

In this case the inflammation of the foot was manifestly the consequence of the intermitting neuralgia. In that which follows, the inflammation of the leg formed the most prominent feature of the disease; yet from its resemblance to the last we can scarcely doubt that it ought to be considered as belonging to the class of nervous affections.

A lady laboured under an inflammation of her leg. The whole leg was swollen from the toes to the knee, the skin being red, painful and tender. These symptoms had existed for several weeks; the usual remedies had been employed, and no amendment had taken place; yet the inflammation did not proceed further, and there were no signs of suppuration. At last I observed that the symptoms varied considerably; that sometimes the redness, pain, and swelling had nearly subsided, that at other times they were as strongly marked as ever; and that these variations always took place on the alternate days. She was now directed to take the sulphate of quinine. The effect was immediate, and a few days completed the cure.

In those cases in which the local nervous affection depends on an organic disease of the brain, or spinal marrow, it is evident that the patient has no chance of actual cure. Other nervous symptoms show themselves in succession, such as a stumbling walk, a drawling speech, epileptic fits, derangement of the intellect, and at last a stroke of apoplexy occurs as the immediate prelude of death. But here months or years may elapse before the disease reaches its fatal termination; and in the meantime you attain an important end, if you can relieve the local symptoms. Now where these appear in the form of muscular spasms or paralysis, according to my experience, remedies are of little avail. The spasms may subside spontaneously, but they are not to be relieved by art. It is different, however, with respect to nervous pains; and for these, local applications of hemlock or belladonna, stimulating liniments combined with laudanum, and even blisters, may be employed with advantage, removing the pain, perhaps for a time, perhaps permanently, although the disease on which the pain depends is slowly but progressively advancing.

Another very extensive class of local nervous affections remains to be investigated. To these I shall call your attention in the next lecture.

## LECTURE XXVIII.

## VARIOUS FORMS OF LOCAL HYSTERICAL AFFECTIONS.

WHEN I was formerly engaged in the study of the diseases of the joints, having, at the period to which I refer, few opportunities of investigating the subject except in my hospital practice, I occasionally met with cases, in which a particular joint was affected with pain, and a great degree of morbid sensibility, attended occasionally with some degree of tumefaction of the soft parts, although the characteristic symptoms of the ordinary diseases to which these organs are liable were wanting, and the usual consequences of abscess and destruction of the joint did not ensue. For a long time these cases occasioned me great perplexity, and it was not until after I had published the first edition of my Treatise on the Diseases of the Joints that the occurrence of the case, which I am about to describe, first led me to suspect the real origin of the symptoms, which I had not comprehended formerly.

I was consulted concerning a young lady who complained of severe pain and a morbid tenderness of the knee, in the first instance attended with no perceptible enlargement of the joint. The remedies which, with such knowledge as I then possessed, I was led to recommend, gave her no relief; and after some time a slight degree of tumefaction took place, depending, as it seemed, either on a fullness of the small vessels, or on an effusion of lymph or serum into the subcutaneous cellular texture. She had been in this state for a considerable time, when she was seized with a succession of violent paroxysms of hysteria, which terminated in an hysterical affection of the brain; so that she lay in a state approaching to that of coma, with dilatation of the pupils of the eyes. She was now attended by the late Dr. Babington and myself. I do not undertake to say whether the disease yielded to the remedies employed, or reached its natural termination; but from one or other of these causes, the patient recovered of the last-mentioned symptoms, and from that time she never complained of her knee.

Not long afterwards another young lady was brought to me, labouring under what had been supposed to be a scrofulous disease of the wrist. The resemblance of this case to that of the last-mentioned patient led me to doubt the correctness of this opinion, and the results proved my doubts not to be without foundation. She also was seized with a succession of violent paroxysms of hysteria; and when, after the lapse of many days, she had recovered from them, the disease of the wrist had vanished.

