the day before the period. She began to cry, then fell down, so far unconscious that she only knew if her name were called. She had therewith sensations of pins and needles over the body. The attack lasted a few minutes. She was left exhausted for twenty-four hours. 2. Menstruation was scanty. 3. She was unable to walk longer than fifteen minutes; this produced a feeling of bearing down and weight, as of something pressing down in the lower part of the abdomen. Micturition was very frequent, and especially near the periods. The uterus was large; it appeared swollen and anteфлекed, with posterior rotation; it was very low down, close to the coccyx. Treatment consisted in the use of the cradle-pessary, diet, etc. The attacks ceased almost directly. They have not returned (now four years have elapsed). She wore the pessary, with intermissions, until last year, when it was removed.

CASE XX.—J. A. B., single, aged 32, was admitted June 1st, 1883. She had stood a good deal in a shop during the last eighteen years. Nine months ago she had a severe trembling attack on going to bed, followed by perspiration. The following night there was another attack, with laughing, crying, and whistling, also pains in the back. She had since had pain in the back, and several attacks of shivering, followed by laughing or crying, also attacks of laughing, etc., without previous shivering. She had often a feeling of "globus." Menstruation was occasionally painful; recently, it had been profuse, with clots. She had a sister who had suffered from cataleptic fits since a severe fall. The uterus was very low down and anteфлекed. She was treated by use of cradle-pessary with complete success.

CASE XXI.—Mrs. —, aged 21, married fourteen months, had suffered since marriage from severe hysterical attacks and vaginal hyperæsthesia. She was very badly fed at school, and suffered then from sores on the feet, and was very hungry at night. She suffered now from severe sickness and dysmenorrhœa. The uterus was acutely anteфлекed; its body was large. A sound reduced the uterus to its proper shape, but it returned to the flexed shape directly after withdrawal of the sound.

CASE XXII.—Miss —, aged 34, had had dysmenorrhœa for many years, worse during the last eight years. She had frequent hysterical attacks. The uterus was anteфлекed and large. She was treated by a cradle-pessary; later on by a steel dilator. The attacks ceased speedily; the dysmenorrhœa was relieved at a later period.

CASE XXIII.—Miss —, aged 28, had been ill since the age of 16, from occasional severe "hysterical" attacks, accompanied with loss of sensation, or partly so. In an attack which occurred while she was under observation, the eyes became fixed, the teeth clenched;

she knew what was going on, but could not speak; the back became arched, and, after further convulsive movements, she lapsed into a condition of quiescence. The whole duration varied from one hour to one hour and a half. The attacks occurred chiefly just before the periods. The uterus was found of a hardish consistence, acutely anteverted, and to one side. She was treated by a cradle-pessary, and rest for three weeks; went away for a month; was again treated for a month. After six months she returned for treatment, the attacks now being reduced to slight faintings. After this they entirely ceased, and the patient remains (1886), after the lapse of eleven years, in good health, and free from attacks.

CASE XXIV.—*Hysterical Retchings*.—Mrs. —, aged 25, had five children, the last three years ago. She had been ill since. She was slightly nervous, hysterical, and sensitive. She had been treated for uterine displacement. I found the uterus sensitive to touch, to an extravagant degree; the slightest touch brought on violent retchings, and much agitation. The uterus was acutely retroflexed, but not very low down. She was treated by rest, pessary, and use of sound for five weeks. She went home much relieved. Twelve months afterwards, she was found to be pregnant.

CASE XXV.—*Supposed Hysterical Attacks, Result of Lifting*.—A. D., single, aged 25, was admitted February 19th, 1884, into University College Hospital. Menstruation was tolerably regular. She generally had pain before the periods. The quantity at the periods was small, otherwise she had been pretty well until thirteen weeks ago. At that time she was suddenly taken with faintness and palpitation, and pain in the back and head. She took to her bed, and was pronounced to be affected with hysteria. A fortnight previously she had lifted a four-post bedstead, with mattresses upon it. She had since had attacks of palpitation and faintness, and occasionally crying (but no convulsions), mostly in the morning. The os uteri was soft and cedematous. There was sharp retroflexion of the uterus; the organ was low down. The sound gave pain. Reduction was not difficult. A Hodge's pessary, made from a 2½-inch ring, was used. February 26th: There had been no attack since admission. Her appearance was very strikingly improved. March 5th: She was still better. The uterus was still a little retroflexed. It required a rather larger pessary.

The seven cases above related, together with eighteen previously published (one above quoted in abstract), comprise twenty-five instances in which hysterical attacks, in most cases of very distinct character, were observed. In some of the cases, the manifestations were of a slighter kind, but sufficiently distinctive to warrant their being classified along with other more severe cases. I have also records of other minor cases not here given.

I wish now to mention the particulars of a case which presents features of great interest, as illustrative of the *modus operandi* of the uterine irritation in producing the hysterical attack.

Being very desirous of seeing the hysterical cases under the care of M. Charcot in Paris, I visited his wards in April, 1885, when he kindly showed me several marked cases, and, in compliance with my request, he most kindly permitted me to examine minutely such of them as I selected. With the further kind co-operation of his *chef de clinique*, Dr. Marie, I saw and examined two cases, both young women, affected with severe hysterical seizures. One of them was not fully examined, on account of the presence of the hymen, but the other was carefully examined as regards the condition of the uterus.

