HYSTERICAL ANALGESIA IN CHILDREN.

By THOMAS BARLOW, M.D., F.R.C.P.,

Assistant-Physician to University College Hospital, and to the Hospital for Sick Children.

OF late years, the observations of M. Charcot and others have led them to insist on the importance of anæsthesia, and alterations in the special senses, as indications of hysteria. The soundness of these conclusions has been challenged; and there are those who consider the alleged anæsthesia, and other sensory defects, either as feigned disease or the results of expectant attention. Now, with respect to colour-blindness, deafness, and the like, there is certainly the difficulty that we are dependent on the statements of the patient. The same objection applies to anæsthesia. But, without considering the statements of patients at all, it will be admitted that in some people there is absence or deficiency of response, by way of movement or expression, to a stimulus, which, in a normal healthy person, would be a painful one.

The special aim of this paper is to draw attention to the fact, that such absence or deficiency is not confined to young women who are domiciled in the wards of a hospital, where they are objects of repeated experiment and demonstration; but that it can be found even in very young children, who manifest other signs of the hysterical neurosis.

It may be safely admitted that, although the elements of feigned disease and expectant attention cannot be absolutely excluded in the consideration of children, they are less likely to embarrass us in them than in adults. For example: a little boy, aged two years and nine months, had the skin between the roots of his fingers pricked with a needle, precautions having been taken that he should not know what was to be done. He neither winced nor withdrew his hand. Is it likely that such a child would have pretended not to feel the prick? When subsequently one side of his face was pricked, there was the slightest possible play of the features. When the other side was pricked, he cried. There was no reason to suspect any organic brain-disease at all. The boy had been brought on account of fits, which were unquestionably of the hysterical type. They had followed upon a fall, which had not bruised him, but had frightened him.

In the following cases, the analgesia was tested by the prick of a pin, the pinch of a pair of dressing forceps, and the application of strong faradism. Great differences were noted in the degree of analgesia and in its distribution. In the most marked case, strong faradism was tolerated with complete indifference on one side; while a moderate current applied to the other side elicited an expression of pain, although not a loud one. The application of strong faradism for many minutes, on a second occasion, at length brought out a slight expression of discomfort. In another case, strong faradism was tolerated with perfect indifference when applied to either leg. This was continued for a quarter of an hour, and there was gradual return of sensitiveness, and at length some expression of slight discomfort. In another case, some distress was shown directly faradism was applied, although a needle had been pushed into the skin without the child withdrawing the limb. In a fourth case, the needle was tolerated for several minutes, and then the limb was slowly withdrawn, but without any cry.

As to distribution, although more marked on one side than on the other, my impression is that, in most of the cases, there was some general defect. Generally, the analgesia was more marked in the limbs than on the face. As to sex, six of the cases occurred in girls, two in boys. The youngest case was two years and nine months old, the eldest eleven and a half years.

In all the cases, there were symptoms, either related or observed, which strongly pointed to the existence of hysteria. In one case, there was paraplegia, which had lasted for nine months without any wasting, and which gradually cleared up after the use of faradism for a quarter of an hour. In the others, there were fits, which in several cases had followed what may be called a moral shock.

With respect to the fits, it is doubtful whether there was in any case loss of consciousness, although in some of them the patients fell down suddenly as though they had been shot. In most cases, there were co-ordinated movements. Opisthotonos and to-and-fro movements of the trunk were marked features. Movements of the eyelids were noted, but no facial distortion; and in no case were the fits one-sided, as far as I could see or learn.

