sults of these operations. They are, however, of great importance, and deserve the attention of the profession. It is to be hoped that the investigations now being made will free them from the many errors and uncertainties by which they are surrounded, and place them on a sound and correct basis.

MORBID FEAR AS A SYMPTOM OF NERVOUS DISEASE.*

By GEORGE M. BEARD, M.D.

THE emotion of fear is normal to the human mind. It is as natural and as necessary to be afraid as to be courageous. Fear is, indeed, a part of the first law of nature, self-existence. The emotion is, therefore, physiological, varying both in degree and kind, with race, sex, age, and the individual. In neuropathology, especially in the pathology of functional nervous diseases, the difference between health and disease is of degree rather than of kind; the phenomena that belong to what we call health, passing by indefinite and not distinctly defined gradations into the phenomena of what we call disease; pathology being, in truth, as has been said, but the shady side of physiology.

Morbid fears are the result of various functional diseases of the nervous system, and imply a debility, a weakness, an incompetency and inadequacy, as compared with the normal state of the individual. A healthy man fears; but when he is functionally diseased in his nervous system he is liable to fear all the more; to have the normal, necessary fear of his physiological condition descend into an abnormal pathological state, simply from a lack of force in the disordered nervous system.

Thus it comes to pass that with the developments of functional nervous diseases in modern times, particularly with the increase of neurasthenia in its various phases, there has been an increase in the forms of morbid fears, and in the number of their manifestations. When any special phase of morbid fear assumes a considerable frequency and consistency, so as to allow of classification, it is proper and convenient to give it a special name by which it can be known, described, and referred to. With the understanding that these morbid fears are symptoms of diseases, rather than diseases of themselves, simply belonging to a large family of symptoms, it is a very important convenience to be able to recognize them, to interpret their meaning, to understand their relations to the other members of the same family of symptoms, and to be familiar with their diagnosis and treatment. It would probably be a correct statement to say that no symptom of functional nervous disease is so likely to be overlooked, or slighted, or misinterpreted, or improperly named, as this one symptom of morbid fear; it is diagnosed as hysteria, hypochondria, dyspepsia, imagination, biliousness, and actual insanity. Insanity has, it is true, its morbid fears, but they are associated with delusions or hallucinations.

There are quite a number of varieties of morbid fear as associated with cerebrasthenia, or brain exhaustion, without any hallucinations or delusions. The patient knows that there is no just, objective ground for his fear, but his emotional nature, under the influence of his exhausted nervous condition, overcomes his reason.

A number of years ago, I described a form of morbid fear under the term *astraphobia*, or fear of lightning, from the Greek *astrape* and *phobos*, fear. Of this disease I have seen quite a number of cases, and have nothing to say in regard to it beyond what has been already published.

The leading symptoms are headache, numbness and pain in the back of the head, nausea, vomiting, diarrhea, and, in some cases, convulsions. These symptoms are preceded and accompanied by great dread and fear. One of my patients tells me she is always watching the clouds in summer, fearing that a storm may come. She knows and says that this is absurd and ridiculous, but she declares she cannot help it. In this case the symptom was inherited from her grandmother; and even in her cradle, as she is informed by her mother, she suffered in the same way. A lady now under my care, the wife of a clergyman, was first attacked with these symptoms six years ago, in connection with other symptoms of general neurasthenic and uterine difficulties. Her husband tells me that on the approach of a thunder storm he is obliged to close the doors and windows, darken the room, and make things generally inconvenient for himself and family.