It seemed impossible to doubt that in each of these cases there was some connection between the local symptoms and the constitutional disease under which the patient laboured; and a great number



of other cases, which fell under my observation afterwards, confirmed me in the opinion: that where there is that state of the general system, whatever it may be, which produces the phenomena of hysteria, it is not uncommon for a particular joint to be affected with pain and morbid sensibility, such as may lead a superficial observer to believe that it is the seat of some serious local disease, although no such disease in reality exists.

In the second and subsequent editions of my Treatise on the Diseases of the Joints, I have given some account of these local hysterical affections. I trust that what I have there stated may have been not wholly unacceptable to those who are engaged in the practice of our art; but the subject is one of great interest both to the scientific pathologist and to the practical surgeon, and believing that I can furnish you with some information respecting it, beyond that which is to be found in these publications, I am led to call your attention to it on the present occasion.

I have already mentioned, that when my opportunities of studying these diseases were limited to what I saw in the wards of the hospital, these affections of the joints fell occasionally under my observation. Since I have been engaged in a large private practice, they have presented themselves, I may say, without exaggeration, almost daily. This is easily explained: "*Fœminarum enim paucissimæ*," says the sagacious and observing Sydenham, speaking of hysteria, "*ab omni horum adfectuum specie prorsus liberæ sunt, si istas excipias quæ laboribus adsuetæ duram vitam trahunt.*" The liability to hysteria is, in fact, among females, one of the severest penalties of high civilization. It is among those who enjoy what are supposed to be the advantages of affluence and an easy life that we are to look for cases of this description, not among those who, fulfilling the edict of the Deity, "eat their bread in the sweat of their face." I do not hesitate to declare that among the higher classes of society, at least four-fifths of the female patients, who are commonly supposed to labour under diseases of the joints, labour under hysteria, and nothing else.

Frequently the symptoms are referred to the hip-joint. They then have a considerable resemblance to those of diseases in the bones or cartilages, yet a minute examination of the case will rarely leave you in doubt as to your diagnosis.

There is pain in the hip and knee, which is aggravated by pressure and the motion of the limb, and the patient often lies fixed in one position on the bed or sofa. You will say, "are not these indications of a diseased hip-joint?" But observe further. The pain is not in general fixed in any one part: it belongs to the whole limb. The patient winces, and sometimes screams, when you make pressure on the hip, but she does the same if you make pressure on the ilium, or on the side as high as the false ribs, or on the thigh, or even on the leg, as low as the ankle; and everywhere the morbid sensibility is chiefly in the integuments. If you pinch the skin, lifting it at the same time off the subjacent parts, the patient complains more than when you forcibly squeeze the head of the thigh-bone

into the socket of the acetabulum. As her attention is more directed to the examination, so the pain, which she suffers from it, is aggravated; and if her mind be occupied in conversation, she will scarcely complain of that, which would have occasioned torture otherwise. Then there is no wasting of the *glutæi* muscles, and no flattened appearance of the nates; and the aspect of the patient is different from that which you would expect to find if the bones and cartilages of a joint were in a state of ulceration. Neither are there those peculiar and painful startings of the limb at night, attended often with frightful dreams which mark the existence of this last disease. The pain will sometimes prevent the patient falling asleep, but, if once asleep, she sleeps soundly for many successive hours; and this state of things may continue for weeks, or months, or even for years, without leading to abscess, or any further ill consequences. There may be a suspicion of abscess (I have known this in a great number of instances), but the suspicion is never realized. Sometimes there is a general tumefaction of the thigh and nates, the consequence either of a turgid state of the small vessels, or of an effusion into the cellular texture (I suppose of the former, as the parts do not *pit*, or remain indented after pressure); but this is entirely different from the swelling of an abscess. In a few rare instances there is a more defined and circumscribed swelling, but still it is altogether different from that of abscess. There is no perceptible fluctuation, and I can compare it to nothing better than a wheal of urticaria of unusual magnitude. A careful examination will always enable you to distinguish these swellings from abscess. For the satisfaction of others, I have sometimes made a puncture with a grooved needle, or some other convenient instrument, the introduction of which would have detected matter, if matter had existed.

