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W.S. Playfair

On the systematic treatment of nerve
prostration and hysteria connected
with Uterine disease.

London, 1861.

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NOTES
ON THE
SYSTEMATIC TREATMENT
OF
NERVE PROSTRATION AND HYSTERIA
CONNECTED WITH
UTERINE DISEASE.

BY

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THE SYSTEMATIC TREATMENT
OF
NERVE PROSTRATION AND HYSTERIA
CONNECTED WITH
UTERINE DISEASE.

I AM anxious to bring very briefly under the notice of the profession in England a method of dealing with certain grave and most intractable forms of nervous disorder familiar to all who see much of the diseases of women, which I first became acquainted with through the study of a remarkable and interesting little work by Dr. Weir Mitchell, of Philadelphia, entitled 'Fat and Blood, and how to make them.' In doing so I have no original contribution to medical science to make; I have simply followed Dr. Mitchell's directions, but with results so astonishing and satisfactory to myself, in cases which were quite heart-breaking from their obstinate resistance to all ordinary management, that I am confident I shall be doing the profession a service if I can secure for Dr. Mitchell's plan, which is based on sound theory and accurate clinical observation, a more extended trial than it has as yet received. I am the more encouraged to do this since Dr. Mitchell informs me that he is not aware that his principles of management have hitherto been tried at all in England, although well

known in America. "Here," he writes to me, "the treatment has rescued hundreds of women, and is used by men like Perry and Goodell with increasing confidence. I hope at some time to write for some English journal a *résumé* of the treatment, but it were far better done by one like you, who could quote cases of success in England."

Pending Dr. Mitchell's promised contribution, which will, I am sure, be read with interest, I may, at least, try to prepare the way by a recital of a few of the cases in which I have found his plan so useful.

The class of cases referred to is not easy to define or describe accurately, and yet they must be perfectly familiar to all. I have called the condition, in the heading to these notes, "Nerve Prostration and Hysteria connected with Uterine Disease." Goodell, who has an interesting chapter on the subject in his 'Lessons on Gynæcology,' heads it "Nerve-tire, or the Relations of Neurasthenia to Diseases of the Womb." The protean symptoms we have to deal with are such as gradually develop themselves in those confirmed invalids who are so widely scattered over the country, who have been from one doctor to another, subjected to all sorts of uterine medication, mechanical and other, with no lasting improvement, until eventually they become bedridden, or nearly so, sleepless, victims to chloral and morphia, worn and wasted, and burdens to themselves and their families. Now, in a large number of these cases there is, or has been, very real uterine mischief. I shall not be accused, I am sure, of any disposition to minimise the influence of local uterine disorder on the general health. As a matter of fact, however, many of these cases have drifted far beyond the point at which local treatment, however judicious, is capable of effecting a cure. The pain, the back-ache, the leucorrhœa, the difficulty in progression, the disordered menstruation which are attendants on the local troubles, have ended in producing a state of general disturb-

ance in which all the bodily functions become implicated. The nervous system is profoundly affected, the blood impoverished, and the general nutrition at the lowest ebb.

I shall not attempt here to explain the pathology of this state, but rather to describe the class of case, which, however, all my readers will at once recognise. Such cases have two or three prominent symptoms in common, among the most marked of which are wasting of the fatty tissues, combined with anæmia, the patient having gradually lost all appetite, professing a total inability to take a healthy amount of food, and often consuming barely enough to support vitality. Associated with this are very marked dyspeptic symptoms, too often aggravated by the pernicious habit of deadening pain by chloral, morphia, or stimulants. As a necessary consequence of such a state, and partly no doubt from local pain, all exercise is abandoned, and the patient becomes entirely confined to the house, or even to bed. Another group of symptoms which soon show themselves under such conditions are those of a moral character, the patient becoming emotional and hysterical, constantly craving for sympathy, which she often obtains to a degree most prejudicial to her welfare, until at last the whole household becomes victimised by the morbid selfishness thus developed. Every practitioner must know of cases of this kind, and must be familiar with the useless endeavours at cure which have been made by tonics, water cure, and a hundred other plans, each of which has proved equally unsuccessful.

