CLINICAL LECTURE

ON

A CASE OF HYSTERIA; "TEMPER-DISEASE",
HYSTERICAL(?) CONGESTION OF THE
LUNGS, AND PERSISTENT VOMITING.

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GENTLEMEN,—Amongst the various puzzling and anomalous symptoms presented by those who are the unhappy subjects of that condition which we term the hysterical one—"the most profitable and safe of diseases in the catalogue of the ills that flesh is heir to"*—none are more difficult to contend with, none more apt to give trouble in diagnosis,† than those which the insight of Dr. Marshall Hall included under the designation of "temper-disease". In this form of ailment, the mental disposition or temper becomes perverted; there is disturbed equilibrium of the naturally well balanced moral faculties. As that writer observes, "its object is frequently to excite and to maintain a state of active sympathy and attention, for which there is, as it were, a perpetual morbid and jealous thirst. It was," he observes, "rather aptly designated by the clever relative of one patient an ego-mania. One patient cannot articulate; another cannot walk; a third cannot eat, cannot swallow, or, if deglutition have been performed, does not retain the food on the stomach, but, without nausea, and apparently without effort, returns it, as it were, by an act of easy rumination." He relates instances in which spasmodic action of the muscles of different parts persisted for several hours, keeping attendants on the watch all night; instances of ptosis and various forms of paralysis of limbs, of dysphagia, of inability to write properly,‡ inability to retain or pass the fæces or urine; examples of abdominal tumour, etc.—all occurring in connexion with the "temper-disease"; and observes that, though these cases occur chiefly in young females, yet males, § and in some instances children, may be the subjects. I propose, in the present lecture, to bring before your notice a case which lately occurred in the hospital, and which some of you may have watched, in which, from sheer obstinacy, the patient refused food to a considerable extent, in illustration of this temper-disease. But please to bear in mind that this affection obviously is not (again to quote Dr. M. Hall) altogether a feigned disease, but a perversity, an insaniola, originating in bodily disorder or mental affection, and perpetuated by a morbid indulgence of temper and desire for sympathy and attention.

* Billing. It may be observed, in passing, that deaths even from hysteria may happen. Thus Sir B. Brodie quotes cases of its occurrence.

† Most observers have noticed that we may have in men every variety of general symptom included under the term hysteria. The affection is certainly not one necessarily dependent on any disorder of the sexual organs, womb, or ovaries—structure or function. Sir B. Brodie, who had great experience of a certain class of hysterical female patients, specially lays stress on its being a disease of the nervous system, and not one peculiar to the female sex, not belonging indeed to the uterus; as he says, the strongest man may become hysterical after a long illness, quoting the cases of Pentonville prisoners. Some would, however, refer all so-called hysterical conditions to the uterus. Dr. Billing relates the following anecdote. "A well known surgeon consulted Sir Astley Cooper about his heart: offended at Sir Astley's opinion, that he was hysterical, he in his will left his heart to St. Thomas's Hospital, and to Sir Astley bequeathed his uterus." There can be no doubt that any physician who has seen much of hospital practice will agree that cases of true hysteria are to be met with in men; and in one of the most recent and best accredited works on Mental Diseases (Griesinger), the following passage occurs:—"Fully developed hysteria occurs also, although more rarely, in young men (besides many other cases, I have recently observed such a one with distinct globus and convulsions in a young married, very anæmic man, whose wife was pregnant). I do not know whether hysterical insanity has ever been observed in man." Sydenham also says that the uterus is undeservedly blamed as the cause of hysteria. Romberg, on the other hand, defines hysteria to be a reflex neurosis dependent on sexual irritation, and supposes that, if a similar irritation occurs in the male sex, it will induce like phenomena. He observes that the chief difference in the hysteria of the two sexes is this: "In the male sex it is a transitory affection, which does not acquire so firm a hold as to establish the important psychological relation. In the female sex, on the other hand, the source of the disease is permanent." More recent writers, Bernutz and Goupil, take a different view. Alluding to the opinion of Scanzoni, who, like others named, looks on the uterus as the seat of hysteria, these writers remark that "it is impossible, indeed, to localise the affection; it is one *totius substantiæ*, an abnormal physiological condition which modifies all the organic actions, and reveals itself rather by dynamical disturbances of the general functions. It may therefore disturb the genitalia in common with the rest, though it need have no necessary or constant connection with them."

‡ Thus one patient would only write in a zigzag form.

