THE GULSTONIAN LECTURES, ON NEUROSES OF THE VISCERA.

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LECTURE III.

GENTLEMEN,—Enteralgia is, perhaps, the most racking torture contained in the curse of mankind; so bitter, so searching is the agony, that more than one sufferer has said to me, calmly regarding his by-gone pains, that surely the sting of death had been more welcome. That this malady is one of singular character and marked identity, I had thought it my duty to show at greater length, until I turned but as yesterday to a description of it in Reynolds's *System of Medicine* by Dr. Wardell. In the famous and masterly hand-books of medicine which have been given to the profession of late years, this malady has received so scanty and indistinct recognition, it has been so often confounded with common gripes on the one hand, or contemptuously tossed over to the limbo of hysteria on the other, that Dr. Wardell's clear account of it is eminently valuable.

Before reading this essay, I had also noticed that the two chief points of onset are the umbilicus and the right iliac fossa, or, as I should put it, the umbilical region and the right flank. The central attacks are not strictly umbilical, but arise at a point usually about two inches to the side, generally the right side, of that mark; and the lateral attacks are generally a little higher than the iliac fossa, being nearer the level of the crest of the ilium itself. Another correction I offer is that "females" are not more prone to the disease than "males." My own experience is, of course, inadequate to overthrow an assertion which Dr. Wardell says is "beyond dispute;" for, happily, the disease, if not actually rare, is by very far less common than gastralgia. Gastralgia, I have said, is commoner in women by two to one; but of fifteen marked cases of enteralgia, I find that eight occurred in men and seven in women. I should add that, out of a far larger number, I have selected the fifteen as severe cases uncomplicated with any intestinal derangement, or with any concurrent troubles elsewhere. The four most grievous instances were all in men of ages between 22 and 48. Cases of mere tormina consequent upon irritation of the bowels or constipation, and cases of lead-poisoning, I have excluded, not because they have no element of visceral neurosis in them, as indeed they have, but because I desired to study the malady in its purest form. In this way, we may hereafter carry our judgment more clearly to secondary or mixed cases.

The greater relative frequency of enteralgia in men than of gastralgia may be explained in part by its being more directly allied to gout than is gastralgia, in part by its dependence on the weightier stress of the affairs of men. From my own cases I gather that a family-history of gout, in its heavier and wider operations, is characteristic of enteralgics rather than of gastralgics. Enteralgia, like sciatica, may be a "pure neurosis," but is, like it, not rarely of gouty nature. I gather, also, that enteralgia is aroused rather by the strife of public life than by the teasing of homely worries.

I will cite a few illustrative cases. The Rev. — (No. 54, 1883) is a minister of religion. He has the bright impetuous manner of a neurotic person, and has expended his energies lavishly in his work. He has suffered from no trace of melancholia nor of hypochondriasis; his knee-jerks and other reflexes are normal.¹ For twelve months he has been subject to attacks of pain in the right flank, which are like the stabs and hacking of a knife. The agony is so frightful that he almost longs for his life to be taken. The collapse and subsequent prostration are very serious. Otherwise his health is good, and physical examination fails to discover any disease of parts, or any morbid state of function. Dr. Daly, of Hull, had seen him and had pronounced the case to be one of neuralgia.

Another case of nearly equal severity was also in a clergyman, who made out for me a very graphic story of his malady. In him the seizure began, and the abiding centre of the pain was fixed throughout all

attacks, a little to the right of the navel. Intermittently, however, the pain would strike him "in a semicircular course, and settle in the kidney;" or again, would dash from the centre "right through the liver and lodge under the right shoulder-blade." In these seizures occurred then pains obviously spinal, associating themselves with the enteralgia, as pains of the thoracic nerves may ally themselves with gastralgia. There was always incontinence of urine to a painful degree. "The liver and kidney tracks of pain rarely occurred simultaneously. The character of the pain at the centre was as though a spearhead was trying to force itself out from within." The attacks, in this case, have become rarer and slighter in the years 1879-83 than they were in 1876-78. The patient is a man of stirring life and of a lively and genial temperament. After endless medication for "duodenal dyspepsia," he improved on arsenic and on quinine with belladonna. One day, acting under some irresponsible advice, he took an over-dose of "Mother Siegel's syrup," which floored him for a day or two; but after that event he had a long immunity from pain. There are adequate grounds for the belief of all his many advisers that he suffers from undeveloped gout. I may add that, in the earlier years of the pains, they were at times associated with ordinary gastralgia in the severe form.

In the case of Mrs. —, a lady, past the menopause, often sent over to me by Mr. Ball of York, severe enteralgia has accompanied, or of late succeeded uterine neuralgia of a violent and intractable kind. All the parts of the pelvis and their functions have been normal. She has shown signs of indistinct gout for the greater part of her adult life. Her enteralgic pains were of a drawing or tightening character, but presented none of the ordinary symptoms of common colic. Sleeplessness and diarrhoea likewise afflicted her, and seemed to spring from the same diathetic cause.

Again, a medical friend writes to me of his own case, that pain in the right flank attacked him during sleep five years ago. It was not very severe, and was relieved by friction and a cordial. Since that time, the attacks have been more frequent, more severe, and more prolonged. Indeed, of late, he has never been free from some sense of pain about the same part, and like a woman with a neuralgic uterus he suffers especially if jolted in riding, or in driving over a rough road. Of all remedial means hypodermic morphia alone relieves him. He has suffered from lithic acid in the urine in past years, but not of late; the regulation of diet and use of alkalies having averted that disorder. There is no sign of any local disease.

In the case of a lady under the care of Miss Ker of Leeds, enteralgic pains set in with a rough periodicity towards the early night. They were preceded by low spirits, irritability, and a distressed expression of face. After times of ease the attacks have been recalled by fatigue or by exposure to cold. They may only return nightly for a week or more, and then disappear for a while; perhaps for nine months little pain would be felt. Bed and hypodermic morphia alone gave her relief. She is much thinner than she used to be. This lady was under my care for gastralgia some years ago. Enteralgia is rarely associated with vomiting, as in gastralgia; but the latter symptom is very prominent in a nurse whom I saw with Mr. Jessop a few weeks ago. It is doubtful, however, whether her case may not be of ovarian origin. Her catamenia are regular and normal, excepting some deficiency in quantity. Her bowels are quite regular, nor do I find constipation more common in enteralgia than we find it to be in many or most cases of atonic disorder.

