A Clinical Lecture

ON THE

NEUROTIC ELEMENT IN DISEASE.

DELIVERED AT THE LONDON SCHOOL OF CLINICAL
MEDICINE.

BY

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SINCE the time when Adam and Eve were banished from the Garden of Eden mankind has been familiar with disease; but as the race has progressed from one stage of development to another, civilized humanity has gradually been learning how to mould its habits of life so as to rob sickness of many of its terrors, and subdue it to the influence of laws by which it is ever becoming more completely and effectively controlled.

In furtherance of this aspiration for betterment, scientific hygiene is constantly recording fresh triumphs. Some diseases, such as typhus fever, small-pox, scurvy, and Malta fever, are thoroughly under the control of preventive measures; while others, such as diphtheria, enteric fever, tuberculosis, and scarlet fever, though not yet so completely governed, are capable of being limited in the extent of their distribution and modified in the severity of their manifestations. These disorders belong, it is true, to the specific or communicable class of disease which preventive medicine most readily combats, but in other varieties of sickness no less remarkable progress has been made in the direction of amelioration.

Syphilis, in spite of all its dreadful possibilities, is amenable, if properly managed, to the influence of mercury, the iodides, and apparently also to the more recently discovered arylarsonates; myxoedema can be cured by thyroid gland extract; malaria sacrifices its protozoal parasites at the shrine of quinine; chlorosis vanishes under the revivifying influence of iron and arsenic; and the present investigations into the nature of cancer may be trusted to devise, in the near future, methods of prevention and treatment by which that widespread scourge will be held in check.

In the field of surgery the advances of scientific discovery and the improvement of technique have been no less remarkable than in medicine, with the result that many disorders which were formerly regarded as hopelessly incurable are now brought within the scope of successful treatment.

But while great gains have been achieved in the conflict against organic and specific disease, the record is by no means so satisfactory when we come to investigate the vast field of functional disorders with which we are brought in constant contact. It may be safely asserted that our knowledge of functional disease is still of the most limited description, and yet it must be confessed that functional symptoms are rapidly acquiring increased pre-eminence in every variety of illness. Those who come after us will certainly find, with more accurate and penetrating methods of research, minute organic changes to adequately explain many manifestations which, in our ignorance to-day, we label functional.

This neurotic tendency is becoming so general, that not only are the ordinary organic and specific disorders influenced by its complicating coexistence, but it has also come to establish for itself a symptom-complex known under the name of "neurasthenia," which though possessed of such distinctive characteristics that it can be scheduled as a disease-entity, is yet, so far, unaccompanied by any organic changes by which a *post-mortem* explanation is yielded. All we are able to say is that the seat of disorder is situated somewhere in the nervous system, and that the manifestations of a condition with which we are becoming more and more familiar, are obviously dependent upon disturbance of the great nerve supply by which the activity of the bodily functions is controlled and the stability of the mind itself provided for.

It has been asserted that the main cause of this great change which is taking place in nerve resistance to the powers of evil is the more rapid pace at which the world

moves, and the consequent increased strain which daily life and duty imposes upon each individual's reserve of energy. That, in addition to these necessary calls upon our vitality, we are becoming too luxurious, and are striving to enter the kingdom of Heaven by the preaching and practice of a gospel of comfort rather than by the older doctrine of self-denial and hard work.

Whatever the true explanation be, it is certain that we, as physicians, are coming to recognize that the old order of things in disease is rapidly changing, and that, in our management of the sick, new conditions are creeping in which are tending to modify the course of many organic ailments, and are compelling us to direct our methods of treatment so as to counteract their hindering influence upon the natural progress of this, that, or the other disorder.

Many diseases, indeed, are so different now from what they used to be that we believe them to be undergoing a change in type. This is not surprising when we consider how mankind is gradually being altered by the influence of circumstances and surroundings, and we begin to appreciate that the greatest change both in man and his ailments is dependent upon a progressive development of nervous instability. It may be objected that the perception of an increasing nervous element in disease depends in great measure on the preconception or bias of the observer, and to some extent this may be true.

But the observation of this growing neurotic influence is no longer that of a few physicians only; it has become the admitted experience of most men who are engaged in active work; so that such criticism may be regarded as applicable in only a comparatively small number of instances.

