

Original Communications.

HYSTERICAL NEUROSES.

BY M. C. BLACK, M.D., C.M.

THE history of the following case may be of interest to some of your readers: Miss A., aged 22, slightly anæmic, good family history. When I first saw this patient she had been suffering about two years from periodical attacks of neuralgia of the right supraorbital nerve. She had consulted several physicians who had exhausted the pharmacopœia in vain for her permanent relief. She gradually became worse, the attacks occurring more frequently and lasting longer. These facts I learned from her physician, and advised a neurectomy. Anæsthesia was produced locally by a hypodermic injection of cocaine, carbolic acid and gaultheria. I removed about $\frac{1}{8}$ of an inch of the nerve near its exit from the foramen. The wound was accurately coapted and sealed with a solution of iodoform and collodion. Healing was by first intention and a scarcely perceptible scar remained.

The result was all that could be desired and I advised the patient to make a visit to the lakeside. She returned in some months in perfect health, having had no more attacks of neuralgia. A month or two after her return she was seized with an attack of neuralgia over the left eye. She suffered so much that the family insisted on an operation being performed on this nerve as well. I had by this time pretty well satisfied myself that the trouble was hysterical. I might here remark that in my experience hysterical patients are always found in families that are of an exceedingly sympathetic nature, making a fertile culture-ground for the malady. The first operation had been absolutely painless and I determined that this one should be painful enough to make it undesirable in future.

The operation was as successful as the first and the neuralgia has not returned in a year, probably because the orbits are limited in number. I verified my diagnosis by suggestions, being thus able

to produce almost any symptoms at will, but my hypnotic powers are not sufficiently developed to remove a gastric ulcer (?) with which she is at present suffering.

Paisley, March 15th, 1895.

WRIST-DROP FOLLOWING GUN-SHOT FRACTURE OF MIDDLE THIRD OF HUMERUS.*

BY DR. C. P. JENTO.

James Farin was admitted to hospital on February 18th, 1891, with gun-shot fracture of right humerus. Fracture had been put up in Tacoma day before, so I did not disturb it.

On March 20th, removed splints; found good union, but considerable wasting of extensors of forearm and marked drop-wrist. On examining entrance of bullet, found it entered the arm through the outer head of triceps, passing downwards and inwards.

On applying electricity, the extensors responded very feebly, also the lower half of triceps, the upper half of triceps responding very well. Used electricity and massage for two weeks, with no benefit.

On April 15th, patient left the hospital to see about suing the city of Tacoma for damages. I proposed operation to him before he left, but he was anxious to have his useless arm to strengthen his case. He returned, however, in May, and was willing to have something done to his arm. On May 29th, with the assistance of Dr. Armstrong, we cut down and exposed the musculo-spiral nerve for four inches, and found it was firmly bound down to the musculo-spiral groove by numerous bands, also a spicula of bone overriding and pressing upon it, almost enclosing it within a bony

* Read before the London Medical Association.