In Case 320, 1875, the enteralgia was closely periodic, recurring about 3 A.M. during sleep. The patient was a gouty man. Gout also was a marked feature of the family history of a man, aged 53, whose number is 371, 1875. Number 30, 1877, a man, aged 22, was like the last case, but he had suffered from the age of 15 from alternations of gastralgia with definite umbilical enteralgia. Mrs. —, aged 56. (No. 269, 1877), became the subject of like enteralgia after the cessation of migraine, which passed away about the age of 45. The pain in her case was very severe. In another brother and sister, of whom I have seen a great deal, enteralgia in a definite and violent form is the inheritance of the former, and a gastralgia of equal violence and definition, attacks the latter. Both subjects are pure neurotics without gouty history. Miss — (No. 508, 1881), was seen first by Dr. William Roberts, and by him her attacks were called neuralgic, as no doubt they were. The attacks were "like a corkscrew going into her flank (side not noted), and transfixing her." The pain often is so sudden in onset, that she "stands like a statue, flushes, and then turns white, but has no loss of consciousness." Afterwards, "she writhes in fearful pain." There is no periodicity. Her hands and feet, as is usual in visceral neuralgia, are very cold, especially near the attacks. Her appetite, digestion, and bowels are normal, as are all the functions of life. Her lips and gums are well coloured. She presents all

¹ It is better to state also that I have discussed no case of visceral neurosis in which the knee-jerk was absent.

the qualities of a neurotic, and her family history is markedly neurotic. Physical examination revealed no defects. This young lady, two years later, thanked me very sweetly for curing her. I find, on turning to my books, that she had a course of bromides and arsenic with pills of quinine and belladonna at intervals. After her recovery, she had married, and continued well. Miss —, aged 46 (No. 618, 1881), had enteralgia arising near the navel. She is a neurotic person, otherwise healthy, and she lost her attacks by transference. She welcomed indeed a series of violent attacks of right supra-orbital pain with muscæ volitantes, which took the place of the abdominal seizures. The attacks of Mrs. B. (No. 639, 1881), were of the enteralgic type, but were followed by slackened bowels with a little mucus occasionally, though rarely. It is curious that in so many of my cases diarrhoea has been associated with gastralgia, and in so few with enteralgia. On the other hand, as I have said, I rarely find in the latter the constipation, the disordered alvine secretions, the flatulent colic, which is described by other writers, I believe, on grounds of probability rather than of direct observation. Flatulent colic is a wholly different affair; and, as a matter of speculation, I hesitate to place the seat of enteralgia in the bowel at all. In Mrs. S., aged 43 (No. 106, 1881), during attacks which correspond to the enteralgia of the other patients, the abdomen is said to become swollen and hard, the aorta throbs, and the heart palpitates; so that some general storm in the sympathetic accompanies the enteralgia, and the flatulence is probably due to that variation. As the attack ceases the abdomen falls, and it was quite soft and normal when I examined it. She was cured or relieved by bromides, belladonna and quinine. The case of Miss B., sent to me by Mr. Knaggs of Huddersfield (No. 274, 1883), presents a good example of the gouty element. Her family history is gouty, and she had podagra at the age of 7. She was subject for many years to facial neuralgia; this left her for twelve months. Then came, and has often returned since, violent neuralgia in the subhepatic region. The attacks last three or four hours; and in her, by the way, some vomiting occurs, with little ejection. The attacks are brought on by fatigue, excitement or worry. She never had the faintest trace of jaundice. Rest and change relieve her. She suffers at times from gouty dyspepsia, but in no connection with the attacks. The pulse-tension is normal, the urine of specific gravity 1022; and all organs and functions were normal. Another very similar case was seen by me in the same year; gouty phenomena, migraine, and facial neuralgia having preceded enteralgia. In a young man sent to me by Mr. H. Wright of Halifax, violent enteralgia was associated with epilepsy, or rather was preceded by it. The enteralgia showed a very remarkable periodicity in this case. A curious series appeared after great mental strain and anxiety in a patient whom I saw for enteralgic seizures with Mr. Holmes of Leeds. First came cervico-occipital neuralgia, with intense hyperæsthesia of the scalp, loss of sleep and appetite, and great debility; then a strange sensibility to cold upon the skin, so that the lightest draught of air distressed him, even the turning of the leaves of his ledger; then periodic coryzas, as intense as if dilute ammonia had been poured over the mucous surface, an abundant fluxion being followed by general prostration; this developed into frequent asthmatic seizures, called forth by cold drinks or by the least change of temperature in his room, but cut short at once by coffee. These symptoms had been relieved by sea-water baths before my visit. I must not linger over these cases, however, many of which do but repeat the symptoms already described. I shall, however, refer to four of them hereafter, which are associated with symptoms on the skin.

Not included in the list now discussed, but naturally following it, comes a series from which I need not quote largely, if at all; but I may indicate, as not uncommon visitors, certain patients who complain of a pain in the region of the hepatic flexure of the colon; I will go further, and say that I believe it to be seated in that place. It is not severe, nor periodic; it is rather wearisome and abiding. It is found in the melancholic rather than in the brisk neurotic; but, like enteralgia, seems clearly associated with gout. Although not connected with obvious disorder of the bowels, yet a course of blue pill and Carlsbad water generally relieves it—a course which would drive an enteralgic subject into a frenzy. The pain of lead-colic, though probably of immediate nervous causation, is nevertheless not difficult to diagnose from the preceding forms. It has no limited *lieux d'élection*. It is more diffused than enteralgia, and more extended than the pain of melancholia just described. It is periodic, doubtless; but it is rarely an excruciating, rarely a slashing pain; it is rather of a grinding or fretful character. The parallel constipation and other circumstances will, I believe, always serve to distinguish it in those few persons who, suffering from lead-poisoning, have no blue line.

On turning to consider the neuralgias of other viscera, we are met by the difficulty, as yet insuperable, of proving definitely in what nerves

the pain may lie. We know that all essays to localise abdominal pains in the splanchnic nerves and their paths to the sensorium, in the sensory fibres around the large arteries, or in the deeper connections of the spinal nerves, are mere gymnastics, barren exercises which may stimulate the fancy, but which as yet can neither be proved nor disproved. We can only find our way through those obscure gates and alleys of the body by patient clinical watchings, by grouping and contrasting our cases, and by noting the curious warps of disease. Are there such affections, for instance, as hepatalgia, nephralgia, and so forth? Careful clinical observers, such as Anstie and Spender, say there are such affections; and with them I am disposed to agree. I have careful notes of three cases in which neuralgia seemed to me to be seated in or near the liver, so far as I could judge by the situation of the pain.

