

were sound and the muscular walls thinner than usual. The left ventricle was flaccid and contained a little blood. The lungs were congested at their bases and there was evidence of gravitation of blood along the lowest planes of the trunk. The stomach contained about two ounces of undigested food; it was a dilated stomach and was abnormally thin. There was a quantity of clinging mucus and the inner surface looked pale and flabby. The other abdominal organs were free from obvious changes. There was a good deal of distension of the intestines by flatus and hardened fæces.

This case was recognised, and truly recognised, as a case of "hysterical vomiting," and stands out as one of the group which unhappily terminated in sudden and unexpected death. Such a termination is not usual, but our books contain a number of instances of vomiting which seem to be a trick or habit of the stomach. "A mad organ," as Sir William Gull used to say, and only an example of what we see in the erratic manifestations of all the groups of neurasthenic diseases. This patient had passed through unusual mental strain, and it is quite probable that this was the very key to the commencement of her stomach troubles. Quite a number of individuals are either sick or purged under the influence of excitement, worry or grief; and surely it is not unreasonable to believe that when once the condition is established the habit becomes in some instances ratified. One fact stands out clearly—viz., the unusually low temperature of the patient—and from experience I am of opinion that in all cases of hysteria the blood is of a subnormal temperature, which accounts for the cold extremities, the fatigue and aching of the patients, and affords a guide for treatment, which must rest to a great extent upon retaining the heat of the body and abundant feeding, combined, of course, with hopeful encouragement, change of environment and not too much bromide, valerianate or strychnia.

Prince's-street, Cavendish-square, W.

## THE INSOMNIA OF NEURASTHENIA.

By W. S. HEDLEY, M.D. EDIN., M.R.C.S. ENG. &c.

FROM that group of symptoms known as "neurasthenia" sleeplessness is seldom absent. Not only constant in appearance, it is also rebellious to treatment. To cure this symptom is often to cure the disease. The latter is not here restricted to that feminine form, suggestive of nervous women, thin and bloodless, stuffed and rested and rubbed, in secluded and unsympathetic duration, and often sent back to their friends again in smiling health. There is before me another—a broader, but a kindred picture—not indeed defined by any very clear-cut outline, but a picture so comprehensive in scope and so characteristic in grouping as to stamp it a type of its class. It is sometimes called a neurosis of modern life; but it is no modern picture. It is a modern copy of an old master. It is, in fact, a nosological grouping as old as the days of Hippocrates.

A physician (it is often a physician) forty-six years of age, of a neurotic family, strictly temperate habits, in active professional work, and living in an atmosphere of considerable social excitement, suddenly broke down about seven months ago. His first and greatest trouble was insomnia. Obligated to give up work he underwent, during three or four months, a variety of medication, and was eventually sent to me by his medical man for the electrical treatment of the insomnia. I saw him for the first time early in February. He was not emaciated, pallid or bloodless. With most of the external appearances of good health, he was yet the picture of a neurasthenic—and, I may add, the embodiment of self-concentration. His mind never for a moment strayed from himself and his ailments. In every line of his story and every lineament of his face there was the history of nervous exhaustion—of too much work and too little rest, telling on a nervous system unstable by heredity. With minute exactness he details his symptoms and analyses his miseries. In case he should overlook anything he comes armed with a slip of paper, a few notes of his case—"l'homme aux petits papiers," as the French physicians call a figure not unfamiliar to the consulting-room. The first symptom on his list is sleeplessness. He cannot sleep. There is no pain or any great discomfort, or anything in his surroundings to account for it; he simply

