REMARKS

ON

FEIGNED OR HYSTERICAL DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., F.R.C.S.,

Senior Surgeon to the Hospital for Diseases of the Skin, etc.

THIS subject has lately been most forcibly brought to my recollection, not only by an instance, now under my care, of simulated lupoid ulceration of the face in an hysterical young woman to be afterwards mentioned, but by a case nearly identical, save as regards a more fortunate result, with that of the "Welsh fasting girl", which occurred some years ago, when I was the resident medical officer of the Birmingham General Hospital. This patient, A. V., who was a remarkably good-looking delicate girl, between nineteen and twenty years of age, for six months and upwards practised the most artful dissimulations upon the entire hospital staff, as to the means adopted for maintaining her *embonpoint*, and apparently taking no food, though abundance of provisions, secretly weighed, were placed before her; at the same time the patient resisted feeding with the stomach-tube, and all other remedies prescribed for her fits and sickness, though there was little doubt that she surreptitiously used a tartar-emetic ointment recommended to produce an artificial eruption upon the epigastric region, for relieving the sickness, to other parts of her person, and swallowed a portion of the same ointment to create the sickness complained of. After perseveringly watching, at irregular intervals, mostly during the night, I had the good fortune to discover this patient's deceit, and found that the main supply of food was derived from the broken victuals collected from the cupboards of the other patients in the ward, though there was a suspected collusion with one of them, who was the chief recipient of the rejected hospital delicacies, of which there was a good store ordered by the late Dr. Booth, who had the care of A. V.

The ten cases which I will now briefly recite are, for the most part, selected from notes taken several years ago. In my public and private practice during the last thirty years, wherein perhaps one hundred and fifty thousand instances of skin-disease have been recorded, I have met with numerous examples of so-called "hysterical diseases of the skin". I therefore shall make no apology for referring to the notes of a few of these cases, written when more leisure and aptitude—the latter never very great—fell to my share than has since obtained. I trust that the curiosity, if not the interest, attached to these instances, especially at this present moment of the Welsh exemplification, may find a brief favour, and palliate any shortcomings in their recital.

Hysteria has been termed an "essentially imitative disease"; and, although the morbid condition of the system from which it originates is chiefly confined to the softer sex—the result, probably, of reflex action connected with the organs of reproduction—yet there are rare instances of similar feignings in the male, though these, for the most part, are examples of malingering.

The maladies of the skin which, in my experience, are most frequently simulated, are erythema, eczema, pemphigus, ulcerations, morbid growths or discolorations, the "Dyschromatoderma" of an eminent dermatologist, alopecia, and changes in the cutaneous secretions.

The first instance which I shall cite is an example of simulated eczema of the eyelids in a married woman between thirty and forty years of age, the wife of a merchant's clerk in Austin Friars, who had been accustomed to move and find employment in stations superior to that now occupied. This patient, who was childless, but had adopted a little girl whom she passed as her own, was troubled with various hysterical ailments, amongst which was the not uncommon one of retention of urine, attended with attacks of cough and sickness—such attacks not being amenable to any treatment by myself and others, beyond the apparent relief following the passing of the catheter. On one occasion, in an interval of my attending her, the patient, after a violent fit of hysterical cough, had ecchymosis of both conjunctive and of one eyelid; this she chose to treat by washing with lime-water, of course producing much irritation; and, to relieve the latter, she obtained a lotion from a druggist, which she persisted in using, owing to its asserted cooling qualities (?). The effect of this lotion was to cause an eczematous affection of both eyelids, for which she again sought my advice. The usual appliances were recommended, and internal means, but without avail.

The patient stated that the lotion from the druggist was "all in all". I therefore called upon the latter, and found that my patient, at her express desire, had been supplied with a hair-wash which contained ammonia and tincture of cantharides; hence the *eczema palpebrarum*. I got little credit from my patient or her friends, by exposing her proceeding; but the hair-wash was discontinued, and a cure accomplished by a lead-lotion. I was less successful with the retention of urine, for which she became treated by the late Dr. Conquest. This patient, whilst apparently blinded by the eczema, performed numerous hysterical acts, such as cutting out figures, likenesses, etc., on black paper, in a remarkably clever manner, which, as she pretended she could not see, constituted a true "exaltation nerveuse".