I have said that, in these cases, there is no wasting of the *glutæi* muscles, and no flattened appearance of the nates. It is, however, not uncommon to find much alteration in the figure of the parts, of another kind; namely, a bulging of the pelvis posteriorly, at the same time that it is elevated, on the side of the disease, so as to make an acute, instead of a right angle, with the column of the vertebræ. Of course, under these circumstances, the limb is apparently shortened, and when the patient stands erect, the heel does not come in contact with the ground. A superficial observer may be led to believe that there is an actual dislocation of the hip; and, indeed, it requires a careful examination to enable the surgeon to understand that all this strange distortion is but the result of the predominant action of certain muscles, and of a long-continued indulgence in an unnatural position.

When the symptoms are referred to the knee, they bear a near resemblance to those which have been just described. There is great tenderness of the joint; but the patient suffers more from pinching the skin than from pressure, and the morbid sensibility extends for some distance up the thigh, and down the leg, perhaps as low as the foot and ankle. She suffers less from an examination when the attention is fixed on other matters than when it is directed to the



affected parts; and she does not usually complain when pressure is made on the heel, so as to press the articulating surface of the tibia against that of the femur, provided that care be taken at the same time to produce no motion of the joint. In most instances the leg is kept extended on the thigh, whereas, in cases of real disease in the knee-joint, it is usually a little bent. The symptoms may continue in this case, also, without any material alteration for an indefinite time; for weeks, or months, even for years, the joint retaining its natural size and figure: but occasionally a slight degree of tumefaction is observable especially on the anterior part, over, and on each side of, the ligament of the patella. This tumefaction is not to be confounded with a general enlargement of the joint, by which surgeons are frequently perplexed and misled, the result not of the disease, but of the remedies employed. I refer to cases which have been misunderstood, and mismanaged by the application of blisters, issues, and a succession of various counter-irritants.

What I have now stated may be sufficient to enable you to understand the nature of the symptoms which you may expect to find where these hysterical affections occur in the other joints of the extremities. The following observations are equally applicable to all these cases, and while they are necessary to complete the history, will be found of use in enabling you to form a correct diagnosis.

The patients thus affected are, for the most part, not much above the age of puberty.

In many instances they labour under some irregularity with respect to menstruation; while in others this function is in no respect different from what it is under circumstances of perfect health.

Those who labour under habitual coldness of the hands, have a weak small pulse, and afford other indications of a feeble circulation, are more liable than others to suffer in this manner; yet occasionally we find these symptoms existing in combination with a florid countenance and a sufficient development of animal heat.

In some instances the joint to which the symptoms are referred, and even the whole limb, is affected with a remarkable alternation of heat and cold. Thus in the morning the limb may be cold, and of a pale or purple colour, as if there were scarcely any circulation of blood in it; while towards the afternoon it becomes warm, and in the evening is actually hot to the touch, with the vessels turgid and the skin shining. This state of things is often a source of serious alarm to the patient, and even to the medical attendant, but I never knew it to be followed by any ill consequences.

The majority of the patients thus affected exhibit other proofs of their liability to hysteria. Sometimes they have been subject to the usual paroxysms of hysteria, which have ceased on the local symptoms showing themselves; and a recurrence of the former has been followed by an abatement of the latter, or by complete recovery from them.

Not unfrequently the origin of these symptoms may be traced to a severe illness, which has left the patient in a state of great physical exhaustion; at other times they are as clearly to be attributed to

some moral cause having a depressing influence on the constitution. In like manner the agency of moral causes, especially of those which compel the patient to make much physical exertion, often leads to her recovery. But we must not be led by this last-mentioned circumstance to adopt the harsh conclusion, that these symptoms exist only in those who are of a fanciful and wayward disposition. Young women of the highest moral qualities, and of the strongest understanding, are not exempt from these maladies; but it must at the same time be acknowledged that a cure is more easily attained in them than it is in others.

