THE SENSORY THROAT NEUROSES OF THE CLIMACTERIC PERIOD.

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THAT a special and intimate, if scientifically somewhat mysterious, connection exists between the sexual apparatus and the respiratory organs has, of course, long been known. Its physiological prototype in man is found in the sudden development—particularly in the male sex—of the larynx during the time of puberty, accompanied by the characteristic change in the voice known as the “break” of the voice; whilst in the female sex changes in the finer mechanism of the singing voice are by no means infrequent at the time of menstruation. In animals again this physiological connection is shown, to give but two instances, in the “roaring” of the otherwise silent stag at the rutting time, and in the vocal self-intoxication, in which the capercaillie cock during the corresponding time indulges to his own destruction, inasmuch as his excessive voice use, during which he appears to be quite incapable of taking notice of anything around him, enables the Continental stalker to approach this otherwise extremely wary bird.

On the border-line between physiological and pathological conditions manifesting the connection referred to stand the various forms of vicarious bleeding from the upper air passages, particularly epistaxis, which in a number of well-observed and authenticated cases has been observed to either completely or in part replace normal menstruation.

Pathologically, again, plenty of illustrations exist in medical literature of the influence exercised by the genital sphere upon the upper respiratory tract. Thus, excessive salivation is not rarely found to accompany gravidity and actual diseases of the uterus; anosmia has been observed to follow operative removal of both ovaries, whilst, on the other hand, olfactory hallucinations have been known to occur in cases of sexual neurasthenia; anomalies of menstruation in young girls frequently enough are accompanied by vocal weakness; castration of boys in early youth, as is well known, is followed by very considerable changes in the character of the voice; a number of cases has been described in which functional aphonia was caused by anteversion or other changes of position of the uterus, and disappeared as soon as reposition of that organ had been effected. Many additional points could here be named, but the above quoted observations of the physiological and pathological connections of the upper air passages with the sexual organs will suffice, I think, to show the actuality of this connection. Moreover, Dr. Gustav Endriss of Goepfingen has in his inaugural thesis so well collected and described the previous observations made in this connection, that I cannot do better than refer those interested in the general question to the original.¹

But even in his monograph, fully as it deals with the influences of menstruation and gravidity upon the respiratory organs, very little is said about a class of cases which, if not from their pathological dignity, yet from their frequency and from the sufferings which in not a few instances they entail, deserve, I think, a somewhat fuller notice than has hitherto been granted to them, medical, gynaecological, and laryngological textbooks being either entirely silent about them or dismissing them with a very few words indeed.

I refer to the sensory throat neuroses of the menopause. I purposely use the vague expression, “throat” neuroses instead of speaking of “pharyngeal” or “laryngeal” neuroses, because, as has been well pointed out by Schädewaldt, and as I am able to corroborate by personal experience,² the power

of localisation of sensations felt in the throat is very defective physiologically as well as pathologically.

“The sensations in the most different parts of the organs of the neck are as a rule jointly referred to a region in which, so to say, the joint sphere of sensation (the sensorium commune, according to Zeissl's analogy) of the entire throat is situated. This region is the front part of the neck, the laryngo-tracheal region” (Gottstein).

It is therefore no use attempting a more precise differentiation of the neuroses to be treated in the following paper according to the locality in which the sensations are felt, and, on the contrary, an attempt of this kind might easily lead to therapeutic mistakes.