The second case was simulated erythema marginatum in a young woman aged twenty-one, employed in a draper's shop, in which were several good-looking young men. I found that the erythema, situated in different regions, was occasioned by the skilful use of flour of mustard, applied in the wet state by means of a large camel-hair brush, so as to produce the map-like forms indicative of this form of erythema. I was indebted for the accidental discovery of this agent to a sister of the patient, who told me, with seeming concern, that nothing appeared to do her sister so much good as a mustard emetic, and that she was obliged to take one twice or thrice a week; but that the eruption was always worse the next day.

The third case which I will cite is a very curious one, of discoloration of the skin—"dyschromatoderma"—inasmuch as it was well known to most of the eminent physicians in Brighton and London; the young lady residing in Sussex, and being of a family of some social importance. She was under the care of my friend Mr. W. Morris of Petworth, who has authorised me to mention his name. This case was considered an example of melanosis of the skin, a case of pityriasis nigricans, an instance of congenital syphilis, etc. When the young lady was brought to me by Mr. Morris, I found the skin on the face, the temples, and sundry parts of the front of the body, covered with patches of a dark brown or black secretion, which could not be removed with water or spirit, or such an amount of friction as could be applied to it, owing to the tenderness of the surface, according to the patient's account. In short, a marked state of hyperæmia cutis existed; so that, when I took a piece of flannel to rub the part with a mild preparation of soap-suds, the procedure could not be endured. However, the young lady said she could bear the use of a camel-hair brush, which she thought I had dipped in water, though in this instance I was the deceiver, as pure ether was substituted; when I found, not to my surprise, but to that of my patient, that the ether washed off the black pigment, leaving the skin *fair as a lily*—the compound staining the skin being candle-black and grease. My attention was now drawn to the thighs, on which were sundry ecchymosed patches; these, I perceived, were produced by so many dexterous pinches with the young lady's thumb and index finger. The patient did not resent, as is usually the case, my exposure of the simulation, which was done in as delicate a manner as I could contrive—viz., by saying nothing, but holding a hand-glass before her face, as soon as the parts affected had been cleaned by the ether, which, after a moment of astonishment, caused, on her part, a fit of hysterical laughter, as she professed to think herself cured. My friend Mr. Morris wrote to me some time afterwards to tell me that the "black girl" had also been cured of her hysteria, and that she continued "fair as a lily"; at the same time permitting me to use his name in reciting the case, and enclosing (but not, of course, for publication) a bundle of prescriptions, letters, etc., of the various eminent authorities whom she had consulted.

The fourth case which I will mention is more striking in its peculiarities than the preceding; it was that of a young lady, of good position, living in the centre of the coal and iron-stone district of the midland counties. She brought to me a letter from her medical attendant, who mentioned that the disease was of a most anomalous nature, and that it had baffled all the treatment that had been brought against it, both by himself and numerous others, specialists as well as general practitioners, stating, besides, "that since I have known Miss —, she has been the subject of hysteria in a variety of ways; at one time, assuming the form of a loud barking cough, existing for months; at another, diarrhoea, which nothing could relieve; then, again, hysterical aphonia, which lasted, I think, about six months, etc." When the young lady presented herself, with her nurse, to my observation, I found an anæmic young woman, about 22 years of age, whose face and front of her neck were nearly covered with a thick black incrustation, which was affirmed, both by the patient and nurse, to be coagulated blood, that had oozed from numerous minute points beneath the incrustation, and had congealed into the form and substance which her present appearance presented. Her medical man had also written to me, "I have carefully removed a portion of this incrustation from the face, it then not being so thick as the

