

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, October 5, 1897.

B. Sachs, M.D., President.

A DISCUSSION OF THE PARESTHETIC NEUROSIS:—PSYCHROESTHESIA AND KAUMAESTHESIA.

Dr. C. L. Dana presented a paper with this title. He said that paresthesia included nearly all the subjective sensations of the skin except those of pain. When these sensations fastened themselves to a particular part, as a nerve, they developed a definite picture, and were as much entitled to a distinctive name as was neuralgia. Sometimes paresthesias of the head caused sensations of burning, pressure and cold, which were entirely comparable to headache. They affected the cerebrospinal nerves just as did neuralgias. The cephalic paresthesias were usually symptomatic of a lithaemic state. The most frequent causes of local paresthesias were those concerned with occupations. Women were affected more frequently than men. The feet and legs were most affected; next the hands alone, and next the hands and feet together. The nerves most affected were the brachial and their branches. The most common form of paresthesia was a sensation of tingling or numbness; more rarely there was a sensation of heat. Among the rarest forms of paresthesia were sensations of cold, which were entirely apart from an actual lowering of the temperature of the part, and which occurred without any objective vascular changes. This form was not usually very distressing. The term "psychroesthesia" was first applied by a French physician in 1886. The reader of the paper said that he had himself met with a number of these cases, of which the following were illustrations:

Case I. Dora C., a washerwoman, had suffered from chronic tinnitus for three years, and had some disease of both middle ears. She complained especially of a cold sensation which she had felt continually in the forehead

for three years. The sensation was bilateral, and involved the upper part of the forehead. The skin was not cold to the touch, nor did it appear in any way abnormal. Examination revealed no anesthasias, and no signs of organic disease.

Case II. A man, fifty-six years of age, a mechanic. He was compelled to stand all day at his work. For a year and a half he had some paresthesia of the lower part of the legs, and had also suffered from a distressing sensation of cold in the foot. The physical examination showed absolutely no anesthesia of the affected part, and no change in vascularity. The reflexes were slightly exaggerated.

Case III. A man, forty-two years of age, a butcher, whose previous history was negative. He complained of a sensation of cold over the left thigh, particularly its anterior surface. This sensation had been continuous for the past six months, and was increasing in severity. There were absolutely no objective signs over the affected part. The man was a dyspeptic.

None of the cases, the speaker said, was an example of beginning or terminal alcoholic neuritis, in which paresthasias are so common. He had noted particularly two classes of cold anesthasias, viz., one, not definitely limited to certain areas, but involving the whole extremity or all four extremities; and the other, to which the name psychroesthesia proper should be given. The former was associated with pain or vasomotor disturbance, and was due to irritation of the peripheral nerves; it indicated an abortive type of degenerative neuritis. *Cold* sensations were very rare when neuritis was marked, as in alcoholic neuritis. Such diffuse cold sensations also occurred in syringomyelia, and in lesions of central gray matter of the spinal cord. The second class represented a disease in which the patient suffered from a sensation of cold exclusively, there being no associated tinkling or prickling. It was usually confined to some small area. These patients felt as though some cold object were lying upon the part. These sensations were usually of traumatic origin, and were associated with lithemia, and with the degenerative changes of middle life. In his experience, they had occurred more often among men than women. Apparently, the cold paresthasias were not produced by lesions of any of the sensory neurons, that is, by any lesions above the

spinal ganglia. The only two conditions in which cold sensations were found were: (1) Lesions of the central gray matter, possibly involving the terminals of the first sensory neuron or the beginning of the second sensory neuron (e. g., in beginning syringomyelia); and (2) in lesions of the very terminal portions of the peripheral filaments. The pure types of psychroesthesia he considered to be always due to irritation of the peripheral filaments, and the cold paresthesia found in tabes and various lesions of the spinal cord were always mixed pains.

