

ART. VII.—*Contributions to the Clinical History of Hyperæsthesia.*

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THE following cases are added to those reported by me in a paper in the *American Journal of the Medical Sciences* for July, 1869, in which I endeavoured to explain the nature of these cases, and to show that they were distinct from "neuralgia;" and also that they were not described with sufficient fulness in the ordinary text-books published in this country.

I wish again to invite attention, at least, to the marked frequency of "hyperæsthesiæ," and to show that they are principally found to affect the gastro-enteric region, as explained by myself, and referred to by Romberg and Handfield Jones, as a form partly dependent upon disturbances of the celiac plexus. The causes, however, lie beyond this, and are found in the several antecedent circumstances which I have related in detail as characterizing each case, and which are generally similar in character.

The following case is also reported for the reason that the attacks were repeated three times at intervals of a few months; each was brought on by a similar train of causes; I had a full opportunity of studying them; they were uncomplicated by any other diseased condition, and recovery followed in each instance.

CASE I. Mr. S., a married man, extremely temperate in his habits, had been subject to attacks of mental depression, caused by losses in business. From these he apparently recovered, and when he came under my care his complexion was florid, and he presented to a superficial view no appearance of anæmia. In his efforts to support himself and family he used great exertions, rose very early and retired late to rest—being always urged by the cares of business, and undergoing constant anxiety.

This culminated in three separate attacks at intervals of two or three months, during which he complained of excessive and persistent pains, night and day, over the gastric and left hypochondriac spaces, which lasted from three to six days with undiminished severity. He had no heat of skin, no fever or excitement of the circulation. His tongue was scarcely furred, there was slight torpor of the bowels, though these were occasionally moved during the attacks. He had no headache, and his mind was perfectly clear, but with some anxiety respecting the gravity of his sickness.

This man gradually recovered from each attack under the use of poultices made with stramonium leaves freshly gathered, sinapisms, with morphia and bromide and iodide of potassium given internally. He also had an occasional laxative, and enemata were administered.

There was no periodicity or intermittency about his attacks, nor any evidence whatever of rheumatism, neuralgia, or any similar affection; they seemed to be simply and purely uncomplicated examples of hyperæsthesia (probably from irritation of the celiac plexus), dependent upon and caused by an impoverished state of the blood, prolonged anxiety, depression, over-work, and mal-assimilation of food, as described in my previous paper

on these neuroses, and by Handfield Jones, in his work on "Nervous Disorders."

The subject of this sketch, by proper regimen, by the use of iron and quinia, and by regulating his mode of life, has recovered perfectly. He has only to repeat his previous course of living to fall back into a condition which will induce another exhibition of nerve disturbance. The sequence is, 1st. Anxiety, overwork, irregular hours; 2d. Defective nutrition; 3d. Anæmia and consequent nerve disorder, displaying itself in the form of hyperæsthesia, which may be designated as an erethism (*ἐρέθισμός*) or irritation of the nerves. As in chlorosis, marked pallor and loss of flesh are seldom found among the symptoms. Persons, whether male or female, may suffer greatly from anæmia or chlorosis, and yet present to the casual observer a fair appearance of health.

*CASE II. Hyperæsthesia; region of the loin.*—In this patient, although the pain was more severe than in the first, I do not regard the case as so marked a one, as it was not so entirely free from possible complications as the first.

J. B., a hard-working, temperate, man, aged 55, of active temperament, and upon whose mind and thoughts the cares of business were constantly resting heavily, came under my observation in two attacks of severe hyperæsthesia, with an interval of four months between them.

He had been using some exertion, stooping and lifting objects of no great weight, when he commenced to experience pain in the loin over the upper border of the crest of the ileum. This increased in intensity until it became so great that for three days he did not dare to turn in bed. He gradually recovered under the use of anodyne poultices, with morphia, chloroform, and potash, given internally. He had no catarrh, rheumatism, lumbago, constipation, fever, or neuralgia; nor were there any evidences of irritation of the kidneys or ureters. It is not likely that the pain resulted from the rupture of muscular or other fibres in the structures about the loin or hip, as the exertion which he used was prolonged but not violent. His nutrition and mode of living generally were not calculated to invigorate the health. He was, besides, dyspeptic, and presented evidences of anæmia.

If "hyperæsthesia" be only one development of nervous disturbance, or a species of the genus "neurosis," it is a true, constant, and well-marked species which, though exhibiting itself in various localities, will be frequently recognized; it should be more isolated and should have a specific name, and should not be permitted to remain merely as a symptom to be referred to only in treatises on general pathology. I have endeavoured to trace and describe more fully its true characters.