§ Witness the frequent difficulty in determining the pathology of hæmatemesis, or other varieties of hæmorrhage, in women who present what we term hysterical symptoms; or again, in many cases, in assigning the value of loss of power in any part of the muscular system, or of perversion of sensibility, in such conditions. How often are obscure manifestations of serious disease of the nervous system attributed to "mere hysteria"; and how cautious ought we to be in giving unqualified opinions or prognosis in many cases of this sort.

Sarah G., aged 20, rather delicate and interesting looking, was admitted into Crayle Ward, St. George's Hospital, October 6th, 1869. According to her statement, she had been ill for twelve months with "cold and cough"; attended during almost the whole of that period by vomiting, which had been pretty constant. Until four months before admission, it was affirmed that *the catamenia had never appeared*. It was also stated by herself that she had been an in-patient at Christmas 1868, at St. Mary's Hospital, and also in University College Hospital in June 1869, where she had been treated for pain at the lower part of the left side of the abdomen, and for vomiting, which came on directly after eating food. At that time she was blistered. The above information was elicited from herself. Upon inquiry, I could not find out anything about her having been at University College Hospital; but Dr. Cheadle told me that she had been under Dr. Handfield Jones's care at St. Mary's; and that, according to the Registrar's account, the case was entered as "bronchial catarrh and deficient menstruation." It is stated that she had been ill three months, with cough and vomiting, having previously been in good health; and that, whilst in the Hospital, she complained of pain in the left side, worse after eating and at night. Dry wheezing inspiration was heard to the right of the left nipple; otherwise the breathing was good all over. She was troubled with night-sweats and headache. The pulse was 96; urine of specific gravity 1015, and free from albumen.

Upon admission into St. George's Hospital, the face was much flushed, the tongue yellow and coated, and the bowels confined. Vomiting was persistent, and the ejected food sometimes blood-stained. The abdomen proved to be much distended, but not hard, forming a palpable smooth swelling. Great pain, and tenderness on the slightest pressure, were apparently felt at the pit of the stomach, and in every part of the abdomen or chest. Subjective pain at the lower part of the left side of the thorax was also complained of, increased on deep inspiration; and there was cough in the morning, accompanied by brown viscid expectoration, at times containing blood-streaks. On physical examination, dullness on percussion was discovered at the base of the left lung behind, and coarsish respiratory murmur at the apex of the right lung in front. The catamenia had appeared three weeks before admission. No vaginal discharge was complained of; and no local pain or morbid sensibility, etc., existed, which could be referred to the uterus or ovaries.* The pulse was soft and weak, and quiet; and the axillary temperature 98.5°. Her manner was somewhat sly and hysterical. She was fed with beef-tea, and milk with lime-water; and constipation was met by blue pill and the compound extract of colocynth, and subsequently by senna draught. The infusion of calumba, with compound spirit of ammonia and bicarbonate of potass, was given twice a day.

On the 9th, she was much the same, vomiting all food and medicine. The pulse was very feeble, and 100 per minute; and the respirations 24 per minute. Calomel and senna were given; and later on, as no effect resulted, scammony and calomel and castor-oil enema were administered. Afterwards, calomel and jalapine, and then enemata with sulphate of magnesia and confection of rue, were resorted to. On the 13th, the urine was found to be very albuminous; the tongue coated; and the vomiting worse, the vomited matter being occasionally streaked with bright-red blood, as if it came from the pharynx. The patient was very low and feeble. To ease pain and vomiting, I prescribed a draught to be taken every three hours, containing a quarter of a grain of extract of belladonna,† and one drop of hydrocyanic acid, with syrup of ginger; and allowed fragments of ice to suck. Three ounces of brandy with water were ordered in twenty-four hours. On the 16th, the pain had continued very great in the hypogastrium; and the urine,

* It is important to bear in mind, as it has been pointed out, that the uterus is not the only part of the genital system which may be connected with the hysterical condition. Romberg remarks, on the authority of Schützenberger, that in many cases of hysteria we find one ovary swollen. He quotes the experience of Schützenberger, who, in an essay on the Organic Causes and Mechanism of the Production of Hysterical Affections (see *Gaz. Méd. de Paris*, 1846, p. 749), relates the singular case of a patient in whom, *by pressure upon a sensitive ovary, the whole series of hysterical symptoms could be induced*.