does not sleep. He has tried everything. He has denied himself his afternoon nap in order to secure his sleep at night (a great mistake, for in conditions like this *sleep brings sleep*). He has darkened his room and closed his eyes; he has lighted his candle and read his book; he has tried counting, repeating, saying his prayers; he has followed the ticking of the clock and thought of the humming of bees. Of course, following distinguished example, he has tried a glass of water on going to bed and an endless list of similar devices. He has tried a multitude of drugs, for some of which he has an intolerance by idiosyncrasy. Now he relies almost exclusively on sulfonal, which gives him sleep (generally on the following night), but which, he considers, is not without evil effects of its own. He spends his day in dread expectation of the coming sleepless night. Should he happen to sleep soon after lying down, he invariably wakes again in an hour or so. His sleeping is ushered in by sleep jerks, haunted by nightmare and dreadful dreams, and his waking is accompanied by no feeling of being rested and refreshed. The insomnia, at first a consequence, is now a contributing factor to his mental and physical prostration. He has head symptoms: one of the earliest of these was vertigo. He chooses the side of the street with railings to the houses that he may be able to grasp them should his giddiness come on. Now he suffers from headache, not very severe, but like a band round his head or a weight or a heavy hat pressed down tightly (helmeted headache of the "galeati" of Charcot). It is a day headache, not a night one. There is hyperæsthesia of the scalp. Intellectual work has become difficult, almost impossible; he cannot even write a letter. Once a man of action, of courage and resource, he is now pusillanimous and hesitating, and leans on others. There is an obvious condition of cerebral depression, a decrease of will-power, a feebleness of character, and diminished power of resistance. He is emotional to an extreme degree and "breaks down" on the most trifling occasions. Once, sitting at the play, interested and amused, and surrounded by laughing faces, a cloud suddenly seemed to come across his mind, everything looked black, his prospects seemed hopeless, he lost his self-control and burst into tears. He suffers from dyspepsia, for the most part of the atonic flatulent kind—the stomach rises into the thorax. There is exaggerated resonance over the whole abdomen from inflation of the intestine, and this distension interfering with the descent of the diaphragm has its effect on respiration. He complains of muscular debility and a vague feeling of lassitude. The grasp of his hand or his squeeze of the dynamometer shows notably less force than would be expected from a man of his muscular development. He has already said enough to stamp him a neurasthenic. But, continuing the investigation of his case, a second line of symptoms comes into view. There is a peculiarity about his manner—an excitability, an impulsive restlessness. He shows a marked tendency to hypochondriasis and, as already stated, is apt to take a pessimistic view of the whole situation. He is evidently in the habit of going about from one medical man to another, never weary of talking of himself and his ailments; but (and here comes an important point in diagnosis with reference to a possibility which could not fail to suggest itself) he listens reasonably and thankfully to words of encouragement and advice. He leans on the opinion of his medical attendant. At times he exhibits peculiarities of gait that look almost like hysteria. He walks "gingerly," with a stiffish spine and occasional peculiarities of movement, almost mimetic of some serious organic lesion. Besides the general weakness of his nervous and muscular system he describes fibrillary tremors of the muscles and jerks of the limbs, as well as disorders of sensation, tingling of the feet and fingers. The knee-jerks and superficial reflexes are normal, as are the electrical reactions. There seem to be no pressure points or areas of exaggerated sensibility over the spine, but there is an evenly distributed increase of the general cutaneous sensibility. He is intensely sensitive to heat and cold and all atmospheric changes. The conjunctivæ are a little congested, the upper eyelids being slightly œdematous. The pupils are perhaps faintly unequal, but inequality is not constant. There is no retinal congestion. He is extremely sensitive to noise. There is constipation and a malodorous condition of the morning urine, which contains no albumen and no sugar. The tongue is furred, and there is palpitation of the heart under emotion, eating, or exercise. The pulsation of the larger arteries is excessive and at times tumultuous. He watches with anxiety the throb of his carotids and anxiously compares it with that of his nurse or friends.

Such is the case, and insomnia the symptom to be met. A hopeful prognosis may be given, inasmuch as in electrification there exists an agent well adapted to meet both the symptom and the disease—a sedative tonic. Of course there is the usual initial difficulty—such patients are hypersensitive always, and shrink from a proceeding which they are sometimes accustomed to associate with “a shock.” Therefore by way of making a beginning I passed the weakest perceptible faradaic current through my own body and with my hand administered for one or two minutes to his forehead the mildest of labile applications. He at first shrank back, but soon admitted that it was not disagreeable. I asked him to come again the next day. He did not come for a week and then only at the renewed request of his medical adviser. He then explained that, though he was “no worse” and quite convinced that the electrification was as mild as it could possibly be made, still the “exquisite sensitiveness of his organisation” was such that he had felt pricks and tinglings and “sensations” ever since. He was then prevailed upon to step into a bath having a temperature of 92° F., and with his consent a continuous current of a few milliamperes was passed through it—foot electrode, anode; cervico-lumbar, kathode. This was very gradually raised to 50 milliamperes for five minutes. He slept well that night. Of course he said it was the warm bath. Possibly it was, but it was the thin end of the wedge. During the next week he had four or five such baths with a gradually increasing current (up to 150 milliamperes)<sup>1</sup> and a gradually increasing duration (up to fifteen minutes), without perhaps any marked improvement in his insomnia, but with a perceptible rise in his general level of health. This treatment was continued until Feb. 18th and resulted in a less frequent necessity for resort to sulfonal, his average of sleep during the last week of this period having been from three to four hours. Direct head treatment was then entered on. Using the hair as a rheostat, a continuous current cautiously raised to 2½ milliamperes was passed from the forehead (anode) to the nape (kathode) for a minute, followed by subaural application (anode) of 5 milliamperes stable on each side for half a minute. This was followed by labile anodic galvanisation (5 milliamperes) of the neck (cervical spine, back of ears and anterior border of sterno-mastoid), the kathode being at the epigastrium. The whole proceeding lasted about five minutes. Between the first date of this application (Feb. 18th) and the end of that month a similar procedure was almost daily carried out, sometimes twice on his worst days. However prostrate and depressed on his arrival, he always on going away after such an application expressed himself as feeling better, brighter and more equal to bodily or mental effort. This treatment, with slight modification, was continued with the result that his average of sleep between Feb. 18th and Feb. 28th had risen to five hours, and he had not taken sulfonal since Feb. 18th nor any other drug, excepting a very occasional dose of bromide of potassium, which he has taken ever since the beginning of his illness. Between Feb. 28th and March 24th this treatment, with occasional faradaic baths, was steadily pursued, but with decreasing frequency and duration, and by that time (March 24th), his average of sleep for the twenty-four days having been six hours, the treatment was discontinued—that is to say, that after seven weeks of treatment, consisting of about thirty *séances* and twelve baths, sleep was practically restored. Not only this, but the general health and moral condition were strikingly improved. Instead of dark forebodings and pessimistic views he talked cheerfully and hopefully of going back to work again. On April 1st the improvement was not only maintained, but was still progressive.