The way by which I have gradually arrived at looking upon the menopause not merely as a possible etiological factor in the production of sensory neuroses of the throat, but as their, in my own experience, by far most fertile source, has been simply that of clinical observation. The first thing that drew my attention to this point was the fact that female patients of a distinctly non-neurotic or hysterical type, but either just entering upon or being in the midst of the climacteric period, formed the overwhelming majority of all the patients who consulted me for these sensory neuroses. The next point that struck me was that, again in the enormous majority of all cases belonging to this class, there was a total absence of the local or general signs which we know to cause or to accompany sensory neuroses of the throat. Thirdly, the fact impressed itself upon me that the usual local or general treatment which is found useful in such neuroses when due to other causes entirely failed in this class; and, finally, I found that when once the organism had settled down to the new condition of things, these neuroses, obstinately as they had resisted all possible therapeutical measures, spontaneously disappeared. Thus, the impression that the menopause in itself was the cause of the troubles on account of which the patients consulted me became more and more engraved on my mind, and now that further experience has convinced me of the correctness of my observation, which, moreover, is by no means extraordinary, in face of the fact that the “change of life” so frequently is the cause of nervous disturbances in all possible territories of the body, I think it right to publish my experiences, particularly as I see that these neuroses frequently are misunderstood.

SYMPTOMS.

The patients in question, who I consider form a distinct and separate class, are women in the critical period of life, commonly spoken of as the climacterium, the menopause or the “change of life,” that is, women between the ages of forty and fifty on an average. Occasionally the change takes place a little sooner, more frequently somewhat later than within that decade, but I have never seen a patient of less than 38 nor of more than 55 years, in whom I have made the diagnosis of a “climacteric” throat neurosis. The sensations of which these patients complain vary enormously in kind and in intensity, but can all be summarised under the two large headings of “paræsthesia” and of “neuralgia,” the former being by far the more frequent one. I have never seen a case of anæsthesia of the throat due to the climacteric period, and I may mention incidentally that motor neuroses, such as functional aphonia, or spasms in the throat, are in my experience, rarely due to the change of life itself.

As to the kind of sensations experienced by these patients, they are described very variously. Most frequently one hears of unpleasant sensations which often enough cannot be exactly described, and which are in some cases general, in others shifting from one part to the other. In other cases the patients name general or partial “irritation,” “burning” sensations, general or partial “soreness,” “dryness,” “tickling,” desire to constantly “scrape” or “hawk and

¹ “Die bisherigen Beobachtungen von physiologischen und pathologischen Beziehungen der oberen Luftwege zu den Sexualorganen,” *Inaugural Thesis*, by Dr. Gustav Endriss, Würzburg, 1892.

² Some years ago at a dinner party a piece of partridge bone became impacted in my throat, and I was unable to dislodge it myself. When a *confrère*, who fortunately was present, asked me where I felt it, I pointed to the region of the right hyoid fossa as being the seat of the impaction,

and was not a little surprised when the gentleman in question (Professor Oppenheimer of Heidelberg) assured me after inspection, and proved his statement by removing it, that it stuck in the posterior wall of the pharynx, just behind the uvula and a little to the right of the median line, that is, a distance of between two and three inches from where I thought I felt it! This instructive experience taught me how little one can rely upon statements, however apparently exact, even of intelligent patients with regard to the locality where sensations in the throat are felt, and a good many subsequent experiences in others have fully corroborated the one made in my own person.

hem," sensations of "choking" or of "strangulation," a feeling as if the throat were "wooden," very frequently the sensation of a foreign body, variously described like a crumb of bread, a bone, a hair, a needle, etc., a constant desire to "swallow empty," feelings of heat or cold. Such are the paræsthetic sensations most frequently named. But in very many cases one sees how the patients vainly strive to exactly describe what they feel, and where the seat of the sensation is.

The infinitely less frequent "neuralgic" sensations are usually described as a fixed pain on one side of the throat, which sometimes radiates into the corresponding ear, and which is not increased, and even may be temporarily diminished by the act of swallowing. More rarely the patients complain of lightning pains shifting from one side to the other.

The intensity of these neuroses varies, as already said, most remarkably. In the great majority of cases the sensations are merely felt as an inconvenience or a nuisance, and this probably is one of the reasons why these cases are so much more frequently seen in private practice than at the hospital, it being a general experience that the neuroses of the climacterium are more frequently met with in women of the upper classes than in the lower orders. In other cases, and not a few, the subjective troubles are of a more severe kind. The patients not rarely actually cry whilst giving one the history of their ailment, and the general depression accompanying the affections is sometimes very marked indeed.

