

NEUROSES AS SEEN IN ORTHOPEDIC PRACTICE.*

BY B. E. MCKENZIE, B.A., M.D.,

Senior Surgeon to Toronto Orthopedic Hospital, Orthopedic Surgeon to Grace Hospital, Associate Professor of Clinical Surgery in Ontario College for Women, Toronto.

THE term neuroses here employed is intended to have a generic significance. It includes the more specific expressions, which, with more or less definiteness, have been employed; for example, hysteria, neurasthenia, nervous prostration, etc. There are a number of such ill-defined affections having symptoms referable chiefly to the nervous system, which may be conveniently grouped together as neuroses. They manifest a disturbance of functional control, but are not marked by recognizable changes in the central or peripheral nerve tissues.

Because of the disability so constantly accompanying neurotic states, the orthopedic surgeon is frequently consulted, and the duty of deciding whether or not any organic disease be present, and if so, what it is, or whether the case is simply a psychosis, is one which implies a serious responsibility.

In the fact that it is the orthopedic surgeon who is consulted, and not the neurologist, is found some indication of the general characteristics of the particular patients whom he is called to see. Frequently it is a patient who is suffering from traumatism—more frequently slight than severe—and the doubt existing regarding recovery has given rise to nervous symptoms. Sometimes it is found that disease has been present in some bone or joint, and a feeling of disability remaining after recovery gives rise to a condition of chronic invalidism. Most frequently there is found some form of so-called "spinal disease" marked by much suffering or disability, or both.

The so-called "spinal irritation" is often spoken of and treated as if it were a lesion of the spinal cord or its meninges, and it was so classified by Rosenthal and others. That such a classification is erroneous has been ably contended, and cases here reported will serve to uphold this contention. Instead of the irritation being due to changes in the cord, its membranes or other parts of the spine, it is due to unhealthy and abnormal functioning of the higher centres.

It will appear from reports of cases following, that patients who had at one time been affected by some well-recognized disease, but had really recovered, were allowed to continue in the belief that recovery from the disease or from the injury had not taken place.

*Read at the annual meeting of the American Orthopedic Association, Philadelphia, June, 1902.