Mr. W. A., aged 32 (No. 656, 1881), whose health is habitually good, whose habits are temperate, and who presents no obvious disorder of function, has called upon me at intervals for three years. Four months before his first visit, he was taken with a pain which he precisely refers to the seat and extent of the liver. This pain has often recurred, observing no period of recurrence, save that it always attacks him in bed at night. It is a "miserable pain;" he rises, and paces the floor for hours. He maps out the liver, of whose seat he was previously ignorant, with curious exactness. He has had no jaundice, nor does he suffer from constipation. The pain does not stab nor radiate, as spinal pains would do. On bromides and arsenic he recovered, and was well for twelve months, when worry and overwork recalled the attacks. The family history points to rheumatism. I have about five cases in my books similar to this, all agreeing with Dr. Spender's description of typical cases of hepatic neuralgia, in which the patient suffers from severe pain of the neuralgic type, deep in the region of the liver, with no inflammatory symptoms, and with intermissions of perfect ease. In some cases, a characteristic shoulder-pain is present also. Hydrochlorate of ammonia, he says, will cure it (*Relief of Pain*, p. 125). Anstie's words are to the same effect, if a little less confident; and he also marks as characteristic a peculiar mental depression which accompanies the pain. Now, I wish especially to point out that the case which Anstie quotes is of a girl aged 18, who suffered from repeated attacks of the kind, and that, after one of them, a jaundiced tint appeared, and rapidly disappeared. Subsequently, the pains appeared again without the colour (*Neuralgia*, p. 62).

Let me parallel this with the following. Miss — (No. 14, 1882), aged 22, consulted me for severe pain in the hepatic region, passing towards the stomach. I was disposed to regard the attacks as gastro-duodenal neuralgia. There was decided evidence of neurotic tendencies in the family history, and in her own a liability to nervous diarrhoea. She presented no signs of disordered function. Her complexion was as clear and pretty as her features deserved, and she showed no marks of anæmia. I fear I did her but little good, the attacks recurred, and she sought other aid. But here comes the point of the case; namely, that on some later date she passed a gall-stone with the usual symptoms, and shortly afterwards she passed a second. Beyond this point, her history is unknown to me. These facts I had from her own medical man. Little as one could dream of gall-stones in a young and clear-skinned girl; in one, too, whose alvine disorders tended rather to looseness than to constipation, and whose habits were alert and active; yet there they were. Again, I saw some months ago, with Mr. Field of Dudley Hill, a woman of later middle age, whose sufferings were hepatalgic. She had never shown any trace of jaundice, the pains were of a neuralgic type, and she was of the neurotic constitution. Yet, on deep and close manual exploration, both Mr. Field and myself became convinced that there were gall-stones palpably in the gall-bladder. Another case I saw with an old pupil and friend, in which like unaccountable hepatalgic pains recurred, and greatly distressed the patient, also a middle-aged woman. She died some weeks later, of peritonitis due to the perforation of a gall-stone, which was extracted after death. Dr. Anstie evidently took the jaundice in his case to be neurotic; but, put with my own, does not the group of them prove, or strongly suggest, that hepatalgia is, in many cases at least, a subhepatic pain arising in the gall-bladder and the ducts thereof, and due either to the irritation of gall-stones or to some vicious quality of the bile? In this way I have explained other cases I have come across, and which at one time puzzled me—cases in which pains of hepatic and epigastric origin recur frequently and violently at times between attacks which are obviously due to the travelling of gall-stones. At present, then, I regard hepatalgia as a pain aroused by the coincidence of an impressionable or neurotic habit with the presence of gall-stones at rest in the gall-bladder. That pain may not arise in these tubes independently of such or similar irritations, I will not, of course, assert.

The same reflections occur to me when I pass on to consider nephralgia. Anstie suspects that many cases of so-called nephralgia have been cases of pain lying more outwardly. In such a sceptical spirit, I minutely searched into the following case. A lady, aged 41 (No. 528, 1881) was sent to me by Dr. Charles Smith of Halifax. Two months previously, after great harass, she woke at 5 a.m. with intense pain in the loins, chiefly on the right side. It was dreadful pain; her aspect became death-like, her finger-nails black, and her lips ashen. Thus she suffered for three mortal hours. The pain also ran round the front of the abdomen on the same side and down the groin into the thick of the thigh. Her micturition was frequent for some hours, and it then fell away to scantiness and rarity. The same series of pains recurred every morning at the same time, though happily with less severity, and slight degrees of it were felt occasionally at other times. Both Dr. Smith and myself sought in vain for any gross cause for such attacks; the only discovery made was of some grey sandy matter of an indefinite kind in the urine. Dr. Smith says: "I never could satisfy myself that there was a calculus in her kidney. When she gets below par, she still has returns of the renal pains, with the same flow and ebb of the urine." "I suppose," he adds, "a visceral is like a facial neuralgia, which, when due mostly to a condition of nerve, is called a pure neuralgia, when mostly due to a condition of tooth is called tooth-ache, but in a large mass of cases is caused by a condition of nerve not bad enough to show itself if not irritated by a condition of tooth. In this category comes no doubt Mrs.—'s case—a nephralgia due not entirely to nerve, but coming partly from the kidney having to perform abnormal work. I wonder whether a neuralgia of the kidney could produce swelling of the testicle, not the epididymis. I have seen a case which I could only interpret thus." I have quoted Dr. Smith's remarks in full, as they apply so well to the mixed cases of gastric and other neuralgias I have tried to interpret on like principles. That in Mrs.—'s case, the conditions of nerve predominated seems probable, because she was a highly nervous woman, and had suffered from other forms of neuralgia, because the attacks showed periodicity, and because no other considerable cause was found.

The small quantity of fine gritty matter seen occasionally in the urine seemed, however, in some of the attacks to be the *causa efficiens*.