† In practice, I have known few remedies so serviceable in neuralgia, connected with the stomach or in irritability of its walls, as belladonna. A good illustration of its use occurred quite lately in the person of a young woman who was under my care in the hospital in Rosebury Ward some time ago. She suffered excruciating pain at the epigastrium, both when food was taken and when it was not. Tenderness was so great, that she could bear no pressure at the part; nor could she straighten herself in walking owing to it, always walking and lying in a crouching position. She was said to have perforating ulcer of the stomach, and had been long ill and in other hospitals. Regular and increasing doses of extract of belladonna alone appeared by degrees to relieve pain and tenderness and vomiting; and eventually she left the hospital comparatively well. I have also recently had the case of a man under my care, in King's Ward, with constant vomiting and pain at the epigastrium, both of which were eventually checked by extract of belladonna pills persistently given, and increased in quantity. Though no positive proof existed, yet I was inclined to look upon his case as one of organic disease of the stomach or neighbouring part. He is now again in King's Ward, but not under my care.

which was very scanty, contained blood-corpuscles, but no "casts" of uriferous tubes. Hydrocyanic acid in three-drop doses was given in effervescing draught; and lime-water, and calomel, and jalapine, and subsequently croton-oil, as aperients; and, as but little ease followed, I ordered to the epigastrium a blister, of the size of a five-shilling piece. On the next day (the 20th), the urine was found still to contain albumen, but to be acid, and was "smoky" in colour. The face was flushed; and the pulse 84, and small. Still she had a cheerful appearance, and from the first no positive emaciation had been apparently produced. The day following, the blister was dressed with a quarter of a grain of meconate of morphia. Subsequently, one-fifth of a grain of morphia was injected subcutaneously in the arm, much pain being complained of along the oesophagus. On the 23rd, a drachm of saccharated solution of lime was given in peppermint-water every two or three hours; and a quarter of a grain of morphia, with one-sixtieth of a grain of atropine, injected subcutaneously; and on this day the urine was found free from albumen, which was looked for, but was never found in it again. Morphia was again injected subcutaneously, and beef-tea and milk were given as enemata, as she refused to take any nourishment by the mouth. Belladonna liniment was rubbed over the abdomen; but she indignantly refused to have this used, and also resisted the enemata. On the 27th, the respiration was 36 per minute; the pulse 84; and the axillary temperature 98.2 deg. Want of sleep was greatly complained of, and attempts to meet this were made by repeating from time to time the morphia injections. The patient greatly disturbed her neighbours in the ward by much noise, groaning, etc.; becoming irritable and angry, if checked or thwarted. The pain and vomiting and constipation went on in spite of treatment; and her condition was looked upon as that termed hysterical, all physical indications of disease in the lungs having entirely cleared off. Dyspnoea was, however, still complained of. The epigastrium was again blistered, and morphia applied, and the foetid spirits of ammonia given. On December 6th, whilst the girl was apparently suffering in the same manner, the Queen passed the hospital, on her way to open Blackfriars Bridge; she rose in bed to watch her out of the window, having been thought utterly unable to move, owing to pain. Whatever doubts one had previously entertained were now more or less* removed; and I at once ordered her to be dressed, and to lie outside the bed. Dr. Pitman, as one of our Consulting Physicians, saw the patient with me, and agreed with me respecting the case. She still refused food, or vomited what was given to her. On the 25th, a letter was picked up on the floor, in the girl's handwriting, addressed to another patient in the same ward, and begging for food to be brought to her; and about this letter she greatly prevaricated. The epistle, a curious one, with the original spelling, is given in a foot-note.† She continued to abstain from food offered to her, and lay groaning and moaning; being very impertinent, or, as the nurse said, "saucy", to those around her. On the 31st, she passed a *healthy and ample evacuation* by the bowels; and this was observed on several occasions by the nurse. Subsequently, the noise she made was so disturbing, that she had to be moved into a separate room, and to have a nurse provided who should carefully watch her. She then took food such as arrowroot better. I also at that time for some days prohibited friends coming to visit her. The bowels were kept open by senna and oil enemata; and the hydrate of chloral was given in thirty-grain doses, with good effect at night on several occasions. One day, friends having been again admitted, I found the girl sitting up in bed, trying on a new coloured frock. Valerian and ammonia, with aloës, etc., were given; and shower-baths for a week, on alternate days. She was also Faradised along the back and limbs from time to time by Mr. Laking.

The baths were again omitted, owing to the appearance of the catamenia. As she became much quieter, she was allowed to return to the wards upstairs, but not to the same ward in which she was previously, as she had contracted a dislike to the nurse, who may have been a little impatient with her; and by degrees she was compelled to walk

* I say "more or less", because in some cases, even of acute and painful disease a temporary excitement may for the time give energy, and produce inattention to symptoms in a remarkable way; reminding one of the disease and injury which insane people will tolerate. Of this inattention to pain caused by emotion, I may here mention the case of another patient, now in Queen's Ward, under my care, suffering from extreme and constant neuralgic pain within the thorax, probably owing to some intrathoracic growth or aneurysm, who, to the surprise of those around her, suddenly rose from bed, and looked out of the window, and watched some sight of interest which was occurring in Hyde Park.

