LECTURE XII.

HYSTERICAL CONTRACTURE.

SUMMARY.—Forms of hysterical contracture. Description of the hemiplegic form; analogies and differences between hysterical contracture and that resulting from a circumscribed lesion of the brain. Example of the paraplegic form of hysterical contracture.

Prognosis.—Sudden recovery in some cases. Scientific explanation of certain reputedly miraculous events. Incurability of contracture in a certain number of hysterical patients. Examples. Anatomical lesions. Sclerosis of the lateral columns. Varieties of contracture. Hysterical club-foot.

GENTLEMEN,—In his standard treatise on hysteria, M. Briquet, though he does not give to the history of *permanent contracture*, which may affect one or several members in hysterical cases, all the consideration that in my judgment it deserves, yet traces with a sure hand the most salient features of this symptom. This, he writes, is a rare complication. He had, in fact, only met with it six times at the period when he published his work. In one case, the contracture occupied one limb only; in two others, it appeared under a *hemiplegic form;* and in the last three cases, it assumed the *paraplegic form.* It is perfectly true that hysterical contracture can present these several aspects. You will, besides, verify the fact for yourselves, as I am fortunate enough to be able to place under your observation two patients, one of whom presents the hemiplegic form and the other the paraplegic form of hysterical contracture. We are thus enabled to make you touch with the finger, as it were, the most interesting peculiarities connected with this singular manifestation of hysteria.

I.

Etch—, now aged 40 years, has been affected for twenty months with left hemiplegia. You perceive the *superior extremity* of this side is in semi-flexion (fig. 22); it is the seat of considerable rigidity, a fact attested by the difficulty experienced in trying to increase the flexion, and the impossibility of obtaining complete extension.[1]

The left *lower extremity* is in extension; its several parts are, so to speak, in a forced posture. Thus the thigh is strongly extended on the pelvis, the leg upon the thigh. The foot presents a most

[1] At the present moment (July, 1873) the contracture of the left extremities is observable, with all the characteristics described in the lecture, which was delivered in June, 1870. [Etch— has since recovered, see *infrà*, pp. 240-1. S.]

marked example of *talipes equino-varus.* In addition to this, the adductor muscles of the thigh are, also, spasmodically contractured. In short, all the joints are alike rigid, and the whole limb forms as it were an inflexible bar, for, by grasping the foot, you can raise, in one piece, the inferior portion of the patient's body. I lay particular stress upon this attitude of the lower extremity, because it is very rare in hemiplegia arising from circumscribed cerebral lesion (*en foyer*), and is, on the contrary, as it were, the rule in hysterical contracture. In the latter case, permanent flexion of the thigh and leg is, to judge from my own experience, a really exceptional fact.

FIG. 22.—Contracture of left upper extremity.

We have here a *permanent contracture* in the rigorous sense of the word; I have assured myself that it is nowise modified during the profoundest sleep; in the daytime, there are no alternations of increase or remission. The slumber alone, which chloroform procures, causes it to disappear if the intoxication produced be considerable.

Although the hemiplegic contracture by which our patient is affected is, I repeat, of nearly two years' standing, you perceive that the nutrition of the muscles has not sensibly suffered. I should also add that the electrical contractility has remained nearly normal.

I would point out to you, in passing, that, by forcibly setting back the point of the foot, you determine in the contractured lower extremity a *trepidation* which sometimes persists long, even when the foot is let go, and allowed to resume its former attitude. You are aware that this same trepidation is very commonly met with in paralysis with contracture, arising from an organic spinal lesion, as, for instance, when the lateral columns are affected with sclerosis; but I have likewise seen it, in a number of cases, in which hysterical contracture ended suddenly in the patient's recovery. Hence, you will observe that this phenomenon is not one of absolute worth, so far as an anatomical diagnosis is concerned.[1]

[1] In 1868, in the course of my lectures at La Salpêtrière, I called attention to the peculiar trembling which, in certain patients affected by paralysis, or even by paresis, of the lower extremities, was produced in the foot when it was caught by the point and suddenly turned back (*v.* A. Dubois, "Etude sur quelques points de l'ataxie locomotrice progressive," 'Thèse de Paris,' 1868).