Another case is No. 384, 1883. Mr. —, aged 27, has suffered at times for three or four years from pain in the region of the right kidney, and at times very severely. The pain is then a continuous ache, with exacerbations; it runs, when more acute, down the track of the ureter to, or nearly to, the bladder. At times, its severity causes cramps of the limbs and collapse. There was never a trace of blood, and the differential diagnosis from calculus was carefully considered, and decided against calculus. The urine was wholly negative, not even unduly acid. He improved upon quinine and belladonna.

No. 394, 1882, was a commercial traveller, aged 39. He suffered precisely as No. 384; and the two cases received much attention from me, as they came within a few days of each other. This patient had also neuralgia of the left orbit and cervico-occipital neuralgia with Valleix' points. There was no syphilis, by the way, in any of these cases.

Before dismissing the subject of the kidney, I may remark that, in chronic renal disease, in granular kidney especially, gastralgia may appear with its craving appetite, sensations of want and so forth, as in the uncomplicated form. I think this has been spoken of by previous writers, and so also has the concurrence of gastralgia with aortic regurgitation. This coincidence I had failed to verify until recently, when three well marked instances came under my observation.

Dr. Ralfe has kindly forwarded to me the following account of a form of renal neurosis, often associated with valvular disease of the heart.

"In 1878, the late Dr. Murchison gave me the particulars of a peculiar form of neural attacks, which he designated as 'renal storms,' and which had frequently occurred in a patient suffering from aortic regurgitation. The attack commenced with excruciating pain over the region of the right kidney, exactly like renal colic, but there was no sickness nor retraction of testicle; the urine passed during the attack and immediately afterwards was perfectly normal (nor was there any jaundice to suggest that the pain was due to biliary calculus). After lasting some hours, the attack passed off as suddenly as it came on.

"In 1880, I saw a man (aged 47), who applied as an out-patient at the London Hospital, solely on account of a severe paroxysmal attack of pain, which, commencing at the angle of the epigastric region where it joins the right hypochondrium, passed deeply downwards into the right lumbar region. No disease of the liver or kidney could be de-

tected, and the urine was normal. On examining the chest, the heart was found diseased (aortic regurgitation).

"The only reference bearing on this form of neurosis or 'renal storm' is in Dr. Habershon's *Lectures (Lettsomian) on Diseases of the Liver*, page 13, in speaking of the neuralgic pain sometimes met with in organic disease of the heart, and which is referred to as being deeply situated behind the first part of the duodenum: 'It is severe, almost like the pain of gall-stones, but it is without jaundice or other symptoms of calculus; it is not connected with the stomach, for it is not affected by food, but paroxysmal, and recurring sometimes with great regularity.'

I will not pursue these reasonings so far as to consider in like manner the pains of other viscera, such, for instance, as of the bladder and the rest, for the same principles apply to them all. In many cases a neurotic tendency may be aroused by a local irritation which, in robust persons, would be almost, or quite, unfelt; or the neuralgia may be as "pure" as face-ache may be. Neuralgia of the rectum, however, I must not wholly pass by, for it is a definite malady, not very uncommon, and seems almost always to be "pure neuralgia." It is rarely very violent, being more of a thrusting, aching pain. It is mentioned by Anstie and other writers; I have occasionally met with it, and Dr. Myrtle made it the subject of a paper lately read to the Yorkshire Branch of the British Medical Association.

An allusion to neurotic diarrhoea, a somewhat different phase of neurosis, is again but a passing duty. Neurotic diarrhoea is a troublesome affection which, I think, is tolerably well recognised. Many persons owe the frail health of a lifetime to its recurrence, for it is sadly incurable, recurring and again recurring, uncontrolled in obstinate cases by anything less than opiates. Milder cases may be regulated by bismuth and the bromides, followed by permittate of iron, or sulphate of iron pills. In this disease (which must be distinguished from catarrh and from diarrhoea mucosa), the stools, though slackened, are rarely watery, and rarely contain much mucus. They may or may not be attended with pain; they are reproduced by nervous causes; they are generally worse in the earlier day, especially before breakfast, and in women they cling to the catamenial periods. Arsenic often does harm in these cases, and, indeed, can rarely be borne. The ailment occurs in both sexes, falling, perhaps, equally upon both. The diarrhoea is generally associated with other neuroses, such as migraine, cardio-vascular instabilities, and the rest. It is found at all ages, for it often begins in early adult life, and is seldom wholly removed. The pathology of the day will attribute it, no doubt, to vaso-motor disturbance, and compare it with polyuria, lacrymation, and night-sweats. It may be the homologue of pyrosis.

I would now pass on to consider the genetic affinities of the class of patients which we have discussed in these chapters. This question is more easily answered by searching among the gastralgics, as they form by far the larger number.

One fact strikes the observer very early in his work; and that is, the frequent association of neuroses of the vagus with certain kinds of eczema, lichen and psoriasis, with eczema and lichen chiefly. Of the alliance of gastralgia with asthma, I have already spoken; and the frequency of eczema in asthmatics is generally recognised. Now eczema and its allies are, I believe, as common in gastralgics as in asthmatics, so that there seems to be some sympathy between the vagus nerve and the cutaneous nerves. The skin-affections and the gastralgia, if concurrent in the family, may not concur in the individual, or if they do, they may not be contemporary in him, nor, if contemporary, parallel in severity. No. 245, 1883, a man, aged 38, came to me four years before for boils; at a later date, he came to me for gastralgia of the ordinary type, without functional stomach-disorder. For this I gave him arsenic, and cured him. Last year he came to me to tell me for the first time that he had suffered for six years from eczema on and off, and that the medicine he took for the gastralgia had removed also the eczema. On this occasion he called to ask for a renewal of the prescription, not for the gastralgia, but for the eczema. Again, No. 226, 1882, male, aged 47, had excellent health till ten years before, which he attributed to the periodic returns of "eczema and psoriasis." Of late years he had seen but little of the eruptions, but his health was broken down by "chronic dyspepsia," for which he had been treated in vain. I found no signs of functional disorder of the stomach; the symptoms were those of ordinary gastralgia, and were cured quickly by arsenic. I find a history of skin-affections in about 18 per cent. of my cases as they stand in my notes, and I suspect this estimate, if we were to take a survey of families, would be found under the mark. As in No. 245, 1883, skin-affections, if not actually present, escape record even in the individual life, unless especially inquired into. It has been fancifully assumed, therefore, that gastralgia is an eczema of the stomach; an assumption with as

little of probability as of proof. I have not, however, heard that any writer has called asthma an eczema of the lungs. Are we then led by way of cutaneous eruptions to a recognition of gout as the spring of these, of gastralgia, and of asthma? Not directly, I think, though I lean to the suspicion of some remote affinity herein. But I find that experience justifies the distinction between the eczema, lichen and psoriasis of "dartrous," and those of "gouty" habits. The distinction is partly to be seen in the histories of the patients and of their relations, and partly, though not invariably, in the characters of the eruptions themselves. In the dartrous, no doubt, these eruptions tend rather to be more acute, and more symmetrical; to moisten, to spread and to itch greatly; while, in the gouty, they tend rather to limitation, to dryness, to lack of symmetry, and to a less active tint of hyperemia.