It is in such cases that Dr. Mitchell's method is applicable, and it is based on the principle, which must be admitted to be perfectly physiological and reasonable, of removing the patient from the unwholesome moral atmosphere in which she has been living, combined with the renewal of her vitality by excessive feeding, which, under ordinary circumstances, could not be assimilated, but which is rendered possible by passive

muscular exercise obtained through the systematic use of shampooing and electricity. At first sight this sounds, perhaps, chimerical; and, had I not myself witnessed the astonishing success which followed its use, I would doubtless be as sceptical as others may be as to its value. I propose, however, to relate the first four cases in which I have followed Dr. Mitchell's method, each of which had been for years in a state of hopeless misery, subjected to all sorts of treatment in vain, and I trust that the simple narration of these remarkable cases, which are not selected, but are the first which have come under my observation, may secure for this rational treatment a fair and extended trial. Before relating them, however, I shall shortly describe the method of treatment I used, and in doing this I merely paraphrase Dr. Mitchell's directions. I must necessarily be extremely brief, and I must refer those who are disposed to try it to Dr. Mitchell's book, in which full details for their guidance will be found. The plan involves four principal heads, each of which I shall refer to separately.

1. *Seclusion and rest.*—An important element in the treatment, and one which, from what I have seen of these cases, I believe to be absolutely indispensable, is the entire seclusion of the patient under a competent nurse, and her removal from the morbid atmosphere of invalid habits, which has gradually grown up around her. Unless the patient is entirely removed from the injudicious sympathy and constant tending of her friends, it will be next to impossible to gain that moral influence over her which is really essential to success. This is a point which involves so severe a strain that it may be found very difficult to obtain the consent of the patient and her friends to a measure which will seem to them harsh and strange. I do not think, however, that any compromise on this point should be admitted; and if it be found impossible, from

domestic reasons, to secure the removal of the patient from her house, it should, at least, be made an absolute *sine quâ non* that she should be placed in a separate room with her nurse, and that she should not be visited by any one except her medical attendant. On this point Dr. Mitchell's experience is worthy of note. "I have often," he says, "made the effort to treat these cases in their own homes, and to isolate them there, but I have rarely done so without promising that I would not again complicate my treatment by such embarrassments. Once separate the patient from the moral and physical surroundings which have become part of her life of sickness, and you will have made a change which will be, of itself, beneficial, and will enormously aid in the treatment which is to follow." The first step, on commencing, is to place the patient at rest in bed. It will readily be understood that this absolute repose is only intended as a temporary resource, until, by the means presently to be described, the nutrition is improved, and new tissues are built up. Space will not permit of my following Dr. Mitchell in his explanation of the manner in which this proves serviceable; but, independently of the physical benefit in patients apt to suffer from exhaustion on the slightest fatigue, there is a distinct moral gain. "From a life of irregular hours, and probably endless drugging, from hurtful sympathy and over-zealous care, the patient passes to an atmosphere of quiet, to order and control, to the system and care of a thorough nurse, to an absence of drugs, and to simple diet." As a rule, in bad cases this repose in bed is continued during the greater part of the treatment, averaging from six to eight weeks; and at first the rest is made absolute, the patient being only allowed to rise for the purpose of passing her evacuations, and is neither allowed to read, to sew, nor to feed herself. Practically there is so much to do with feeding, massage, and electricity, that this is not found so wearisome as might be supposed; but, no doubt,

the monotony of the life and the growing strength, which accompanies a satisfactory progress towards cure, tend to make the patient the more willing to throw off her old habits of invalidism when the proper time arrives to make the effort. By degrees the period of repose is lessened, and the patient is gradually made to sit up for several hours, until towards the end of the cure she only rests on the bed for three or four hours daily.

2. *Massage*.—This, combined with faradisation, is a very important part of the treatment, and it consists in systematic shampooing and exercise of all the muscles, both of the extremities and trunk, first for half an hour or so twice daily, but very soon for not less than an hour and a half night and morning. By this means the cutaneous circulation is improved, and the muscles are brought into active exercise without the expenditure of nerve force. To do this effectually considerable experience is required, and although in one or two cases I have had it done successfully by the nurse, it requires so much intelligence on her part, and she is besides otherwise so fully occupied by the rest of her work, that I think it preferable to employ a regular rubber. Full details of the method to be adopted, and the best way of exercising the various groups of muscles and the joints will be found in Dr. Mitchell's book. It is surprising how soon the patient comes positively to enjoy a manipulation that for the first few days is very trying. Soon all local tenderness disappears, and a pleasant sense of exhaustion, followed by refreshing sleep, is alone experienced. In two of my cases the abdomen, especially in the ovarian regions, was so tender that the patient at first shrank from the slightest touch, but in a very short time she could be freely handled and kneaded in every part.