The trepidation, thus provoked, generally stops as soon as the foot is no longer kept in dorsal flexion; sometimes, however, it persists for a little time after. Limited to the foot in many cases, it extends often to the entire limb, and sometimes even to the lower extremity of the opposite side. In cases where the trembling in question can be provoked by the method described, it frequently also shows itself, either spontaneously (at least apparently so) or under the influence of the movements made by the patient to raise himself in bed, to rise from it and stand, or again whilst walking.

Trepidation of the foot, whether provoked or spontaneous, shows itself in various circumstances when the lateral fascicles of the spinal cord have become, throughout a certain extent, the seat of a slow connective proliferation. These conditions are, it is plain, the same as those in which, at a later period than the trembling, the production of *permanent contracture* takes place. Thus spontaneous or provoked tremulation, whether limited to the foot or generalized, is observed in *symmetrical sclerosis of the lateral columns*, in *disseminated sclerosis*, whenever the spinal foci occupy the lateral columns to the extent of some inches in length. They are seen when *sclerosis descendens* has been established consecutively on compression of the cord, caused by a tumour; in acute or subacute *transverse myelitis;* or, again, in *lateral sclerosis, consecutive on certain cerebral lesions* such as, for instance, circumscribed ramollissement, or hemorrhage of the opto-striate bodies, involving the capsula interna. The tremulation in question is, therefore, not the appanage of any one disease in particular; it is connected with affections of very different origin, but in which lateral sclerosis is a common feature. However, its presence in cases of hysterical contracture, terminating abruptly in recovery, shows that it cannot always be attributed to a perceptible material lesion of the lateral columns (Dubois, *loc. cit.*, Charcot et Joffroy, 'Archives de Physiologie,' 1869, pp. 632 et seq.; Charcot, 'Leçons sur les Maladies du Système Nerveux,' 1re Edition, pp. 218, 307, 319).

Quite recently Herr Westphal and Herr Erb have each devoted to the study of this symptom a treatise, accompanied with ingenious physiological views. According to these authors, provoked *trepidation* of the foot (which is designated by Herr Westphal under the name Füszphänomenon) would be a reflex phenomenon, having its starting point in the tendons (W. Erb, "Sehnenreflexe bei Gesünden und bei Rückenmarkskranken," 'Archiv für Psychiatrie,' iv Band, 3 heft, p.

Leaving out of the question the difference we have mentioned respecting the attitude of the lower extremity, all the other peculiarities we have described might, strictly speaking, apply to a case of organic hemiplegia, resulting from a deep-seated lesion of the encephalon, as hemorrhage or ramollissement, for instance.

Another feature of resemblance is the following: hemiplegia showed itself suddenly in Etch— during a seizure. After this attack, the patient remained for several days without consciousness.

Having indicated the analogies, I must point out the differences. They are numerous and emphatic, and in point of fact, nothing is more simple than to assign hysterical contracture to its proper cause, by taking note of characters which are almost always present.

1st. Remark, in the first place, gentlemen, the absence of facial paralysis and of deviation of the tongue, when that organ is protruded. You know that these phenomena always, on the contrary, exist to some extent in hemiplegia resulting from circumscribed cerebral lesion.[1]

2d. Observe also the existence of an analgesia and of an anæsthesia, which may be termed absolute, extending over the entire paralyzed half of the body, and consequently occupying the face, trunk, etc. This alteration of sensibility involves not only the skin, but also the muscles, and perhaps the bones; it stops exactly at the median line.

This kind of generalized anæsthesia, occupying a complete half of the body—head, trunk, and members—this quasi-geometrical limitation of the anæsthetic portion by a vértical plane dividing the body into two equal parts, are, as it were, the peculiar property of hysteria.[2] However it happens, this symptom is very rarely observed in hemiplegia of cerebral origin, and in case of spinal hemiplegia, that is, of hemiplegia resulting from a unilateral lesion of the spinal cord, the anæsthesia, as M. Brown-Séquard has shown, would occupy the side opposed to that affected by motor paralysis.

3d. We have many other distinctive characters to point out. The patient is intelligent, and we have no reason to suspect her sincerity. She can, therefore, give us authentic information with

792, 1875; C. Westphal, "Ueber einige Bewegungs-Erscheimungen an gelähmten Gliedern," Idem, p. 883; W. Erb, "Ueber einen wenigbekannten Spinalen Symptomencomplex," in 'Berliner Klin. Wochenschrift,' 1875. No. 26).