The dartrous diathesis of Bazin and others has, then, gastralgia among its evolutions, as the gouty may have; but the term dartrous may well be put in a subordinate place, and the term neurotic diathesis used to indicate the family. Healthy persons with dartrous eruptions, if followed home, will often turn out to belong to neurotic families. Two brothers of my acquaintance illustrate this. The one is a very healthy man, with the exception of a continual liability to eczema; the other is an asthmatic. There are other strong neurotic characters in the previous generation. But lately, again, an odd thing happened to me. A young man, seemingly very healthy, came to me for severe gastralgia of a pure type. I pressed him as to skin-eruptions, and he denied their presence in himself and in his family. Within the next six months, there came to my rooms, first, his sister, a healthy looking girl, with recent and vicious eczema around both ears; then the mother, with symmetrical moist spreading eczema of the legs; and, finally, the baby of another daughter, with eczema of the head. These successive cases were almost put down to my ominous inquiries, and, in an earlier century, I might have been burnt. There was no gout in the family, nor any suspicion of its latent presence.

But another diathesis which I find often recorded in my cases is rheumatism—rheumatism of the kind which culminates in rheumatic fever.

Miss —, aged 17 (No. 350, 1876), had eczema capitis at age 7-8. She was then, and later, a somnambulist. After this, she had "horrible sinkings" in a forenoon for some time, and was treated for "dyspepsia." These vanished in favour of intense neuralgia of the head. In 1875 this again gave way to attacks of gastralgia, so severe at times as to end in a faint. She was treated by several medical men of position for "dyspepsia," and her diet corrected until it became spare and monotonous. She grew so much worse, that she was taken to Sir William Jenner, who reversed all the rules of her dietetics, fed her liberally, and gave her strychnia. She recovered in a few weeks. She called upon me for a new trouble, namely for intense neuralgia of the left orbit, often leading even to ecchymosis of the conjunctiva. Now, in this young lady's family rheumatism and rheumatic fever were well marked on the paternal side. Her father was a "delicate" man, and a martyr to rheumatism; he had had rheumatic fever more than once.

Another such case occurred in Miss —, at 25 (No. 480, 1882). She came of a neurotic family, and one from which phthisis had not been absent. Her consultation was in respect of gastralgia of an intense form. She had been migrainous most of her life, and she had suffered from rheumatic fever at 18 years of age.

Now do these cases, which I can strengthen by many others, lead us to make any direct tie between the rheumatico-gouty diathesis, the eczema, and the visceral neuroses? No, I think no direct tie. To turn aside for a moment, I have to set before you another affinity, which must be considered with those. Perhaps the disease most largely found in neurotic families beyond their neuroses is phthisis. In case after case I find phthisis in parents or kin. This applies to all the neuroses, not to the gastro-abdominal only. I may refer again to the last named case, No. 480, and farther to Mrs. —, aged 35 (No. 128, 1878), who came to me for an uterine ailment. She had had four children. I found some catarrh, both uterine and vaginal, the uterus soft and the surrounding parts relaxed. She had the usual dragging aches of the pelvis, pain on jolting, tenderness to the exploring finger, and so on. She is liable to severe neuralgia in either supra-orbital notch. Although an abstinent woman, she is sick on rising in the morning, and all her symptoms come more about her as the catamenia approach. These return every twenty days or thereabouts. She has gastralgia very often, with voluminous flatulence and pyrosis. In her family there is a strong phthisical history. She made a good amendment on sedative and tonic treatment with change of air, and she has continued to enjoy better health. Her uterine troubles vanished as she regained strength, a course of douches only being prescribed.

Mr. H., aged 45 (No. 403, 1883), has suffered acutely from pseudo-

angina, but consulted me for enteralgia arising near the umbilicus. His family history is badly phthisical.

Mrs. — (No. 414A, 1883), aged 32, has had severe facial neuralgia, but now consults me for enteralgia and urticaria. She has had attacks of eczema. Her uterine functions present no special derangement. Her family history is very phthisical.

But I need not multiply cases which present like features—merely to record that phthisis belongs to their series. This I may invite you to observe for yourselves. But, for many years, I have noted the frequent coincidence of phthisis and rheumatic fever in family trees; and I think this coincidence has been observed by others. To my mind, then, the natural group is neurosis, phthisis and acute rheumatism. But what of the gout? Rheumatism and gout are certainly akin, the two maladies appearing in the same families, and even in the same persons at different ages. Yet I think gout goes by a different route to its direct work. A pure neurosis goes hand in hand with phthisis and acute rheumatism; but pains which, like migraine, enteralgia, sciatica and so forth, may, in such association, be of the purest type, may, in other instances, be caused by the poison of gout, and thus should be put into a separate class, with the eczema and psoriasis of gout, which, again, are not, "dartrous." In the one class, the neuralgias depend upon some congenital defect of nutrition, affecting the nervous apparatus itself; the thing is essential: in the other class, the nervous apparatus, originally healthy enough, and even vigorous, is angered by a circulating poison. Yet is there not some alliance beyond this? Is there not some remoter pathological kinship, unexplained by the humoral theory? Yes, I believe there is. I believe that, farther back, there is some community of nature between the gouty and the neurotic habits; and to this we may ascend when we track out those phenomena which suggest that gout is itself originally a neurosis. Although there is, then, no cross alliance between neuroses, phthisis and gout, yet one may trace the history of gout upwards to a point of union with a divergent stock, which, two, three or four generations back, had branched off into the tuberculo-neurotic. In such cases—and I have notes of several of them—antigouty remedies are of no use whatever. Finally, there is another form of neurosis of gouty origin, for the relief of which antigouty medication is useless; and that is seen in skin-affections or neuralgias which had been directly aroused by the active presence of gout, but which were left stranded after the gouty humours had ebbed. Flotsam and jetsam of this kind are common in practice, and in such cases we do ill to run upon specific medication. A hemiplegia may remain, forgotten as it were, when the cerebral centre has healed; and will persist, perhaps, unless driven off by faradism. A syphilitic ulcer may remain after the syphilitic state has been wholly counteracted by the usual remedies, and decline to heal until some more general treatment is taken up. In like manner, an eczema or a neuralgia may be set up by gout, and this, as it ceases to be active, leaves behind it some altered or lowered state of tissue, which no longer acknowledges the first disturber of the peace, but lies in a simpler dejection of its own. We must try the specific measures; but, if these fail, we must not therefore assume that our surmises as to the original cause of the ailment were false. These are the remnants which are sometimes suddenly routed by a blister or an acupuncture. Urticaria is not an uncommon addition to other neuroses, as is well known; and I forbear to record many of my cases in which it was found together with visceral neuroses. One I have cited above, under No. 414A, 1883. Zona is, perhaps, never found with a visceral neurosis, unless there has been some cerebro-spinal nerve-disturbance therewith. Mrs. W., aged 66 (No. 546, 1881), came to me for general and nervous debility. She told me she had suffered repeatedly from angina pectoris (whether the true angina or not, I cannot say), but that with the last attack there broke out a violent crop of shingles, after which the angina returned no more.