last two months, and, with a sponge and warm water, got down to the surface, and distinctly saw, *myself*, an oozing of blood take place from several small points, and this continued for some hours, in spite of applications which were then made to prevent the incrustation forming again; this washing was also practised by Mr. —, who had been previously consulted.* Such being the statement of the young lady's case, I found that the appearances verified, as far as the eye was concerned, all that had been said about it; yet, to the practised observation of any one familiar with cutaneous diseases, the sham was at once evident; but how to convince the patient and her attendant, by the removal of the incrustation, that her sham was discovered? This, I confess, appeared to me, at first sight, no easy matter, as the same tenderness of surface manifested in the former case, was also a conspicuous symptom in this; to gain time, therefore, as the patient was prepared to stay a while under my observation, I prescribed an acid chalybeate aperient, and a lotion composed of equal parts of glycerine and rose-water, to be kept constantly applied warm, by means of wetted linen, to all affected parts. On my patient's visit the next day, I found that the glycerine lotion had softened, and partially brought off, the incrustations in many places, but that a portion of the crust had evidently been replaced; she moreover said, that the lotion did not agree, etc., and that it had been discontinued through the night. I therefore had recourse to another application, which, like glycerine, I have had the pleasure of first introducing to my medical confrères, and which, like the former agent, has been admitted into the *British Pharmacopœia*; I allude to flexile or elastic collodion.* With this, by means of a large camel-hair brush, I painted over the whole of the patient's incrustations, so as to exclude the air and prevent evaporation, which the elastic collodion effectually accomplishes, as it dries rapidly upon a moist surface; lest, however, any portion should require a second application, Miss — was furnished with a second supply of collodion: this precaution proved needless, for, the next day, I found that, although there had been an addition to the incrustation over some parts of the elastic varnish, the mass beneath had become completely softened, owing to the prevention of evaporation from the substance itself, as also to that of the natural perspiration of the cutaneous surface. With very little effort, I therefore removed from the face and neck the entire mass, which, together, weighed upwards of three quarters of a pound. This mass is still in my possession, and consists not of coagulated blood, as was supposed, but of softened extract of liquorice, minute hairs and cutaneous scales, as I informed myself of by the smell and general appearance, and Mr. T. Taylor, the chemist, by special analysis. Thus ended the case, which, however, was most strenuously denied and resented by the patient and her nurse, whom I afterwards believed to have been her accomplice, and also by her friends, and, I regret to add, by her medical attendant, who, in a letter subsequently written, professed to believe "that, if the liquorice had been put on (?), it had been done, not to simulate or deceive, but to 'staunch the bleeding'."

The fifth case to be mentioned is that of a servant girl, who suffered from an obstinate ulcer on her left arm, in the situation in which an issue was generally placed, when these emunctories formed therapeutic agents more frequently used than is at present the case. As the ulcer would not heal, I fixed the arm to the side, by means of a cushion in the arm-pit, and the ordinary bandage for fractured clavicle. In the short space of less than three weeks, the wound healed by simple dressings, and I lost sight of the case.

In the same establishment, Messrs. Maudsley's, the engineers, where this patient was employed, another instance of simulated disease originated, illustrating what has often been observed, the seeming contagiousness of imitative diseases. This young lady's maid, otherwise in good health, was troubled with a most obstinate inflammation of the eyes, with great intolerance of light, that resisted all means employed for its cure. She was sent to me on the credit of her companion's cure. I found some degree of inflammation of the conjunctiva lining the eyelids, produced probably by some agent of the patient's contriving. After a short ineffectual trial of the ordinary remedies, I advised her to seek the services of the Eye Infirmary, where she attended some time, until the sham was worn out.

The sixth case occurred to me a few years ago, and was that of a young hysterical female in the middle ranks of life, who spoiled a large amount of linen in consequence of profuse perspiration, of a dark or black colour; this I found to be a solution of soot in milk or tea, which opinion was confirmed by my esteemed friend, Mr. Jonathan Hutchinson, whom I asked to put a portion of the linen under the microscope, who thus wrote in reply.

"My dear Sir,—I have examined carefully the portion of stained calico sent me, and can make nothing of it more definite than that the black material is probably some form of charcoal, as soot, coal, or lamp-

black; it is non-crystalline, amorphous, quite insoluble in æther, liquor potassæ, or strong hydrochloric acid. If the question as to its nature is an important one, I would not like to give a positive opinion, as my examination has been unavoidably hurried, and has omitted several tests which I should have liked to have tried, had I had time.

