REMARKS

ON

STAMMERING WITH OTHER ORGANS
THAN THOSE OF SPEECH.

By JAMES PAGET, F.R.S., D.C.L.OXON.

THE characters of stammering in speech are so well known, and may be so often studied, that we may take this form of disease as the type of a class including similar affections of other organs than those of speech, and may apply to all the same generic name of "stammering".

Stammering, in whatever organs, appears due to a want of concert between certain muscles that must contract for the expulsion of something, and others that must at the same time relax to permit the thing to be expelled. Ordinary stammerers cannot at the same time regulate the contraction of the muscles of expiration for the proper expulsion of air, and the relaxation of those of the glottis, or (in different cases) of the tongue or lips, for permitting the expulsion of the air while it is being made vocal and articulate. Numerous as are the varieties and modes of speech-stammering, this discord of muscles is in them all. Its dependence on the nervous system and the mind is in fact plain enough, in theory very difficult. Perhaps it may help the study of speech-stammering, if similar disorders be watched in other parts of the body; but at present I want only to point out the facts.

Stammering urinary organs are not rare; and they may be known by observing, sometimes in the same person, the exact parallelism between the difficulty of expelling urine and that of expelling the air in the ordinary speech-stammering. The patient can often pass his urine without any trouble, especially at customary times and places; and, when he does so, the stream is full and strong, and he has "nothing the matter with him". But, at other times, he suffers all the distress that he might have with a very bad urethral stricture. He cannot pass a drop of urine; or, after a few drops, there comes a painful check, and the more he strains, the less he passes; and then complete retention may ensue, and overfilling of the bladder. In these characters, the case may closely resemble one of the ordinary instances of so-called congestive stricture, in which rapid swelling of some part of the mucous membrane narrows or closes the part of the canal which is least capable of distension. But the circumstances in which the difficulty arises are, in the two cases, very different. The stammering with the bladder occurs in just the same conditions as the stammering speech. There are few stammerers in speech so bad but that they can talk or read fluently when they are alone or with those whom they are most familiar with, or when they are entirely thoughtless as to their manner of speaking. Their worst times are when with strangers, or with persons or in places that are associated in their minds with stammering. It is just so with the bladder and urethra. One patient told me that, although he could usually pass urine well, yet there was one person with whom nothing could induce him to walk, because once, when he was with her, he wanted to pass urine, retired, and failed. His experience of the effects of association of thoughts made him sure that, if he were again in the same circumstances, the same distress would come on him more intensely. Another, a clergyman, always passed a catheter before going into his pulpit. He had often had nervous troubles with his bladder; and once or more, having felt a horrid need of passing urine while he was preaching, he found himself, at the end of his sermon, unable to pass any. He said he felt sure that, if he were to go into his pulpit without the assurance of an empty bladder which his catheter (a No. 12, passed easily) gave him, he should be pressed with the desire to pass urine, and then should have retention. As a speech-stammerer might be unable to utter a word, so would he be unable to pass a drop of urine. Again, another patient has described himself as driven to all kinds of devices to bring about the association of ideas or of actions with which he best succeeds in emptying his bladder. He must walk up and down his room, and stand or sit in some customary singular posture, and then be very careful not to direct his mind either too much or too little to what he has to do, and then to let the urine run as inconsiderately as he can.

I might add many more notes of the seeming caprices of the stammering bladder and urethra; but it may suffice to say that nearly all the phenomena of stammering speech find in them their parallel. In both alike are observed the strong influence of habit and of association of ideas; the effects of transient changes in the vigour of the nervous system; the need of a justly and yet almost unconsciously measured exercise of the will, that it should be neither more nor less than enough;

and the influence of distraction of mind. And equally in both classes of patients may be noticed the coincident general sensitiveness of the nervous system, and the family relations with persons who suffer various other forms of nervous disorder.

One or two differences may, however, be noticed between the urinary and the speaking organs, in their respective stammering. The former cause more pain. The bladder, unable to expel its contents, becomes for a time the seat of the feelings of distress and tightness, and urgent need of emptying, which are felt in more simply mechanical retention of urine; and it becomes more sensitive and more irritable, but probably rather through the constant and earnest attention of the mind, than through any change in its own condition. In cases of long-continued urinary stammering, some of which began in very early life, and some of which I have known for many years, I have seen no indication of any supervening organic disease. After years of trouble, nothing appears wrong but the manner of action of the parts. But though, so far as I have yet seen, their stammering does not produce structural disease of the urinary organs, yet, in many instances of their structural diseases, these organs become very "nervous"—that is, very sensitive and disorderly in their nervous systems; and, in this state, they imitate some of the faults of stammering. Thus in stricture, especially from congestion of the mucous membrane of the urethra, patients feel that a great part of the difficulty of passing urine is due to their inability to regulate and harmonise the urinary muscular acts. As a man said to me, "If I could stop the straining, I could do it; but, as soon as ever I strain, the spasm comes on." By this he meant that he could not duly moderate the action of the expelling muscles; and that, as soon as they began to act too vehemently, those that close the urethra would act in spite of him. Just so a stammerer sticks fast in speech; and the faster, the more he strains. And, in similar likeness to stammerers, we may see that most patients with long standing obstruction from stricture or diseased prostate, or whatsoever else, resort to habits or postures, or mere tricks, by which they may gain the advantage of associations of ideas for aiding the successful use of their muscular power.

The treatment of stammering urinary organs has difficulties similar and equal to those of treating stammering speech. The patient must try to educate himself to a calm control of his muscular power; and, on any occasion of failure, must get what help he can from such mental tricks as I have referred to. He should evade all risks of difficulty, and should avoid all the conditions in which he has suffered his worst failures. He should do anything rather than fail to pass his urine. He should not always yield to the first impulse to pass it, but should try to regulate the actions of the bladder to certain fixed hours of the day. And especially he should learn to use a catheter, not only that he may thus relieve himself in case of absolute need, but that he may be free from the enervating dread of helpless retention. He should keep his whole economy, and chiefly the secretion of urine, in the healthiest state he can; for, like all other stammering, or in even a greater degree than any other, that of the urinary organs is influenced by the condition of the general health.

The characters of stammering with the organs of deglutition may generally be recognised by their likeness to those of urinary stammering. They have to be distinguished not only from the mechanical obstructions of the upper part of the oesophagus, whether from stricture, pouch, or other hindrance, but also from the difficulties of swallowing that depend upon paralysis, whether hysterical (so called) or senile, or from progressive muscular atrophy. It is not necessary that I should try to point out the diagnosis of stammering in deglutition from each of these diseases. The common ground of diagnosis from them all is in the predominant influence of mental association in the stammering, and its slight, if any, influence in any of the other difficulties. Sometimes swallowing is easy and unhindered; at others very difficult, especially in company, or when the trouble is particularly inconvenient, or the mind too much set on it. Briefly, nearly all that has been said of stammering with the urinary muscles might be repeated, *mutatis mutandis*, of that with the muscles of deglutition; and the principles of treatment must be in both the same.

I have not seen cases enough to be able to discriminate between the stammering and the spasmodic stricture of the oesophagus. I think they are different affections, but I need more opportunities of studying them. If any one will investigate them, much help may be gained from the paper by the late Dr. Brinton in the *Lancet* for Jan. 6th, 1866, and from the remarkable case of fatal spasmodic (or stammering?) obstruction of the oesophagus recorded by Mr. Henry Power.

I believe that a disorder essentially similar to stammering may be traced among the cases of difficulty of defecation not due to organic disease; but it requires more study that I have yet been able to devote to it.