I saw a very remarkable series of this kind in a patient of Dr. Steele of Morley. She was a woman somewhat beyond middle life, whose whole temperament and history afforded a good picture of the tougher kind of neurotic. When I saw her, the neuralgia of the viscera had extended to the cerebro-spinal system, and so involved the nerves of the left arm that a crop of zonal vesicles occupied almost the whole length of the ulnar aspect of it, from shoulder to wrist. There was no gouty history in the case.

And now, gentlemen, my limits warn me that if I am to comment upon the treatment of visceral neuroses I must hasten to that end. Although the basis of all therapeutics must be a clear diagnosis, yet, on the other hand, the most elaborate diagnoses are but laborious idleness if not made the means of cure. We cry out with the child in La Fontaine,

"Eh! mon ami, tire moi de danger;
Tu feras, après, ta harangue!"

The beginning of all successful treatment must be to convince the patient of the true nature of his malady. Now, your neurotic is one who has no reserve. This want is probably due to a congenital instability of nerve, showing itself as waste, so ceaseless, that the reserve once dissipated is never reaccumulated. This reserve may have been spent in beneficent activities; or it may have been dissipated in fidgets, fretfulness, or shrewishness; in sleeplessness, in anxiousness, or in pain, according to the quality of the person. We are disposed to forget that the silent work of nutrition uses more force perhaps than many people expend in their neuro-muscular life; hence the early failure of the digestive resources in neurotics, hence the fall of the balance of nutrition below the needs even of a controlled expenditure. We know that good nutrition is a chief condition of steady work, good temper and self-control; we know, too, that to trade daily only upon the supplies of the day is to court collapse; we must have more brain, more spinal marrow, more liver, more kidney than we want for the day. We must have stored-up force, partly for greater occasions, partly to secure the equable running of our machinery. A neurotic person is an engine with a light fly-wheel and a small furnace, whose work, therefore, is fitful and unsafe. In the early life of neurotic subjects, especially, we must husband the reserve, we must control expenditure, and cherish nutrition. To heap up again a wasted reserve is always a long and laborious task, and, as years go on, becomes harder and harder. Many people, even when under middle age, never wholly replace their reserve if wasted, let us say, by acute disease; so that this factor of steadfastness and safety is never wholly replaced. In an exhausted neurotic, the secret of treatment, therefore, is—by food, fresh air, exercise, and happiness—to lift up your patient from the invalid-couch, not for the day or for the month only, but to teach him so to manage expenditure and so to promote nutrition as to replace his capital. He must establish in himself the habit of a cool temper and rhythmical work, and root out the habit of wasting volumes of good worry upon forecasts of events which never happen, and on visions of unsubstantial things. Unhappily, however, nine neuralgics out of ten are possessed by the belief that they are dyspeptics, and that the cure of their malady is to be found in some farther defalcation of their diet, in some new arrangement of it, or in the use of some new combination of stomachics. Once convince them that the stomach is the seat of neuralgia, and that any pain caused by food is as accidental as is the increase of pain in tic-douloureux during the act of mastication; once let them realise that, so far from waving their dishes aside, like the physicians of Sancho Panza, you would rather prompt them to indulge as liberally as their impaired forces will permit; once persuade them to throw all their alteratives, their pepsines and their mineral waters to the dogs, and your battle is half won. I cannot read the lives of men like De Quincey or Carlyle without suspecting that a timely or untimely course of Fowler's solution would probably have deprived us of the letters of Mrs. Carlyle and of the *Confessions of an Opium-Eater*. Assuredly a gastralgic can no more eat a good dinner than he can walk a league; but by careful advances, and the repetition of small light, highly nutritious and social meals, he will eat his way upwards. The first dread of food over he will begin to digest *con amore*, and he may perhaps be helped to this end by the aid of pepsine, though my patients seem to do nearly as well without it. In severe cases, the warmth of bed for a few days, or even for two or three weeks, is of great value; economy of work and economy of heat is thus secured. Many a case of neuralgia which had resisted all medicines has been cured by a course of bed alone. The very common association of cold extremities with gastralgia, and indeed the oft noted influence of chilled feet in setting up an attack, is an indication of the need for equable warmth. Dwindled meals fail to supply both heat and nutrition; and, in extreme cases, the Weir-Mitchell system, by stimulating nutrition, may reopen the fountains of warmth and vigour. The visceral neuroses again, like the rest, are aggravated by cares and sorrows, and by depressing conditions of life. Release from toils or worries, and a change of air and scene, take a leading part in the cure. Gastralgics as a rule do better inland than at the seaside. At the sea they are apt to become irritable or sleepless; but these ill effects are lost on withdrawing a mile or two inland. On the other hand, the high mountains are not favourable to neurotics; they fare ill at St. Moritz and Davos. Milder upland airs like Malvern or the Sussex Downs—dry sunny slopes a little remote from the seashore—suit them best. For how many patients can we write the prescription—to take two months' holiday, to withdraw from all toil and care, and to live in good company on refined and delicate food? And yet how potent are such means when all else may fail! Mr. Teale and myself tried in vain to cure a clever, impulsive, and overworked Leeds clothier of gastralgia, mixed with some actual dyspepsia, until we sent him on a sea-voyage. His