In some cases of paralysis of the upper extremities, when, for example, we have hemiplegia consecutive on lesion of the internal capsule, and when permanent contracture is not too marked, we can succeed, by suddenly extending the fingers, in producing a spasmodic trembling of the hand, similar in every respect to *provoked trepidation of the foot*. (J. M. C.)

[1] According to Herr Hasse ('Handbuch der Path.,' etc., 2 Auflag, Erlangen, 1869) Herr Althaus was the first to point out the absence of facial paralysis, and of lingual and buccal deviation in hysterical hemiplegia. This is not the case; the character in question had been, previously, prominently set forth in R. B. Todd's "Lectures on the Nervous System."

[2] V. *ante*, Lecture X on "Hemianæsthesia."

respect to the mode of evolution of her affection. The following is a succinct account of her history.

There were not, it appears, any hysterical antecedents in her case. The disease set in, when she was 34 years of age, after a violent moral shock, with a seizure accompanied by loss of consciousness. This attack, according to all probability, assumed the epileptic form of hysteria. Etch—, in fact, fell during the fit into the fire, and she bears on her face the traces of the burn which she then received. Renewed attacks, at times plainly hysterical, at times exhibiting some of the aspects of epilepsy, supervened, repeatedly, during the following years; but, at the age of 40, appeared the permanent symptoms of hysteria which we have at present to study. We should, therefore, mention in what concurrence of circumstances they were developed, for we shall find there some characteristic features.

a. Menstruation which, until then, had been regular, became disordered; the patient, from time to time, had vomitings of blood;[1] there was considerable tympanites, with acute pain on pressure in the left ovarian region. This pain was of a special character, being accompanied by peculiar sensations which radiated towards the epigastrium, and which were noticed by the patient as heralding most of her seizures. These symptoms, including the tympanites, and retention of urine, are still in existence.

b. Almost simultaneously with the occurrence of these phenomena, Etch— became subject to persistent *retention of urine*, which necessitates the constant employment of the catheter.

c. Matters were still in this state, when, in October, 1868, there supervened a very severe attack, accompanied by convulsions and followed by an apoplectiform condition with stertorous breathing; then *hemiplegia* suddenly made its appearance.

Now, gentlemen, this *considerable tympanites*, these *pains in the ovarian region*, this *retention of urine*, constitute a group of symptoms the importance of which is nearly decisive in diagnosis. Nothing similar is to be seen in the premonitory symptoms of hemiplegia arising from cerebral lesions, whilst it is very common, on the contrary, to find these symptoms preceding the appearance of the permanent phenomena of hysteria, whether hemiplegia or paraplegia. This is a point which M. Briquet has not failed to bring out; it is likewise properly noticed, so far at least as hysterical paraplegia is concerned, by Dr. Laycock, in the following terms: "In hysteria, more or less severe paralysis of the lower extremities is always accompanied," he might have added, "and preceded," "by a corresponding degree of perturbation in the functions of the pelvic viscera; this perturbation is manifested by constipation, tympanites, vesical paralysis, increase or diminution of the urinary secretion, ovarian or uterine irritation, etc."[1]

[1] This is a frequent accident in hysterical patients, when there is a notable derangement of the catamenia.

d. When Etch— was admitted a year ago (June, 1869) to La Salpêtrière, the hemiplegia had been seven or eight months in existence. Independently of the characteristic peculiarities, already mentioned, the state of the paralyzed members could be, itself, quoted in favour of the hysterical origin of the paralysis. Thus, whilst the upper extremity was in a state of complete and absolute flaccidity, the lower extremity presented a very marked rigidity of the knee. This would be a considerable anomaly in a case of hemiplegia, consecutive on cerebral lesion; for, in such a case, the slowly ensuing rigidity prefers to manifest itself in the upper extremity.

e. The contracture which at present occupies the upper extremity, only dates from a few months back, and it was developed suddenly, and without transition, after a seizure. It is not in this way, as you know, that we find the tardy contracture supervening, which results from hemorrhage or ramollissement of the brain. In the latter case, contracture always sets in slowly and in a progressive manner.

Thus, gentlemen, by taking note of all the circumstances which have just been enumerated, nothing is more easy than to ascertain the real cause of the disease in the case of our patient Etch—. In the following observation, which relates to a case of hysterical paraplegia,[2] the same facilities for making a differential diagnosis may be found.

II.