It is not my intention to direct your attention this afternoon to those neurasthenic conditions which may be said to be entirely central. The manifestations by which ordinary neurasthenia declares itself are familiar to most of us, but I may be allowed to recount the following epitome of its multifarious symptoms, in order to emphasize the fact that the only satisfactory explanation of such a complex picture is to regard it as the outcome of a central or constitutional upset: A constant sense of weariedness and inability for sustained mental or physical exertion; impairment of digestion; disturbed sleep; restlessness and irritability; occipital or vertical headaches; vasomotor instability; feebleness of volition, loss of memory, and mental depression; and absence of physical signs, indicative of organic disease. What I desire more especially to consider with you to-day is the effect of a generalized neurasthenia or of the neurotic habit upon the progress of ordinary illnesses. And, in the first place, may I say that in my experience the distinctively neurasthenic type of person does not come out of surgical operations well. An operation is got through as in average cases, but no sooner is all anxiety as to recovery over than the neurotic element asserts itself more strongly than before, and ultimate convalescence is delayed—sometimes indefinitely. Here is a case illustrative of my meaning, and it is one of many I could mention:

A married lady, aged about 48, who belonged to a family of a highly neurotic type and who had herself suffered for several years from anaemia and neurasthenia, developed indefinite discomfort in the region of her appendix. This discomfort increased until it became actual pain, but was never accompanied by pyrexia or any evidence of active inflammatory mischief. In the right iliac fossa a sausage-shaped tumour could be felt, which varied in size from time to time, and was situated in the midst of a resistant elastic mass. She very much dreaded operation, but she was advised that without removal of the appendix she need not expect any relief to her sufferings. In due course the appendix, which was found glued to the caecum, was removed, but recovery was so slow that the patient was unfit to return home for two months. Her nervous system became completely unhunged; she slept badly, could neither take nor digest food except in the smallest quantities, was constantly depressed, became exceedingly thin, suffered from constant headaches, and was altogether distinctly worse in her general condition of health, and especially in the state of her nervous system, than she had been before the operation. After her return home she did not recover, but for the following seven months was a confirmed invalid; even the pain for which her operation had been principally undertaken returned as badly as before.

I do not suggest that an operation was unjustified; I merely relate the case as one of a type in which surgical

interference is not well tolerated, and in which due consideration ought to be given to the general health as well as to the local condition before surgical methods of treatment are employed. If an operation is imperatively demanded to save life, all the consequences which may ensue must be risked; but there are many instances where the urgency is not great, and in some of them sufficient allowance is not made for the neurotic element which sometimes renders the diagnosis a little uncertain, and always impresses upon the physician the likelihood that complete recovery will be slow. The wound may heal as well and as speedily as in the case of other patients, but the nervous system does not rebound well from the shock of operation, and for a longer or shorter time—and much longer than most surgeons will admit—remains difficult of control and rebellious to restorative treatment.

It would be obviously impossible in the course of one short lecture to enumerate every disease the usual photograph of which may be blurred by the interpolation of neurotic lights and shadows. I desire only to refer to the subject in broad outline, in the hope that I may succeed in stimulating your interest sufficiently to make you investigate your cases with minds alert to the frequency with which the nerve element may not only modify the picture but even transmogrify it almost beyond recognition.

Let us, in the first place, glance for a moment at the diseases of the brain and nervous system generally. I need scarcely remind you that the various paraesthesiae of functional disturbance are liable to cause in the neurasthenic mind the most grave dread of organic disease. Especially do neurasthenic patients readily fall into the fear of an imminent paralysis or apoplexy.

As an instance, I may quote a lady of 64 years of age who has come to see me from time to time over many years, and always with the same tale of numbness in her fingers and toes, a sense of formication down her right side, occasional headache and vertigo, and a record of failing memory and intellectual confusion. She is of a gouty habit of body, has considerable tension in her circulation, thickened vessels, and ineffective action of the bowels with a consequent liability to recurrent conditions of faecal accumulation in her colon. Up to the present she has always been restored to comfort and confidence by remedies directed to the proper evacuation of her bowels and the reduction of her arterial tension.