Westphal more recently has described a form of morbid fear under the term *agoraphobia*, or fear of places. This title, however, is quite inadequate to express the many varieties of morbid fear which the expression fear of places covers. The Greek word *agora*, from which Westphal derives his term, means an open square—a market place, a public place where assemblies were held—and as applied to the cases first described by him, the term is practically, though not etymologically, a correct one, for the fear of going across open squares or places, at a distance from houses or shops, was the chief feature in the cases described by him. This fear of open squares or places is, however, but one of a large number of phases that the fear of places assumes, as I have elsewhere described. In strictness, fear of places should be derived from the Greek word *topos*, place, a generic term, while *agora* is a special kind of place; *agoraphobia* would, therefore, be a species of *topophobia*, a general fear of places, which symptom seems to be capable of infinite variety. Thus one of my cases, a gentleman of middle life, could walk up Broadway without difficulty, because shops and stores, he said, offered him an opportunity of retreat, in case of peril. He could not, however, walk up Fifth avenue, where there are no stores, nor in side streets, unless they were very short. He could not pay a visit to the country in any direction, but was hopelessly shut up in the city during the hot weather. One time, in riding in the stage up Broadway, on turning into Madison square, he shrieked with terror, to the astonishment of the passengers. The man who possessed this interesting symptom, was tall, vigorous, full-faced, and physically and mentally capable of endurance. He had, however, other symptoms of cerebrasthenia.

These fears take opposite phases; thus, with one it is impossible to go to a certain place, where he was perhaps first attacked with the evil symptoms. And another finds it impossible or very difficult to go out of his house to any distance where business calls. I have now under care a patient who for a long time has been shut up in his house, unable to go anywhere, simply from fear of going anywhere. For a long time he was unable to come to consult me; but now I see him regularly; but he did not, until lately, since he has improved, go anywhere else. Quite a number of persons I have seen who find it difficult to go on long journeys, and if they do go, must have company. A person wrote me

from a distant city in the West, expressing a desire to come and consult me, but upon reaching a city at some distance was compelled to return home without reaching New York. All these forms of morbid fear—fear of leaving home, fear of going to any locality or in any direction, fear of travel—are properly varieties of *topophobia*, the fear of open squares or places being relegated, though not quite correctly, by *agoraphobia*.

Dr. Meschede brought to the attention of the physicians at Cassels, in Germany, a form of morbid fear quite the opposite of what is known as *agoraphobia*, or fear of open places. In his case the symptom was fear of close, narrow places. The patient, a young man twenty years of age, was seized with a feeling of giddiness and confusion when in a small, narrow room. In the summer he could not sleep in a room at all, but was obliged to camp out; in winter he slept in a large, airy room. He was obliged to give up his studies and become a farmer. This symptom cannot be classed as *agoraphobia* at all, for it is the reverse condition. It belongs properly to what I call *topophobia*, fear of places; and is, like *agoraphobia*, a species of which *topophobia* is the genus.

A form of fear I have lately described is *anthropophobia*, derived from the Greek *anthropos*, man, and *phobos*, fear. This term applies to aversion to society, a fear of seeing, encountering, or mingling with a multitude, or of meeting any one besides ourselves. This phase of morbid fear has different varieties. One form is *gynophobia*, fear of women, from the Greek *gynē*, woman, and *phobos*, fear.

Some patients afflicted with cerebrasthenia have no fear of male society, but are particularly timid at even the approach of females. They can mingle with men in ordinary business relations, but dread to go in any company where women are found, even when not particularly bashful. A person once consulted me for *gynophobia* which took on a peculiar form, he being only afraid of women in the society in which he moved; women of the lower order he cared nothing for, and he had no *anthropophobia*, or fear of man. In quite a number of cases this fear of man is so severe as to compel patients to give up business entirely; and I know a number of cases where men of strong muscles and having the appearance of great physical strength have been compelled through this symptom alone to withdraw from the occupations in which they were engaged; they could not face men, deal with them, persuade them to buy or sell, or have any influence over them; they dreaded to meet a human being. This form of morbid fear is often accompanied with turning away of the eyes and hanging down of the head, but not necessarily so, and usually so only in the severer cases. This phase of morbid fear is a very good barometer of the condition of the system. From this alone we can often judge whether the patient is improving or growing worse. It is a very interesting symptom. In some cases I hold the head of the patient between my hands, so as to bring his face opposite mine, and even then he will involuntarily turn away his eyes. This phase of morbid fear also has its opposite. In some persons there exists what may be called *monophobia*, or fear of being alone. Some of these persons cannot travel alone, but have no difficulty in traveling if they are in company with some one. Sometimes they cannot walk the street alone or leave the house except in company.