Alb—, aged 21 years, a foundling, has been affected for about two years with permanent contracture of the inferior extremities, which are, as you may observe, in extension and quite rigid. As in the case of Etch—, muscular contractility is not diminished. The members are emaciated, but this emaciation affects them generally, and is due to the fact that the patient is subject to almost uncontrollable vomitings, which hinder her from taking sufficient nutriment. We have likewise to note an almost complete analgesia of the paralyzed members.

Now, the following are the thoroughly decisive symptoms which allow us to establish the diagnosis.

a. Alb— has been subject to hysterical fits since she was sixteen years of age; *b*, she has been for four years affected with retention of urine, which generally requires the employment of the catheter; *c*, she presents enormous tympanitic distension of the abdomen; *d*,

[1] 'Treatise on the Nervous Diseases of Women,' London, 1840, p. 240.

[2] This case was already referred to in Lecture XI. A detailed account of the symptoms may be found in the memoir, 'Comte-rendu des observations recueillies à la Salpêtrière, concernant l'épilepsie et l'hystéro-épilepsie.' (B.)

the ovarian regions are painful on pressure, and if the exploration be pressed, an hysterical seizure is soon provoked; *e*, contracture of the inferior extremities supervened suddenly, without transition, and this is a symptom which we have already had occasion to emphasize in the preceding case. Now, such symptoms are not to be met with during the progress of sclerosis of the lateral columns.

III.

Thus, gentlemen, nothing, I repeat, is simpler than the clinical interpretation of these two cases, so far as the diagnosis is concerned. But here is a point where, in these and in analogous cases, serious difficulties may arise.

What will become of these patients? In their case, paralysis with contracture has persisted, without amendment, for four years. Will this contracture some day be resolved, or will it, on the contrary, persist indefinitely, and so become an incurable infirmity? These are questions which we must ask, without, however, pledging ourselves to give categorical answers.

A. It is possible that, in spite of its long duration, this contracture may, without leaving any trace of its existence, disappear—perhaps to-morrow, or in a few days, or a year hence. We can foretell nothing concerning it. *In any case, if recovery takes place, it may be sudden.*[1] From one day to the next, resumption of the

[1] Dr. Laycock remarks that a woman may have been bed-ridden for several months, and quite unable to use her lower extremities, the physician may have given up all hope of being of any assistance to her, when suddenly, under the influence of some potent moral cause, she will be seen to rise from her bed "no longer the victim of nerves, but the vanquisher," as Thomas Carlyle says, and walk about as well as if she had never been stricken with paraplegia. This is one of the terminations of hysterical paraplegia which the physician should never lose sight of, and which well shows what risk he runs in pronouncing a case of this kind to be incurable. T. Laycock, 'A Treatise on the Nervous Diseases of Women,' London, 1840, p. 289. (Note to first French Edition.)

This anticipation was fulfilled during the present year, as regards the first mentioned of the two patients to whom allusion was made in this passage, italicized in the first edition. The state of Etch— on the 21st of May, may be thus summed up: retention of urine, with periodic ischuria, during nine years; contracture of the right lower extremity; contracture of the members on the left side, of six years' standing: contracture of the jaws, necessitating the use of the stomach-pump, of one year's standing; aphonia, lasting during ten months. On the 22d May, at a quarter past seven o'clock in the evening, she was seized with a fit, marked chiefly by great oppression: contracture of the neck-muscles, on the left, which twisted the chin behind the left shoulder. The patient does not lose consciousness, she believes she is going to die; she shrieks—the contracture of the jaws vanishes. She tosses about, the attendants endeavour to restrain her; with her right arm, which has become free, she repels those who hold her. She wants to go to the window for air; and, being opposed, her passion increases, and under this influence it was observed that contracture of the right leg disappeared, and that this was followed by disappearance of that of the left leg, and next by that of the left arm, in succession. Etch— is allowed to rise; she walks about; *in eighteen hours recovery was complete*, or nearly so. Dating from the next day, the urinary secretion became normal again. The amblyopia and anæsthesia

normal state may occur; and if it should happen, that at this period the hysterical diathesis is exhausted, the patients may once more take their place in everyday life.

In connection with this, gentlemen, I cannot resist pausing a moment in presence of these rapid and often unhoped-for recoveries from a disease which, during such a length of time, had made itself remarkable on account of its tenacity and its resistance to all therapeutic agents. A sudden strong emotion, a concurrence of events taking powerful hold of the imagination, the reappearance of long-suppressed catamenia, etc.—occurrences such as these are frequently the occasions of those prompt recoveries.

