

Clinical Notes and Cases.

A Clinical Note.⁽¹⁾ By NORMAN LAVERS, M.D., Medical Superintendent, Bailbrook House, Bath.

This is a note of a somewhat unusual case which seems to me of sufficient interest to be described in some detail.

The early history is of importance in its bearing on the later mental phases shown by the patient. The lady, Mrs. K—, was left an orphan (the youngest of four) at an early age, her father dying of some chronic form of nervous disease and her mother of phthisis; a sister and two brothers have strong neurotic tendencies, and are rather flighty and unstable mentally. She was looked upon by her brothers and sister as the strong one of the family, and hence if any unpleasant duty cropped up, it fell as a matter of course upon her shoulders, and being shy and reserved she preferred to support it rather than cause any fuss. At school she was under a lady whose only fault was that her active mentality, her strong and vivid personality did not allow much initiative to her pupils and assistant. From school the patient went to a well-known ladies' college, where she held a teaching post for some years, under another eminent educationalist, who was essentially the ruler of her own domain and kept a remarkably firm hand on the reins of office, exercising a powerful influence on the members of her staff, which caused them to merge to some extent their individuality in hers and to defer to her in an unusually thorough manner.

Whilst at college the patient had to get through an enormous amount of work in preparing various subjects for teaching, and was also responsible for a nephew whose parents were abroad. The strain proved too much and a break-down followed, characterised by listlessness and apathy, and inability to concentrate the attention except for short intervals, when a feverish mental activity took place without much tangible result.

There was also considerable loss of memory for recent events, and inability to perform everyday actions such as writing, needlework, etc. Under treatment a certain amount of improvement set in, and she went abroad with the idea of taking a year's quiet travelling and rest. The improvement was maintained, and shortly afterwards she married and settled down abroad.

Shortly after her marriage she had what was diagnosed as a heat-stroke, and after six weeks' complete unconsciousness suddenly came to herself, when she was found to be hemiplegic on the right side, with loss of control of her bladder and rectum, and an exaggeration of her former mental symptoms. Speech was not affected. Since then her mental and physical condition has remained about the same, with some very brief intervals of comparative improvement, for occasionally she has walked fairly well and taken an interest in her daily life for a few brief hours, but generally has been very helpless, without ability to do more

than shuffle along at a snail's pace by the aid of a stick and the articles of furniture, and has displayed considerable apparent dementia.

During about five years she has had many doctors and a great variety of treatment, including rest, over-feeding, massage, electricity, etc., separately and in combination. Her husband has endeavoured to save her all mental and physical effort, and, living abroad, she has been surrounded by native servants who have relieved her of all necessity for doing anything.

When I saw her a few weeks ago, the patient complained of general weakness, inability to walk or to balance herself, incapacity for work or occupation, however light, a feeling of heaviness in the right leg and foot, the necessity for attending to the calls of nature immediately the desire was felt and difficulty in remembering things of ordinary occurrence.

Her age was 35, the stature short, the body poorly developed but fairly nourished, some slight spinal curvature of long standing; glasses were worn for myopic astigmatism. The gait was slow and unsteady with feet wide apart, the right foot being swung outwards as it was brought forward, and usually there was no progress without support.

There was no facial paralysis or inequality; the tongue was protruded medially and was steady.

The respiratory system was normal.

The cardiac rhythm was good and there were no adventitious sounds: the pulse in the right upper and lower extremities was not quite so strong as on the left side, and these were distinctly colder to the touch.

With regard to the alimentary system there was occasional vomiting, generally traceable to dietetic error, and there was precipitate defecation.

The renal system showed no abnormality other than precipitate micturation.

The menstrual epochs were normal.

The muscular system generally was soft and flabby, but there was no wasting anywhere which could not be accounted for by dis-use; there was some rigidity of right lower leg, which practically disappeared when the patient's attention was occupied elsewhere; the action of the right leg muscles was feeble, but could with care be elicited. The grip of the two hands was good and practically equal. I am not satisfied with the electrical tests so far made, which show a weak response generally but no reaction of degeneration.

The knee-jerks were decidedly brisk, the left greater than the right; ankle clonus was easily elicited on the right side but could not be obtained on the left; no planter reflex, either flexor or extensor, could be obtained on either side. Common sensation and pain and temperature sense were normal, except that response was somewhat slow on both sides; there was impairment of muscle sense in both lower extremities and patient was unable to stand with eyes shut. Co-ordination was very fair in upper extremities but the movements were rather hesitating in character; there was no intention or other tremor. There were no trophic changes.

An operation for strabismus had been performed in childhood on the right side: the pupils were equal and reacted briskly to light and accommodation; there was no nystagmus. The right fundus was pale and the vessels small, the condition being suggestive of old neuritis, but as suit-

able glasses gave $\frac{4}{8}$ vision in that eye and $\frac{5}{8}$ in the left, it would seem scarcely proper to condemn the eye in view of the very fair vision persisting.