3. *Electricity*.—This forms a valuable subsidiary means of

exercising the muscles. The interrupted current is employed twice daily from half to three quarters of an hour. Here, again, some practical skill is necessary, but with a little careful teaching on the part of the practitioner, the use of the battery can be safely and efficiently entrusted to the nurse. The poles, armed with wetted sponges, are placed on the muscles to be operated on in turn, about four inches apart, and slowly moved until the muscle is fully and freely contracted. Commencing with the feet, the whole body, except the head, is thus systematically gone over. There is no doubt that this is painful and disagreeable, but it is of unquestionable utility, especially in cases such as the one to be presently narrated, in which there was long-standing hysterical paralysis, and consequent atrophy from disuse of extensive groups of muscles.

4. *Diet and regimen.*—These form the most important and most characteristic part of the cure. It is perfectly astonishing how, under the conditions above described, a pale, anæmic, and wasted invalid, able to eat next to no food, can be brought to consume, and not only to consume, but perfectly to assimilate, an amount of nourishment that would appear to be incredible had experience not amply proved the fact, so that she shall gain flesh, weight, and strength so rapidly that the change is almost apparent to the eye from day to day. The first step, after secluding the patient with the nurse, and before the massage is commenced, is to place her on a diet of milk alone, given at intervals of three hours. At first three or four ounces are given at each feeding, but in a couple of days or so the amount is increased to eight or ten ounces, so that within three or four days she is consuming two or three quarts of milk within the twenty-four hours. No difficulty is experienced in getting the patient to take this quantity, and if she suffers, as so many of these cases do, from dyspeptic symptoms, they rapidly disappear. After the first two days, when the stomach has

settled, the massage is commenced, and along with it an increased amount of food is administered, commencing with bread-and-butter, an egg, or the like, for breakfast; then, in a day or two, a chop finely cut up, with some vegetables, is given at midday, and so on progressively, until in from ten days to a fortnight three full meals daily are given, besides from a quart to two quarts of milk in divided quantities, and a considerable amount of soup made from raw beef, after a receipt given in Dr. Mitchell's book. It seems impossible, but it is nevertheless a fact, that under the use of massage and electricity these large amounts of food are taken readily without the slightest feeling of dyspepsia or discomfort. In illustration I copy the food journal on the fourteenth day of treatment of one of my patients, who had been bedridden for many years, and who all that time had existed on a dietary almost as remarkable from its smallness, frequently not taking more than half a tumbler of milk in twenty-four hours, and who could not be persuaded to eat more than one strawberry at a time, as forming a meal too large for her capacity. The treatment was commenced on October 16th with three ounces of milk every third hour. On the 30th this was what she consumed with appetite:—5 a.m., ten ounces of raw meat soup; 8 a.m., cup of black coffee; 9 a.m., plate of oatmeal porridge with a gill of cream and a tumbler of milk; 12.30, milk; 1.45 p.m., whiting, bread-and-butter, rump steak, cauliflower, omelette, and a tumbler of milk; 4 p.m., milk; 5 p.m., milk and bread-and-butter; 7 p.m., fried haddock, chicken, cauliflower, apple and cream, and a glass of burgundy; 9.30 p.m., milk; 11 p.m., raw meat soup. (The milk between 8 a.m. and 9.30 p.m. amounted to two quarts.) Nor is this exceptional. In every case I have treated on this plan similar amounts of food were taken, and with the same advantage. Of course, certain difficulties are apt to be met with, but only in one of my cases was any nausea or oppression experienced from the administration of

this apparently excessive diet, and in that I attributed the sickness rather to too sudden an attempt to stop the hypodermic injection of morphia the patient had been accustomed to, than to the feeding. At any rate, should sickness supervene, a temporary return to milk alone for a day or two will be sufficient to settle the stomach.

I have only attempted to sketch, in very rough outline, the principles on which the treatment is conducted ; the result will be better appreciated by a short narration of a few cases in which I have employed it with success.