† "My dear Mrs. Evens, - I was very sorry you should take the trouble of cutting me such a nice piece of bread and butter yesterday. I would of taken it, but all of them saw you send it, and then they would of made enough to have talked about; but I should be very glad if you will cut me a nice piece of crust and put it in a piece of paper and send it or else bring it, so as they do not see it, for they all watch me very much, and I should take to be your friend and you to be mine. Mrs. Winslow (the nurse) is going to chapel. I will make it up with you when I can get as far. Do not send it if you cannot spare it. Good by and God bless you."

about, being repeatedly led into the middle of the room by herself, and left there to find her way back to her bed. She entirely ceased to complain of pain and to vomit; and gradually she ate ordinary food. I then ordered her to resume the shower-baths; but she so resisted this, that, upon my determining she should have them, she one day walked out of the hospital, and left it altogether. We have made inquiries about her since; and she wrote to Mr. Laking, saying that she only suffered from pain in her left side, and at times in the head; and that she would like to come up and see her friends at the Hospital: at the same time expressing great regret at having "gone on so as she did".

Such is the case which I wish to bring before your notice; and you will recognise in it a good example of that perversity of will, that determination not to adopt means for recovery, and obstinate desire to be considered an invalid, which may be termed "temper-disease", associated with, and complicating, so to say, symptoms of a graver character. The aspect and mien of the patient, the history of her previous symptoms, the constipation, tympanitis, the exquisite morbid impressionability, the deficient catamenia, and the constant vomiting without any ascertainable cause for it, and this vomiting *unaccompanied by nausea*, in addition to the fact of the *temperature* being always found to be *natural*, conspired to mark the case as one embracing, at any rate, much of the hysterical element. The forgetfulness of all her ailments on the occasion of the Queen passing the hospital and the affair of the new dress, and the result of treatment also, evidently bore out this view. At the same time, the cough, the expectoration (considering its character), and the physical signs met with on examination of the lungs, indicated that we had something more than ordinary hysterical symptoms to deal with, which probably had long been going on.*

Possibly the history of the case may have been as follows. The girl, being by nature self-willed, with a "naughty" disposition, badly trained, too well pleased to attract and receive attention, of a hysterical temperament, and of a weakly physical frame, may have "caught cold", which produced catarrh and some pulmonary congestion. This state, under the injudicious and capricious care of attendants, with the above antecedents, may have originated† that exaggeration of self-consciousness which developed into the condition spoken of as "temper-disease", accompanied by other symptoms of an hysterical character. [I have adverted to the character of the vomiting, alluding to the fact that it was not accompanied by nausea. This I would have you take notice of, as probably, when it is doubtful how much is hysterical in a given case, the absence of nausea may aid you in arriving at a right judgment.]

At the same time, although other symptoms drew our attention to the condition of the lungs, and made us careful in not overlooking any serious mischief that might exist, you will observe that, regarding the characters of the temperature of the body and other circumstances, I did not lay too much stress (in the illness) upon the lung-symptoms, as being distinct from the general condition. I could not help reflecting that, after all, the lung-trouble might be part and parcel of the general hysterical condition—one of its manifestations. We know well that affections of the pharynx and larynx, attended by cough, exaggerated secretion—in some cases, discharge of blood and local hyperæsthesia—may attend the hysteric state. I think there is no doubt that irritative symptoms of the respiratory organs of a character allied to the hysteric have before now been mistaken for indications of phthisis, and treated accordingly. We have proof that in this condition we may not only have pain more generally diffused, but also concentrated, as it were, in isolated parts; and, in addition, local redness, heat, and swelling, and all appearances so often presented in inflammation. I could adduce a multitude of instances;‡ but here, at St. George's Hospital, it will at

* It is generally acknowledged that many cases of hysteria, whatever forms they may assume, are originally connected at the onset with some bodily ailment, under the weakening influence of which, or owing to the injudicious treatment of which, a state of nervous excitability, or, as it has been termed, mobility, has been set up: a condition in which the will and the nobler functions of the nervous system appear, so to say, to have abrogated their high prerogative in favour of those which are properly and naturally subordinate. Some time ago (January 1867), I had a school girl, aged 12, under my care at the Hospital, troubled with pains, supposed to be rheumatic, in the right knee and left wrist, of one month's standing. She had always been in good health previously. Along with these pains, she declared she was unable to straighten the right knee; but, when attention was diverted, she could do so quite readily. Under the use of bark, ammonia, and spirits of chloroform, occasional aperients, and a little Dover's powder at bedtime occasionally, she soon regained power to walk about, and in a week was discharged.