own words on his return were: "After a few days, bile could not live in my stomach, and my tongue was as clean as if I had manufactured it myself." The only things necessarily to be forbidden are tea, coffee, tobacco, and the stronger meats, such as beef. Over many persons thus susceptible, tea has an evil power; it retards the pulse, and creates the horrible empty exhausted feeling, which seems as hard to bear as very pain. Alcohol I do not encourage in neurotics; that there is a little occasional help in it, I admit; but, on the whole, alcohol, drawing as it does upon the reserve fund which we wish to protect, is better away from persons who may learn to take it rather as a dram than as a small addition to meals; this error, in them, is a radical one. A like danger may follow the use of morphia, but severe cases cannot be treated without it. The repeated attacks so exhaust the patient, that it is only by economising his forces with warmth, rest, and morphia that he can retain any for the absorption of his food. Morphia may be given fractionally in ordinary mixtures, or periodically in larger doses, but in either case the remedy should be kept under the control of the doctor; in many cases it is even well to keep the patient in ignorance of the agent. For this reason, I often order Dover's powder in pills, in order that the compound may not be recognised in the prescription as opium. Of other drugs, arsenic in gastralgia takes by far the chief place; indeed, it is hard to say how gastralgia was cured before the time of its introduction by Dr. Leared. Yet, even now, its power is not sufficiently well known, for, on turning to Dr. Ross's work on the *Nervous System*, which I suppose to be the best in our language, I find no record of arsenic as a remedy for gastralgia; and Dr. Spender's rules for the use of the drug are too timid. Yet, after all, with soft nutritious food, warmth, rest, and lenitive or narcotic doses of opium, many cases of gastralgia still resist treatment. Oddly enough, a repetition of small blisters to the epigastrium may then be of service; and of other drugs, quinine, boldly pushed on, with belladonna, form a valuable combination; and so, again, do quinine and bromide of ammonium dissolved in hydrobromic acid. The infusion of the *Prunus Virginiana* makes an excellent vehicle for such mixtures. Not uncommonly, gastralgia is a product of malaria. Of this nature I have two cases before me, and in one of them very large doses of quinine cured a most intractable gastralgia, which had resisted all other measures. Luckily, I knew my friend had travelled in the East, and had had ague there. The silver salts, again, are of undoubted use; with nitrate of silver I cured one case which had defied all my previous measures. Of manganese I have no experience. Of iron, I speak last; it has only been of much use to me in a few cases, for I do not, in fact, observe that anæmia, apart from the general lowering of all nutrition, has been so marked a feature in my cases of gastralgia as many authors definitely assert of their own. Where any distinct anæmia exists, iron, of course, is indicated, and often works a cure. Phosphorus is not so useful in gastralgia as its kinship to arsenic would lead us to expect; but the pharmaceutical compounds of the hypophosphites now sold do, by virtue of some one or more of their constituents, seem to answer well. As the stomach gains vigour, cod-liver oil should be added to the dietary, it will help on nutrition and forward recovery. In a word, arsenic and quinine are the only specifics; and the rest of the treatment may be summed up in rest, sedation, nutrition, and tonics. Some gastralgics find that alkalies give them a temporary relief from pain, even in cases of neurotic and periodic type. It is not generally so, however, and the practice is not a sound one.

When we leave the vagus nerve, when we leave asthma, angina pectoris and gastralgia, we find that the specific powers of arsenic are no longer so trustworthy. In enteralgia it may have some value, but far less than in gastralgia; in enteralgia, quinine and belladonna seem best to forward restoration, though arsenic is, even here, by no means to be despised. In all visceral neuroses a most careful search must be made for any kind of peripheral irritation, and such irritation soothed and its causes averted. Of the infinite pains, moral and dietetic, which are needed for vomiting cases, I need not speak, for the management of them is sufficiently well known. The only unfamiliar drug which I can recommend for these cases is the walnut-spirit sold by Messrs. Corbyn and others; this medicine, which was indicated some time ago in the *Practitioner*, I have certainly found very useful in cases of neurotic vomiting. It must also be remembered that gastralgic vomiting is spasmodic asthma of the stomach, and that a few whiffs of chloroform, or a little subcutaneous morphia, may cut the one short as well as the other.

Mr. President and gentlemen, I must not detain you longer. Happily free as I am from neuroses in general, yet a sinking at the heart has possessed me many a time as I wrote and then read the lectures I have ventured to present to you. How slender is the offering none knows

better than I. One while I have comforted myself with the thought that the late Dr. Symonds did not think the subject of Headache too trivial for your thoughts; but again I reflected how much the more must be the talent of the speaker the less striking his subject, and how great the interval between him and me. That I have said nothing new to you I am painfully aware; that my words may not have fallen below the authority of this chair is my single hope.

CASES OF FACIAL ERYSIPELAS WITH LOW TEMPERATURE.¹

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THERE is probably no disease which presents so great a variety as erysipelas, in the extent, severity, and character of the inflammation of the skin, which forms its essential symptom; and accordingly an extensive nomenclature has been devised in which some attempt has been made by authors to define the different forms of the disease. Thus we meet with the terms erysipelas erythematosum, and e. phlegmonosum, distinguishing the depth of tissue affected; e. glabrum, diffusum, and marginatum, according to the character of the surface and edge of the inflamed part; the presence of vesicles, bullae, pustules, and crusts, is denoted by the terms e. vesiculosum, bullosum, pustulosum, etc.; while the name e. gangrenosum points to what is fortunately a rare termination. Again, if the affection remain limited to the parts first attacked, it is called e. fixum; while if it extend to fresh tissue, the term e. migrans marks this character; lastly, the names e. multiplex and erraticum signify the simultaneous or successive implication of distant parts of the skin.

It may be doubted whether much is gained by the employment of so many names to designate varieties of what is essentially the same disease; no light is thereby thrown on the nature of the erysipelatous process, and variability, although very striking in erysipelas, is at least equally so in many other diseases; but it may perhaps be admitted that the particular character of the affection is emphasised by the adoption of these diverse appellations, and that an important clinical fact is thereby stamped more firmly on the memory.

