Original Communications.

ON SO-CALLED HYSTERICAL PAIN.

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THERE is scarcely any medical dictum upon which practitioners more securely repose, than that superficial tenderness, and tolerance of firm pressure, are a proof that any unusual pain complained of by females is "hysterical" in its character. The physician, when his patient complains of pain—say in the abdomen—ordinarily places his hand upon the part; and, finding that the individual shrinks from contact, begins to talk of things in general, but making all the time his hand weigh heavier; and if no more suffering is evinced, he concludes that the pain is *only hysterical*.

When this conclusion is arrived at, one of two ideas may be adopted: 1, that the pain is real, but of no consequence; 2, that it is unreal—the result of a morbid propensity to enjoy miserable sensations.

This style of reasoning reminds us of the Pickwick Club, in which an insult ceased to be so, when it was stated that the words were used in a "Pickwickian" sense; for in medicine, pain is no pain, and suffering no suffering, in an hysterical sense. An hysterical pain is one which a patient feels, but has not; which has no existence; but which, by being thought upon, may grow, until it is unbearable! It is like the weapon which Macbeth saw—"a dagger of the mind, a false creation"—analogous to the ocular and aural delusions of the insane! No one can dwell long upon these ideas without seeing how absurd they are—how unphilosophical it is to pay attention to an hysterical spasm, and ignore an hysterical pain. But the answer that each one quiets his conscience by, is—"I have done my best to cure the pains, time after time, but the more I try to do, the worse the suffering becomes. I therefore think it best to leave them alone." Such medical reasoning is unworthy of any one who believes that our profession should progress with the times.

The fact that the so-called hysterical pains are not cured by the means adopted for their relief, is the very thing which ought to make us review the whole subject. Many have reviewed it, but they have always started from false data, and taken an assumption for a fact; and amongst the *quasi* facts, none hold a more conspicuous place than the one to which I have referred at the head of this paper. There is not, I believe, one single treatise on hysteria existing in which this symptom, under one form of words or other, is not put forward as diagnostic.

I hope to prove that the phenomenon referred to has no more necessary connection with hysteria than have toothache, rheumatism, tic, or cramp; but that it depends upon a far more comprehensible condition than does that Protean malady.

I propose to consider, in the first place, the circumstances under which we have the symptom present; and secondly, the objections urged against the new theory involved.

We find cutaneous tenderness, and tolerance of firm pressure, in every parturient female who has had a lingering and hard labour, or who was not very strong to begin with. Every practitioner knows how sore the skin is, and how much his patients complain, when first his hand is placed on the abdomen after the child is born; but how well firm pressure, either by a heavy hand or a tight bandage, is borne. This phenomenon lasts for some days; and I know an instance where it was renewed in consequence of the patient getting up too soon, and where the sufferings from pain and tenderness were so severe, that the case was treated for peritonitis—no suspicion of "hysteria" attaching to a parturient woman. Here at least, then, we have the symptom referred to in its most acute form, without its being a proof of the disease in question; for no one can be so wild as to assert that nine-tenths of women are "hysterical" immediately after their confinement. The phenomenon is due in these cases to nothing more than excessive fatigue in the abdominal muscles, and concomitant soreness of the skin.

A friend, who has been much amongst the miners in Australia, tells me that the men in the course of their journeys over heavy sandy soils, and when they were well laden with revolvers and other necessary appurtenances for travellers, used to suffer at the end of three or four days from severe pain in the sides and abdomen, accompanied with *such excessive tenderness of skin*, that all sorts of contrivances were resorted

to to prevent even the shirt touching it. It was chiefly those who had been clerks, shopmen, etc., at home, who suffered from these pains. A day or two's rest removed the soreness, etc., entirely. When they were not in motion, a tight belt or pressure gave relief. Surely there could be neither "hysteria" nor "shamming" here!

Again, I could give a host of cases where a day's exercise at a gymnasium has been followed in young men by such pain and tenderness, that they have had the notion that they were labouring under some acute and severe inflammation. I have been consulted for such affections when they have arisen from excessive laughter; from removing books or furniture; from polishing chairs and tables; from pumping; from baling; from rowing; from vomiting; from coughing; from dandling a heavy child; etc. I have known it to occur in a bricklayer of about fifty years of age, who, after having been laid up six weeks by bronchitis, and being only imperfectly cured, went to work at digging. Next day, his skin was as tender and his body as sore as that of a man with acute rheumatism.

In all these cases there has been tenderness on superficial pressure, or soreness of the skin; and in all of them relief has been experienced by steady firm pressure on the pained parts: and yet no one would say that these were instances of hysteria. In all of them the phenomenon is due to excessive muscular action and consequent or concomitant cutaneous sensibility.

Again, every swimmer or pedestrian who has had cramp feels for some time afterwards increased pain in the muscle and soreness of the skin. We have met with similar phenomena in children after a merry dancing party, after severe sickness, and after an attack of irritable cough during scarlatina; we have seen them in the abdominal walls in schoolboys, after football, cricket, races, and the like; we have met with them in lads of delicate constitution after a long walk. In all a tight belt gives relief to a very marked degree. In none of these, except by a wilful perversion of words, can we recognise an "hysterical" element. In none of them can we come to any other conclusion than that the cause of the suffering is in the muscular system exclusively.

