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Traumatic Hysteria.

BY

AUGUSTUS A. ESHNER, M.D.

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TRAUMATIC HYSTERIA.¹

BY AUGUSTUS A. ESHNER, M.D.,

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The development of distinct groups of symptoms as a result of traumatism in general, suddenly and violently inflicted, and of railway injuries in particular, is now an established and accepted fact. In some cases there results actual organic disease of the spinal cord or its membranous envelops; in others the bones, the ligaments, the fasciæ or the muscles may suffer from strain or laceration or contusion; while in yet another group of cases it may be impossible to detect any evidence of organic disorder. To cases of the last kind it has become the custom to apply the designation of traumatic neuroses, but they usually fall easily into the category of either neurasthenia or hysteria. Simulation is probably rare, although exaggeration is common.

The two cases that I desire to report are instances of traumatic hysteria. The symptoms of this disorder do not differ essentially from those of hysteria of any other origin, but I have used the term in order to express disapproval of it. One of the cases is of special interest on account of its long duration and the further fact that it has already been briefly placed on record; and the second is noteworthy from the presence of muscular atrophy. The first was complicated by a suit for damages, but a settlement out of court was unattended with any amelioration of the symptoms; in the second the question of damages did not arise at all.

Among a group of seven cases reported by Dercum² in a paper entitled "The Back in Railway Spine" was that of H. M. G——, at that time 23 years old and employed in a rolling-mill. Under date of May 7, 1890, it was noted that the spine was excessively tender, rigid, and sensitive to superficial pressure. The general surface of the back was hyperæsthetic, and there was soreness in the small of the back on deep pressure. There was also pain in this region on flexion, torsion, and transmitted shock; slight lateral curvature to the right; decided spasm of the lumbar muscles on the right; and the reflex excitability of the muscles of the back generally was great. The knee-jerks were excessive and ankle-clonus was present. The grasp was weak and tremulous. The patient limped with the left foot and there was pain over the instep. Sensation appeared to be good everywhere, although occasionally errors of

¹ Read before the Northern Medical Association, May 28, 1897.

² *American Journal of the Medical Sciences*, September, 1891, p. 247.

localization were made. The man evidently was neurasthenic. The visual fields were much contracted. On a number of occasions there had been convulsions.

The patient presented himself on May 29, 1896, at the age of 29 years, at the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, in the service of Dr. S. Weir Mitchell, when the following history was elicited:

On May 3, 1889, while riding with a number of friends in a coach the vehicle was run down by a rapidly moving locomotive. Of the party two were killed outright and seven were injured. The patient received several lacerated wounds of the scalp and one at the external canthus of the left eye, but no other significant injury was noted. He thinks he may have lost consciousness at the time for a few hours. He was removed to his home and remained in bed for about a month following the accident, during this time being much distressed. He suffered a good deal from pain in the left half of the chest and was unable to lie upon that side. Sleep was greatly disturbed. The sphincters remained under control and it was not recalled that a catheter had to be used.¹

When the patient arose from bed he found himself extremely weak and suffering greatly from pain referred to the dorsal spine. He limped somewhat with his left leg, although there was no actual palsy. He continued pretty much in this state for about two years, when on resuming his usual pursuits he would, on attempting to engage in physical effort or upon excitement, fall to the ground and be seized with general convulsions of so violent a nature as to require the combined efforts of eight men to restrain him. In these attacks there was no loss of consciousness and no biting of the tongue, although at times there was frothing at the mouth and the patient often attempted to bite his own hand. The attacks recurred at varying intervals, from once a week to once a month, and they were followed by weakness and headache, but not by drowsiness or sleep. They lasted a variable time, the active convulsive movements occupying perhaps fifteen minutes. Sometimes a series of attacks followed one another in quick succession. The attacks were often relieved by homeopathic medication. In the year preceding the time of the patient's first visit it was thought that the character of the attacks had changed, and this alteration was attributed to the treatment employed. Now, instead of going off into a convulsion the patient would become weak and would then seat himself, so that he no longer fell. During the first two years in which the more

¹ Dercum (*loc. cit.*) has on the contrary recorded that for a time the patient could not pass his urine and had to be catheterized.

aggravated attacks occurred the patient would cry out in the convulsive stage that he heard the locomotive coming, the bell ringing, etc. In anticipation of some of these attacks he felt weak and had pains in the head; often the eyes would become suffused. For six months the patient had felt that he was growing weaker, that his memory was failing, that his general nervousness was increasing, that his appetite was suffering, and many similar things. His last seizure had taken place May 21, 1896, and in this the left side especially was involved, the right but little. Sleep followed. The patient knew of no means by which the attacks could be aborted.

The man was evidently anxious and worried. He was pallid, though apparently well nourished. The pupils were equal, regular, and reactive to light. Dr. A. G. Thomson found vision almost normal in both eyes, the discs and fundi healthy, and the fields of the left eye for both color and form contracted to 10° in all directions. The reflexes were preserved in the upper extremities. The gait was somewhat decrepit, but station was quite steady. The knee-jerks were ready and active and a little irritable, and abortive ankle clonus could be elicited. No significant deformity of the spine could be detected. The gentlest touch upon various parts of the back, especially over the spine, gave rise to manifestations of severe pain. Percussion with a plexor in the same region, as well as upon the anterior aspect of the left half of the chest and upon the head, was also painful. Suggestion appeared to minimize the pain, and it was thought that the pain was less when the patient did not anticipate the sensory impression. No anesthesia could be detected anywhere. The heart was overacting; the first sound was booming, the second clear.