The neurotic predisposition of the patient is awakened into activity by an autointoxication from her intestine, and so soon as the primae viae are thoroughly cleared her normal equanimity is restored. But the manifestations, which so far have been functional only, point the way clearly to hidden rocks of organic danger ahead, and lend value to symptoms which, though not at present synonymous with the paralysis which she dreads, foreshadow to the professional mind a possible future verification of her fears.

Another patient—this time a full-blooded, freely-living man of 50 years of age, whose family has been gouty through many generations and several of whose ancestors have succumbed to apoplexy—comes to me periodically in terrible anxiety that he is on the verge of falling a victim to what he calls “the family scourge.” He is a highly strung man and knows just enough about the signs of apoplexy to have his fears aroused by every headache that befalls him. So far, his headaches have all been of the occipital neurasthenic type and have been accompanied by such unmistakable confirmatory evidence of a passing nervous tension that one has been able to reassure him and to get his health re-established by suitable dietetic and medicinal correctives. But, again, the presence of high arterial pressure, a low specific gravity of the urine, occasional vertigo, and a sluggish portal circulation cast the shadow of organic illness across these chapters of functional disturbance in his life-history, and the problem recurs with increasing insistence whether the functional storms of his present period of life are not the heralds of a coming organic tempest that will some day add another victim to the roll of his family record.

The occurrence of “fits” is an incident in the history of many illnesses which gives rise often to difficulties in diagnosis and in differentiation between a functional and an organic foundation. Two cases of a widely different type, which were sent to me on account of what were described as “fainting attacks,” are instructive in this connexion.

One of them, a young lady of 23 years of age, was of neurotic type, and was a descendant of a family through many generations of which there could be traced a strain of nervous instability. The girl, though shy and retiring in manner, was healthy-looking and without any definite organic fault.

Her health had been quite good until about a year before her first visit to me, when she began to complain of lassitude, disturbed sleep at night, failing appetite, vertical headaches, vertigo, constipation, and fainting attacks. These attacks were said to be accompanied by temporary loss of consciousness, by pallor, palpitation, and dyspnoea, and were always followed by headache, but she had never bitten her tongue, never been convulsed, never passed water involuntarily, and never hurt herself in falling. The story did not suggest epilepsy, and her heart was normal. At first sight it seemed as though the “fainting fits” were either purely neurotic or merely a consequence of some passing gastric disturbance. But on closer investigation she was found to have a slight degree of intention tremor, a certain amount of nystagmus on extreme deviation of the eyeballs in the lateral direction, exaggerated knee-jerks, and a suspicious pallor of the temporal half of her right optic disc—all symptoms very slight in themselves, but when taken in conjunction with the girl's age, with her heredity, with an apparently idiopathic development, and with a certain degree of mental hebetude to which she had been previously a stranger, enough to raise in one's mind the question whether we were faced with something more than a mere functional disturbance of health—whether, in fact, we were not dealing with a disseminated sclerosis in the earliest stages of its development. The present condition of this patient, after a few weeks' treatment, is one of marked improvement, but the fact must not be lost sight of that no disease of the nervous system is so strikingly marked by remission of symptoms as disseminated sclerosis. In such a case, therefore, judgement should be suspended and no definite diagnosis ventured upon until a sufficient lapse of time enables us to conclude definitely that the threatening indications have been part only of an entirely functional condition, and have not been the early expression of tissue changes which will, later on, declare themselves the indisputable evidences of incurable organic disease.