The analgesia had not, I believe, been tested in these children before they were brought to the out-patient room; but the mother of one (a girl aged five and a half years) showed no surprise when she saw the results. She remarked, indeed, that the child had never "seemed to

feel like other people". A few days before coming, she had had her arm scorched, over a patch about three inches long, without crying at all. On a former occasion, her thigh had been deeply cut by a piece of broken pottery, when scarcely any distress was shown. The consideration of these cases will, I believe, lend support to the view that, in the hysterical neurosis, there is a torpid condition of the sensory part of the brain. In extreme cases, this may involve the centres of the special senses; whilst, in the very slight cases, the only abnormality may be more or less blunting in the appreciation of ordinarily painful impressions. The sensorium of the hysterical patient may, no doubt, be awakened by many peripheral stimuli—the best of which, in my experience, is cutaneous faradism. The importance of analgesia in practical medicine appears to me, I confess, to rest entirely on the fact that it is a valuable aid to the diagnosis of hysteria. It hardly seems to merit special treatment. Vigorous but well regulated exercise of mind and body, which will rouse the nervous centres into healthy activity, seems to me the only therapeutic measure worth trying.

CASE I.—F. U., a female child aged 11½, came under observation as an out-patient in November, 1876. She was brought on account of peculiar fits, which had commenced, according to the mother's statement, shortly after the child had been knocked over by a dog two years before. There was no injury beyond a few scratches, but the child was greatly frightened. There was no fit then; but she looked very pale afterwards, became very dark round the eyes, and strange in her behaviour. In addition to singing and dancing fits, and the repetition of hymns and prayers for a long time continuously, she very soon developed attacks, of which the main features were nodding and grimacing; picking at her clothes; violent to-and-fro movements of the trunk; attempts to bite anybody who restrained her; and, finally, falling down as though she had been shot. Occasionally after this she slept, but more frequently screamed out with some delusion—such as that a man with a white sheet was coming to her, and the like. After these attacks were over, she invariably complained of being cold and sat by the fire, and she often asked for food. Generally, after the fit, she used to go out to micturate. When she walked into the out-patient room, she looked a pale, listless, expressionless, languid girl; but there was nothing else worthy of note about her. I found that, all down the right side of the body, and also on the left cheek, there was complete analgesia, so far as the prick of a pin and pinching were concerned. She did not wince in the least when a single-celled Stöhrer's faradic battery was applied on the left side, whilst a moderate current to the right side caused her to wince. She was unable to localise the spot where she was pinched on the right side, but she had no difficulty when the left side was pinched. Gentle pinching of the right arm and leg made the skin red, but no such effect followed a similar pinch of the left arm and leg. There was no difference, so far as muscular contraction to faradism was concerned, on the two sides, and there was not the slightest sign of contracture or paresis anywhere.

On roughly examining the child's field of vision, I found it considerably limited; but equally so, I believe, all round, and to an equal amount on the two sides. Firm pressure on the right inguinal region did not bring out any sign of distress, and nothing abnormal was felt here. Above the middle of the left Poupert's ligament, an olive-shaped body, with its long axis parallel to the ligament, was felt. It was slightly elastic and movable; moderate pressure over it made the child flinch. I believe this body was the left ovary, and that was the independent opinion of several others who examined the child. A few days afterwards, on the suggestion of my friend, Dr. Allen Sturge, I faradised the right arm and leg for a short time, and after this the child was able to localise pin-pricks. She now winced a little when pinched, but not so much as when the other side was pinched. The faradism was continued, and after several minutes she began to feel it painful, and then it was found also that she withdrew her arm and leg away after a pinch or pin-prick as well as when the other side was irritated. Her sensory centres were awakened. At no time, when I saw her afterwards, was the analgesia present. Two months afterwards, she began to have what her mother called blind fits. Sometimes, for a whole day, she would find her way about entirely by "groping". She was brought one day to the out-patient room in one of those blind fits. Of course, it was impossible to say whether she really saw or not. When I held up my fingers, and asked her how many there were, she immediately began to feel with her hands as a blind person might. A moderate faradic current was applied about the forehead and temples, and she was soon able to give correct answers; and, instead of "groping" home, she walked in an ordinary way. On two or three occasions subsequently, the same treatment was efficacious.