† Sydenham speaks of hysteria (which, he says, constitutes half of all chronic diseases) as being in his time the most frequent of diseases next to fevers.

‡ Illustrations of a more striking kind I might bring before you (if space permitted), showing the dependence of local inflammations and other changes in the tissues of the body, etc., on nerve-influence, especially such as result from affections (irritative or paralytic) of the roots of the nerves or the nervous centres themselves; such, for example, as disease of the joints consequent upon affections of the spinal cord or central ends of the nerves. In some lectures which I gave at the Royal

the moment suffice to remind you of those observations of Sir Benjamin Brodie (with whose works, as St. George's men, you ought to be especially conversant) regarding certain hysterical affections. For example, you will call to your recollection those highly interesting cases of the results of nerve-irritation which he adduced. In one case, pain and inflammation in the testicle were caused by a calculus in the ureter; in another, effusion of serum took place into parts supplied by the trifacial nerve in cases of *tic douloureux*; in another, pain, redness, and tumefaction of the toes came on, as a result of neuralgia, alternating with neuralgia of the face; in another, local pain and inflammation attended neuralgia, and were amenable to the action of quinine; in another case, local pain and swelling, supposed to be of scrofulous character, in reality were referable to hysteria, and conjoined with hysterical attacks. He also mentions painful swelling of the skin, like aggravated urticaria, arising under hysterical influence.* You may all remember cases of hysterical knees, mimicking organic alterations in those parts. Possibly you may have yourselves seen cases of the swelling of inguinal glands from irritation of the urethra. All such instances show that, under certain nerve-influences operating from a distance, we may have great vascular, nervous, and other disturbance in individual parts of the body, simulating ordinary inflammation; so that it must not be considered far-fetched if we suppose that, under certain conditions of the nervous system occurring in hysterical people, we may have such interference with circulation, secretion, and nutrition in the substance of the lungs, as in other parts of the body, as shall give rise to cough, expectoration, pulmonary crepitation, and a condition in which there is dullness on percussion over the chest. And, if so, may we not entertain the supposition that in the case before us we have an instance of the kind; the more so, as the whole of these symptoms gradually cleared off?

As regards the presence of *albumen* in the urine in the case, this was only transitory, but of course demanded attention. Yet, as blood was found, and as I could discover no urinary casts by aid of the microscope, the albumen seemed to be simply owing to the presence of blood. This might have been from menstrual discharge, but it did not appear to be so on inquiry. From its transitory character, I was inclined to think that the blood may have been added to the urine by the patient. This would have been quite in keeping with her disposition, and a thing which, no doubt, has often been done by "designing" patients. Sir B. Brodie mentions the case of a young lady who "attracted the notice of her family, leading them to believe that she was the seat of some desperate disease, by mixing ink with her urine."

In my patient's case, I entertain no doubt that the constipation, vomiting, tympanitis, and other special symptoms, were attributable to hysteria as ordinarily met with. The obstinate refusal to take food, and, if taken, to keep it down, and the rejection of the enemata, whether purgative or nutritive, were, I feel assured, the outcome of the "temper-disease"; and with this were conjoined prevarication and the cunning attempts, not unsuccessful, to obtain food on the sly from others, either from patients in the ward, or from friends who brought it with them into the hospital. The proper, solid, and abundant fecal evacuations at times seen by the nurse confirmed the idea that at one time she was taking food surreptitiously; and of course the discovery of the note regarding the bread supplied to her (under the rose) made the whole matter clear. In this girl, I believe that deceit, in the ordinary immoral sense, existed, and accounted more for her conduct and condition than is wont in such cases; for I should be far from condemning all cases of design and deceptive ways in hysteria as indications of guilt or depravity deserving of moral condemnation, as distinguished from perversion of mind and natural disposition. And here I would say a few words on the moral responsibility of such cases in general. I fully concur with Dr. M. Hall in supposing that we really have, in these cases of "temper-disease", aberration of intellect, but short of insanity—"fictitious, factitious, and real, at the same time;" and this may go so far as even to lead a patient to undergo at the hand of others painful operation,† or to submit themselves to distressing and painful agents, as did a woman whose skin was blistered over in many parts, the cause of which was only discovered when, the skin being carefully examined, a little black matter was found, scraped off, and determined by the microscope to contain fragments of the wing-cover of the blistering-fly.‡ As

College of Physicians last year, regarding Certain Effects of Modifications of Nerve-Influence in Disease, I adduced many such, citing from the works of others, and adding several which the practice at this Hospital afforded me.