The other patient was a man of 51 years of age, a soldier who had served his country in many parts of the world, and had never been seriously ill until about a year ago, when he suddenly fell down in what was believed to be a “fainting fit.” Since the first attack he had experienced many similar seizures, and recently they had become so frequent as to cause him and his family serious alarm. He had also developed a tendency to headaches and to vertiginous attacks, and he was concerned to observe that his memory was rapidly failing him. He had been active all his life, had indulged freely in tobacco and alcohol, but denied ever having suffered from syphilis. Though distinctly neurasthenic, he had no evidence of established organic disease, but his vessels were atheromatous, his heart was somewhat hypertrophied, and there was a ringing second sound at his aortic cartilage. His urine was of low density, and contained the faintest haze of albumen. His attacks were, from the description, doubtfully convulsive, but he was said to lose consciousness, to become during them very flushed in the face, and always on recovery was intellectually confused, abnormally somnolent, and painfully emotional. He had never injured himself during his attacks, his discs were normal, and there was no evidence of muscular paresis or paralysis. On closer examination of his nervous system his pupils, though active, were sluggish; there was a suspicion of slurring in his articulation of certain words, and his tongue betrayed a slight fibrillary tremor. What was the nature of these attacks? The description of them, and the fact that they first declared themselves after middle life, made it unlikely that they were wholly functional, though his obvious neurotic tendencies suggested that explanation, and doubtless accounted for many of his symptoms. Further, the onset of idiopathic epilepsy is unusual so late in life, and if the attacks were even partially epileptiform, there must be some early organic change to account for them. The minor symptoms which this patient presented warranted, I think, the suspicion that on a functional basis there was being developed an organic superstructure, the true nature of which was probably general paralysis. Time will declare whether such a suspicion is well founded, but at its present state of development this case is one which again conveys the lesson of the need for suspension of judgement until sufficient opportunity is afforded for definitely concluding whether the neurotic element constitutes the whole story or part of it only.

If we next turn our attention for a moment to the circulatory and respiratory systems as we find them involved in diseases of the thoracic organs, we will discover equally striking examples of the pitfalls which beset the diagnostic path. And, in passing, let me say how misleading to the public a medical opinion, especially in respiratory or circulatory disorders, often is. Misleading because the doctor, either to safeguard his reputation or to shield imperfect knowledge, frightens the wits out of a nervous patient by declaring that he is suffering from weak lungs or from a feeble heart. Such a verdict means to the patient and his relatives a conviction of consumption in the one case, and the likelihood of sudden death in the other, and is generally given in cases where cough has been a persistent and troublesome symptom, or where what are described as fainting attacks have been to the patient or his friends alarmingly suspicious of heart disease.

Some years ago I saw a gentleman of 38 years of age who for a long time had been troubled with a cough which varied in degree and sometimes disappeared for weeks at a time, but always returned without any apparent reason to account for it. He had suffered much from many physicians, and had been seriously perturbed by being told in the early history of this cough that his lungs were feeble, though perhaps not actually diseased. He had taken drugs *ad nauseam*, had been sent to winter abroad, and had also undertaken a voyage to New Zealand to rid himself of his enemy. When I first saw him I was unable to find any evidence of active disease in either lung, though I thought there was some suspicion of rough breathing in the right upper lobe. The physical signs, however, were much too slight and indefinite to account for a cough of such long duration, and the patient, despite his long experience of "weak lungs," was well nourished and able for quite an average amount of professional work and physical exertion. He was a highly nervous man, by profession a solicitor, and was living in constant dread of tuberculosis. He indulged extensively in cigarettes, and his fauces showed clear evidence of the irritating effects of tobacco-smoke inhalation. To relieve the annoyance of his cough he was in the habit of taking glycerine, and it had become his habit to keep in his dressing room a bottle of this harmless substance for use when required. One night, shortly after retiring to rest, the cough became, as it often did, worrying, and he resorted as usual to his placebo; but, being unable to find a light, he groped his way in the dark to where he was accustomed to find his glycerine bottle, and hurriedly took a mouthful of what turned out to be Scrubb's ammonia. Fortunately he discovered his mistake before he had swallowed much of the irritating liquid; but, in acute alarm at his mistake, he sent for the nearest doctor, who found that, though very little of the ammonia had reached his stomach, sufficient had been taken into the buccal cavity to shrink up much of the mucous membrane of his mouth, tongue, and fauces. No serious damage had been done, and, after a few days' discomfort, he recovered completely. But the most satisfactory outcome of his carelessness was that thenceforth the cough, which had been for so long the enemy of his happiness and peace of mind, entirely disappeared, and he remains to-day a healthy and active member of society, with all the old dread of consumption no more than a memory of the evil influence which a careless diagnosis of "weak lungs" had exerted upon a sensitive and overstrung nervous system.

As an example of the disastrous effect of a loose diagnosis of "weak heart," may I also relate to you a case which is still under my observation?