In the middle of March, her blind fits ceased. I did not, I am sorry to say, examine her at that period for achromatopsy; but in one respect this was more satisfactory, because I learned from the mother subse-

quently that, at one time, the child made very frequent mistakes in colour; that she had bought a black reel of thread for a white one, and seemed surprised when told of her mistake; and that she had made some other blunders. When last seen, in April 1877, her general nutrition was improved. She had no analgesia; her field of vision was natural, and so was her perception of colours. She had had, however, one or two attacks of globus, and she still complained very often of coldness. The mother stated that at no time had there appeared any sign of menstruation.

CASE II.—Ellen T., aged nine years and a half, was brought for fits, from which she had suffered for four years. In these fits she fell down as though she had been shot. Sometimes she worked with her hands, but more often there were no movements at all, and they were almost momentary. She never bit her tongue, and never slept after them. We assumed at first that these fits were epileptic; but bromide of potassium had not the slightest effect upon their character or frequency. At a subsequent period, although she was stated to have had no fewer than thirty-five fits the day before—and, during the previous thirteen days, never fewer than twenty-five in the day—I was struck with the fact that there was no sign of dementia, or paralysis, which would have been almost inevitable in true epilepsy. I saw one of her fits, in which she simply fell down momentarily, as though she had been shot.

I have seen other cases of that character which were indubitably hysterical, and which ceased directly the patient was taken into hospital. In one of them (a patient under the care of my colleague, Dr. David Lees), such fits could be induced at will, by making a sudden sharp noise close to her ear.

In this case, the absence of dementia, coexistent with such a long continuance and great frequency of fits, suggested their hysterical nature. It was found that both arms and both legs were analgesic; and that she allowed the needle to be pushed into the skin, between the digits, without wincing in the least.

CASE III.—A boy, aged 9, a church chorister. He was brought on account of fits, in which he suddenly fell down in church without any twitching, and which were not followed by any coma, or paralysis, or loss of intelligence. He was a healthy boy, but with a face of rather refined feminine type—what would be called an interesting child. He was found to be absolutely tolerant of the application of a needle down one side of his body, and almost absolutely tolerant on the other side; but he could localise the position of the needle-prick perfectly, and knew when he was being pricked, although it did not give him any trouble.

CASE IV.—A girl, aged 9, was brought on account of paralysis of both legs, from which she had suffered for nine months, without any affection of sphincters or wasting or rigidity of limb. She was absolutely tolerant of every kind of stimulus applied to the lower limbs. A double-celled Stöhrer at full power caused no sign of distress, although it brought the muscles into marked relief. Faradism was continued for a quarter of an hour, and at the same time the child encouraged to try to make efforts. At length she began to wince a little; and by degrees the paresis entirely disappeared, and she became able to walk naturally.

CASE V.—Emily P., aged 8, was brought to the hospital in July 1877, on account of fits, which, it was said, she had been subject to for two years. In most of them, she began by dancing with both feet, and then she fell down, struggled violently, and screamed. When in the out-patient room, she had a fit; she fell down, grasped my arm, and kicked out with her feet vigorously. The pupils remained unchanged; but the eyelids quivered. There was no facial distortion, and the duration of the whole fit was not more than one minute. After she came round, she was found not to flinch in the least to pin-prick; but she told her mother that her arm was being pricked, and after a few minutes withdrew it. She was able to tell colours correctly.

CASE VI.—Jane K., aged 5½, was brought to the hospital in December 1877, because she had been getting peevish and queer for about a fortnight. She had lost her appetite, made frequent mistakes as to the taste of things, and complained of pain under the left breast. She had had a fit three weeks ago; but the mother could give no account of it. On examination, no sign of organic disease could be found; and the child seemed fairly nourished, although a little pale. There was something in her aspect which led one to suspect the possibility of hysteria, and for this reason she was tested for analgesia. It was found that pricking her arms, legs, and face was not followed by any attempt to withdraw the part so pricked. When the face was pricked, there was the slightest possible play about the lips. Strong faradism was then applied to the legs, and after this the child winced. The mother was not in the least surprised when she saw the lack of ordinary response. She said the child had “never felt the same as other people”, and that a few days before she had scorched her arm badly against the fire-

grate without crying at all. I saw the scar (three inches long) left after this injury. On a former occasion, the mother stated that the child had cut her thigh very deeply with a piece of broken pottery, and had manifested only very slight distress.