Although there are none of those painful and involuntary startings of the limbs which occur in combination with caries of the joints, spasmodic actions of the muscles of the limbs are not uncommon in the cases of which I am now speaking. In some instances convulsive motions of the limbs are produced, by pinching, or even by lightly touching the integuments. These bear no very distant resemblance to the movements of chorea; and it is worthy of notice, that they do not occur if it can be managed, at the same time, that the attention of the patient should be otherwise directed. I have also known them to take place independently of any manifest exciting cause. In some cases which have fallen under my observation, the limb was at irregular periods violently agitated, so as almost to throw the patient off her couch.

In these cases there is always a sense of weakness in the limb, which for obvious reasons becomes aggravated in proportion as the muscles have been for a longer time in a state of inaction. While the pain and morbid sensibility of the joint are gradually subsiding, this sense of weakness increases, until at last it is the predominant symptom. Under these circumstances the patient often says, "I have no pain, but I cannot walk, because the limb is so weak." Weakness of the muscles, however, is not the only circumstance which interferes with the speedy recovery of the use of the limb in these cases. The tunics of the small blood-vessels, when the limb has been long kept in the horizontal posture, seem to partake of the condition of the muscles; and when the foot is first put to the ground, the skin assumes, in consequence, a red colour, sometimes amounting to a purple hue, as dark as that which, when limited to a particular spot, is often the precursor of a vesication.

The symptoms which have been described for the most part come on gradually. In the majority of cases they subside gradually also; but sometimes it is otherwise, and they vanish all at once without any evident cause. For example: in the year 1834 I was consulted respecting a young lady labouring under a well-marked hysterical affection, simulating disease of the hip-joint. As she was not a resident in London, I had no opportunity of watching the progress of the case, but I have lately received the following account of it from Dr. Mortimer, the surgeon of Haslar Hospital:—Her symptoms had continued nearly unaltered for nearly two years, when one night, on turning herself in bed, she said that she had a feeling as if



something had given way in her hip, and from that moment she was quite well.

Another young lady was brought to London for my opinion in October, 1833. She also was supposed to labour under a disease of the hip-joint. After a careful examination of her case, I was satisfied that it was one of hysterical affection, and that there was no actual disease of the joint. I recommended her to leave her couch, to which she had been confined, and to take exercise, especially on horseback. Being a sensible and well-disposed person, she followed this advice, in spite, I doubt not, of a good deal of inconvenience in the first instance. After the lapse of a year, I received from her father the following statement respecting her:—"In pursuance of your advice, she began to use the limb more freely, but with little alteration as to pain and lameness until about six weeks ago, when, by a fall of the donkey on which she was riding, she was thrown over the animal's head, standing on the foot of the lame limb, with her weight upon it. She felt immediately what she describes as a sudden snap, as if something near the joint had given way. This was attended with a violent acute pain, which, however, lasted only a short time. She was replaced on the donkey, and rode home, a distance of four miles. To her great surprise the former habitual pain of the limb had entirely discontinued, and there has been no return of it since. She was able to walk up and down stairs without difficulty or pain, and now walks a considerable distance, using the one leg as freely and as well as the other. Her general health is improving rapidly, although she is still weak. There has been no hysterical fit since the accident; in short, the cure has been complete." However, the cure was not permanent. Three months afterwards the complaint recurred, having the same character as formerly, except that it was not now combined, as it had been in the previous attack, with other hysterical symptoms. She was at this time on the continent, and I have not heard the result of the case.

I have hitherto described these cases as if the symptoms were peculiar to the female sex; but it is not so in reality; and I have known several (though by comparison certainly rare) instances of males being affected in the same manner. I employ the term hysteria because it is in common use, and because it would be inconvenient to change it for another; but the etymology of it is undoubtedly calculated to lead to a great misapprehension with respect to the pathology of that disease. It belongs not to the uterus, but to the nervous system; and there is no one who is much engaged either in medical or in surgical practice, who will not be able to bear testimony to the accuracy of Sydenham's observation on this subject:—"Quinimmo non pauci ex iis viris qui vitam degentes solitarum, chartis solent impallescere eodem morbo tentantur."