A form of morbid fear that has long been known to the profession is *pathophobia*, or fear of diseases—more commonly known as hypochondriasis. This form of morbid fear seldom exists alone, but is found in company with other symptoms—some real disorder of the nervous system. The pathophobic sufferer, with brain or stomach, or both, exhausted for some reason, may fear disease of the heart, of the stomach, or of the brain, or of the reproductive system, even when there is no sign of disease except his fear. The mistake usually made in the study of these cases is to assume that this fear of disease is the only symptom which the patient has, and that it is the cause of the disease; whereas, usually, it is the result of the disease, whatever the cause may be; and as such should be studied and treated.

There is a manifestation of morbid fear which is not uncommon, and to which we might perhaps give the term *pantophobia*, or fear of everything; all responsibility, every attempt to make a change of movement being the result of dread and alarm. The wife of one of my patients has a morbid fear in reference to one of her sons, a lad of about fifteen years of age; and so distressed is she by it that she cannot allow him to go out of the house or out of her sight, fearing lest he may be kidnaped, or some harm may come to him, as in the case of Charley Ross. The poor fellow is thus kept a prisoner most of the time, and the whole family is disturbed and annoyed. He must remain in the city during the summer, as she cannot allow him to leave town; and at no season can he go anywhere unless accompanied by his tutor.

A lady now under my treatment who is also *astraphobic*, tells me that she is afraid to go into the street, to do any shopping, or attend to any business; that it is an affliction for her to come to see a physician; everything is a dread to her, even when there is no draught made upon her physical strength.

The expression *phobophobia*—fear of fears—might possibly apply to a certain class of nervous patients, who fear they may fear, provided they make an attempt to move or go in any direction where their morbid fear is in the way; they are afraid even when they do and say nothing. These persons fear when they are entirely still and inactive, from a fear that if they attempt to do anything they will be attacked with their especial morbid fear. One of my patients—a stout, and large man—in addition to *topophobia* (fear of places) had at one time a fear of committing some crime against women that would disgrace him. He was ashamed of his fear; he could not help it, although he has now entirely recovered.

Myrophobia, fear of contamination, lately described by Dr. Hammond, comes under this head; the results of the treatment showing very clearly that it is symptomatic of a similar or analogous condition of the brain. In those cases there were no hallucinations or delusions.

In regard to all these different forms of morbid fear, by whatever name they are known or described, these general propositions are true and verifiable.

First.—These morbid fears are symptomatic of functional, never or rarely of organic diseases. The existence of any of these symptoms in a doubtful case of diagnosis, would alone almost establish the nature of the disease, or enable us to give the casting vote.

The best test of skill in the practice of neurology is in making a differential diagnosis between functional and organic diseases in their early stages; for this cause alone morbid fears demand close attentions.

While it is possible for hysterical and neurasthenic symptoms to appear and maintain themselves, more or less, in organic diseases, yet these symptoms of morbid fear are not found, according to my observation, in what we call organic or structural diseases of the brain or spinal cord; it is strange that they are not, but the fact as here related is verifiable.

They are not found in insanity itself, and the habit of calling them forms of mania or delusion is not based on fact or a right study of these cases. I observe that even now some forms of morbid fears are classed under insanity, or mania of some kind, even when there are no delusions or hallucinations. When the insane have morbid fears such as I have described, or very many others which they may have, and do have, as we all know, they are delusions out of which they cannot be reasoned, and are a part of, and in harmony with other delusions of the insane. But in all the cases to which I have here referred, there are no hallucinations whatever; the patient is as well aware of his delusion as his friends are, and is as anxious to get rid of them as he would be of a sick headache, fever, or paralysis; but he is unable to shake them off until his exhausted brain, of which they are the direct result, is strengthened by hygiene and time treatment.

Second.—These symptoms may come on suddenly, in some cases almost instantaneously, and when once they appear, they may exist for months and years, varying in intensity at different times, like other symptoms of cerebrasthenia, with which they are often associated.

Third.—These morbid fears are very frequently, though not always or necessarily, the result in whole or part of disorder of the reproductive system.