The patient is a young, anaemic, neurotic woman of 21. She is said to have suffered from fainting fits for about two years, and her parents had been warned that these attacks were due to heart feebleness, that they were not without danger, and that she had a murmur. On close inquiry it was ascertained that, though she experienced feelings of faintness from time to time, she never entirely lost consciousness. The heart was excitable, its rhythm was slightly irregular, and a soft systolic bruit could be heard at the apex and over the pulmonic area, but the cardiac diameters were normal, and, after a little reassurance, the rapidity of the heart diminished, and the irregularity of its action entirely disappeared. It was obvious that the girl was not suffering from any organic lesion of her heart, but what her condition more strongly suggested was the possibility of *petit mal* as the explanation of her attacks. Under the influence of iron and arsenic, together with the restoration of her digestive activity, however, the faint feelings have disappeared, and the patient is now robust and well. Her own fears, as well as those of her parents, have been allayed, and the bogey of heart disease has been restored to the oblivion from which there never was any good reason for calling it forth.

Cases such as these are eloquently graphic of the evil which constantly ensues from faulty observation and enigmatic diagnosis. Actual disease of the lungs in the one case, or of the heart in the other, was not asserted, but in each instance the faulty judgement of a neurotic patient was encouraged to accept a needlessly apprehensive conclusion from the suggestive terms in which a halting and covering opinion was expressed.

But there are other thoracic disorders of greater importance than these, in which it is essential to carefully weigh the value of the neurotic element. The most distressing ailments in which we often find a jumble of organic and functional disturbance are angina pectoris in the circulatory system and asthma in the respiratory system. As you know, there are two forms of angina pectoris described—one dependent upon degenerative faults in the myocardium, increased arterial tension, atheromatous changes in the coronary and other vessels, kidney disease, and so on, which is attended by an ever-present possibility of sudden death; and another associated with vasomotor instability and neurotic accompaniments, which is regarded as unimportant and for the most part amenable to treatment by valerianates and discipline.

And there is yet another class, undescribed in textbooks, with which we are only too familiar, in which examination fails to reveal any adequate organic cause for the attacks complained of, but in which, none the less, something in the description which is given us, or something indefinite about the patient's general condition, warns our clinical instinct that there is a kernel of danger lying somewhere obscure in the recesses of the neurotic temperament which makes the prognosis uncertain. Here is such a case which I saw only a few weeks ago:

A lady of 64 years of age complained that within the past three or four months she had been frequently disturbed by unaccountable attacks of short and distressed breathing, accompanied by a sense of constriction in the chest and of tingling down both arms, but especially the left. The attacks occurred mostly in the early hours of the night, but she had also experienced several during the day after some form or other of unusual effort. She was a typically neurotic woman, and belonged to a family many members of which had suffered from nervous and mental disease. She was well nourished, bright, and active, had gouty proclivities, but presented no physical signs of organic disease other than a certain degree of thickening of her vessels and an accentuated second aortic sound. The arterial changes were not more pronounced than what is common to her time of life, and, except for the method of their onset, the description of the attacks from which she suffered was so suggestive of a neurosis that one was tempted to regard the condition as wholly functional. Not long ago this lady, after incautiously going upstairs hurriedly, was suddenly seized with acute pain in her chest which shot down her left arm and up the left side of her neck; this was accompanied by inability to move a step from where she stood, by panting respiration, and by a terrifying apprehension of immediate death. The attack fortunately did not prove fatal, but the description was too vivid to admit of any doubt as to its nature, and when I saw the lady shortly afterwards I found the heart dilated and in such a condition of irregular commotion that it seemed more than doubtful whether it could ever quiet down. She is now better, but I have learnt, not for the first time, how unsafe it is to speak too confidently about anginal attacks as being unconditionally functional.

Yet another case, more difficult to estimate and more painful in its *dénouement*:

A lady of 48, who was in the midst of her menopause, developed anginal attacks, which seemed, from a consideration of all the circumstances, to fully justify a diagnosis of functional disturbance and a prognosis of complete recovery later on. One day I was summoned to see her, and on my arrival at her house was told that while walking in the park she suddenly experienced a worse attack than usual, and was compelled to take a cab home. The pain gradually subsided after her return, and she lunched with the other members of her family, though not feeling quite comfortable. After luncheon she retired to her room, where I found her on the sofa, apparently better. Her pulse was rapid but regular, and she was flushed and restless. I was just about to leave her when she suddenly complained of a return of the pain; simultaneously her face became deeply cyanosed, and, before there was time to do anything for her relief, she was dead. I had examined this patient frequently, and she had also been seen by other physicians, but we were all betrayed into a wrong opinion. Leave was given to examine the heart after death, and the explanation of the tragedy—because it was nothing less—was found to be an abnormally small right coronary artery, obviously a congenital fault, which had remained mute throughout all the more active years of life, but was unable to cope with the added stress of functional disturbance coincident with the change of life.