Hysterical affections, in which the symptoms are referred to the spine, are of very frequent occurrence. Such cases are, in many instances, mistaken for those of ulceration of the intervertebral cartilages and bodies of the vertebræ; and in consequence of this unfortunate im-

pression on the minds of the medical attendants, I have known not a few, but very numerous, instances of young ladies being condemned to the horizontal posture, and even to the torture of caustic issues and setons, for several successive years, in whom air and exercise, and cheerful occupations, would probably have produced a cure in the course of a few months.

In these cases the patient complains of pain and tenderness of the back, to which one or more of the following symptoms may be superadded, tending very much to mislead the medical or surgical attendant:—Pains in the limbs, especially in the lower limbs; a sense of constriction of the chest; involuntary spasms of the muscles, sometimes induced by change of position, at other times recurring without any very evident cause; a sense of weakness in the lower limbs, so that they are scarcely capable of supporting the weight of the body; and even actual paralysis; difficulty of voiding the urine. When the patient first complains of pain in the back, it must be acknowledged that there is some difficulty in forming a positive diagnosis; but the difficulty vanishes afterwards, so that none but a superficial observer can have any doubt as to the real nature of the disease. The pain in the back is seldom confined to a single spot, but it extends to different regions of the spine, and it not unfrequently shifts its place from one part to another. The tenderness of the spine is peculiar. The morbid sensibility is chiefly in the skin, and the patient, for the most part, flinches more when the skin is even slightly pinched, than when pressure is made on the vertebræ themselves. The pain is, in the majority of cases, more severe than in those of real vertebral disease; and the spasms of the muscles have a near resemblance to those of chorea. Where there is paralysis, or a tendency to paralysis, it is quite different from what is observed in cases of pressure on the spinal cord or brain; and I may take this opportunity of observing, with respect to hysterical paralysis generally, that it has this peculiarity: *it is not that the muscles are incapable of obeying the act of volition, but that the function of volition is not exercised.* The accuracy of this observation will, if I am not much mistaken, be acknowledged by all those who are at the pains of studying these cases with the attention which they so well deserve; and the importance of it in medical and surgical practice is sufficiently obvious. There are still other circumstances which may assist us in forming our judgment; such as the general aspect of the patient, and her condition in other respects; her time of life; the state of the menstruation; and especially the liability to the more common hysterical affection.

Patients with a weak pulse, and cold hands and feet, are, on the whole, more liable to suffer in this manner than other persons. But this is almost a needless repetition. It would be sufficient for me to refer to what I have already stated in speaking of hysterical affections simulating diseases of the joints of the extremities.

I have frequently known surgeons to apply a hot sponge to the spine, believing that if the patient complained of pain on the application, this was a proof of the existence of caries. My own expe-



rience leads me to believe that a patient who labours under a nervous pain of the back will complain of the hot sponge even more than one in whom real disease exists. I mention this trifling matter, that you may avoid being misled by it in your diagnosis.

What I have already described are only a part of the local hysterical affections which fall under the observation of the surgeon, and an acquaintance with which is necessary, to enable him to practice his art with credit to himself, and advantage to the public.

Hysterical retention of urine is of such frequent occurrence, that any particular description of it would seem to be superfluous. An observation, which has been already made, is equally applicable to this as to other forms of hysterical paralysis. The muscles are not incapable of obeying the act of volition, but the volition itself is not exercised. So it is, at least, in the first instance; but if the patient has allowed the bladder to remain for a great length of time in a state of extreme distention, actual paralysis may ensue, and she may then strive in vain to empty the bladder, without the aid of the catheter. In these, and in other cases in which the bladder has been long extremely distended, the mucous membrane becomes affected with chronic inflammation, secreting the usual adhesive mucus; and even worse consequences may ensue than these. In a case, to which I have had occasion to refer in my lectures on the Diseases of the Urinary Organs, hysterical retention of urine having been for a long time neglected, at last forty ounces of urine were drawn off by the catheter. In the *post-mortem* examination, the bladder was found of a very large size, of a dark and almost black colour: there were only slight vestiges of its natural structure left, the muscular fibres being very much wasted, and the internal membrane presenting the appearance of a very thin film, which was readily separated from the parts below. The dark colour of the bladder did not seem to arise from mortification, there being no fetor, nor, with the exception of the black colour, any indication of it.