Excess in the male in the natural or unnatural ways, or prolonged and teasing continence united with sexual excitation, and, in the female, various slight and superficial uterine erosions, or displacements or lacerations, are the common provoking uses of these morbid fears, especially in constitutions where the nervous diathesis predominates.

These fears may exist long after the local difficulty has been cured; in this respect these symptoms follow the law of the nervous symptoms with which they are so often associated. Some of these cases are anemic, but the majority are not so, and many are models of physical strength.

Fourth.—These morbid fears rarely exist alone. They almost always appear in connection with other symptoms of neurasthenia, either myelasthenia, exhaustion of the spine, or cerebrasthenia, exhaustion of the brain, most frequently the latter. I think, indeed, that I have never seen a case of morbid fear, such as I have here described, that existed alone, without some one accompanying neurasthenic symptom, or many such symptoms. In some cases, I admit, these accompanying symptoms are few and slight, and can be ascertained only by careful study.

Among those associated symptoms may be mentioned palmar-hyperidrosis, flushing of the face, a feeling of profound exhaustion, insomnia, hopelessness, shooting pains in the extremities, excess of oxalates and urates in the urine, heaviness of the loins and limbs, dilated pupils, local spasms of muscles. Only rarely, however, is there a complete picture in which all these symptoms are represented. Like all these symptoms of neurasthenia morbid fears very often occur in those of great, even enormous muscular strength and endurance; many of them can walk and work all day with muscle and with brain, but in the presence of their special fears they are as infants.

A very frequent accompanying symptom is dizziness. Many of these cases, when they approach the object of dread, or even think of approaching it, are seized with vertigo—sometimes with less defined abnormal sensations. I have seen three cases where an epigastric spasm appears on attempting or even thinking of doing anything which is a dread. I have now under care a patient who tells me that he has a spasm in the stomach whenever he thinks of doing anything where he fears a failure. He describes it as a sudden sinking, a falling, somewhere between the base of the lungs and the navel.

This patient has also a large array of correlated nervous symptoms, such as sweating of the hands, twitching of the eyelids, mental depression, etc. One of these cases had this symptom of spasm—sinking in of the stomach—while at school, and it would come upon him whenever he was called upon, or feared he might be called upon, to recite; even the thought of responsibility, though it might be in the remote future, brought on the attack. The very existence of a morbid fear suggests to us that we search for other symptoms.

Fifth.—The treatment of morbid fear is the treatment of the condition of the brain, of which it is a symptom of the local or general condition on which the brain exhaustion depends; very generally stated, this condition requires both constitutional and local treatment. The constitutional treatment includes the whole array of sedatives and tonics, the more effective being the bromides and electricity; and counter-irritation at the back of the neck and in the bowels by means of cathartics. The local treatment in cases of disorder of the prostatic urethra in males consists in my own practice of the following procedures: very mild electrolysis with the urethral electrode—application of liquor bismuthi—of iodoform, by suppositories, by sounds, and dry cold in the urethra and the rectum.

These cases can be cured, and be permanently cured, but cannot be cured suddenly nor usually by a single prescription. They have been sick before we see them for months and oftentimes for years. The details of the treatment must be varied with the idiosyncrasy of the patient. The causes of failure are three-fold. First, the exclusive use of general treatment by medication, the local irritation from which the symptoms start being undetected. Secondly, the use of stimulants where sedative treatment is required. Thirdly, the want of change in the modes and details of treatment, and perseverance in their use.—*The Hospital Gazette*.

MAMMARY INFLAMMATION TREATED BY ICE.

A WRITER in the *British Medical Journal* says that the suggestion of treating threatened inflammation of the mammary gland by ice was "one of the most valuable hints he ever got." He thus describes its use in a case:

"I used a large Chapman's spine-bag, filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out, as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone; I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning, I found her sucking the ice-bag and loud in its praise. She continued suckling her infant; but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commence-

* Read at the annual meeting of the American Neurological Association, June 18th 1879.

* In etymological strictness *agoraphobia* means fear of large assemblies of human beings, and not of the place where the people meet.