CASE I.—Early in October of last year I was asked to see a lady thirty-two years of age, with the following history:—She had been married at the age of twenty-two, and since the birth of her last child had suffered much from various uterine troubles, described to me by her medical attendant as “ulceration, perimetritis, and endometritis.” Shortly after the death of her husband, in 1876, these culminated in a pelvic abscess, which opened first through the bladder and afterwards through the vagina. Paralysis of the bladder immediately followed the appearance of pus in the urine, and from that time the urine was never spontaneously voided, and the catheter was always used. Soon after this she began to lose power in the right leg and then in the left, until they both became completely paralysed, so that she could not even move her toes, and lay on her back with her legs slightly drawn up, the muscles being much wasted. Towards the end of 1877, after some pain in the back of her neck and twitching of the muscles, she began to lose power in her left arm and in her neck, so that she lay absolutely immobile in bed, the only part of her body she was able to move at all being her right arm. Up to this time the pelvic abscess had continued to discharge through the vagina, and occasionally through the bladder, but it now ceased to do

so, and there were no further symptoms referable to the uterine organs. Her general condition, however, remained unaltered in spite of the most judicious medical treatment. She was seen from time to time by several of our most eminent consultants, all of whom recognised the probable hysterical character of her illness, but none of the remedies employed had any beneficial effect. There was almost total anorexia, the amount of food consumed was absurdly small, and the necessary consequence of this inability to take food, combined with four years in bed with paralysis of the greater part of the body, and the habitual use of chloral to induce sleep, had reduced a naturally fine woman to a mere shadow. In October, 1880, her medical attendant was good enough to bring her to London for the purpose of giving a fair trial to the Weir Mitchell method of treatment, with the ready co-operation of herself and her friends, and she was conveyed on a couch slung from the roof of a saloon carriage, so as to avoid any jolt or jar, since the slightest movement caused much suffering. Two days after her arrival my friend Dr. Buzzard saw her with me, and, after a careful and prolonged electrical examination, came to the conclusion that contractility existed in all the affected muscles, and that the paralysis was purely functional. I could find no evidence in the pelvis of the abscess, the uterus being perfectly mobile, and apparently healthy. After a few days' rest the treatment was commenced on October 16th, the patient being isolated in lodgings with a nurse of my own choosing; and this was the only difficulty I had with her, since she naturally felt acutely the separation from the faithful attendant who had nursed her during her long illness. Her friends agreed not to have communication with her of any sort. It is needless to give the details of the treatment in this and the following cases. A mere abstract will suffice to indicate the rapid and satisfactory progress made.

October 16th.—Twenty-two ounces of milk were taken, in divided doses, in twenty-four hours. On the 17th fifty ounces of milk. On the 18th the same quantity of milk repeated; massage for half an hour. On the 19th milk as before; bread-and-butter and egg; massage for an hour and a half; twenty minims of dialysed iron twice daily. On the 21st a mutton chop in addition to the above; massage an hour and fifty minutes. To-day she passed water for the first time for four years, and the catheter was never again used. Chloral discontinued, and she slept naturally all night long. On the 23rd porridge and a gill of cream were added to her former diet; massage three hours daily, and electricity for half an hour, and this was continued until the end of the treatment. Maltine was now given twice daily.

30th.—She is now consuming three full meals daily of fish, meat, vegetables, cream, and fruit, besides two quarts of milk and two glasses of burgundy. Considerable muscular power is returning in her limbs, which she can now move freely in bed.

November 6th.—Sat in a chair for an hour. The massage and electricity are being gradually discontinued, and the amount of food lessened.

17th.—Walked downstairs, and went out for a drive, and henceforth she went out daily in a bath chair. She has increased enormously in size, and looks an entirely different person from the wasted invalid of a few weeks ago.

On the 26th she went to Brighton quite convalescent, and on December 11th came up of her own accord to see me, drove in a hansom to my house, and returned the same afternoon. She has since remained perfectly strong and well, and has resumed the duties of life and society.

A somewhat curious phenomenon in this case, which I am unable to account for, was the formation on the anterior surface of the legs, extending from below the patellæ half way down the tibiæ, of two large sacs of thin fluid, containing, I

should say, each a pint or more, freely fluctuating, and quite painless. I left them alone, and they have spontaneously disappeared.