Females who labour under hysterical retention of urine, if left to themselves, usually recover in the course of a short space of time; sometimes almost suddenly; but if the catheter be employed, their recovery may be protracted for an indefinite period. We may lay it down as a general rule, that in these cases the catheter should not be had recourse to: and the only exceptions to it are in those extreme cases in which actual paralysis has taken place, and the bladder is likely to become diseased, if not artificially relieved.

Hysterical *aphonia*, or loss of voice, allowance being made for the different functions of the affected parts, corresponds very nearly to the hysterical retention of urine. It takes place suddenly, continues often for many months, even for one or two years; and then disappears as suddenly as it began. A patient thus affected may, when under the influence of strong moral excitement, find herself speaking in her natural voice, when, for some time before, she had spoken only in a whisper. Her recovery may be permanent, or she may relapse into her former condition. This symptom is not unfrequently met with in the male sex, especially in those of the clerical

profession, probably because they often lead very sedentary lives, and also because in their profession they are called upon to speak in public in a tone raised above the ordinary standard.

A tympanitic distention of the intestines is not an uncommon symptom in young women who are affected with hysteria; and, when existing to a great extent, is frequently mistaken for ovarian dropsy. The majority of cases in which the patient has been supposed to be cured of ovarian dropsy, by the agency of iodine and other remedies, have been, I doubt not, of this description. Yet the diagnosis is not difficult. The absence of fluid is distinguished by the absence of fluctuation; and the sound produced by percussion sufficiently indicates the cause of the distention. When the tumour is of a large size, there is pain in the abdomen, and the respiration is rendered difficult in consequence of the impediment which exists to the descent of the diaphragm. If the uneasiness be such as to induce the practitioner to direct the use of the warm bath, and the tympanitic distention be great, the effect is remarkable. Instead of sinking in the bath, as under ordinary circumstances, the patient floats in the water. If an elastic gum tube be cautiously introduced, so as to reach the upper part of the rectum, and pressure be made on the surface of the abdomen, the air may, in some instances, be made to escape through the tube, until the abdomen is reduced almost to its natural dimensions; but it becomes re-accumulated in the course of a few hours. A stimulating injection, made with the *confectio ruta*, will sometimes produce the same result.

Young women are subject to an affection of the breast, corresponding to the hysterical affections of the joints, and indicated by very similar symptoms. These cases have been noticed by Sir A. Cooper, in his Observations on the Diseases of the Breast. The patient complains of pain in the breast, and shrinks on pressure being made with the fingers, or even on the skin being slightly pinched. Not unfrequently the examination of the part produces twitches and motions of the body, bearing no small resemblance to those of chorea; yet, if it can be dexterously managed, while the examination is being made, that the patient's attention should be otherwise engaged, not only these motions do not occur, but she may seem scarcely sensible of pain. The morbid sensibility is not confined to the breast, but extends to the axilla, and down the arm. No distinct tumour is perceptible in the breast, but when the disease has been of long continuance, the whole organ becomes slightly enlarged, probably in consequence of an increased determination of blood to the small vessels; yet there is no redness of the skin, and indeed the skin is even paler than natural, with a somewhat glossy appearance of its surface.

These cases are to be distinguished from those of a rare kind of irritable tumour of the breast, of which a representation is to be found among the plates annexed to Sir Astley Cooper's work. I conceive that they ought also to be distinguished from those which may occur at any time of life, and in women who have no particular disposition to hysteria. In the cases to which I now allude, the pain and tender-