The danger of regarding functional cases too seriously must, however, also be guarded against, and nothing can ever justify a gloomily expressed prognosis, unless under circumstances where the diagnosis is so certain that it is, for safety's sake, imperative to ring the danger bell. To frighten a neurotic patient with a verdict implying sudden fatal possibilities is tantamount to condemnation to a life of perpetual mental dread and unbroken invalidism.

I have intimate knowledge of such a case in a relative of my own.

She was a lady of 58 years of age who had always been delicate, was of the neurotic type, had passed through an anxious and disturbed life, and had comparatively recently come to the end of her menstrual periods. She developed cardiac attacks such as we are now considering, and was kindly, but unwisely, told by her doctor that in one of them she would almost surely die. For close upon three years that lady lay in bed afraid almost to breathe. Periodically she experienced an attack of praecordial discomfort, and on every occasion the members of her family were speedily summoned to see her die. Her life was a living death to her, and to the members of her family her illness was a ghastly nightmare which haunted them unceasingly. Ultimately a course of treatment was suggested which had the effect of improving

a digestion which had been impaired over many years; a spirit of hopefulness was breathed by a wise and optimistic physician into this poor lady's mind, and she eventually recovered, and lived for many years without any return of the heart attacks which an unjustified opinion had led her to regard as her summons to death.

I have lingered over these cardiac conditions at too great length, but it is in the field of heart disease more than any other that the neurotic question becomes, both for the physician and his patient, one of such superlative importance. There is no certain means by which we can be infallibly guided, and, with all the care we can take, the best of us must make mistakes, but my personal experience justifies me in believing that along the pathway of a cheerful prognosis lies the doctrine of comfort for those who, on account of their temperament, are liable to construe out of a hedging opinion the confirmation of their worst fears. I go further, because I believe that, even in the presence of serious organic disease and with the knowledge that a heart is wearing thin, we lighten the remaining days or years of our patient's life, and add to his courage and happiness by keeping alive within him the spirit of hopefulness.

As regards asthma, which may be regarded as the greatest of all the respiratory bugbears of neurotic patients, time will not allow me to do more than glance at it. Asthma may occur under many circumstances, and is frequently secondary to some other disease; but true spasmodic asthma is still a disorder for which no definite organic cause has been found, and it is one which afflicts chiefly those who have inherited or begotten the neurotic temperament. We do not see much of it in our hospital wards, because it is most common among the upper and middle classes of society, where neuroses of one type and another abound. It is, when once contracted, one of the most intractable of all maladies. It does not end fatally, but exhibits a recurrent persistence which makes the sufferer's life miserable and drives him to one doctor after another, then to one quack remedy after another, until he becomes an unbeliever in rational treatment and the slave of "cures." But while all this is true, the point about asthma which in connexion with our subject to-day must not be overlooked is that its manifestations must not tempt us to carelessness. The following case aptly illustrates what may happen

A man of middle life, who had suffered from ordinary spasmodic asthma since boyhood, came to me after an interval of many years and told me that he had become so tired of the ineffectual attempts of innumerable doctors to cure his trouble that, after consulting many in different parts of the world since I had last seen him, he had, for several years past, trusted to patented medicines of one kind or another. He had also tried almost every climate on the face of the earth, but was unable to assure himself that his attacks were either fewer or less severe in one place more than another. The reason for his present visit to me was that, being accidentally in town, he had been, two nights previously, attacked by an unusually severe seizure, and he thought the excuse a good one for renewing an old acquaintanceship. I remembered him perfectly, and saw but little change in his physical condition. From the long continuance of his asthma his lungs had become emphysematous and obscured the physical state of his heart, but there were no murmurs or other abnormalities so far as could be heard through the noise of his breathing. He assured me that, but for his old asthmatic enemy, he was perfectly well. Fortunately for me, a passing complaint of failing eyesight, which he laughingly attributed to *anno Domini*, prompted me to look into his eyes, and there, to my surprise and regret, I found a marked albuminuric retinitis. This led to an examination of the urine, where full confirmation was forthcoming of an established interstitial nephritis. This patient's asthma was probably still, to some extent, of the paroxysmal type, but added to the old neurosis there was now a renal element of so serious a nature that his days are certainly numbered.