CASE XXVI.—L. H., aged 20, was admitted into the Salpêtrière, April, 1885. At the age of 8, she had nervous attacks during three months. At the age of 13, she had nervous cough, more at night than in the day. Soon afterwards she had typhoid fever, during which there were no attacks of hysteria; afterwards, she was under Dr. Mesnet in the Hôpital St. Antoine for hysterical attacks. At night she rose, and walked in her sleep. Her condition on entering the Salpêtrière in April, 1885, was as follows. Cutaneous sensibility was notably diminished on the left side; taste and smell were almost gone on the left side. The field of vision was much restricted. During the attacks, there was loss of consciousness. "Phase tonique, puis arc de cercle en avant en arrière et latéralement, pas de grands mouvements, attitudes passionnelles très peu marquées. Point ovarien droit. Point hystéro-gène à la région externe du sein droit."

The foregoing is Dr. Marie's account. I saw the patient on April 8th. She was brought in and laid on the bed. Her occupation necessitated the sitting position ten hours a day. Menstruation occurred too often; the periods were eight days. She had had hysterical attacks the last six months; the attacks occurred generally twice a day or oftener. She was for the moment, and because she felt that an attack was coming on, wearing an "ovarian compressor" on the right side. Dr. Marie stating that an attack would certainly come on at once on removal of the compressor, a vaginal examination was

made with the finger before removing it. The uterus was found presenting a round swelling, very low down in front, of the size of a small orange. The cervix was small, the os natural. A deep depression separated the cervix from the body of the uterus. The swelling was the body of the uterus. The ovarian compression was now removed; immediately an attack commenced, and the back soon became completely arched, the patient resting on the back of the head and the heels. The finger was now introduced, and the body of the uterus forcibly pushed upwards in the middle line towards the brim of the pelvis. When it was completely pushed upwards, the attack began to pass off. On slightly withdrawing the finger, the attack recommenced, and was again arrested by increasing the pressure by means of the finger. The uterus resisted this pressure at first, presenting a hard firm consistence; but, by increasing the pressure, it could be so raised, that the body of the uterus was elevated about an inch and a half from its first discovered position. The pressure was withdrawn and reapplied three times in succession, with the same result in regard to its controlling effect on the convulsive manifestations. In the next place the head was laid low, and a pillow placed under the pelvis so as to raise it above the level of the head. In two or three minutes the attack was renewed in the absence of the digital vaginal pressure. The sound was next introduced, very slightly curved; and, when fully inserted, it was turned round, so as to produce slight retroflexion of the uterus; it was held in this position during six minutes. There was no attack, or symptom of an attack, during this time, the patient complaining of pain at first. The sound was then turned round, so as to retain the uterus in a state of normal slight anteversion, and was held in this position for eight minutes, during which time there was no attack, and no symptom of an attack.

The observations, which was made in presence of Dr. Marie and three other visitors, now ceased, and the patient left the room without having had, Dr. Marie remarked, an "attack" in the complete sense of the word.

I did not see the patient again, but Dr. Marie kindly wrote a week later, and informed me that, half an hour after she had returned to her ward, she had some very intense attacks, which continued during several hours.

Judging from my own observations, one of the most important of the clinical facts in connection with the causation of the attacks is the very frequent evidence of the relation between movements or physical exertions, and the oncoming of the attacks in question, over-exertion of some kind, in walking, lifting a heavy object, prolonged effort in nursing, fall from a horse, etc. These are some of the causes mentioned. In others, a considerable weakness, the result of fever, followed by ordinary exertion, undue standing, confined sedentary position, etc., were noteworthy precedents of the attacks. The beneficial influence of general rest, and observance of the horizontal position in some of the cases, was evidently, to a certain degree, preventive of attacks, and, so far, also gave proof of the mechanical method of production of the attacks in question.

In the severe cases, however, mere rest had proved insufficient to relieve the patient before the patients came under my notice; and the attacks were only arrested when the uterus was more decidedly dealt with in the manner already described, offering further proof of the accuracy of the theory of the mechanical origin of the attacks.

Looking over records of cases detailed by Richer in his work *Etudes Cliniques sur l'Hystero-Epilepsie* (Paris, 1881), I find, in some of them, incidental corroboration of a mechanical factor in the etiology of these attacks. Thus (page 1) a case is mentioned where the patient, who had had no attack for eight months, and who had acted as nurse in the hospital, became very feeble, had suppression of catamenia two months, then vomiting incessantly, and the attacks, from which she had been free, recommenced. Again (page 190), a patient, aged 16, who had starved herself in order to avoid becoming fat, was suddenly attacked with pain in the leg while swinging in a gymnasium, could not walk, and began to have cataleptic attacks. Another patient (page 193), aged 30, had a miscarriage twenty-five days before admission. She was quiet for fifteen days, then went for a drive; the result was uterine hæmorrhage, and then attacks began to occur. Another (page 203), aged 27, had miscarriage eight months after marriage. Attacks followed and became severe. She had twenty-five in seven weeks, and also nausea and vomiting. She was treated first by hydrotherapy; this failing, by puncture and cauterisation of the os uteri. The attacks ceased at once. She remained cured for two years; then had recurrence of vomiting.

These cases give evidence of the relationship between the uterus and production of attacks, also, in a certain degree, of the influence of physical exertion in their origination.