

## NERVOUS DISEASES AND ELECTRO-THERAPEUTICS

IN CHARGE OF

CAMPBELL MEYERS, M.D., C.M., M.R.C.S. Eng., L.R.C.P. Lond.

192 Simcoe Street.

### A CONTRIBUTION TO THE STUDY OF THE SYMPTOMS OF HYSTERIA, SIMULATING VARIOUS VIS- CERAL AFFECTIONS.

BY DRs. MASSALONGO AND FARANATI.

In a hysterical woman thirty-six years of age, Drs. Massalongo and Faranati, had occasion to notice some very curious symptoms, which simulated round ulcer of the stomach and pulmonary phthisis. The patient at first presented a perfect clinical picture of simple gastric ulcer, characterized by attacks of violent gastralgia, with vomiting, sometimes of food, sometimes of blood or even composed of pure blood and accompanied at times by an intense fever and abundant perspiration. The abdomen was enlarged, the stomach dilated and the slightest pressure on the epigastrium induced intense pain. All the means usually employed in the treatment of round ulcer of the stomach (nitrate of silver, an appropriate regimen, etc.) were tried in vain in this case. Morphia alone calmed the attacks of gastralgia, subsequent observation having shown that in spite of the persistence of the symptoms of ulcer of the stomach, the general condition and the weight of the patient's body were not sensibly changed, the conclusion was reached that the affection was of nervous origin. This conclusion was further confirmed when it was found that by means of suggestion exercised when in a state of wakefulness (in administering, for example, an indifferent medicine which the patient was assured, was very active) the pain vomiting and hæmatemesis was immediately removed. The conclusion became a certainty when one day the gastric troubles suddenly ceased and all the symptoms which are characteristic of pulmonary tuberculosis appeared in their stead: cough, sometimes dry and sometimes accompanied by muco-purulent expectoration, hæmoptysis, thoracic pain; remittent

or intermittent fever, nocturnal sweats, anorexia, diminution of thoracic resonance, and of the respiratory murmur at the apices, subcrepitant râles and jerky respiration. All these symptoms were equally influenced by suggestion and in spite of their persistence they did not exercise any action whatever on the patient's general condition. It was necessary, therefore, to consider them of an hysterical nature; in fact the microscopical examination showed in this case the complete absence of elastic fibres and of the bacillus of Koch in the expectoration.

Another patient of Drs. Massalongo and Faranati, forty years of age, whose family was decidedly hysterical, presented attacks precisely like those of hepatic colic. They consisted of an acute pain in the epigastrium radiating to the right hypochondrium and accompanied by vomiting. These attacks usually followed some vexation and were at times accompanied by a very manifest icterus of short duration as well as by hysterio-epileptic convulsions; they could be removed by hypnotic suggestion; this case was then one of pseudo hepatic colic with emotional icterus of hysterical origin.

Finally these authors observed in a young girl of sixteen, the symptoms of acute hysterical peritonitis. This patient experienced abdominal pain, which was augmented by the slightest pressure. The abdomen was distended, the pulse filiform, the skin extremely pale and the facies clearly peritonitic. An intense fever was present and percussion showed, in the lower part of the abdomen, a manifest dullness indicating a peritoneal exudation. In short, the condition of this young girl was so grave that an approaching dissolution might be expected, when one day, in consequence of a severe scolding which it was necessary to give her, all these morbid and so unquieting phenomena suddenly disappeared.

From these observations Drs. Massalongo and Faranati conclude that besides the local or peripheral manifestations of hysteria already well-known, there exist some hysterical manifestations implicating the viscera, which may simulate among others, round ulcer of the stomach, pulmonary phthisis, hepatic colic and acute peritonitis. The differential diagnosis of these various