Dr. William H. Thomson said that he had a case to report which was not in harmony with Dr. Dana's decision with reference to the central relations of psychroesthesia. On March 7, a gentleman, fifty-one years of age, had called upon him, stating that he had awakened the night before with a sensation of "universal numbness" over his right side. It involved the face, right arm and legs, and the numbness was accompanied by a prickling sensation, and by a binding sensation just above the right knee. The pulse was 94 and of a high tension; the artery was somewhat thickened; there was no real anesthesia to pain. There was a decided increase in the knee reflex on the right side. There was no aphasia or deviation of the tongue. His special complaint was a sense of coldness distributed over the shoulder and down the arm, involving the fingers and back of the hand, but more particularly the leg and foot. The urine showed no albumen or casts. The case was kept under observation until June 4. At that time it was noted that there was the same distribution of the cold sensation, except in the face. There was also a pronounced redness of the skin extending from the crest of the ilium to the knee, but quite as marked on the other extremity as on the affected side. The speaker said that the lateral distribution, involving the face, seemed to be an exception to the cases reported in the paper.

Dr. George W. Jacoby thought Dr. Dana was right in ascribing many of the one-sided paresthesias to neuritic conditions, but he was of the opinion that the symmetrical paresthesias were due to some general condition—one which exerted an influence on the central gray matter of the spinal cord. This general condition was usually a toxemia of some kind—quite commonly an autointoxication from the intestines. He had seen a number of examples of paresthesias resulting from the inordinate use of tobacco. In these cases there was a general feeling of heat extending down one or both arms, along the distribution of the ulnar, and such a paresthesia was to him almost symptomatic of tobacco poisoning as the

etiological factor. Another characteristic paresthesia was a sensation of heat or tingling passing along the penis and into the scrotum; and a third was a paresthetic condition distributed along the inner part of the thigh, usually symmetrically. These three paresthesias he had found very frequently in persons using tobacco to excess, and they had disappeared after the use of the tobacco had been *entirely* given up.

Dr. C. A. Herter said that he had met with several instances of paresthesia of cold in which the distribution was somewhat different from that mentioned in the paper. For example, he had twice met with paresthesia on the abdomen, and also upon the chin. He agreed with the reader of the paper in ascribing most of these cases to peripheral irritation of the nerves, but whether this irritation depended upon auto-intoxications was a matter about which we could not speak very certainly as yet. In one of his cases there had been an actual lowering of the surface temperature of about one degree, as compared with the other side. He could not say whether or not this was a common feature.

Dr. William Hirsch said that these cases were in all probability due to peripheral lesion, or were cases which had developed as a result of chronic alcoholism. He had seen four cases (including one he had already presented to the Society) in which trauma had acted as an exciting agent. One patient, while traveling, had carried another passenger in his lap for a long time. Following this he had developed a paresthesia of the thigh. Another patient, also a sufferer from chronic alcoholism, had experienced trauma in the upper portion of his thigh. More than one of them had noticed, on taking a hot bath, that the part complained of did not feel heat with the normal acuteness.

Dr. W. M. Leszynsky said that he had seen three cases, all in persons nearly fifty years of age. One was a man with general atheroma, who had a large area of cold sensation over the lower part of the leg. He was given nitroglycerine, and the sensation disappeared. In another case, the cold feeling existed for a long time, and then was succeeded by a sensation of heat. Subsequently the hot and cold sensations alternated. In still another case, the urine was of high specific gravity, and contained indican in excess. One of these last two cases improved decidedly.

Dr. A. D. Rockwell asked if Dr. Dana included among his cases those paresthesias which result from acute diseases—e. g., typhoid fever—for, he could recall a great many instances of paresthesia following such acute diseases.

Dr. Frankel said that he had examined the sensory disturbances in tabetics, paying particular attention to temperature

paresthesia. Out of 30 tabetics, only 2 had cold paresthesia. One complained constantly of a cold sensation along the back and down the legs; the other complained of cold paresthesias along the back part of the legs and the extensor surfaces of the upper extremities. The general appearance of this case was rather that of cerebrospinal syphilis, and the condition appeared to be the result of some meningitic pressure. There was no disturbance of the temperature sense in these cases. The last case he would explain by pressure on the posterior horns simply.