There were no hysterical points.

The mental condition varies: at her best the patient is bright and cheerful and will converse readily and freely, but shows a lack of will-power and initiative, some confusion of ideas, impairment of memory for recent events, considerable morbid self-consciousness, little self-reliance, inability to fix her attention for any length of time, and is unduly sensitive as to what she imagines other people may be thinking of her. At her worst all these phases are much accentuated; her attention cannot be fixed at all, there is great confusion of ideas, almost complete loss of memory for recent and marked impairment of that for long past events. She cannot find her way about the house, and so far as her thoughts can be gauged appears to be entirely occupied with herself and other people's opinion of her. There are no apparent delusions, hallucinations, or illusions.

Her physical condition varies with the mental: at times she can walk fairly briskly for a few steps without assistance until she begins to think how well she is doing, when her powers suddenly fail, and for a time she has fair control of her sphincters; at other times she can but hobble slowly with assistance, and at her worst she seems incapable of conscious effort or movement, and will pass urine and fæces under her. Physical fatigue markedly accentuates the symptoms.

Her history during the past five years appears to have been a series of these undulations, and, according to those who know her, her condition, since the so-called heat stroke, has not become progressively worse or better, but the general level has remained about the same.

It is noteworthy that if she can be interested in conversation or otherwise she appears to be better physically, to walk better, etc., but as soon as her attention wanders it becomes concentrated on herself, and her symptoms are exaggerated.

This necessarily brief and sketchy description will not in all probability convey a very definite picture, but that is just my difficulty. The signs and symptoms are so vague and contradictory that I am unable to weld them into a clinical entity, and therefore, without taking up your time in a discussion of the differential diagnosis, I will confess that I am forced to relegate them, in my own mind, to that limbo of the imperfectly understood—the functional disorders. There is, no doubt, a certain amount of organic mischief, but it seems to me that on this somewhat slender foundation a great superstructure of functional trouble has been raised. It would appear that many actions whose boundaries should normally be within the subconscious area have, by continued introspection and self-centred concentration, been raised until they can be carried out only by the aid of conscious attention, with the natural result that they are performed less well, and at a greater cost of fatigue and strain.

Her history shows that from childhood the patient has had an environment which tended in any direction rather than towards strengthening her will-power, self-reliance and initiative, whilst her life abroad removed all necessity for active mental effort, even that usually

called for in household management. There, too, she was at frequent intervals left alone with nobody about her but native servants, and with little to occupy her thoughts.

Treatment has been intermittent and various, and most methods have been tried at one time or another. The lines I am following at present aim at improving the general physical tone by graduated exercises and tonics, and seek to restore a proper balance by repeated systemised suggestions directed towards improving the patient's will-power, diverting her attention into extraneous channels and relegating the disordered functions to their proper sphere. A case of so chronic a nature is not the most favourable for treatment by suggestive methods, and I am unable to speak yet of results, but it seems to me that these methods hold out the only hope of improvement, and it is at least encouraging that the patient is sleeping much better, that for days at a time she has no trouble with her sphincters, that she has taken to reading and needlework with considerable zest, that she has recently written several long and perfectly connected letters (the first for some years), that she can join intelligently in conversation and that she walked up the drive here in eight minutes without assistance, whilst her husband says that it is quite pleasurable again to see her and be in her society. This may be a temporary improvement, and I feel the necessity for caution in expressing an opinion, but at any rate it encourages one to persevere.

(¹) A paper read at the Spring Meeting of the South-Western Division held at Bailbrook House, Bath, April 29th, 1910.

Notes on a Case of Hysteria. By J. E. MIDDLEMISS,
M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer,
Gartloch Mental Hospital.

THE subject of the following notes was admitted to Gartloch Hospital on March 19th, 1910. He was *æt.* 18 at that time and his physical condition on admission was described as follows: "He was clean, and in 'fair' physical condition. There were old scars to be seen in the right groin and on the inner side of the right thigh, and also a scar on the scalp, near the crown of the head. The pupils were unequal and there was an internal strabismus. The pulse was slow (56 per minute), irregular, and dicrotic. The tendon reflexes were exaggerated. There were no signs of disease otherwise, except a small sinus in the right submaxillary region and an enlarged gland behind the right ear." (These have both disappeared in the interval.)

Mentally, he was fairly bright and intelligent, and able to answer questions and give a rational account of himself. He said that his fits dated from the time of an accident which occurred about a year and a half ago, and in which he injured his head. He described all this in detail—the nature of the accident and the full circumstances of the same. His memory did not seem to be impaired at all, and although he has had several fits since admission, they do not seem to have affected him at all mentally. An interesting fact is that a sister seems to be affected