Be this, however, as it may, it is not only in aspect and extent of cutaneous inflammation that erysipelas varies widely, but also in the severity and character of the fever which accompanies such inflammation. Cases may be preceded by a rigor or rigors, and the temperature may rise to 104° or more in the first twenty-four hours, or it may reach this point gradually, in the course of two or three days; it may be maintained at a high pitch, with very slight remissions, or the remissions may be as marked as in enteric fever; and there may even be cases of an intermittent type, a morning temperature of normal height being followed by an evening rise to 104° or more, for several days in succession. It may be said that, as a general rule, the fever is directly proportional to the skin-affection, any extension of the process being accompanied by a rise, while quiescence, or temporary diminution of the inflammation, is expressed by a more or less marked fall. Deferrescence usually takes place by crisis, a fall to normal or subnormal occurring as suddenly as the rise; or, more rarely, there is a gradual subsidence, extending over several days.

But, although the above-mentioned varieties may be said to include the majority of cases, instances of still greater divergence may be not unfrequently met with. Thus, there may be no initial rigor; the fever may precede the skin-affection by one or two days, or it may follow the inflammation; the remissions or intermissions may last several days; there may be high fever with comparatively slight inflammation; and lastly, the fever may be very slight throughout, and there may be an extension of the inflammatory process in the skin during deferrescence, even when a normal temperature has already been reached.

I have had recently a few cases of the latter mild type under my care in St. George's Hospital, which seem to me not without interest in some particulars, and I have therefore thought that a condensed account of them might be worth a little attention.

CASE I.—A man, aged 65, admitted on September 28th, 1883, had had two previous attacks of erysipelas; the first, and severest, five years ago; the second, two years ago. In the afternoon of the day before admission, while feeling quite well, he noticed that the bridge of the nose was slightly swollen and red. The same evening, the swelling extended to the left cheek, and during the night to the right cheek, with slight burning pain; no rigor. On admission (second day), there was

circumscribed swelling and redness over the bridge of the nose, and on both cheeks below the eyes; the affected parts were tense, tender, and slightly painful; evening temperature, 100°. The temperatures were: September 29th, morning, 99°; evening, 101°; September 30th, morning, 99°; evening, 100°. October 1st, morning, normal; evening, 100.2°. October 2nd, morning, normal; evening, 99.5°. October 3rd, morning, normal; evening, 99.5°. October 4th, morning, normal; evening, 99°. October 5th (ninth day), morning and evening, normal, and continued so. There was no extension, and the swelling and redness steadily subsided.

CASE II.—A man, aged 39, admitted on September 29th; no previous attack of erysipelas. On the day before admission he felt quite well until the evening, when there was some heat and tingling of the left cheek; on the following morning swelling and redness had appeared, and extended to the nose; no rigor. On admission (2nd day), circumscribed redness and swelling of left side of nose, and neighbouring left cheek, on which are two bullae near the nose; no pain; evening temperature, 99°. September 30th, temperatures: morning, normal; evening 99.2°. October 1st (4th day), morning and evening normal, and continued so. No extension, but slow subsidence, with much branny desquamation.

CASE III.—A woman, aged 32, admitted on October 1st. About six previous attacks of erysipelas during the last seven years; the last nine months before the present one. On the day before admission she had slight shivering and headache, with smarting and tingling of the face, which began to swell; the swelling had increased and extended next day. On admission (2nd day), circumscribed redness and swelling of both cheeks and bridge of nose, most marked on left side, where it extends to the margin of lower jaw; a good deal of aching pain. Temperatures, morning and evening, normal. October 2nd, morning, subnormal; evening, 99°. No change in face. October 3rd (fourth day), morning and evening subnormal, and continued so. On this day, however, the redness and swelling extended over the upper and inner two thirds of the left concha, where it lasted three days before subsidence, the temperature never rising above 98°. All swelling and redness afterwards steadily diminished, with branny desquamation.

CASE IV.—A girl, aged 12, admitted on October 11th. Three previous attacks of erysipelas. Two days before admission she had a fit of shivering, and the face and nose swelled. On admission (third day), swelling and pale redness of nose and neighbouring cheeks; margin not very sharply marked; very slight sensation of pain and heat. Temperature, morning, 29°; evening, 99.6°. October 12th, morning, 99.7°; evening, 99°. October 13th, morning, normal; evening, 99°. October 14th, morning, normal; evening, 99.5°. October 15th, morning, normal; evening, 99.7°. October 16th (eighth day), morning and evening, normal, and continued so. Steady subsidence throughout; very slight branny desquamation.

CASE V.—A woman, aged 35, admitted on November 22nd. A month ago, having had no previous attack of erysipelas, the right ear became swollen, red, and painful; this subsided in a few days. Eight days ago swelling and redness of right eyelids, increasing so as to close eye; this subsided completely in four days, when she had a rigor, followed by redness and swelling of left side of nose and cheek, with much pain.

On admission (fifth day of relapse), slight branny desquamation of right eyelids and cheek; bright redness and swelling of left side of nose, both left eyelids, and cheek, sharply circumscribed downwards and inwards, more diffused over outer side of cheek. Temperatures: evening, normal. November 23rd, morning and evening, normal. November 24th, morning, 99.5°; evening, 100.2°. Headache; fresh patch of redness and swelling at back of left ear; bulla on cheek. November 25th (eighth day), morning and evening temperatures were normal, and on following day subnormal, and continued so. But, on November 26th, there was an extension of redness and swelling to left side of forehead and temple. From this time steady subsidence, with desquamation.

Such are the cases which I have observed, and probably many will think that there is not much to be said about them; they are simply mild or abortive attacks of erysipelas, and there is an end of the matter. If this view be held, it still seems to me not without interest that in one of them (Case v) a rigor, and in two others (Cases III and IV) slighter fits of shivering, preceded so mild an attack; further, that two (Cases II and V) were first attacks, which are usually severe; and, lastly, that in two (Cases III and V) an extension took place while the temperature was subnormal.

But another view of these cases may be taken. It may be doubted whether they are to be considered examples of true erysipelas, and some may prefer to rank them as instances of spurious erysipelas, or

¹ Read before the Medical Society of London.