There was nothing noteworthy in the family or personal history. The patient took no alcohol, and tea and coffee only in moderation, although he chewed and smoked tobacco to excess. He had originally entered suit for \$25,000 against the railroad company that he held responsible for the accident and his disability, but he had made a settlement out of court for \$5000. He was, however, utterly unable to shut out of his mind the memory of the accident.

Removal of a plug of wax from the left ear by Dr. R. W. Seiss corrected a discharge that set in and relieved the aural discomfort. Under varied treatment, in which suggestion played a large part, marked improvement ensued, although mild convulsive attacks would recur from time to time, and the general nervous state persisted. A single attempt at hypnotism proved unsuccessful.

I think there can be no doubt about the hysterical nature of

this case. Its mode of origin, its whole course, the convulsive seizures, the hyperesthesia, the influence of suggestion, the absence of all evidence of organic disease, stamp it with a certainty that scarcely permits of mistake. There can be no question of shamming here, and it is noteworthy that the pecuniary adjustment was followed by no mitigation in the severity of the symptoms. The prognosis naturally grows less favorable with the longer continuance of the disease. It is impossible to estimate what well-directed and persevering treatment from the beginning might have accomplished.

The second case is of a somewhat different type, as to both its origin and its manifestations.

F. L. G—, a brakeman, 31 years old, applied at the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases on April 30, 1897, in the service of Dr. S. Weir Mitchell, relating that on October 2, 1896, while engaged in braking, he was caught between a moving car and a platform and rolled between the two the length of a car. He stated that five ribs were broken on the left side, one of them penetrating his lung. He spat blood and also passed blood by the bowel. He vomited, but no blood. He believes that he was unconscious for several hours. He thinks the left shoulder was crushed and that a fracture of one of the bones resulted, but no splint was applied by the surgeons at the hospital in which he was received and where he remained for four weeks and two days. According to the statement of the patient's wife the little and ring fingers of the left hand were stiff from the beginning and the arm from the shoulder down was numb. The man had been unable to use the member to any great extent since the accident, and wasting had taken place in the muscles of the arm and hand, especially in the interossei. The fingers of the left hand were partially flexed in the claw-position and could be only feebly flexed further or extended. The knee-jerks were preserved, though feeble. Slight ankle-clonus could be elicited. The deep reflexes were preserved in the upper extremities, though perhaps not quite as active on the left as on the right. Gait and station were steady. There was some tenderness over the vertebræ from the seventh dorsal to the first lumbar. Tactile, painful and thermal sensibility was entirely lost in the left hand and greatly impaired in the entire right upper extremity and the adjacent half of the chest. Heat was sometimes merely appreciated as common sensation and sometimes as cold. There was no tenderness in the course of the nerves. The patient is rather loqua-

cious and possessed of only average intelligence. His wife states that since the accident he has had attacks in which he goes about the house acting irrationally. No hallucinations could be elicited, and there have been no convulsive seizures. Visual acuity and the fields of vision for both form and color were found to be normal. No degenerative change was found in the wasted muscles on electric stimulation. The patient was on several occasions hypnotized readily, and various suggestions were made. The Paquelin cautery has also been applied over the lower part of the spine. Distinct and progressive improvement has taken place in both motility and sensibility, and it seems not unreasonable to hope that complete recovery will eventually ensue.

There has been no question of damages in this case, inasmuch as the patient had entered as an employee into an agreement with the railroad company not to prosecute any such suit in case of injury incurred in the performance of his duties.

In view of the considerable traumatism reported to have been received there was at first just a shade of doubt as to whether or not the case was one of hysteria solely, especially on account of the trophic changes in the muscles of the left hand; but the peculiar localization and the atypical distribution of the manifestations, together with the patient's susceptibility to hypnotism and the beneficial effects of suggestion, seem to justify the diagnosis and shape the prognosis.

Concerning the intimate nature of hysteria we can as yet but theorize. To designate the disorder a *neurosis* adds nothing to our knowledge, and to burden this designation with such qualifications as *functional* or *reflex* or *idiopathic* or *traumatic* in no wise tends to clarify our notions upon the subject of its pathology. Death rarely takes place as a result of hysteria, and in fatal cases no distinctive lesion or residuum of a former lesion has been found. Aberration of function, however, bespeaks alteration in nutrition, and it is to influences of this kind that we must direct our scrutiny in the endeavor to elucidate the pathology of diseases of the type of hysteria. In hysteria we have to deal essentially with a defect in the nervous coordination, an adequate cause for which can be conceived to reside in the metabolic alterations in the ultimate nervous elements resulting from modifications in cellular nutrition. Such a conception is not in conflict with the alluring theory of the motility of the neuron so ably advocated by Dercum and others, as it is probable that the metabolic processes taking place in all of the tissues are attended with cellular movement. This view can be made to

account for the diversity, the variability, and the transient character of hysterical symptoms, their wide and irregular distribution, and at times their identity with and mimicry of those of organic disease, as well as the possibility of perfect recovery. In it also is to be found the rationale of our treatment of hysteria, whose aim is ever the restoration of a condition of nutritional equilibrium. It carries with it finally a suggestion bearing upon the heredity of hysteria and other so-called neuroses. It is not improbable that every cell is endowed with its own metabolic peculiarities, which it transmits in turn to its offspring throughout all time.

I am indebted to Dr. Mitchell for the privilege of studying the cases reported in this communication.

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HAROLD N. MOYER, M.D., EDITOR.

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