CASE 2.—In May, 1880, I saw with Dr. Julius, of Hastings, an unmarried lady, aged thirty-one. Her history was that she had been in fairly good health until five years ago, when, during her mother's illness, she overtaxed her strength in nursing, since which time she had been a constant invalid, suffering from backache, bearing-down, inability to walk, disordered menstruation, and the usual train of uterine symptoms. She used to get a little better on going to the seaside, but soon became ill again, and in October, 1879, she was completely laid up. The least standing or walking brought on severe pain in her back and side, and she gave up the attempt, and has since remained entirely confined to her bed or sofa, suffering from constant nausea, complete loss of appetite, and depending on chloral and morphia for relief. Many efforts had been made to break her of this habit, but in vain. Her medical attendant had recognised the existence of a retroflexion, but no pessary remained *in situ* for more than a day or so, and he suspected that she herself pulled them out. I was unable to do more than confirm the diagnosis that had been made as to her local condition, but the pessary I introduced shared the fate of its predecessors, and she remained in the same condition—in no way benefitted by my visit. Things going on from bad to worse, Dr. Julius sent her to London for treatment in the early part of December. I now determined to try the effect of the method I am discussing, of which I knew nothing when I first saw her. It was commenced on December 11th, and everything went on most favorably. A week after it was begun, when her attention was fully occupied with the diet, massage, &c., I introduced a stem pessary, being tempted to try this instrument, which I rarely use, by the knowledge that

she was at perfect rest, and that no form of Hodge had previously been retained. I do not think she ever knew she had it, and it remained *in situ* for a month, when I removed it and inserted a Hodge, which was thenceforth kept in without trouble. I may say that I do not think the retroflexion had much to do with her symptoms, except, doubtless, at the commencement of her illness, and she probably would have done quite as well without any local treatment. She rapidly gained flesh and strength, and very soon I entirely stopped both chloral and morphia, and she never seemed to miss them. On December 11th, when the treatment was commenced, she weighed 5st. 9 lbs. On January 20th she weighed 7st. On January 25th she walked downstairs, and went out for a drive, and from that time she went out twice daily. She complained of no pain of any kind, and, although she wore a Hodge, she did not seem to have any uterine symptoms. On February 1st she went to the seaside, looking rosy, fat, and healthy, and has since returned to her home in the country, where she remains perfectly strong and well. A few days ago she came to town, a long railway journey, on purpose to announce to me her approaching marriage.

CASE 3.—My third case differed in many respects from the first two, since the patient was not in the state of extreme nervous prostration from which the others suffered. She was not, like them, excessively emaciated, and she was able to consume a fair amount of nourishment. It was, indeed, a case of pure hysteria of an aggravated form, and its cure was, I believe, chiefly due to isolation, and to moral pressure brought to bear on the patient. I commenced its treatment with considerable hesitation, and relate it chiefly with the view of showing how much such cases are influenced by a morbid craving for sympathy, and benefitted when this is not within their reach.

Mrs. —, aged twenty-six, was sent to me from one of our colonies with the following history. She had had bad labours, followed by bearing-down, backache, and other uterine symptoms, and had been subjected by various medical men to much local treatment, including the use of pessaries, constant cauterisation, and the like, most of which had, I believe, a very prejudicial effect on her. I may say that I was unable to detect any uterine disease requiring topical treatment, although such may no doubt have previously existed. I extract from the full report sent to me by her last medical attendant the following curious account of the nervous phenomena she exhibited. "Her lower limbs are partially paralysed, or, at all events, not under the proper control of her will. She is able to walk a short distance with a very uncertain gait, but the knees, after a few paces, suddenly give way, and she falls to the ground. When sitting quietly her hands are frequently affected with slight spasms, and her lips and eyelids are subject to occasional nervous twitches. Each menstrual period is preceded by violent hysterical attacks. In these seizures the body is violently convulsed, and the exhaustion which has followed has been so marked that I have occasionally failed to detect the pulse. These attacks are also brought on at other than the menstrual periods by any slight unusual exertion." When the patient presented herself in my consulting-room, although supported by her husband, she fell down on the floor six times, in the manner above described, in walking the length of the room, and this was the only way, I was informed, that she had been able to walk for some two years. She was very pale and anæmic, but fairly well nourished. I soon satisfied myself of the hysterical character of these symptoms, but had great difficulty in inducing the patient to submit to my proposed treatment, especially as to separation from her husband, who had got into the way of constantly nursing and tending her, with a result most injurious to her health. Within twenty-four

