HYSTERICAL COMPLICATIONS OF "RHEUMATISM."

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It will be generally agreed that the term rheumatism is used much too loosely both by the laity and the medical profession. Any ache or pain, whether in the muscles, bones, or joints, is referred to as rheumatic, and any stiffening or deformity associated with or following after such pains is described as the result of rheumatism.

In the army an attempt has been made to confine the term rheumatism to its proper use, which is to describe an acute febrile condition, accompanied by articular pain and swelling, more accurately called acute rheumatism or rheumatic fever. The vague term "rheumatism," which is used in civil practice, is replaced in army practice by the term "myalgia." Thousands of soldiers have been invalided to England and subsequently discharged with this diagnosis. Amongst these no doubt there are a certain number suffering from chronic articular conditions, such as rheumatoid arthritis, osteo-arthritis, villous and gonococcal arthritis, but the vast majority of them should be diagnosed as cases of fibrositis, a condition which may be manifested in the muscles, joints, or peri-articular structures.

Fibrositis can always be diagnosed with certainty by the presence of nodules. Stockman, Maxwell Telling, and Llewellyn have pointed out their importance, and have shown how they can be detected quite easily by the careful palpation of muscles and fascia, in which they can actually be felt if the parts are properly relaxed. Pressure upon these nodules may produce radiating pains in the rest of the muscle, and in the early stages of the disability it is often easier to detect them as tender points than as palpable differences of structure.

Where nodules are not present, and where the other more serious joint conditions can be excluded, we must presume there is no active disease. In the very numerous cases in which this is the state of affairs, the patient will still complain of pain and stiffness and may be much crippled, assuming abnormal postures and gaits. It is not of course suggested that there never has been any attack of arthritis or fibrositis, but in the majority of cases a mild attack passes off in the course of a few weeks.

Many of these soldiers have continued in the same state of disability for many months. What has happened is that a position of ease was adopted for the muscles when the pain due to the acute condition was present. This has resulted in abnormal postures, which have been maintained subconsciously after the inflammatory condition has passed off.

The acceptance of Babinski's definition of hysteria—"a condition in which symptoms are present which have been produced by suggestion"—enables us to bring under this heading a large number of conditions which otherwise would be unclassified. There can be no stronger suggestion than the presence of actual disease in the individual's own person. Small wonder then that transient disease is often perpetuated by suggestion, so becoming a true hysterical manifestation. The recognition of this occurrence is, however, of paramount importance from the point of view of treatment. Such postures then are true hysterical symptoms, for they are produced and maintained by the suggestion prompted by the actual disease. In this state the pain which is present is no longer due to inflammation, but to the cramp produced by the muscles which are being held in a state of abnormal tone, and to the stretching of fibrous tissues and of other muscles, as well as to the pressure which is being kept up on abnormal surfaces in the joints. The successful treatment of these cases is at once followed by the absolute disappearance of the pain when the normal posture and gait are restored.

Although the result of suggestion in the cases under discussion is as a rule fairly constant, namely the immobilisation of a limb or of the trunk by involuntary muscular rigidity, it is as well to distinguish clearly two forms of suggestive influences. In the first group the patient will give a history of muscular pain, which he will refer to as muscular rheumatism, myalgia, lumbago, neuritis, or sciatica, according to the location of the discomfort. To this group should be added the numerous cases in which the patients complain of persistent pain and stiffness after trench fever. The pain in the latter condition is presumably due to a toxic fibrositis, so that it may be legitimately included in the present paper. In such cases the rigidity generally affects the whole limb rather than one definite joint. In the second group the history will be of a definite inflammation of a joint. If the original infection was mono-articular, the patient will hold that particular joint stiff while the others may be freely movable. Sir James Paget, in his lecture on "Conditions that Bone-Setters may Cure," which was

published in 1857, drew attention to these conditions, in which a joint is held stiff by involuntary muscular contractions. Again, in his lectures on "Nervous Mimicry," he points out how often acute joint conditions are simulated in cases in which joints are either quite normal or the subject of trivial lesions, quite incompatible with the pain and abnormal posture observed. He also remarks how joints may be apparently distorted and deformed by abnormal action of the muscles involved, so that they appear as if they were the seat of gross organic changes. Too little attention has been paid to this condition since Paget first described it, but it is so common and its successful treatment brings so much kudos to unorthodox practitioners that it merits most careful attention from medical men.