To this, I have known it objected, first, that *muscle cannot feel*, and therefore that all the phenomena are only different forms of "nervous irritation"; secondly, that the people in whom the hysterical pains are found have not put themselves in the way of fatiguing their muscles.

To the first I reply, that it is of no use bothering about words. If a man has the toothache, we say he has toothache, and not nervous irritation in his tooth. If a man has cramp in the water, and is drowned while bathing, we should not say that he died of "nervous irritation"; if he was sore after exertion, we should say his muscles were painful, not that the fatigue had induced nervous irritation in some fleshy and tendinous structures. To use such phrases would be to raise two words alone to the dignity of twenty real diseases; and nobody would know what was meant, unless the author added, muscular, tendinous, dental, facial, gouty, arthritic, rheumatic, neuralgic, hysterical, cutaneous, stomachic, intestinal, uterine, vesical, or rectal "nervous irritation".

The fact seems to be, that there is a strong propensity amongst medical writers to set up, as it were, a number of cities of refuge, to which all those symptoms may be sent which cannot satisfactorily be assigned to definite seats. We have the word "inflammation" used as such a refuge in diseases of the vascular system; "dyspepsia", in the digestive system; and "nervous irritation" and "hysteria" are the cities of refuge for all curious female symptoms, no matter what their class. When once a symptom has been sent by any writer to any of these refuges, he and all his admirers have a peculiar disinclination to summon it back again, and assign it to its proper place. It is not a pleasant thing to acknowledge, even to our ourselves, that we are wrong; we therefore try, if possible, to prove that the refugee we are interested in is really a denizen of the city to which we sent him. Now, it so happens that many symptoms have been sent to "hysteria", which never fairly belonged to it: another system, the muscular, is laying claim to them; but those who sent them to "hysteria" will rather transfer them to the other refuge, "nervous irritation", than let them fall into their proper place. And so, in the endeavour to prove that pains, such as we have in cramp and after excessive muscular exertion, are not in reality due to the muscular system, we are told that "muscle cannot feel", and therefore it is absurd to say that pains referred to it can have any other origin than "nervous irritation"!

It may be very correct, in the present state of our knowledge,

to say that it is nerve alone that feels; but, as our sensations are as various as our organs, it is the best plan to speak as if they were in reality the seats of pain, etc. Take for example a condylomatous growth and a cancer: we cannot suppose that new nerves are formed in them; for, however much we may believe in possible nerve-extension in the part itself, we cannot suppose that an extension of the new fibrils takes place all the way along the nervous trunks into the brain, which is necessary before a new growth can be sensitive. Yet, notwithstanding the presumed absence of nervous fibrils in the new growths, the former is generally more sensitive than the healthy skin, and the latter has sensations peculiar to itself.

I consider, then, that it is far better to attribute the causes of pain to some modification of the organs to which the sensation is referred, than to enunciate that all pain, etc., is only "nervous irritation", and that it is the function of the sentient nerves to report to the sensorium the condition of the parts from which they come, rather than for themselves to originate the state of things on which the pain depends.

Another objection to the explanation I have attempted of the so called hysterical pains, is one that is deeply ingrained in the mind of the majority of medical men, viz., that these pains are *not real*—that they are severe and unbearable *only* because the patients allow their mind to dwell upon them. To believe this is to believe that an individual can create a pain, and, by parity of reasoning, can destroy one; that thinking long of a tooth can produce toothache; and that an intense abstraction of mind may destroy the pains of gout or uterine contraction! I have long been at a loss to know by what warrant the physician asserts that a pain his patient feels has no real existence; and, after long searching out the cause, can only attribute the presumption to that loose style of reasoning so lamentably common in the profession. It is taken as an axiom, that hysterical patients are fond of sympathy; that the sufferings they experience are exaggerated when real; and therefore that, whenever they complain of a symptom which the doctor can see no reason for, it *must be* a false creation—an hysterical symptom, and of no consequence—just a "Pickwickian" insult to the nerves! I have myself suffered from that very cutaneous tenderness, etc., which I have described; and I have had male acquaintances who have themselves experienced pains precisely similar to those complained of by hysterical females. All describe them nearly in the same terms. The seats of pain are the same in both sexes; in both, the sensation is compared to a "wearing", hot, or burning pain. In all cases, there has been unusual exertion of the abdominal muscles, either in walking, running, jumping, laughing, hauling on ropes, ringing heavy bells, etc. The pains have been located in the very regions in which we find the so called hysterical pain most common, *i.e.*, in the attachments of the obliquus externus and rectus abdominis, or in the fleshy parts of the same muscles. In all, the pains might have been said to have been hysterical, had they occurred in young women.