hours of the treatment being commenced she had a violent outburst of hysterical excitement, which, however, soon subsided on my proposing to dismiss the nurse and give up charge of the case. For ten days everything went on well, food was taken freely, and there was a perceptible increase in size and weight. When, however, faradisation was commenced, it led to a second paroxysm of excitement, the patient writing piteous letters to her husband, declaring that she was going mad, and that the agony produced by the electricity was perfectly unbearable. Under my advice he had the good sense to write and tell her that I was perfectly prepared to stop the treatment the instant she expressed a desire that it should be so, but that, as it had been begun, he would not take on himself the responsibility of doing so, and that the decision must be made by her. I then informed the patient that as the object of the electricity was to give strength to her weakened limbs, the moment that I was satisfied, by her walking downstairs without falling, that the desired result had been gained, it would, as a matter of course, be stopped. This lady was lodging rather more than a mile from my house, and, to my very great surprise, the next morning after the scene I have narrated, she was shown into my consulting-room, having of her own free will got up and dressed, sent for her husband, and walked without assistance the whole way without once falling. She has since left town apparently quite cured, and I heard from her a few days ago that she was about to start for a prolonged continental tour.

It will be obvious that in this case the massage, diet, and electricity had only a secondary effect as part of a whole that was intensely disagreeable to the patient. Clearly the main factor was the removal of injudicious sympathy, but the case seems to me worthy of record as showing the extreme value of a determined effort to break through habits of a morbid character, and the importance of trying to make a weakened will exert itself.

CASE 4.—This case is a typical instance of the kind of nerve debility and exhaustion that may be associated with old-standing uterine disease. It was placed under my care by Dr. George Kidd, of Dublin, whose account of the case I prefer giving to my own, having his permission to do so. She had been under his care and that of Dr. McClintock, and the fact that she had been treated by obstetricians so eminent is of itself sufficient proof that all had been done for her that the most advanced science could suggest. I may premise that the patient was a single lady of forty-five years of age, that she had never been strong, but had not been completely laid up until 1872, since which time she had been confined to her bed or couch. Dr. Kidd wrote to me as follows:—“Miss — has been a complete invalid for many years. She suffers from excessive pain during menstruation, and from constant pain in the left side and back, extending down the left thigh and leg, with loss of muscular power in that side. Some years ago I discovered a fibrous tumour growing from the left side of the uterus, subperitoneal, and with a pedicle long enough to allow of free movements. Mr. Spencer Wells cut down on this tumour, and removed it, but without removing either the menstrual pain or the pain in the side. The tumour has grown again in the same situation, and is nearly as large as before, probably one inch and a half in diameter. All the mucous membranes are delicate, and she suffers occasionally from vaginitis and endometritis, and also much from piles and prolapse of the rectum. Miss — is of a highly nervous and hyperæsthetic temperament, which is probably exaggerated by the isolated life she has been leading, and by the frequent use of hypodermic injections of morphia to relieve pain.” I may supplement this account with an extract from a letter from the patient herself, which graphically describes the state of her nervous system. “I can hardly tell you what a deep sufferer and how prostrate I have been. For years I have led a completely sedentary life, always lying; it is the

position I am easiest in. My back aches sorely. I am peculiarly sensitive to pain. I spend very restless nights. The pain is often then very bad. I have always a sense of great weariness." I found this lady, as might have been anticipated, pale, anæmic, very wasted, and with her nutrition at the lowest ebb. She had no appetite, and consumed hardly any food, a snipe or the wing of a pigeon constituting, with half a cupful of bread-and-milk, all she took in twenty-four hours. Moreover, she had the morphia crave strongly developed, her maid giving her hypodermic injections of four minims of the pharmacopœial solution ten times, sometimes much oftener, daily, equivalent, at the least, to six grains of solid morphia; besides which she took draughts of chloral and morphia twice daily. I found the fibroid, as described by Dr. Kidd, apparently growing from the posterior wall of the uterus, supported by a Hodge, which seemed to give her some comfort. It will be admitted that here was a case sufficiently bad to test the value of the treatment thoroughly, and, inasmuch as there was a distinct lesion which could not be removed, I undertook it with considerable misgiving. I was, however, encouraged to do so on reflecting that there was nothing *per se* in such a fibroid to cause much suffering, many women having similar outgrowths which in no way affect them, and I hoped that if I could succeed in improving the vital energies and in breaking off the vicious habit of morphia taking, much good might be done. I accordingly isolated her with a nurse, having sent away her maid who had attended her during all her illness. During the first fortnight, or rather more, things went on very badly. It was reported to me that it was quite impossible to administer to her the food that was ordered, the stomach being unable to bear it; the sleeplessness was aggravated rather than lessened; and she was in the lowest state of mental depression, constantly crying and declaring that she could not possibly bear the treatment. On trying to stop the hypodermic injections,