I have seen in this hospital, three cases of the kind which I request your permission to briefly summarize.

1st. In the first case, there was contracture of a lower extremity (fig. 23), of at least four years' standing. On account of the misconduct of this patient, I was obliged to give her a stern admonition and declare that I should turn her out of the hospital. Next day, the contracture had entirely disappeared. This fact is the more important, because convulsive hysteria existed only as a bye-gone fact in her memory. For two or three years past, the contracture had been the only manifestation of the great neurosis.

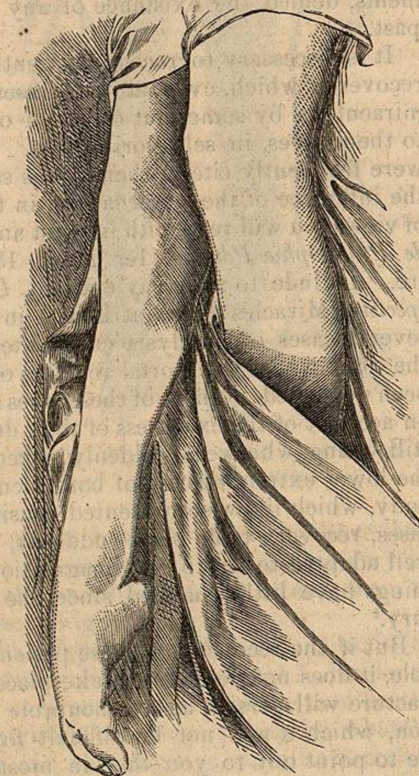

Fig. 23.—Hysterical contracture of the right lower extremity.

2d. The second case, likewise, concerns a woman affected by a permanent contracture of one member only. The hysterical crises, proper, had long disappeared. This woman was

did not completely disappear until a few days had elapsed, and the patient has only retained some cracking sound in her joints, principally in those of the left leg, as vestiges of her permanent contracture. In conclusion, the only traces of former accidents to-day, are some slight cracking sounds in the joints of the limbs previously affected by contracture. (B.) (Note to the Second French Edition.)

charged with theft; the contracture, which had lasted for two years, vanished suddenly on account of the moral shock caused by this accusation.

3d. In the third case, the contracture had assumed the hemiplegic form; it affected the right side, and was particularly evident in the upper extremity. Recovery took place almost suddenly, eighteen months after invasion, on account of a sudden disappointment. At that time there was no anæsthesia, and the patient, whilst confessing to having experienced strange nervous derangements, denied the existence of any real hysterical seizures in the past.

It is necessary to recognize, gentlemen, the possibility of those recoveries which, even at the present day, have been cried up as miraculous by some, but of which only charlatans take the credit to themselves, in self-glorification. In former times, similar cases were frequently cited, when it was sought to prove before sceptics the influence of the supernatural in therapeutics. From this point of view, you will read with interest an article published in the *Revue de Philosophie Positive* (1er Avril, 1869), by the venerable M. Littré. I allude to an essay entitled, *Un fragment de Médecine rétrospective* (Miracles de Saint Louis), in which is found an account of several cases of paralysis cured after pilgrimages to St. Denis, to the tomb where the mortal remains of King Louis IX had recently been deposited. Three of these cases are especially interesting to us on account of the exactness of their details. They relate to women, still young, who were suddenly seized with contracture of one of the lower extremities, or of both members on the same side of the body, which likewise presented considerable anæsthesia. In these cases, recovery took place suddenly, in the midst of circumstances well adapted to strike the imagination. You see, gentlemen, that things have little changed since the close of the thirteenth century.[1]

But if the recovery of these patients is possible, and even probable, it does not necessarily take place, and it may be that the contracture will persist, as an incurable infirmity. This is an assertion, which it will not be difficult for me to justify. But, allow me to point out to you that, in most authors, you will only find vague, uncertain, and far from satisfactory assertions in reference to this subject.

a. I introduce to you a patient, now aged 55 years, who, eighteen years ago, was seized, after an hysterical attack, with paraplegia accompanied by contracture, the principal characters of which you

[1] Very little, in reality, for the professedly miraculous cures, concerning which so much noise has been made in these later days, do not differ in any perceptible character from the miracles of Saint Louis. The reader may convince himself of this by a perusal of the work recently published by M. Diday, entitled, 'Examen Médical des Miracles,' etc., Paris, 1873 (Bourneville).