In a good many of these cases, particularly in the course of the last few years in which general attention has so much more been directed towards cancer of the throat, there is a very distinct "cancerphobia," and a mere assurance after careful examination that there is no cancer suffices to completely transform the patient's previously frightened and anxious countenance. Fears of consumption and syphilis I hear much more rarely expressed. In the very worst cases, which fortunately in my experience are rare, the suffering appears to be extreme and the mental condition of the patient deplorable; thus, not long since a lady, the wife of a clergyman, threatened, in her husband's presence, to commit suicide if I were not successful in curing the horrible sensations and pains in the throat from which she suffered, and which had obstinately resisted the theurapeutical efforts of various medical advisers.

In a large number of cases the throat symptoms complained of are the *only* sign of the approaching change of life, and sometimes—to which I would particularly draw attention—even *precede* the menstrual irregularities. In an other perhaps equally large number they either follow the usual uterine disturbances of the climacteric period, or are associated with other complications of the menopause, such as dyspepsia, waterbrash, flushes, sweats, rapid and considerable increase in bulk, neuralgia of other parts, debility and exhaustion, mental depression, cardialgia, sleeplessness, headache, etc. In a few instances very intelligent persons have spontaneously, whilst giving their history, expressed to me a belief that the throat symptoms complained of were a sign of the impending change of life. Much more frequently I have heard, when after examination I gave my opinion to the effect that the sensations complained of were merely a local expression of the change of life, that the patients themselves had suspected this to be the case.

The objective symptoms in the cases which really belong to the domain of the sensory neuroses of the climacteric period are either conspicuous by their absence or the changes found are so slight as to make it extremely unlikely that they could be held accountable for the symptoms complained of.

In a very large number the appearances are quite normal; in other cases, when in women during the climacteric period, a few small pharyngeal granulations or a very slight enlargement of the lingual tonsil or some hardly noticeable thickening of the lateral folds of the pharynx are detected, or when the veins in the pharynx or at the base of the tongue are a little more visible than usual, or when there is some slight anæmia, the experienced observer will not at once rush to the conclusion that they are the cause of all the ills complained of, and will keep before his mind the by far greater

possibility that the neurosis in question is in reality due to the change of life itself. This question will be more fully discussed under the head of treatment.

PROGNOSIS.

The prognosis in these cases is universally good. I have never known of a case in which these sensations persisted after the organism had once settled down to the new condition of life, whilst I have often had the opportunity of hearing from former patients of mine, whom I afterwards met by chance, that my cheerful prognosis as to the ultimate disappearance of their complaints had come true. The course of the neurosis, however, whilst in the majority of cases it exists for some months only, not infrequently occupies a period of one or two, and, in rare cases, even three years, which is quite in accordance with our knowledge of the duration of the climacteric period in general. This, of course, is an important point. Sometimes also the throat neuroses disappear, and give way to other neurotic or neuralgic affections, whilst in other cases again other neuralgias may disappear and throat neuroses take their place.

DIAGNOSIS.

In making the diagnosis of a sensory throat neurosis of the climacteric period (which of course can only be arrived at *per exclusionem*), we have to guard against falling into one of two strictly opposite mistakes, namely, of either overlooking some actual and tangible cause of the affection, or, on the other hand, of accusing slight accidental abnormalities of being the real cause of the neurosis.

With regard to the first point it need hardly be said that there is not the least reason why women during the climacteric period should not suffer from any of the other well-known causes of sensory throat neuroses just as well as anybody at any other period of life. But I think it right to emphasise this point because I should be sorry if my attempt to establish the climacterium as a sufficient cause *per se* of sensory throat neuroses should lead anybody to rush into the erroneous conclusion that *all* sensory throat neuroses met with during that critical period must of necessity be due to the climacteric period alone. Thus, before arriving at the diagnosis of a sensory throat neurosis of the climacteric period, we must first exclude by careful examination the possibilities that the affection is due to chronic pharyngeal catarrh of a marked type, to considerable nasal stenosis, to a foreign body, to considerable enlargement of the lymphatic tissue at the base of the tongue, to general anæmia of the pharynx, particularly in cases of commencing tuberculous disease of the lungs, to general neurasthenia or hypochondriasis, to syphilophobia, etc. Particularly it ought to be remembered that paræsthesia, hyperæsthesia, or neuralgia of the throat may be the first sign of malignant disease of the part or of its neighbourhood, and that the age at which the climacteric neuroses come under observation is identical with that in which the beginning of malignant mischief is most frequently observed.

