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## REFLEX NEUROSES DUE TO PREPUTIAL ADHESIONS.

REPORT OF CASES BY MARSHALL F. PRICE, M. D., COLTON,  
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DR. MARSHALL HALL claimed that irritation of peripheral nerves would produce, through centric disturbance in the spinal cord, many disorders of the economy of apparently distant organs.

"The path described by a nervous impulse in its passage in and out resembles so plainly that described by the sound waves in an echo, or by a ray of light reflected from a mirror, as to suggest immediately the term Reflected, or Reflex-Action, or Reflexes, for phenomena so peculiar and characteristic. But it cannot be too often repeated that this interesting analogy between the path of a nervous impulse in a reflex action, and the path described by light, sound, etc., reflected from surfaces, is only an analogy, for while, in the latter case, the thing reflected is precisely like the thing impinging, and departs at definite angles, under rigid laws, which are well understood, there is good reason to believe that the incoming nervous impulse in a reflex action of the animal body is unlike the outgoing impulse, which is certainly not merely a reflected portion of the former, but something different from and often disproportionate to it, elaborated and sent forth by the central nervous system, under influence of the incoming impulse just received, doubtless in accordance with rigid laws, yet laws which are virtually unknown." (Reference Handbook of Medical Sciences: Article, Reflex-Action.)

Case 1. Earl S., aged seven years. In October, 1888, I was consulted by the father for heart trouble in this patient. He gave me quite a full account of the case, dating back almost to early infancy. There had been frequent attacks during the past two years of palpitation of the heart, with great exhaustion, each attack lasting several hours. I had no opportunity to see him during a paroxysm until November 3d. I then found him in a very serious condition, so serious that if I had not been prepared for it by the previous information, I should have said at once that the boy could not live an hour. The

heart was laboring hard, beating at a furious rate (far beyond counting) with a loud blowing or splashing sound, and the pulse at the wrist a mere flutter. The breath was inspired in a series of jerks; the face flushed and somewhat swollen. The chest wall was visibly moved at every thump of the heart. The parents had been in the habit of giving aconite at these times. I therefore ordered this, with stimulants, as a temporary effort, and after the paroxysm made a more thorough examination, but arrived at no definite conclusion as to the etiology. For about a month, while I studied the case—during which time he had three or four paroxysms of the same serious character—I gave him strychnine and strophanthus, and at the time of the paroxysms antipyrin and stimulants, all with no appreciable improvement. Sometime during this period of observation the father happened to mention that he sometimes complained of his penis hurting him at the time of an erection. This led me to examine that organ, when I found a long prepuce, with the mucous membrane adherent to the glans about a line beyond the corona, the whole circumference of the organ. December 7th I broke down the adhesions—using cocaine—with a blunt instrument, with the result of the immediate amelioration of all the reflex symptoms. The very next paroxysm was lighter and less exhausting. The improvement was continuous. The child started to school soon afterward and was able to play with the other children without bringing on a paroxysm. The past summer he spent in the mountains and improved all the time. The medication consisted of remedies to assist digestion, with a dose or two of phenacetine at the time of the paroxysms. This case is of such long standing—no doubt existing from birth—that I think some permanent injury has been done to the nervous system. He is now showing some symptoms of Graves' disease, and the heart is no doubt organically involved.

Case 2. A. B., born November 2d, 1888. A large healthy-looking child at birth. After the ordinary attention to the mother through the puerperal period, no particular attention was paid to the child. I would see him occasionally on the street with the nurse, but always lying down in his carriage. He grew fast; appeared to be healthy; cut his teeth naturally, but I noticed that he did not sit alone—made no effort to do so—nor did he notice anything or anybody. When I would

meet the mother or nurse with the child I could never get him to look at me or pay any attention to whatever I might do to attract his notice. His expression of countenance was bordering on the idiotic or expressionless, and his eyes were constantly turned to the left. His mother gave me a like history of him at home. I also noticed that when I saw him he was nearly always crying. I now began to talk with the parents about him, and found they were very anxious about his mental condition. I of course always spoke encouragingly to them, but still I knew they were afraid their child, an only one, would inevitably be an idiot. About the first of June last the family became my next-door neighbors, and therefore the child came more directly under my notice. Soon after this time I was called upon to treat him for what the mother called "jerking spells." She said he had been having these for six weeks or more. When he awakened from a nap he would have these "jerkings" which would throw him backward, with an inclination to the left side. It was some time before I was fortunate enough to see him in one of these convulsions. When I finally did have the opportunity to observe them, I found each paroxysm to consist of a series of quick convulsive movements, resembling the spasms of tetanus, except that that they were not continuous. Some were quite severe and apparently gave the child great pain. The eyes, even after the convulsions passed off, were continuously turned to the left, as was also the head to some extent. Nothing would attract his attention at any time, and he was now over seven months old. The expression of his countenance was that of almost total lack of intelligence, and the child cried almost constantly night and day. He was large and fleshy; had all the teeth he should have at that age; bowels regular and appetite good. My treatment was wholly experimental and without benefit. I became very much interested in the case and thought of it a great deal. It occurred to my mind one day, while thinking of the case, that there might be a contracted prepuce, and that the convulsions were reflexes from that point. I immediately went to the father's office, told him of my impression and that I would make an examination that day. I did so in the afternoon, and found the prepuce long, somewhat distended, with a very minute opening, the smallest probe entering with difficulty. As soon as the probe was