can still recognize. At the beginning, the contracture from time to time gave evidence of temporary amendment. But, for over sixteen years, it has never undergone the least modification. In this case, we have a real rigidity of the muscles, with predominance of the action of the extensors and adductors. Even after sixteen years of immobility of the lower extremities, the ligamentous parts are not affected, at least not in the knees, as we have been enabled to verify by an exploration made when the patient was under chloroform. The deformity of the feet alone, which resembles that of talipes equino-varus, was not modified during this artificial sleep. The muscles of the legs and thighs are markedly atrophied, and faradic contractility is diminished there. During many years, hysteria seems to have been completely exhausted in this woman, and it has become very improbable that any event could henceforth alter, in any way, the state of her lower extremities. (Fig. 24.)[1]

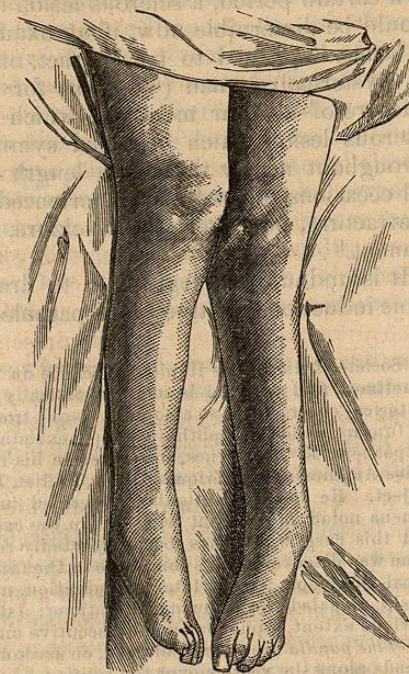

Fig. 24.—Hysterical contracture of both inferior extremities.

b. What condition then has supervened thus to maintain the existence of this paraplegia with rigidity of the limbs? Evidently, in recent cases of hysterical contracture, the organic modification which produces permanent rigidity, whatever it may be, whatever seat it occupy, is very slight, and very fugitive, since its correlated symptoms may disappear suddenly and without transition. It is certain that, with the means of investigation which we possess at the present day, the most minute necroscopic scrutiny would not be capable of discovering, in such cases, the traces of this alteration. But is it the same with respect to inveterate cases? No, gentlemen, I believe I can assert, basing my opinion on my knowledge of an analogous case, that in this woman there supervened,

[1] For a detailed account of this case see p. 53 of the memoir entitled 'De la contracture permanente,' etc. (B.)

at a certain period, a sclerous lesion of the lateral columns, which would be discernible now, if an examination were possible.

It has happened to me, in fact, once to discover, in the case of an hysterical woman (who was for ten years affected with contracture of all four members, which had suddenly supervened), a sclerous lesion which occupied symmetrically the lateral columns throughout nearly the whole length of the spinal cord. On several occasions this woman experienced temporary remissions of the contracture, but after a last seizure, it had become definitely permanent.[1]

It is undoubtedly legitimate to draw from the foregoing facts[2] some inductions relative to the pathological physiology of hysterical

[1] Société Médicale des Hôpitaux, Séance du 25 Janvier, 1865. Precisely as we, sometimes, find a spinal lesion, anatomically perceptible, in inveterate cases of hysterical contracture, so also may visual troubles be accompanied by lesions of the fundus, which an ophthalmoscopic examination will reveal. A student of La Saltpêtrière, M. A. Svynos, has given in his inaugural thesis ('Des Amblyopies et des Amauroses Hystériques,' Paris, Julliet, 1873) nearly all that relates to this subject. He has, in particular, described in detail the ophthalmoscopic phenomena noted on different occasions in the case of Etch—.

In this case, which has been repeatedly referred to (Lecture IX and XI), no lesion was discovered for a long time in the fundus of the left eye, affected by hysterical amblyopia; but a later examination, made March 20th, 1873, by M. Galezowski, revealed the following alterations: 1st, the papilla is uniformly red over its whole extent, a phenomenon consecutive on capillary congestion; 2d, the *borders of the papilla* are effaced, blurred, on account of a diffuse *serous exudation* which extends along the vessels over the retina; 3d, the principal branch of the central artery, which is distended in the lower part of the retina, presents a fusiform dilatation, whilst near the papilla it seems to be in a state of spasmodic contraction. According to M. Galezowski: "There is reason to suppose that all these disorders are due to spasmodic contraction of the arteries in some places, and their dilatation in others. Hence the occurrence of papillary congestion in some parts, and of anæmia in others, a state of things resulting in peri-papillary serous infiltration." (B.) See also the case recorded by M. Bonnefoy, in 'Le Mouvement Médical,' 1873, p. 276. (Note to the First Edition.)