Treatment.—Having satisfied one's self that the condition is truly hysterical, the treatment to be adopted is the same as for other hysterical conditions, viz. persuasion and re-education. The true nature of the condition is first explained to the patient, his confidence and co-operation are invited, the extent to which these important factors are obtained depending upon the personality and persuasive powers of the physician. In their absence treatment will be difficult, and in order to get them the physician must impress upon the patient that he is really taking an interest in him, and that his sole object is to cure him. Next the patient is shown how he is keeping certain muscles tight, and how on attempting any movement they pass into a condition of spasm. He is then placed upon a bed and told to relax his whole body completely, specially directing his mind to the relaxation of the muscles involved. Passive movement is now carried out, and without any violence the muscles are loosened and the limb can be brought into a normal position. The question of how much pain the patient is called upon to suffer is very important. It would seem that a certain amount of pain must often be experienced in the process of relaxation of muscular spasm, but this in uncomplicated cases should never be of a severe nature. Always taking into account the reaction of the patient towards pain and the violence of his emotional expression, pain which is obviously severe means either that adhesions are present, which require breaking down, or that a joint condition is being dealt with which is more serious than had appeared at first sight.

If much pain is experienced, other methods of diagnosis must be employed, and a good skiagram and possibly an examination under an anæsthetic will be helpful. In cases where the lower

limb is involved, spinal anæsthesia is often extremely useful, for under the relaxation thereby induced the amount of limitation of movement due to purely muscular spasm can be determined, and the patient, being conscious all the time, can see for himself to what extent his limb is freely movable and is encouraged to carry out voluntary movements as his power returns.

When the limb has been brought into a normal position, the patient must at once be made to use it, and should not be left until he has attained a high degree of perfection in moving it in every possible direction. This concentration of the cure into one sitting is the crux of the whole problem, for unless the patient is brought along sufficiently far to see for himself that he is really going to be cured, he is very likely to relapse into his old state before the treatment is begun the next day. This is what makes massage treatment so disappointing, even though it is intelligently carried out and accompanied by encouragement of the patient to make voluntary movement. A slight degree of progress is achieved, but the treatment is not sufficiently prolonged to stabilise this, and by the time it is again undertaken the whole process has to be gone through afresh. On the other hand, completion of the cure by psychotherapy, though often accomplished in a few minutes, sometimes requires a sitting of one or two or even many hours, but once the requisite degree of voluntary movement is obtained, it is stabilised by the fact that the patient sees he really can move and he is only too eager to progress. Many doctors complain that they cannot spare the time for such a long sitting with one patient. This, however, is a fallacious argument, for the amount of time which they eventually spend over the patient, perhaps in the end without obtaining a cure, will amount to many times the duration required to obtain a successful result in a single sitting.

Having taught the patient to make all normal movements with his limb, it is generally necessary to re-educate him still further in order to employ these movements for particular purposes; otherwise he is apt to keep the limb immobilised in spite of the fact that movements are not only possible but painless. For this purpose congenial occupation is undoubtedly best, and he should be put to some work in which his interest is aroused, so that he uses his limb automatically, and in a very short time he will regain the full utility which he enjoyed before his attack of rheumatism.

By the courtesy of Dr. Llewellyn and the physicians of the Bath Mineral Water Hospital, I was allowed to see and treat

certain cases, who were suffering from the condition described above. In addition, several post-rheumatic cases were admitted to Seale Hayne Military Hospital, both from Bath and elsewhere. A short description of some of these will illustrate my meaning better than further words.

1. *Cases following Fibrositis.*—The bent back of soldiers is a familiar sequel of rheumatism, and therefore scarcely needs to be mentioned here. It has been said that cures of such cases can only be effected easily in special hospitals, with a special atmosphere, or when the patient is well acquainted with, or has peculiar confidence in his physician. That this is not necessary is shown by the following cases:—

Sergt. S. was seen for the first time at the Bath Mineral Water Hospital at 10 A.M. He was walking with two sticks, his back being completely bent, a condition which had persisted some eight months. On lying down he was not able to get quite flat, his knees being raised if his shoulders rested on the bed. In a very short time he was persuaded to relax his muscles so that his legs could be straightened out. It was then pointed out to him that the attitude which he now adopted in the recumbent position was quite possible in the erect posture. On getting up he was persuaded to stand straight but walked with great difficulty, his hips being kept quite stiff. Re-education was proceeded with, and an hour and a quarter after starting treatment he was able to run. He did not relapse and was able to get about normally.