I must now answer the objection, that young women do nothing to fatigue their abdominal muscles; and, consequently, that the idea of their pains arising from over-fatigue is absurd. I distinctly say, that the individuals in whom the hysterical pains about the abdomen are so common do habitually fatigue their muscles to a very great extent.

Let us bear in mind, in the first place, that what is only ordinary work for a healthy person, when his muscles are strong, becomes excessive when those muscles are reduced in power; and that, if soreness, tenderness, and pain, result from double work in a strong man, the same results will follow from common work when the strength has been reduced one-half. But as we know that precisely similar causes will produce greater suffering in any individual when there is great debility than when there is full health, so there is reason to believe that the pain from over exertion in a weak muscle is more than proportionately severe to what it would be if the muscle were in a healthy state, and that the weaker and weaker the muscle is, the more doubly intense will be the suffering. Insufficient diet, loss of appetite, of blood, or of rest; excessive discharges, whether catamenial or leucorrhœal; excessive diarrhœa, the results of fevers, incipient and confirmed phthisis, profuse perspirations, indigestion, and the like, all have a direct tendency to reduce the muscular power.

If, then, with reduction of power, the amount of work done remains the same, what can the muscles do but complain, as did the Israelites in Egypt, when they had to deliver the same tale of bricks, with an arrested supply of material.

A healthy school-girl can sit erect, sew, knit, do rug-work, play for hours at the piano, and then end the day with many an

hour's dancing; and only feel *fatigue*. But if she have menorrhagia, or any other thing to diminish her strength, the very same exertion will be, for her then condition, *excessive* and *productive of pain*. It is generally under these or similar circumstances that we think we are certain to recognise *hysterical* symptoms. Many a strong well fed man will suffer severe abdominal and dorsal pain, if he have to sit or stand for many hours without any rest for his head, his elbows, or his arms; yet we think a poor ill fed sempstress, who sits sewing, supporting her head at a great disadvantage, using both shoulders incessantly for eighteen hours a day, is guilty of shamming or hysteria, if the labour is ultimately too great for the trapezius and abdominal muscles, and is followed by pain and soreness! Few of us, indeed, ever cast a thought upon the avocations of women, or the amazing amount of physical exertion they undergo during the twenty-four hours, and often with gradually failing health. The mother of a family may get on well enough till she is pulled down by over-nursing; she still does her work, but it pains her; she becomes sore, tender, miserable; she sends at last for the doctor, and has the delight of hearing that her sufferings are only hysterical or nervous! She says to herself, and sometimes, too, to the physician, "Ah, if you felt my pains, you would think more of them; you would never say, 'Oh, they are of no consequence.'" And she is right. If the doctor really felt them, he would at once recognise their cause, and, by simply giving strengthening remedies and directing more rest and less work, he would cure them speedily.

I have known, in delicate or phthisical patients, "hysterical" pain produced by prolonged sitting, practising at the piano, travelling, walking, carriage exercise on indifferent roads, dancing, laughing, rug-work, coughing, straining at stool; from an energetic discharge of the common household duties; from washing, ironing, mangling, sewing, dusting furniture, shaking carpets, etc. When once present, it is kept up by turning in bed, coughing, defecation, urination, talking, sneezing, and the like.

Now, bearing these things in mind, we can readily understand why the plans adopted for the relief of hysterical pains may have made them worse. Increased food, tonics, and diminished labour, have been the things demanded; but the doctor has used, with the best intentions, aperients, blisters, leeches, and low diet; and no attention whatever has been given either to assist the fatigued muscles, or relieve them of their work. No wonder that, under the circumstances, the patients find themselves worse and worse. How can they be otherwise, when, their work remaining ever the same, the doctor is constantly diminishing their power to do it? No wonder that at last the diminution of strength is so excessive that the individual is obliged to lie up. When that result has been attained, the muscular system is so excitable that even ordinary respiration is a burden, and any active motion of the body almost unbearable. Nor ought there to be any surprise, we may add, that the patient should begin to recover under homœopathy—a system which supports the strength, and never pulls it down by medicines.

I can only add, that I have put the ideas enunciated above to the test of two years experience; and that I have most serious doubts whether the idea of "hysterical pain", as contradistinguished from pains common to all ages and sexes, ought not to be expunged entirely from all our medical writings. The symptom referred to has been a traitor to lure us astray: it ought to be expelled from our camp.

DIPHThERITIC CONJUNCTIVITIS: A SYMPTOM OF OPHTHALMITIS.

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BEFORE attempting to establish a new genus or species of disease, the careful pathologist makes it his business to discover whether what he purposes to discriminate from other diseases has not been already described by his predecessors, and thus enables himself to avoid imposing merely a new name upon what was essentially known before.

In a paper by Mr. Prichard (BRITISH MEDICAL JOURNAL, Nov. 28, 1857, p. 981), entitled "Diphtheritic Conjunctivitis", that gentleman enumerates various authors, in whose writings he had not found any description of the pathological state to which that name has been applied; and among them he mentions me. The cases of destructive inflammation of the eyes, related by Mr. Prichard in the paper referred to, followed scarlatina, and are well worthy of being recorded.