Norfolk-square, Brighton.

<sup>1</sup> For dimensions of bath, size and position of electrodes &c., see “Hydro-electric Methods in Medicine.”

#### ROYAL HOSPITAL FOR DISEASES OF THE CHEST.—

In connexion with the approaching festival dinner, the treasurer of this hospital, Mr. Hope Morley, has forwarded a donation of 100 guineas. A similar amount has been promised by Messrs. J. and R. Morley for the benefit of the funds of the charity.

ST. VINCENT'S HOSPITAL, DUBLIN.—The following awards have been made:—Senior Class, Bellingham medal: No award. Medicine, first prize, J. H. Power; O'Ferrall medal, J. H. Power. Third year's class: P. F. Morrissey, first prize. Junior class; R. V. Donnellan, first prize; R. M. Hamilton, second prize.

## NERVOUS OCULAR ASTHENOPIA IN SCHOOL CHILDREN.<sup>1</sup>

By ADOLPH BRONNER, M.D.,  
SURGEON TO THE BRADFORD EYE AND EAR HOSPITAL.

I DO not intend to enter into all the details of what is commonly called “ocular asthenopia”—that is, the symptoms due to some error of refraction (myopia, hypermetropia, astigmatism)—or due to paresis of accommodation or to weakness of the internal recti muscles. These cases are of everyday occurrence and are fully described in the text-books. The cases to which I should like to draw attention are not very common and are those in which the above-mentioned defects are not present, or if present are corrected. Of course, I exclude all cases in which there is any disease or lesion of the eyeball. The children who suffer from this affection are for the most part neurotic, this being often hereditary or due to some long or severe illness, such as typhoid fever or Russian influenza. The eye symptoms are recognised first; but on careful examination other neurotic symptoms are often found. It is a common thing to find that the children complain that they cannot see well at school, that when they read the letters run into one another, that their eyes ache and water and that they cannot bear the light. The distant vision is often much impaired, often normal and varies from day to day. Sometimes a very weak concave or convex glass, or even a plain glass, placed in front of the eyes will greatly improve or impair the vision. Thus a +25D glass in a case I saw a few weeks ago improved the vision from  $\frac{6}{30}$  to  $\frac{6}{24}$  and in another case with a -25D glass  $\frac{6}{30}$  could only be seen with difficulty, whereas without any glass  $\frac{6}{24}$  could be readily seen. Some complain that they cannot bear the light or keep the eyelids open, in which cases the vision is often very bad; but if a slightly smoked glass is used the eyelids are opened at once and the vision is greatly improved in some cases, whilst in others improvement does not take place until the glasses have been used for several days or even weeks. There is frequently slight strabismus or ptosis present. In the case of a girl about eleven years of age whom I saw at the hospital there were nearly complete ptosis of both upper lids and bad vision, with violent pains in the head. The child was admitted into the hospital for a few days and became perfectly well; but in a few weeks the same symptoms came on again, though they soon disappeared on readmission. In many cases a peculiar condition of the ciliary muscle is to be found; the range of accommodation may be normal, but the child will not be able to read with comfort for any length of time with the book kept in any one position. The letters will begin to run into one another and the book will then be held a little nearer or a little further off or be placed in a slanting position; it is generally held very close to the face. Some children hold the head on one side or screw up the eyes, and in one case which I saw some time ago the boy could read much better if he pulled one of his ears. Often the objects appear to grow smaller or larger or seem to become more distant, this of course being a very common symptom in hysteria. When the distant vision is bad a contracted field of vision is frequently to be found; the field of vision may, however, be contracted when the central vision is good. In most cases the fields of vision vary very much and depend to a great extent on the size and brightness of the object used for measuring. Thus if measured with a small object the field of vision is much more contracted than if measured with a large one, which explains why in these cases the children always find their way about so easily and never run into or knock against things, as is the case when the contraction of the field is due to some disease of the optic nerve or retina. Colours are nearly always recognised and the pupils are of normal size and act readily to light and accommodation. In some cases a slight injury will give rise to these attacks of asthenopia. They are sometimes caused by the face being struck by a piece of paper or by a slight blow or by the presence of a small foreign body under the eyelid or on the cornea. Last year I saw a case in which a girl was struck very lightly on the left eyebrow by a

<sup>1</sup> A paper read at a meeting of the Leeds and West Riding Medico-Chirurgical Society on Feb. 3rd, 1893.