

HYSTERO-CATALEPSY IN A MALE; ATTACKS SUSPENDED BY TESTICULAR PRESSURE.

BY ALLAN M'LANE-HAMILTON, M.D. (NEW YORK).

THE following case is of interest, not only by reason of its rarity, but because of the success that followed an interesting therapeutical experiment. To Dr. Robert Abbe, who kindly called me in consultation, I am indebted for the greater part of the following notes.

C. G. B., aged 35, married eight years. Father addicted to the excessive use of stimulants, and irascible. The patient is an intellectual man, and one of superior capacity. Mother of opposite type, a beautiful woman of quiet, even temperament, free from any trace of hysterical nature. Patient rather fat, and of one hundred and seventy pounds average weight. Health ordinarily excellent, though he has suffered from what was generally believed to be chronic peritonitis of several months' duration, eight months ago. He also had an attack five years ago, of pneumonia, with sequelæ, which one of his physicians thought was mild cerebro-spinal meningitis. Three years ago, while labouring under business reverses, he clandestinely began to take morphine—in eighth of a grain pills. The morphine habit grew rapidly until date, and he has never stopped it, and has taken at times as high as sixteen grains a day, but usually three grains in two doses, morning and night. His intellectual habit has been less bright during this time, though I have usually regarded him as lazy in mind, and from a boy disposed to exaggeration. His mother and senior brother (who is now in business with him) have for years been half credulous of spiritualism, but the patient has always scoffed at them. On the 16th of February last, he had a chill, which marked the beginning of pneumonia of a well-defined croupous type. He began convalescence after the tenth day, and was nursed by a female trained nurse, who resorted to massage quite frequently to quiet him from nervousness, supposed to be due to discontinuance of the morphine, which was unadvisable under the circumstances. He entirely gave up the drug rather abruptly during the fever, though some

frequent and considerable hypodermic injections were given for the relief of pain up to the crisis. On Monday, the 2nd of March, when convalescence was progressing, and he had sat up for two hours during the afternoon for the second time, he retired in a comfortable mood. The nurse had been dismissed, and he was alone with his wife. About nine in the evening he said he did not think he would sleep well. His wife tried to soothe him, but in a few minutes he began to show nervousness, and acted queerly. He began to kick off the bed-clothes, and act as if in a fit of petulance or temper; then turned over and beat the pillow violently, as if to vent his feelings. This was soon changed into a state of mental pre-occupation and moaning, quiet conversation in secret with imaginary people, exclamations of, "Oh, mother, mother!" as if she was seen in a dream. His fists were clenched and relaxed alternately; eyes rolled up imploringly, and apparently fixed on space. The head was occasionally buried back in pillow. Has general anæsthesia, though moaning, as if in a dream, "My head—my head; it aches so!" Pupils rather widely dilated, but reacting to candle-light rather sluggishly. He did not vary much from this state all night, except to remain quiescent for two or three consecutive hours, with apparent insensibility, and mostly complete unconsciousness. Towards morning the spell seemed to relax, and he half awoke, dazed, and declaring that the night had been a perfect blank, though sometimes he had seemed to answer questions intelligibly.

He drank milk freely, and seemed to have come to himself, but soon lapsed again into the queer unconsciousness. Many such relapses occurred during the day at intervals of half an hour, or at times two or three minutes only occurring.

They always began by a muscular fixation of the head backward on the pillow, eyes rolled upward a little, and lids open. (When I saw the case with Dr. Abbe, there was a slight tremor of the lids.) The ophthalmoscope showed a perfectly normal retina. The functions remained normal. Urine was passed in ordinary quantities, and the pulse never varied from 90, throughout the beginning, middle, or end of the attack, or the intervals. Temperature $99\frac{1}{2}$, not altered.

I saw him about twenty-four hours after the commencement of the attacks, and while sitting by his side he complained of headache, and after shuddering slightly, the fixation of the head just alluded to began to be apparent. There was first rolling upwards of the eyeballs, with a slight tendency to convergence, suspended respiration, and afterwards some slight oscillation of the eyeballs, and audible respiration. The colour of the face was, if anything, rather pale, and the lips were somewhat livid. When I extended the upper or

lower extremities, they remained in the position in which I had placed them, and there was slight, almost inappreciable, *flexibilitas cereæ*. There was no relaxation within a reasonable time—one or two minutes. With this condition there was very decided analgesia, and a pin was thrust into the surface, and the hair pulled, without any expression of suffering. The patellar tendon-reflex was, if anything, slightly exaggerated, though no cremasteric reflex could be evoked. In a period of about five minutes, there was some appearance of volitional return, for he opened his eyes, moaned, and placed his hands upon his head, and appeared to suffer. After rousing him, he was able to indistinctly call attention to his distress, but almost immediately he again became rigid. I this time extended and slightly adducted his hands and forearms, placing the tips of his little fingers and thumbs in contact, so that a sort of arch was presented. This implied a very delicate muscular co-ordination, and in a conscious, non-cataleptic person would require considerable effort. The position was maintained, however, without so much as a tremor, for two minutes. I then, bearing in mind the efficacy of ovarian pressure in corresponding states in woman, suggested to Dr. Abbe that he should make firm pressure upon one testicle. This he did, and almost *immediately* the rigidity relaxed, and the arms dropped. Coincident with this there was a return to consciousness.

Dr. Abbe, who closely watched the case, says, "Testicular pressure broke the charm, and they (the attacks) never returned." On the following evening he declared he was going to be nervous and sleepless again, and his wife said he began to act in the same way. "I found him at 10 P.M. nervous, but apparently trying to control himself, yet kicking first one leg, and then the other, under the bed-clothes. He would lie quiet for a moment, and then snort and turn over.

I ordered his wife and nurse, who had returned, out of the room, and systematically bullied him for two hours, when he gradually quieted down, though not much sleep came.

During the catalepsy, his constant complaint on waking was that his head pained as if "*bursting*," front and back.

He had told me regarding sexual functions that, while vigorous, he had not had, he believed, more than two emissions during the act of coitus during two years past. The third day before the display above described was marked by three seminal emissions, without provocation or erection; they made him feel weak.

Others had occurred during the weeks he was in bed convalescing, and occasionally followed massage. The nurse had habitually taken temperature per rectum, and had noticed

an over-sensitiveness of the perineum, which made him squirm, and, on giving enemata, made her desist.

After the night of scolding, he rapidly changed, and not a nervous sign appeared again. He walked out on the fourth day after, and was well in a week.

This, so far as I know, is the first reported case of hysterocatalepsy in a male, though I believe that most of these cases of catalepsy met with among young subjects, of either sex, present an hysterical element.