* This tumefaction was attributed by Sir B. Brodie to a turgid state of the blood-vessels, and not to an effusion into the areolar tissue, as the parts do not pit or remain indented after pressure.

† Dr. M. Hall relates the case of a woman who was marked by herself extensively by leeching, cupping, and setons; "and it was proposed to extract a supposed diseased ovary, and to this operation the patient pretended to be ready to submit."

‡ This discovery reminds one of the discovery of theft made by means of the

Dr. M. Hall showed, very often patients of this kind do not attempt to do what they really can; and he most ingeniously illustrates this by an interesting case.* As Sir B. Brodie said, with such cases "it is not that the muscles are incapable of obeying the acts of volition, but that the function of volition is not exercised." This is very observable in those hysterical patients who will not exert the will to empty the bladder, in which cases so much harm is done by the use of the catheter. Dr. M. Hall ignores the idea of hysteria being a *feigned* disease; he says it is *real* enough, but generally *exaggerated*. Sir B. Brodie evidently agrees in this, as he observes: "If it be true that, in aggravated cases of hysteria, there is actually some original defect in the organisation of the nervous system, we cannot but feel that we ought to make some allowance for these vagaries"—meaning the tricks which hysterical patients often play; and remarks that these vagaries are occasionally met with in persons whose "moral qualities are otherwise of the highest order." He also, however, says that, in making allowance for a peculiar state of mind as depending on a peculiar organisation, it is also certain that, "in the majority of cases, the disease is to a considerable extent under the control of the patient." Romberg observes that, of the psychical condition in hysteria, the main feature is indecision, an absence of resistance to extraneous influences. "The hysterical motto, 'I cannot help it,' appropriately expresses the condition. In every other respect, the mind is free, provided the disease be uncomplicated."†

Such being the case, what Dr. Billing states of hysteria in general is especially applicable to instances of "temper-disease". He observes of it, "There is no disease which requires so much *discrimination, skill, and patience*, as obstinate hysteria, unless it be that with which it has been too often confounded—*insanity*." This being so, it may be well questioned whether every case of "temper-disease", and even of ordinary hysteria, is treated to the best advantage in our general hospitals, where, from the nature of the case, congenial inspiring pursuits and means of diversion are only accidentally present. Of course, in the majority of instances, owing to circumstances, such cases can only procure treatment at our hospitals; but I think it frequently might very well be a question (or rather I might say there is *no* question at all), had we the choice, whether we would prefer some retreat where the required firmness (often abrupt, rough, and ready, but not necessarily unkind or harsh) of a shrewd hospital-nurse might be qualified by the persuasive and sympathetic gentleness of the intelligent sister; amidst suitable modes of entertainment, and in fresh air; and, if possible, amidst scenes of country life. Even in a hospital in a town, much good might be done by occasional removal into another ward, or changing the attendants. As respects St. George's Hospital, our country convalescent branch might prove an admirable place in which to treat hysterical cases. You will remember, in the above related case, the plan which was adopted after a time, of regularly walking out the patient into the middle of the ward, and leaving her to scramble back to her bed—at first, by help of the hand; afterwards, without assistance, as she best might. This I believe to be a measure of much utility in these cases, especially when such a patient, especially in the wards of a hospital, is "the observed of all observers"; not only in exercising the various muscles of locomotion—a very important object, and one attainable in some measure by galvanism, as in this case—but also as having a beneficial moral effect in rousing the will. I have long thought that at public hospitals we ought to be provided with fitting appliances for mechanical and artificial exercises, useful as well in treating hysteria as in furthering the recovery from paralysis of various kinds. Sir B. Brodie, referring to the treatment of hysterical affections of joints, speaks of the agency of moral causes, "especially of those which compel the patient to make much physical exertion, often leading to recovery." The celebrated Dr. Jephson of Leamington was cur-

microscope many years ago by Ehrenberg. It is related of him, that, on the occasion of some cases or boxes being robbed whilst in transit on a railway, their contents being exchanged for earth dug out of the ground at some station, he was enabled, by means of microscopical examination of the soil, to determine the exact part of the line where the exchange was made, and so lead to the conviction of the thief.