"Believe me, my dear Sir, yours very truly,

"JONATHAN HUTCHINSON."

The seventh case to be mentioned is that of a chlorotic attenuated young girl of seventeen, who, for some chest-affection, real or imaginary, had been an out-patient of the Consumption Hospital, where she had been supplied with a blistering liquid, to produce small flying vesications on the chest. Whilst under this treatment, a series of what were termed whitlows appeared in succession on the fingers of both hands, and as soon as one was well another finger became affected, thus producing a case of artificial pompholyx benignus, on which account she was brought to the Blackfriars Skin Hospital. When she presented herself, there were four fingers affected, three on the left hand and one on the middle finger of the right. I punctured these bullæ, as is my usual practice, and applied a piece of litmus paper, when the re-action, contrary to what is almost constantly the case, was vividly acid; hence I suspected simulation was employed, which the history of the blistering application, probably acetum lyttæ, before-mentioned, verified. It is probable that, in the first instance, the blistering was accidental; and, for the hysterical *penchant* for creating pity and interest in the girl's surroundings, it was continued until exposed.

The eighth case was a form of alopecia in a little girl between eleven and twelve years of age, the daughter of highly respectable parents of the Hebrew persuasion. In this young lady, the hair in the front of the head would not grow: after using various pomatums, washes, etc., it would sometimes attain half-an-inch to an inch in length, when it would, as stated, suddenly fall or drop off, leaving little more than an irregular crop of stumps. I at once told the medical man who kindly called me to see the case, that as I knew of no disease having these characteristics, the scalp being quite sound and healthy, I suspected some trick or morbid infatuation, but that I would not give a decided opinion until I had put some of the hairs, or rather the stumps of the hairs which had fallen, or had been cut the night before my visit, under the microscope. The half-inch lens of this instrument revealed the mystery; that the hair had been cut, probably with a penknife or razor, the incisions being too smooth for scissors, was as plainly evident as the marks of a knife on a divided piece of wood. This fact I wrote, at the request of my medical friend, that he might show the parents of the child, who, as usual, were in no wise content, as will be seen from the letter which I subjoin, shortly afterwards received by the medical man.

"My dear Sir,—You will probably remember visiting with me in — Square a Miss —, and kindly writing your opinion of the cause of loss of hair. The parents of the child have since that time taken the opinion of Mr. —, who says that he frequently meets with similar cases; that the loss of hair is caused by the child having grown too fast. He says most decidedly that the child did not herself cut the hair. I thought it well to let you know Mr. —'s opinion, which has reflected some discredit both upon yourself and also upon

Yours, faithfully, "A. W."

A ninth case is that of a girl employed in a lacquering establishment, who presented herself with an anomalous ulcerative eruption on one fore-arm: the ulcers appeared in a clustered circular form, chiefly as large or a little larger than a sixpence, and they were deeply concave, though granulating freely from their base. Some of these ulcers had healed, and presented raised cicatrices like those following burns, or resembling "keloid." No previous history could be obtained of the case, which had been about a year in duration, beyond the fact that the ailment had been slow in its progress; and, as one part healed, others appeared, so as to necessitate the girl's discontinuance of her employment, and oblige her to live upon the earnings of a lone widowed mother. On witnessing this eruption, and observing the discontented hysterical aspect of the girl, I felt convinced some caustic agent had been used; and when I remembered that nitric acid was copiously employed by lacquerers, I was convinced that this liquid had served the patient's purpose. After confining the arm with strapping until the sores healed, I extorted a reluctant confession that my surmise was correct. I believe there is, or was, a model of a similar case to the foregoing amongst the preparations of cutaneous disease at Guy's Hospital Museum. I may here mention, also, that I learned from this case, and another where Mr. Syme used nitric acid to remove moles from the shoulders of a lady of rank, that this caustic might occasionally be employed with advantage to improve the appearance of cicatrices in the neck and elsewhere, when attended with depressions or concavities, as it has the property of giving rise to granulations that partially obliterate such scars.

* See papers on Glycerine in the *Medical Times* of 1845, 1846, and 1850; and on Collodion and its Improvement, "Elastic Collodion", *Medical Times*, 1848, vol. xix.