The case is one of the many daily illustrations we get of the need for a routine examination of the urine, but in the bustle of active work, this is an investigation which we are liable to neglect unless there be something in the symptoms otherwise to cause us to fear the existence of kidney mischief.

One more recent experience may be referred to as illustrating an asthmatic difficulty of a different type:

A young lady, who had been operated on ten days previously for the relief of a hydronephrosis, suddenly experienced in the night an attack of breathlessness which gave rise to the greatest alarm. She was distinctly neurotic, and from the day of her operation her digestion had been a source of trouble, with flatulent distension of the abdomen as a leading symptom. The fear was at once aroused that a pulmonary embolism was the

cause of her seizure, and a very guarded opinion was expressed to her friends, but the attack subsided and she experienced no recurrence and developed no subsequent pulmonary symptoms. The absence of pain in the chest made the suggestion of embolism doubtful from the beginning, but, under the circumstances in which the difficulty in breathing arose, the suspicion was justified, though a confident diagnosis either way would have been, at the time, unwarranted.

As in the region of the thorax, so in that of the abdomen, we meet with interesting problems in connexion with disorders of the stomach, intestine, kidney, and liver, and are frequently brought face to face with complex manifestations which demand the most searching clinical investigation to solve correctly. I must defer their consideration to a future opportunity, but in this region of the body as in the others to which I have alluded this afternoon, there is no lack of illustration to prove that the neurotic element in disease is one to reckon with, and that, despite some incredulity on the subject, there is no getting away from the fact that symptoms which are apparently wholly functional dominate the aspect of many illnesses, that they may obscure the true significance of organic manifestations, and that not infrequently they are so much the end-all and be-all of a disordered state of health as to justify the assumption that—at any rate so far as the present state of our knowledge enables us to judge—the neuroses must be taken into account as definite integers in our conception and treatment of disease.

A Lecture

ON THE

TREATMENT OF ECZEMATOUS PATIENTS.

DELIVERED AT THE MEDICAL GRADUATES' COLLEGE
AND POLYCLINIC, LONDON.

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IN no affection of the skin is it more important than in eczema to recall the axiom that it is the patient and not the disease that requires treatment; the characteristic which distinguishes the wise practitioner from the quack is that the former realizes that he is in the presence of a sentient human being who is the subject of disease; the latter has merely a nostrum which is applied to the disease with an inevitableness as monotonous as the response of an automatic machine to the insertion of the nimble penny. The title which I have used is intended to emphasize a protest—a more familiar, shorter, and less correct title would be "The Treatment of Eczema"—and my object will be to describe certain common forms of the disease with the methods of treatment which have been found serviceable in each type.

The very first difficulty to be overcome is the exact definition of what is meant by the term "eczema." It is unfortunate that no agreement exists as to what shall or shall not form a criterion of classification; one of the latest of these definitions, that of Dr. Norman Walker—"Eczema is the term commonly applied to any wet or scaly inflammation of the skin of the cause or nature of which the observer is ignorant"—is more humorous than helpful.

The older writers, before our idea of eczema became swamped with the introduction of Unna's "seborrhoeic eczema," insisted chiefly on the presence of "a serous discharge which stiffens linen" as an essential feature of eczema; the same feature distinguishes the phenomenon which recent French authors describe as "eczématisation," to which I shall refer again. But, now that there seems a reasonable prospect of the withdrawal from this class of the whole large body of disease at present called "seborrhoeic eczema"—which, as a distinguished writer has tersely put it, is not seborrhoea and not eczema—it is possible that the older simplicity may be restored, and it would certainly make for clearness and be in accordance with the actual practice of a large majority of medical practitioners if the advent at some time or other of "a