withdrawn a small stream of urine was thrown out three or four feet. The probe was reëntered and a second one forced in by its side. With this contrivance the meatus was stretched as much as the instruments would bear. The next day I passed a Hutchinson's ear forceps, and again stretched the prepuce. After a few operations with this instrument I could pass a Levis' phimosis forceps, which I used to the end of the treatment. As soon as the prepuce was sufficiently dilated to pass back, I found the mucous membrane adherent almost the whole extent of the glans. I immediately commenced to break down the adhesions, at the same time, at each sitting, further stretching the prepuce. At the first operations for loosening the adhesions I could do very little at each time, for the prepuce not being sufficiently dilated the glans would immediately become congested and cut short my effort on account of the threatened paraphimosis. These operations were continued from day to day, until everything desired was accomplished. From the very first operation the convulsions commenced to diminish, both in force and frequency. There has been a constant and continued improvement in all the symptoms. The child is now standing alone; his face is intelligent; he is interested in playthings and people around him; is good-natured; is getting the rest of his teeth without trouble; is growing finely, and the parents are correspondingly happy. After the discovery of the cause of these neuroses, and the commencement of the surgical procedure, the medication was very little. At the first a little bromide, nux and pepsin, but even these were not long continued.

Case 3.. Child, twenty-five days old. This case is referred to simply to show that experience is a good teacher. This child was a large one at birth and in splendid condition, apparently a perfect child. When he was about the age above mentioned the mother's sister came to my office to consult me about one of her own children, and I asked her how her sister and the baby were. She replied that the baby was very cross, often crying all night. Now, my opinion is that a baby will not cry much if it is well and properly fed. I, therefore—with case 2 in my mind—said I would drive out the next day and see if I could ascertain what the trouble was. I went out, as appointed, and examined the penis. Found a long prepuce with pin-hole opening. I at once commenced the stretching

process. I have not yet been able to uncover the glans, but am sure I will find adhesions. By this early diagnosis and treatment of this case all the evil results of the reflexes, which are sure to follow neglected cases, will be avoided.

#### REMARKS.

Mr. President: I will have accomplished a good purpose in this imperfect report of these cases, if it causes one member of the profession to make a more thorough study of the subject of Reflex-Action, as a cause of many of the diseases which have heretofore baffled our skill. It is a subject which I think is very imperfectly understood. "The general practitioner, together with the general and genito-urinary surgeon, has—with a few rare exceptions—not given this matter of reflex-irritation sufficient attention, nor do I think have they appreciated the extent of the untrodden ground yet to be explored by the study of this subject, as an etiological factor in both functional and secondary organic diseases that come under their observation." \*

Case 1 strongly illustrates the serious results that may follow a long-neglected case. Organic disease has become established, which will no doubt result fatally in a few years at most, and case 2 bade fair to follow the same course. I believe that many of our feeble-minded children could have been saved from such a deplorable condition if some existing cause of reflex action had been discovered in time. Dr. Bruce-Smith, before the Ontario Medical Association, alluded to Mr. Edmund Owen's teaching, that a small preputial or urethral orifice and adherent prepuce were, perhaps, the commonest cause of hernia in children. He also referred to Mr. Bryant's statistics bearing on the same point, and urged attention to a subject upon which text-books say so little. He believed that in some cases, with marked symptoms in male children, we may find a causative relation to these symptoms in an abnormal condition of the penis, and that by directing our attention to the relief of that condition we may convert a feeble, puny, wakeful and irritable boy into a healthful and happy child. †

Brown-Sequard, in 1874, "related a very interesting case that presented all the rational signs of advanced cerebral disease, one he considered quite hopeless, that was relieved by

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\* L. M. Denslow, M. D., *Med. Rec.*, Vol. 34, p. 314.

† *Med. Rec.*, Vol. 36, p. 72.

an operation for phimosis and the treatment of an inflammatory condition of the glans penis. To quote his own words, he said 'so rapid was the recovery that within six weeks from the day of the operation he presented himself at my office perfectly well in every respect.'\*"

Nor do I think these reflex neuroses from adherent prepuce wholly confined to the male sex. The preputium-clitoridis may be adherent and produce in the female similar reflexes. During the session of the American Medical Association, held in Chicago—in 1874, I think—I attended one afternoon a clinical lecture by Dr. Sayre. A little girl, fourteen years of age, but about the size of a seven-year old child, was brought in who had never walked nor spoken, but with quite an intelligent countenance, who was in constant motion and who presented very many nervous symptoms. Dr. Sayre examined her and found the prepuce adherent the whole extent of the clitoris. He gave it as his opinion that here was the primary and sole cause of the symptoms, and that appropriate treatment shortly after birth would have prevented all the serious consequences so painfully apparent, and which it was then too late to remedy.

I once had occasion to pass a catheter into the bladder of a lady who presented an innumerable train of nervous symptoms, often bordering on insanity, but was unable to do so without exposing the parts. Although the meatus could be distinctly felt, the catheter would not enter. On exposure to view, an opening was seen in the clitoris, which was firmly bound down by preputial adhesions, near the extremity of the organ. Entering the catheter at this point, it readily passed through the clitoris, then down through a passage under the mucous membrane to the natural sight of the meatus and on into the urethra and through it into the bladder. In the light of later experience, my opinion now is that here was the cause of all the nervous symptoms in this case.

The treatment of all these cases in the male is, I think, better by gradual dilatation than circumcision for the phimosis, for in nearly if not all cases there is adhesion of the mucous membrane to the glands, and this must be broken down, or we will not effect a cure. Dr. Bruce-Smith, at the meeting of the Ontario Medical Association, last June, reported some

\* *Med. Rec.*, Vol. 34, p. 314.

cases of reflex nervous phenomena from similar causes, and recommended the treatment by dilatation. Dr. Newman of New York, who was present, highly approved Dr. Smith's treatment and spoke unfavorably of circumcision in cases where dilatation is quite sufficient.\*

The subject of Reflex-Action in the human subject is so intricate, so little studied or understood, and often so direful in its effects, and still so little written about, that I feel myself incapable of doing it justice.