CASE VII.—Mary S., aged 3, was brought to the hospital on November 12th, 1877, on account of fits, to which she had been subject for three days. She had been left during the day at a *crèche*; and on the evening of the 9th, when her mother went for her, she found her exceedingly pale. There was some reason to believe that she had been shut up in a closet; but this was not absolutely certain. On going home, the child screamed a great deal; and during the next three days had repeated fits, in which she clenched her hands, threw her head back, arched her back, worked her eyelids, and screamed out “Mammy” continually. It was found that she was analgesic all over to the prick of a pin. She neither cried nor withdrew her limbs. A week afterwards, the analgesia was still present, and it was noticed that she had very frequent quivering of the lids. After this, she had chicken-pox, and subsequently only one very slight fit. When brought again, she was quite cheerful in her aspect, and the analgesia and quivering of the lids had disappeared.

CASE VIII.—Edmund H., aged 2 years and 9 months, previously healthy, in May 1880 fell from the sofa on to the floor. He did not lose his senses, neither was he bruised. The same night, he had a fit, of which his mother gives a very vague account; his legs, it appeared, moved a great deal, but not his hands; and he was brought to rights immediately by a bath. Since this, he had had four faints, according to her account, in which he suddenly fell down, but did not twitch. When seen, he was a healthy-looking boy, but obviously a very self-conscious one. He did not cry in the least, or object to being examined; but, on the two occasions that he was seen, he kept his hands before his face, unless they were held down. There was no reaction to pin-prick applied to any part of either upper limb. When the left cheek was pricked, there was the slightest possible play of features. When the right cheek was pricked, he cried a little.

A NOVEL MODE OF APPLYING PLASTER-OF-PARIS BANDAGES.*

By W. NEWMAN, M.D.Lond., F.R.C.S.Eng.,
Surgeon to the Stamford Infirmary.

I WISH to bring under the notice of my fellow-associates a mode of applying plaster-of-Paris bandages which, so far as I know or have read, has not hitherto been described or recognised in this country; and the more, indeed, may this be said, for in the report, now before me, of the discussion at the Royal Medical and Chirurgical Society on the “use of plaster-of-Paris bandages in the treatment of simple fractures”, held on June 14th, I do not find that any speaker referred to this plan.

Before giving the description, let me add that this special mode is due to the thought and care of M. Denis Dumont, Senior Surgeon to the Hôtel-Dieu at Caen, in Normandy. In a casual visit to Caen last month, I found my way to the hospital, and was especially struck with the good results of these bandages in several cases I saw.

The material employed is a coarse-meshed muslin (*tarlatane* in France, *crinoline* or coarse book-muslin in our drapers' shops at home); cost about threepence per yard. A piece of this of sufficient length is taken and folded into a long bandage, having from sixteen to twenty-four thicknesses of the material, according to the requirement of the special case, and varying in width from two to three fingers' breadth. It is desirable, the folds being so numerous, that a loose thread tacking should be run along the free edges, to preserve the shape of the bandage and provide against unfolding.

Before proceeding further, the bandage should be soaked for a few minutes in water, so as to remove the stiffening or glaze which is liberally introduced in the process of manufacture of the material.

The plaster-of-Paris should be mixed with water (an equal bulk of each seems to be the most satisfactory proportion), in a large, rather shallow, bowl. As the mixing proceeds, the finely powdered plaster should be dredged on the surface of the water until it is exhausted. A mixture of creamy consistence will be the result.

Into this mixture the bandage, prepared as above, must be placed, and quietly moulded or kneaded, so that every part of it may be thoroughly permeated with the compound. It may be very loosely rolled up from each end towards the centre, for convenience of using; but there must be no attempt at compression or squeezing of the rolls as

* Shown to the Midland Branch.