violent vomiting supervened, which lasted the whole of one night, but which was immediately relieved when the morphia was again given. At this juncture I was nearly in as great despondency as the patient, and feared that the treatment must be abandoned. On reflecting on a result so different from that which I had observed in other cases, I came to the conclusion that the fault lay chiefly with the nurse, who, although an amiable and willing woman, had neither the intelligence nor the tact necessary for such a case, and who yielded in everything to the wishes and fancies of the patient. I therefore determined to change her, and secured the services of the nurse who had managed my first case, on whose judgment and skill I could thoroughly rely. From that moment everything went on as well as could be wished ; nothing more was heard of the food disagreeing, and within ten days my patient was taking three full meals a day, besides her milk and soup, with relish and appetite. She slept all night long, and began rapidly to put on flesh. As a matter of fact, I believe that the first nurse, who had no experience as a masseuse, entirely mismanaged the shampooing, giving practically no muscular exercise, and, as a matter of course, the increased amount of food could not be assimilated. It was quite surprising to note how at the end of a week with her new nurse, the patient had lost her depression, and had become comparatively bright and very hopeful. The hypodermic injections were gradually lessened in number and quantity, in a fortnight all sedatives were entirely discontinued, and nothing of the kind has been since touched, nor has she any craving for them. It was very curious to watch this patient's progress. From leading a life of complete isolation for so many years she had fallen into a chronic state of dread and alarm, and could not at first bear the idea of meeting any stranger, and was, indeed, somewhat like a prisoner brought into the world after a lengthy imprisonment. Every step in advance was a matter of apprehension to her, and it required

much encouragement and persuasion to induce her first to leave her room and walk downstairs, then to go out, and so on ; but by degrees all difficulties were overcome. I eventually induced her to remove into one of our largest hotels, for the express purpose of bringing her into contact with the life and bustle of such an establishment, and soon she was able to sit in the public room, to dine at the table-d'hôte, to go out for daily drives, and to go to church. She now looks twenty years younger than when the treatment was commenced, and her friends declare her to be almost unrecognisable, which is indeed the fact. For the last month of her treatment she never mentioned her uterine symptoms, and I purposely refrained from inquiring about them. She has now left, accompanied only by a maid, for a trip across the Atlantic, with the object of visiting the Falls of Niagara. Perhaps I cannot better contrast this patient's present and past condition than by again quoting from a letter of her own written as she was leaving town. "I find it impossible to get people to understand the treatment I have lately undergone, but the results have been quite marvellous and speak for themselves. My brother, whom I saw for the first time yesterday, said I am a miracle. I *really* do not know myself, and, although I sometimes have a frightened feeling, I have *much* more self-control, and the aspects of my life have completely changed for me." In a patient of this class it is, perhaps, too much to hope that when left to herself there will be no relapse—time alone can show ; but so far at least, the treatment has been successful beyond my utmost hopes and anticipations.

I trust that the cases I have narrated may suffice to show that by systematic treatment on rational principles a class of case hitherto found most intractable is really capable of being very satisfactorily dealt with. Of course, it is hopeless to imagine that every case of the kind will be found to improve as much

as those I have described, since there must of necessity be many factors in operation, the action of which can never be determined beforehand, which may materially interfere with the desired results. If, moreover, the medical man, and still more the nurse, cannot succeed in obtaining a certain moral influence over the patient, and in inspiring a confidence which is essential, failure will almost necessarily follow. In Case 4 the influence of an inefficient nurse was very distinctly shown, and I should be inclined to say that a really good nurse, of sufficient intelligence to understand thoroughly what is required, and with the necessary admixture of tact, kindness, and firmness, is by far the most important element for success, and it is needless to say that nurses of this stamp are not readily found. Short of complete cure, very material improvement in the condition of such cases may be confidently expected; and, at the worst, even if failure follows, no bad results can possibly attend the adoption of this plan. My own conviction is that Dr. Weir Mitchell has made a most important contribution to practical medicine by the introduction of the method I have been describing, which I trust the perusal of these notes may induce many to try. Beyond doubt the treatment is very troublesome, and requires much care and patience; but in cases so distressing no trouble should be considered a bar to its adoption.

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