On the other hand, we must with equal care avoid accusing every trivial little alteration in the appearance and texture of the throat and its neighbourhood as the actual cause of the paræsthesia or neuralgia. A warning of this kind is anything but superfluous. No thoughtful physician will for a moment deny that it means a real progress in the art of diagnosis if an actual local cause of a neurosis in any part of the body can be discovered. But I am afraid that the pendulum of the present current of thought, particularly in my own special branch, has swung a little too much towards that direction, and that but too frequently the discovery of the smallest aberration from the ideal state of a part, which thousands of times is seen without any symptom whatever being thereby caused, is by enthusiastic observers not merely looked upon as a sufficient explanation of the neurosis complained of, but also as a signal of the desirability of immediate topical interference. No doubt such errors may be committed in good faith, and I have myself, as mentioned in the beginning of this paper, been partly led to the considerations of which the present article is the outcome by the oft repeated observation that forms of treatment which had proved useful in other cases remained barren of result when adopted in cases of the class now under consideration. It is the wish to spare

others the disappointments I have had which induces me to dwell at some length upon this point, and it may in particular not be amiss in this connection to warn against the now fashionable view of looking upon the nose as the *font et origo* of all morbid sensations experienced in any part of the body, and of associating the discovery of the smallest abnormality in that part with the hasty conclusion that the neurosis in question must be due to that abnormality. I feel pretty sure that this wave of enthusiasm will pass away as other similar waves have passed, and will leave a very small residuum only of actual facts behind. As, however, in connection with the subject now under discussion, I have, particularly in the course of the last two years, seen several patients in whose cases the nose had been accused of being the cause of their climacteric throat neuroses, and had been more or less vigorously treated, with the result that after either a perfectly negative effect or after a very transitory improvement, the sensations had returned, and the patient, who had been promised a cure, had been reduced to a state of greater despondency than previously—I think it my duty to particularly warn against adopting a form of treatment which in all probability merely acts—to use my friend Dr. M'Bride's telling expression—like a blister applied to a very sensitive spot, the immediate effects of which at best are rapidly evanescent and the lasting results of which usually are so undesirable as those just described.

TREATMENT.

In cases in which there is any reasonable doubt as to whether the neurosis is due to the climacteric period or to some actual local mischief, not the slightest objection can of course be raised against treating the latter in the usual fashion. Thus, marked nasal stenosis, considerable granular or lateral pharyngitis, much developed hypertrophy of the lingual tonsil will have to be treated in the usual way by local measures, and in cases of neuralgia particularly the probe ought to be used in order to ascertain whether there is any tender spot in the region of the pain complained of: again, cases of anaemia and chlorosis should be treated by the cautious use of iron and arsenic, etc. But in all those cases in which there is rational doubt whether the paræsthesia and neuralgia complained of are due to such causes as those mentioned or to the effects of the menopause, the practitioner will do well not to promise too confidently a satisfactory result of the local or constitutional treatment he is going to adopt, and to at once mention the possibility that the sensations complained of may simply be a transitory sequel of the change of life. When, after exclusion of all other possible causes, I have come to the definite conviction that the neurosis is of a climacteric character, I have been gradually led to rely on moral efforts only, and to desist from all other forms of treatment. In the great majority of these cases the patients who (may it once more be said) are by no means of a neurotic or hysterical type, consult the physician only because they are alarmed about the unpleasant sensations of which they themselves cannot give any satisfactory account. When they see that their ailment is not pooh-poohed, and that, after a careful examination, the deliberate opinion is given that the sensations are merely due to the change of life, and when this opinion is coupled with the cheerful assurance that in not too distant a time they may with certainty reckon upon their disappearance, they are as a rule perfectly satisfied. This obtains particularly in those cases in which cancer or consumption or syphilis, or some equally grave disease, has been feared. The usual local remedies, astringents, caustics, etc., I have found perfectly useless or of most transitory effect, and, considering that this whole period of a woman's life is in itself often enough associated with a state of mental depression, I would particularly warn against their indiscriminate use, inasmuch as after their failure patients are liable to be infinitely more depressed and convinced that their ailment is of a really serious character than before. This applies with particular force to all forms of narcotics, which I find are unfortunately much too frequently prescribed in this class of cases. Opium, morphine, cocaine, bromide of potassium, etc., whether locally or constitutionally employed after a very short time lose their effects, and the patients are either driven to become victims of one of the pernicious habits to which the continued