The tenth and last case which I shall bring forward is that alluded to at the commencement of this paper; viz., simulated lupoid ulceration of the face. This young lady, a Miss —, about 27 or 28 years of age, residing in the suburbs, has been my patient, on and off, for two years, and has baffled all my efforts to obtain a cure. Sometimes, after the simplest dressings, the sores will heal and remain sound for a week or two; at other times the more powerful caustics—the acid nitrate of mercury, for example—have been required to induce the healing process. The patient confesses that, in most instances, she gives rise to those sores by picking the affected parts. She states “that a small lump is felt beneath the skin, which she must have out, as the itching is quite intolerable.” A sore forms in these places, and leaves a more or less unsightly scar, which it takes some weeks to heal, only to be followed by other picking, ulcers, and unsightly scars, which I have no doubt have been continued and maintained by some expedient the fertile imagination of Miss — has suggested. This young lady has for years been suffering from hæmorrhoids in an aggravated form; she also is afflicted with profuse leucorrhœa. I have attended to these symptoms as the probable cause of the facial complaint. The acid nitrate of mercury has been freely applied to the piles, and potent chloride of zinc injections for the leucorrhœa; but, although both these ailments have been mitigated, if not cured, by these means, yet no change in the facial ulceration can be traced to their disappearance. One extraordinary fact, however, has lately come to my knowledge; viz., that during my prolonged and painful sufferings from stone and its consequences, including lithotrity and lithotomy, Miss —’s face has continued healed; but, since my return to my avocations, the old malady has again manifested itself in as obstinate a form as ever—hence I have included the case amongst those cited of feigned or hysterical diseases of the skin.

I am aware that in systems of medicine and in books on female diseases, hysterical imitative disorders find a conspicuous place. A collection of such instances was introduced by my friend Dr. W. O. Priestley, in some introductory lectures on the diseases of women and children, delivered at the Middlesex Hospital, which he kindly forwarded to me; but, with the exception of one case communicated to Dr. Priestley by Mr. Page of Carlisle, of an unhealthy ulcer on the upper part of the arm closely resembling number five of this series, I am not aware that amongst the various feignings of hysteria, “hysterical diseases of the skin” have hitherto found a place. The ample experience of the Blackfriars Skin Hospital, extending to nearly thirty years, has however convinced me that such cases do and will exist, and ought not, therefore, to be ignored.

ALBUMINURIA WITH CONVULSIONS.

By WM. DOBIE, L.R.C.P., and J. RAMSAY, M.D., M.C.

WE were called late on the night of the 7th inst., to see Mrs. B., aged 39, between six and seven months advanced in her eleventh pregnancy. Her feet and legs were swollen, and she complained of severe headache, especially on the right side. She felt sure that it was an attack of neuralgia, from which she had frequently suffered. An anodyne lotion was sent, and a diaphoretic mixture, containing scruple doses of bromide of potassium. The headache was not, however, relieved; and, the following morning, convulsions set in, and continued to occur with more or less frequency and severity during the whole of the day. The urine was scanty and densely albuminous. As there was great likelihood of the patient passing into a state of coma and a fatal result following, and as there was no evidence of uterine action having begun, we determined to induce premature labour by puncturing the membranes, as the surest, and therefore the safest, plan. This was accomplished without difficulty about one on the morning of the 9th inst. The patient was meanwhile put under the influence of chloroform, which notably kept the convulsions in check. A great quantity of liquor amnii escaped, after which the chloroform was withdrawn. The fits then diminished in force and frequency—only three occurred subsequently—and ultimately ceased five hours after the escape of “the waters”. Labour set in twenty-two hours after the operation, and was completed in nine hours and a half. The child was dead. No further convulsions took place, and no interference was necessary. The patient was conscious during the greater part of her labour. She made an excellent recovery. Only a trace of albumen remained three days after her confinement.

REMARKS.—The notable diminution and ultimate cessation of the convulsions, so soon after the evacuation of the waters, is worthy of notice, as seeming to afford evidence in favour of the mechanical explanation of such cases. By reducing the bulk of the uterus, the pressure upon the venous trunks would be diminished or removed. This would relieve the congestion of the kidneys, and thereby allow them to resume their excretory functions.