In all the patients affected by *hysterical amblyopia*, who were recently examined by M. Landolt at La Salpêtrière, the visual field for white and for colours was found to be concentrically diminished, even in cases where visual acuity and central perception of colours are normal in the eye of the non-anæsthetic side. All the functions of the retina of the eye, on the affected side, have proportionately decreased

[2] To the cases mentioned by M. Charcot, the following, noted in his wards, should be added, confirming as it does his teaching in every particular.

Berthe Chat—, aged 18 years and a half (July, 1873), was subject from childhood until her twelfth year, to epistaxis, always supervening in the *right nostril*; and from the age of twelve until she was fifteen, to cephalalgia, affecting her at monthly periods nearly. At fifteen, without any known cause, and irrespective of any appreciable hereditary influence, she had suddenly a convulsive seizure, with loss of consciousness. Rare during her sixteenth and seventeenth years, these attacks were multiplied in the course of her eighteenth year. Some of them, which belong to the category of simple hysteria, recur during every two or three months; others partaking of the nature of hystero-epilepsy appear every month, with tolerable regularity. The occurrence of the catamenia (in January, 1873) did not modify, in any perceptible manner, the frequency and character of the convulsions.

contracture. According to the considerations we have mentioned, the lateral columns, or at least their posterior portions—which preside over permanent contracture in cases of disseminated or fasciculated sclerosis—are indicated as being the seat of organic modifications, which are at first of a temporary character, and give rise to hysterical contracture. In the course of time these modifications, whatever they may be, give place to deeper material alterations,—genuine sclerosis is established. This may not be, perhaps, beyond the resources of our art, but, in any case, its existence most assuredly no longer allows us to hope for that sudden disappearance of contracture which forms one of the most striking characters of the disease, when it has not as yet reached the most advanced phases of its evolution.

Does there exist any sign which would enable us to indicate, with certainty, the character of the case; to ascertain, for instance, whether the sclerosis has, or has not definitely taken up its abode in the lateral columns? I do not believe, gentlemen, that in the actual state of science, a single symptom can be mentioned which offers, in this respect, an absolute worth in prognosis.

Convulsive trepidation of the contractured members, whether purposely induced, or spontaneously supervening (*spinal epilepsy*), a certain degree of emaciation of the muscular masses, a slight diminution in the energy of electrical contractility, ought not, judging from my own observation, to make us altogether despair of seeing the contracture disappear, without leaving any trace behind. On the contrary, atrophy, limited to certain groups of muscles, especially if fibrillary contractions be added, similar to those we

At the time of her admission to La Saltpêtrière (Sept. 1872), this young girl presented on her right side: 1st, complete hemianæsthesia; 2d, ovarian hyperæsthesia.

October 8.—After an attack, accompanied by delirium lasting for about twelve hours, contracture of the right lower extremity with talipes equino-varus supervened; the contracture is complicated by an almost constant tremulation (spinal epilepsy). From the 10th to the 25th of October, the situation is unchanged, in spite of the occurrence of a hystero-epileptic fit.

October 30.—Convulsive paroxysms, in which hysteria predominates. During the second paroxysm, the persons who held the patient lest she might hurt herself, felt the right leg, which till then had been in extension, become suddenly flexed upon the thigh, and when the patient came to her senses, the contracture had ceased. Chat— retained a certain degree of debility in the right inferior extremity, principally in the foot which was turned inwards.

November.—Berthe walks without limping: the right foot still turns inwards occasionally, and its point knocks, at times, against the left foot. Sometimes, also, the right leg is taken with a trembling which lasts five or six minutes, and which is followed by a sort of numbness that generally remains during the course of the day. "Then I can no longer feel my leg," says the patient.

1873.—The muscular debility has progressively diminished. To day (July 8) Chat— is as strong on one side of the body as on the other; the right hemianæsthesia and ovarian pain have not changed. This case is an additional proof that hysterical paralysis, with contracture, may suddenly disappear without the assistance of any intervention. (B.)

observe in progressive muscular atrophy, or a very marked decrease of faradic electricity, ought to make us suppose not only that the lateral columns are profoundly injured, but, also, that the anterior cornua of the gray substance have been invaded. I have not observed, up to the present, these latter symptoms except in cases of hysterical contracture of very old standing, and which left but little hope of ever again seeing the affected members resume their normal functions.