Dr. Leopold Stieglitz had seen some paresthesias of the temperature sense—one very marked one in a case of multiple sclerosis. The patient had been under his observation for five or six years, and had suddenly begun to complain of a sensation of cold extending from the umbilicus down through both legs, as if he were standing in cold water up to the waist. This sensation lasted about two weeks, and then gradually wore off. Following this were occasional sensations of cold in one or both extremities. Probably in this case it was the result of transient disturbances in the circulation in the spinal cord. The examination of the patient at first showed a diminution of sense of cold, much more than of heat. He did not think all the cases were due to peripheral neuritis; in some the paresthesia seemed to be an early symptom of tabes.

Dr. J. F. Terriberry said that inasmuch as tobacco was supposed to play such a small part in the peripheral sense apparatus, outside of the optic nerve, he had been deeply interested in the remarks of Dr. Jacoby. It was well known that under certain circumstances tobacco was a decided depressant, and an excitor of dyspepsia, and it was possible that it acted indirectly in this way by causing autointoxication.

The President said that he had seen a number of the special forms of pure paresthesias described in the paper. One case was that of a physician, thirty-five years of age, who had been moderate in his habits, yet ever since his student days had had a sensation of cold on the inner aspect of the left thigh. This was aggravated by severe exercise, but not influenced by changes in the weather. The examination was entirely negative, and treatment had no effect. The speaker said that he had been particularly troubled with a class of cases with a persistent burning sensation in the heel. This was not affected by exercise or by posture, or by treatment, either surgical or medical. He thought these cases were generally due to some lithæmic or gouty condition; he had suspected otitis or periostitis in some cases.

Dr. Dana, in closing the discussion, said that the more pure the cold paresthesia, the surer might one be that it was

a lesion of the peripheral nerves and terminal filaments. In some of his cases, similar to that described by the last speaker, there had been originally an eczema, or some slight form of trauma, which had ultimately become a mere dermal illusion. Regarding the case reported by Dr. Thomson, he said that it compelled him to admit that those paresthesias might be caused by central brain lesions. He could confirm Dr. Jacoby's statements regarding the effect of tobacco, for he had seen obstinate and distressing paresthesias of the hand, which disappeared very rapidly on giving up the tobacco. The authors that he had consulted had not made systematic observations of the temperature of the skin. In reply to Dr. Rockwell he would say that after pneumonia and typhoid fever he had only seen the general anesthetics such as were observed in the mild types of neuritis. He had had some experience with the troublesome cases of "burning heels," and had come to believe that many of them, at least, were due to a certain degree of traumatism, resulting, perhaps, in periostitis.

A CONSIDERATION OF FLECHSIG'S "GEHIRN UND SEELE."

Dr. Mary Putnam Jacobi read a paper with this title. (See page 747.)

Mr. Marshall said that psychologists looked with some doubt upon the positive statements made by many of the modern neurologists. It seemed rather startling that the neurologist paid little attention to psychology. He was certain that if Flechsig had followed the development of modern psychology, he could never have written the book under consideration. He agreed most heartily with all the criticism presented by Dr. Jacobi. It was impossible to hold any such view of sensation as Flechsig apparently did. It could not be looked upon as though existing alone—it was a part of the whole pulse of consciousness—a sort of "streak" in our conscious life. The whole mass of the consciousness of the moment must be taken into account. Sensation seemed like the top of a wave, or a particular kind of increment to this mass of consciousness. Flechsig's position certainly seemed to be determined by the old-fashioned view of the separation of the soul from the mind, but modern psychology considered consciousness only—the soul, the *ego*, was a part of consciousness. Consciousness from a certain standpoint could be looked upon as divided into the field of attention and the field of inattention. There was no absolute separation between the two. Stout, a