use of these narcotics so frequently gives rise, or their general and local sufferings are considerably increased, if they are compelled to desist from their use. Only in aggravated cases of paræsthesia, and more particularly in cases of neuralgia, do I utilise drugs which cannot do any possible harm, such as a menthol spray or a general tonic. My experience of the use of electricity in such cases is very limited and of an indefinite character. The best effects are certainly obtained in those cases in which the throat neurosis is associated with considerable increase in bulk, digestive disturbances and gouty manifestations. In such cases, if the patients can be persuaded to go through a mild course of the mineral waters of Carlsbad, Marienbad, Kissingen, Aix-les-Bains, Vichy, etc., a disappearance of all the symptoms complained of and establishment of settled conditions in general is often much sooner obtained than in the ordinary forms of climacteric neuroses. But in the great majority of cases, I repeat, no other treatment but moral influence is, in my experience, necessary.

A CASE OF SUBCORTICAL CEREBRAL TUMOUR TREATED BY OPERATION.¹

(WITH COLOURED PLATE.)

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SUMMARY OF SYMPTOMS.

THE salient points of the case which we record below were as follows:

1. The gradual onset of the paralysis, involving successively the right ankle, the knee and hip, and then extending, after the lapse of seven months, to the joints of the right hand, and then to the whole of the upper extremity. Finally speech became affected.
2. The classical symptoms of intracranial pressure were present—headache, vomiting, and optic neuritis.
3. The mental condition gradually deteriorated.
4. There was some loss of sensation affecting the right limbs chiefly (see figures on p. 7), while the face entirely escaped.
5. There was no family history of tubercle, and no personal history of tubercle or syphilis.
6. Under antisyphilitic remedies, taken for over six weeks, the patient's condition not only did not improve, but grew worse.

GENERAL DIAGNOSIS.

Hemiplegia may be due to vascular changes such as hæmorrhage, embolism, and thrombosis when the onset is sudden, or takes only a few days to develop; but in the case of hemiplegia, which progressively increases during several months, there is strong presumptive evidence that it is due to a tumour, and when this is associated with optic neuritis, headache, and vomiting, the combination of symptoms makes the diagnosis almost certain.

LOCALISING OR SPECIAL DIAGNOSIS.

Having determined on the presence of a tumour in the left cerebral hemisphere, the next question to settle was its exact position. Such hemiplegia might be caused by a tumour of the cortex, the centrum ovale, or the internal capsule, and we will now give the symptoms of lesions in these different parts:—

(a) The type signs of involvement of the cortex are: 1. Jacksonian epilepsy: the aura or the initial movement being represented in the part of the cortex first involved in the tumour; this is followed later by a permanent paralysis of the same part which progresses in a definite order. 2. Corresponding to the paralysis of the limb segments there is change of sensibility. Light touches may not be felt, but if they are, they are not properly localised. Loss of muscular sense so that the patient is not cognisant of the position or

¹ A paper read at a meeting of the Medical Society of London on November 28th, 1894. The patient was present at the meeting in good health.