I will add, in conclusion, that the existence of a spinal organic lesion, of more or less gravity, will be placed almost beyond doubt if, under the influence of sleep induced by chloroform, rigidity of the members only gives way slowly, or even persists to any marked extent.

In my opinion, so long as these symptoms are not distinctly manifested, we should despair of nothing. It is besides important not to forget that *lateral sclerosis*, even when completely established, is far from being an incurable disorder, as I hope soon to prove to you.

In the case of the patients to whom I have called your attention, the contracture occupied either the whole of one member or of two members, or even more. But there are cases in which spasmodic rigidity remains limited to some portion of a member, as the foot for instance, when it produces a sort of *hysterical club-foot* (*talipedal distortions*, of M. Laycock). Quite recently, Dr. R. Boddaert communicated to the Medical Society of Ghent a most interesting case of this kind.[1] The contracture had occasioned the deformity, known as talipes varus. Similar cases have been collected and published by Dr. Little,[2] by C. Bell,[3] by Dr. F. C. Skey,[4] and by some other authors.

If it were not for certain reasons of propriety, I could, in my turn, gentlemen, relate in all its details the history of a case which resembles that published by M. Boddaert.

Let it suffice to inform you that a young girl, at present twenty-two years of age, very nervous, and belonging to a family in which nervous affections predominate, was, three years ago, suddenly seized with painful contracture of the muscles of the left leg; it could be assigned to no cause, and she had not previously shown any characteristic symptom of hysteria. This contracture, which made the foot assume the attitude of most marked talipes equino-varus, gave way to several remissions in the course of the first year, but during nearly two years it has remained stationary and seems permanent (June, 1870).

[1] 'Annales de la Société de Médecine de Gand,' 1859, p. 93.
[2] A 'Treatise on the Nature and Treatment of Club Foot and Analogous Distortions,' London, 1839, Case 35.
[3] 'The Nervous System of the Human Body,' 3d Edition, 1836, Case 177.
[4] 'Hysteria, etc.: Six Lectures Delivered to the Students of St. Bartholomew's Hospital,' 1866, 3d Edition, London, 1870, p. 102.

Several of the muscles of the leg have become greatly atrophied; they likewise present very marked fibrillary contractions, and respond but feebly to electrical excitation. Hence, I believe that there is little chance of seeing the contracture become resolved, more especially as it shows but very imperfect amendment during sleep, induced by chloroform. I will also point out a most interesting peculiarity, from a clinical point of view: this young girl has experienced hysterical seizures in the course of the last few months only.

LECTURE XIII.

HYSTERO EPILEPSY.

SUMMARY.—Hystero-epilepsy. Meaning of this term. Opinions of authors. Epileptiform hysteria; hysteria with mixed crises. Varieties of hystero-epilepsy; hystero-epilepsy with distinct crises; hystero-epilepsy with combined crises, or attaques-accés (seizure-fits). Differences and analogies between epilepsy and hystero-epilepsy. Diagnostic signs supplied by examination of central temperature in hystero-epileptic acme, and in epileptic acme. Epileptic acme; its phases. Clinical characters of hystero-epileptic acme. Gravity of certain exceptional cases of hystero-epilepsy. Case recorded by Wunderlich.

GENTLEMEN,—In the brief clinical description which I gave you, in reference to each of the patients who had passed under your observation at our recent conferences, I studied to bring out the principal characters presented by the convulsive seizures to which they are subject.

You have been able to recognize, with ease, that we have not here to deal with common attacks, which can be assigned at once and without discussion to the classic type. Nor is it merely by their great intensity that these convulsive phenomena are distinguished, but also by the form they assume; and what most strikes the observant witness is to find amongst the clonic convulsions of hysteria, certain more or less marked features which recall the phenomena of *epilepsy*.

In point of fact, the convulsive form of disease which is found in all these cases, is that which has been designated, in these latter times, by the name of *hystero-epilepsy;* and, remember, it is the only form met with in these patients. These women would not, therefore, be simply hysterical patients, they are all *hystero-epileptical*. In what respect do they differ from ordinary hysteri-