Pte. B. was also seen at Bath Mineral Water Hospital. As a result of rheumatism in October 1917 he had developed an abnormal posture, in which he was very much bent to the right, with stiffness of the right hip and knee. He could with difficulty get about with a stick. After one hour and twenty minutes' treatment on 21st November 1918, he was able to hold himself straight and walk and run to a certain extent, although his gait was by no means normal. Owing to pressure of time it was impossible to continue the treatment then, but on admission to Seale Hayne Hospital a fortnight later he was found to be practically well, and in a very short time learnt to run and walk perfectly normally.

The following were some typical cases treated at Seale Hayne Hospital:—

Pte. S. had had attacks of muscular pain occurring at intervals since childhood, his last attack being in July 1918. He was admitted in December 1918, with combined scoliosis and kyphosis, with stiffness

of both legs, which had lasted two years and five months. After an hour's treatment, he was persuaded to relax completely and stand and move normally. In both these last two cases pain had been a noticeable feature while they maintained their bad postures, but after treatment this completely disappeared.

Pte. H. was a patient of somewhat excitable mentality, and while in the trenches had been feeling the strain of active service for some time, and finally collapsed in August 1917. He was found to be suffering from trench fever, and complained of pains in the side and back. On admission to Seale Hayne Military Hospital on 7th October 1918 he was walking very badly, with a partially bent back and a spastic-ataxic gait which had then persisted for fourteen months. Although he took rather longer than usual to cure, by the time he was discharged on 12th November 1918 he was walking and running absolutely normally.

Pte. B. acquired trench fever in France in March 1918. Since that time he complained of pains about his back and thighs. He was only able to walk with a very spastic gait, taking short steps, and he had been quite unable to run for nine months. He was admitted to Seale Hayne Hospital in the end of January 1919, and after a quarter of an hour's treatment was able to walk and run normally.

2. *Cases following Arthritis:—*

Pte. B. had had "rheumatism" in his left arm in February 1918, subsequent to which he had completely lost the use of it. He was admitted in December 1918, and persuasion rapidly induced him to carry out all movements, and by occupational re-education he was soon taught to use the left arm and hand as well as he had ever done.

Pte. E. had injured his left foot before the war by falling off a ladder. He subsequently went to France and developed "rheumatism" in the injured foot in September 1918. Since then he had only been able to walk with a marked limp and had never run since his accident five years before. He was admitted in December 1918, and was rapidly taught to trust his weight on the foot, so that he was soon walking and running normally and without pain, which had been constantly persistent before.

Pte. B. was admitted limping badly on the right foot. He had had periodic attacks of rheumatic fever since childhood, and the last attack in October 1916 had involved this ankle. He was admitted in December 1918. In twenty minutes he was persuaded to trust his weight on the injured foot and thereafter was able to walk and run without pain.

The following case of hysterical stiffness of the knees following rheumatic fever was treated by Captain J. W. Moore:—

Pte W. had had recurrent attacks of rheumatic fever for the past four years, the last one being in April 1918. When admitted to Seale Hayne Hospital in August 1918 there were no signs of active rheumatic disease, but both knees were rigidly extended, no trace of flexion having been possible since April. Treatment for eight weeks in Bath had had no effect, but manipulation and persuasion quickly induced him to bend his knees, and in half an hour he was able to walk normally after having had to depend upon crutches for four months.

The conclusions to be drawn from these examples are that in cases where there are no signs of active fibrositis or arthritis, the possibility of hysterical perpetuation of what was once an organic condition should be considered. This supposition will be supported by the fact that anti-rheumatic treatment is having no effect. In such cases psychotherapy should be undertaken straight away, with as little preliminary examination as is compatible with the exclusion of active disease. This is important, because the less handling the patient has, the more sure he will be of the physician's confidence in his ability to cure, which is one of the chief factors in successful treatment.

While the cases cited above were all military, the same conditions are met with in civil practice and the same procedure is applicable. A more critical review of chronic "rheumatic" conditions would undoubtedly bring to light very numerous cases of this description, with the result that many sufferers would be restored to functional efficiency and active health.