* The case of a lady suffering from incessant cough, who was apparently incapable of utterance, and suffering from incessant cough. When the attention was fairly engrossed, the cough would cease. It was difficult to convince an affectionate father of the nature of the case. "But I adopted a measure which eventually succeeded most perfectly. I said: 'Your daughter cannot speak, cannot articulate; but you will admit that she can *try*. Well, to pronounce, or to attempt to pronounce the letter *b*, or *p*, we must bring the lips together; to pronounce the letter *d*, or the letter *t*, we must bring the tongue in contact with the anterior part of the palate, or with the front upper teeth. Your daughter will do this, if she *tries* to articulate. Let us go and observe.' We went. I said to her: 'Try to speak, try to pronounce *b*; try to pronounce *t*.' There was a ridiculous movement of the lips, but no attempt at articulation."

† He also cynically remarks: "Besides the psychical character which marks the disease, the peculiarities of the sex also come into play, and the natural vanity, coquetry, whimsical tendency to exaggeration and deception and gossiping communicativeness of the female become more prominent."

rently reported to have carried this line of treatment to some extent. "He was wont" (I understand from an old friend and patient of his, not, however, suffering from temper-disease) "to invite certain of his patients to drive with him; and then, at a certain distance from home, according to their capacity for walking, to request them to alight and walk back."* Romberg gives the case of a Parisian physician who compelled his hysterical patients to polish the floors of their own rooms, and this successfully.

The fact cannot be too strongly enforced that, after all, in the treatment of all forms of hysteria, whether those of the ordinary type or those exhibiting what may be called "temper" symptoms, the moral treatment is of the greatest importance. Of course, as regards *materia medica*, attendance to the state of the secretions, and especially to the general tone and strength, must be our aim (independent of removing reflex irritation, when its source can be determined); and, with regard to the latter point, preparations of steel of various kinds are, for the majority of cases, chiefly to be relied on. Though Romberg is very bold in giving his opinion that "the time may not be far distant when the analysis of the blood itself will be required to establish a complete diagnosis", there is no doubt that an anæmic state prevails in hysterical cases; and that, as he observes, a continued use of steel renders the blood a normal stimulus for the nervous system.

Whilst on this point, I cannot withhold referring you to some interesting observations made by Feuchtersleben (in his learned and interesting work on *Medical Psychology*, published by the Sydenham Society, p. 175) upon the action of blood upon the nerves, whereby it acquires a psychological importance. He quotes, among other matters, some very curious experiments of Denis upon animals and man, showing the psychological effects of the transfusion of blood. Wilder animals, into which the blood of tamer ones had been transfused, became more timid, and *vice versa*; and men who had been lethargic and indolent, in one case with convulsions, having calf's blood injected, became lively and conscious. One was cured of insanity by transfusion, and another of paralysis and mental debility. He observes that repletion and increased action of the vessels stimulate to activity the centripetal nervous filaments, which encompass these vessels, and thereby heighten the facilitated affections and reactions; and that increased plasticity and predominant arterial action lead to the same results.

I have in my hospital note-books several cases of various forms of hysteria of great interest, chiefly of hysterical paralysis and of hysterical vomiting. I hope shortly to bring before your notice a summary of these cases.

NOTES ON THE TREATMENT OF A FEW OF THE LESS COMMON COMPLICATIONS OF SCARLET-FEVER.†

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IN the days of old pathology, nearly every disease was supposed to have its *complications* and *sequelæ*; like troublesome satellites, which were, however, most useful when absent. The words are defined by their etymology; and a complication was described as a pathological accident which went along with a disease; and a sequel was something which came afterwards, though obviously flowing out of the bad blood or bad tissues which the disease induced. Now, it is easy to trace out diagrammatic outlines like these, but less easy to make Nature always follow them. Look into that storehouse of medical erudition, Dr. Copland's *Dictionary of Practical Medicine*, and we shall find scarlet fever handled according to the fashion I have indicated; but the pattern is indistinct and even confused. What is technically termed a "complication", may, if deferred, become in point of time a "sequel"; and, similarly, a "sequel", if hastened, is changed into a "complication." Some of the phenomena thus designated are, of course, essentially different; but many others are separated purely by the matter of chronology.

In this paper, then, I neither desire nor pretend to draw a hard line between so-called complications and *sequelæ* as they occur in the clinical

history of scarlet fever. I venture to select three morbid incidents, or accidents, of high interest and often of dangerous gravity; and to make a few remarks on their pathology, in order the more fully to elucidate their treatment.