A CONTINUANCE OF THE CASE OF THE WELSH FASTING GIRL:

WITH AN ACCOUNT OF THE POST MORTEM APPEARANCES.

By THOMAS LEWIS, M.D., Carmarthen.

IN the number of the BRITISH MEDICAL JOURNAL for the 24th of last April, the history of Sarah Jacob was commenced and brought down to the 7th of that month. Various accounts of her state between that time and December 9th have appeared in print; but the principal one has been by Dr. Fowler, and is well known. I here propose to continue her history as it came under my own observation from the 9th December to its close. I intentionally abstain from making any condemnatory remarks.

On December 9th I visited Sarah Jacob a second time, in company with the members of the watching committee, and found that she had been kept in the same room and same bed as she occupied at my former visit. No change in the room was observed, except that a piece of flax-matting had been laid on the floor near her bed. The little girl to-day looked very cheerful and pleased. She had grown in her face. Her complexion was clear; her cheeks ruddy. Her countenance was very sweet. Her head was encircled with a garland of many colours, and a narrow streamer of yellow ribbon flowed down each side of her face. She was lying high up in the bed, well covered with a woollen counterpane and one blanket—which was all the bed-clothes she required—with a jar of hot water to her feet.

Since last report (April 9th), her parents stated that Sarah had not taken any food: only two or three drops of water had been applied to her lips when she had asked for it, at long intervals. They also said that she had not passed any urine since last March; neither had there been any motion from the bowels. She had remained in the same state as previously described, except that she did not pass so readily into the unconscious state as she used to do.

On December 9th, a second attempt at watching Sarah Jacob, by request of herself and parents, commenced. An intelligent sister and three nurses sent from Guy's Hospital, London, this day, at 3 P.M., took charge of the girl, for the purpose of inquiring whether she took any food or drink. The nurses, before entering on the task of watching, examined the room, the floor, the walls, and all the furniture. Some things were removed out of the room; all the drawers and cupboards were emptied, and the keys given to the sister. The adjoining bed was entirely removed, all but the wood-work. The child's bed and bedding were examined; also her night-dress and coverings, and her long hair. She was lifted out of her own bed by two of the nurses and removed to the adjoining one for this purpose. After this thorough searching and the remaking of her own bed, she was carried by one of the nurses on her arms as an infant and replaced in her bed. The two coverings mentioned having been thrown over her, the watching commenced. While the room was searched and the girl examined, a large number of the committee was present, five being medical gentlemen.

Some time before, the house became filled with visitors. At 1 P.M., Mr. Davies, surgeon, of Llandysil, took the girl's pulse, which was 86 per minute on an average. The temperature in the mouth, between the gums and cheek, after two minutes' rest, was 98 deg. The cheeks were flushed. While being removed from her bed to the adjoining one, she fell into what the parents called a fit, but which, apparently, was a temporary closing of the eyelids; there was no change of colour nor any muscular contractions. It was arranged that one of the nurses should sit on the right and one on the left side of the bed, a short distance from it, during the watching. The medical members of the committee were to visit the girl in turns. The daily report of the nurses has been already given in the JOURNAL for December 25th (page 687). I will not repeat it; but will transcribe from my case-book the account of my visit to the girl. On Wednesday, December 15th—the sixth day of the watching—I found her, at 3 P.M., much the same in appearance; the voice a little more feeble; pulse 120, variable, sometimes more frequent. The right hand at first felt cold; but, after being covered with a shawl, it became quite warm. The face was not so flushed as on the 9th instant; still there was a dusky redness of the cheeks and nose. She stated that she felt pretty well; she had no pain. She had never asked for any description of food or drink, but she had asked to scent a little eau de Cologne, which the sister had brought with her, on her handkerchief. She conversed pleasantly with me, and asked when I was coming up again to visit her. With the exception of the quick pulse, there was no alarming symptom about the girl at 3 P.M. on this the sixth day of the watching. The sister in charge showed no anxiety about her. She told me that Sarah had passed urine every day since Saturday—not in great quantity—until Monday, the fourth day, when