1. My first illustration refers to the *pyæmic inflammation of the joints*. This has been noticed by nearly every systematic writer on scarlet fever, though by many in such an imperfect way as to suggest that its importance was scarcely recognised. But the fact of morbid anatomy is, that not only may there be a transitory inflammation of synovial membrane, but an inflammation prolonged and intense, leading to suppuration in the interior of a joint, and ultimately to erosion and destruction of the cartilages. In short, the joint no longer exists as such for physiological purposes; and, under the most favourable circumstances, the patient recovers with dislocation or deformity. The wrist-joints seem particularly liable to disease, and next to them the knee-joint and the hip.

In the summer of 1863, I attended a scrofulous child severely ill with scarlet fever; the pyrexia was mild, but the wrists and right hip-joint became early and gravely involved; and, after a time, I discovered complete and irreducible dislocation of the head of the femur on the ilium. Besides these serious external lesions, a pulmonary abscess formed, which in a little while became a gangrenous vomica, and caused the incessant expectoration of fetid puriform matter. The poor child lived on in emaciation and suffering for nearly five years, and was killed at last by exhaustion and anorexia.

Very lately I have attended another case of scarlet fever in the person of a young woman, the daughter of a wealthy tradesman, and nursed with every comfort. The illness appeared to be proceeding in a most favourable way, when, one morning, I found that the temperature had risen a degree and a half since the preceding evening. The wrists were swollen; and here I may speak of the importance of distinguishing a *bonâ fide* joint-swelling from that cutaneous oedema which often accompanies specific fevers; further, the hands could not be flexed without pain, and there was more general pyrexia. The treatment was so successful that in four days the local symptoms had entirely gone away, and the disease went on to a quick and happy termination.

I have not noticed any special disturbance of the nervous system previous to the inflammation of the joints coming on. The thermometer affords a safe criterion of danger; it tells us that something approaches, the nature of which our sagacity must discover at the earliest possible time. And now that a good and practical paper (by Mr. Goodhart), in the last number of *Guy's Hospital Reports*, liberates us from the supposed necessity of keeping a thermometer in the armpit for fifteen or twenty minutes before a correct result can be secured, there is no reasonable apology for neglecting the daily use of the thermometer during attendance on a case of fever. In the majority of instances, "the mercury, at the end of three minutes, will be found, for all practical purposes, to be steady;" this is surely good news. And when we call to mind how we are puzzled sometimes over an obscure case, we ought to be grateful to a little instrument that often relieves an obscurity which has survived an anxious and frequent counting of the pulse, and an inspection of the tongue at least twenty times.

The two trustworthy means in the treatment of the intercurrent affection of the joints in scarlet fever are: (a) the local application of heat and moisture, and (b) the administration of quinine. Foment the joint or joints with some hot medicated fluid; surround each with a layer of cotton wool; and place over this, again, a piece of oil-silk, which should be tied securely down above and below the joint, so as to protect it from all inquisitive draughts of cold air. Let this process be repeated morning and evening; in short, do just what you would do for a joint afflicted with acute rheumatism. Then, without discussing the large question whether quinine is a so-called "specific" in scarlet fever, or whether it may be safely trusted as the chief medicinal factor in pulling a patient through a dangerous adynamic stage, one thing appears certain—that this articular disease may with great advantage be treated with quinine, administered punctually and perseveringly. Here, again, we see a close analogy between scarlet fever and acute rheumatism. In the latter of the two cases which I have rehearsed, I began the use of quinine without delay; one grain was given in an ounce of acidulated water every three hours, night and day; and, the bowels having been previously moved with castor oil, no other medicine was prescribed. The fall of temperature was the first notable fact, and this was distinct and abrupt on the day after the treatment was begun; and, again, in twenty-four hours after this, the heat of body did not exceed the normal standard. Simultaneously, the development of local symptoms was arrested. A grain of quinine was administered every four hours for two days more, and so gradually left off. The convalescence was rapid and complete.

Now, when we study the action of quinine in a case of this kind,

* This lady remarks: "He had to train me to regain walking powers; but this he did by ordering me to commence the process very gently, three minutes in the hour, and this increased gradually, till I could manage a quarter of an hour or twenty minutes three times a day, walking as briskly as possible. He had no occasion to cheat me into using my legs, so glad was I to be enabled to do so. Dr. Jephson was something of a philosopher, and greatly depended upon the natural means system for restoring health; and thus he would make the studious and intellectual work for their living, and gain an appetite by physical exertion."

† Read before the Bath and Bristol Branch.