

*Observations on Climacteric Disease, with Cases.*

By HENRY KENNEDY, M. B. T. C. D., L. R. C. S. I. ; one of the Medical Officers of St. Thomas's Dispensary.

To the late Sir H. Halford the Profession in this country stands indebted for the first distinct account of climacteric disease. The Paper alluded to was published in the year 1813, and after a good deal of searching I have been unable to find any farther notice of the subject. True, indeed, the Dictionaries and Cyclopædias of Medicine speak of the disease, but in a very brief, and to my mind, unsatisfactory way ; nothing, in fact, has been added to the original paper, while in some of them the matter of this valuable and elegantly written communication is not even given in full.\* Sir Henry Halford himself attributes the slight notice which has been taken of this disease to the fact, that being often joined with some organic lesion, it hence has been overlooked. This, no doubt, is one reason, though it strikes me another may be given, arising out of the idea, which I believe to be a very general one, namely, that climacteric disease is only met with in advanced life. This idea, which pervades the entire of the Paper alluded to above, will, I think, be found to be erroneous. *At least I may state with certainty that an affection which agrees in every respect with climacteric disease, is by no means unfrequently met with in individuals between twenty and thirty years of age.* To direct attention to this point, which I believe to be one of some importance to recognize, as well as to enter into some more of detail on the subject generally than has hitherto been done by any one, is my object in the following remarks.

From the time of Galen to the present period it has been nearly universally believed, that certain epochs of human life

---

\* It may be right here to except Mason Good's account of the disease ; but even it is avowedly based on the Paper alluded to above. It is, however, worthy of perusal.

are very liable to be accompanied by disease of a certain character. A good deal of trouble has been taken to ascertain at what exact periods of life such a disease shows itself, and particular years, such as the forty-second and sixty-third, have been determined on: the latter of these periods has indeed been called the grand climacteric, as being the time above all others when the disease is apt to declare itself. In the cases of climacteric disease which have come under my own notice, I have not been able to confirm any of these points, nor indeed is it likely that such will ever take place. The different constitution of every individual, both bodily and mental, his pursuits, his habits as to eating, drinking, and clothing, and probably above all as to the exercise taken in reference to these, must, I should think, cause an endless variety in the periods at which the system gives way, and climacteric disease establishes itself. Be these things, however, determined as they may, it is enough for my present purpose to know that such an affection as climacteric disease really exists, for this point has been questioned: it is easily settled, however, by referring to any half dozen of grown up individuals, when it will be found that one at least of these has had the disease. Were I to speak from my own experience, I should say that the persons who pass through life without having laboured under it, once, if not twice, are the exceptions to the general rule.

Of the causes of this disease very little is known. In very many cases it is not possible to trace it to any, while in a few it seems to be brought into existence by such causes as the following:—a slight cold, the influenza, any sudden shock to the system, as for instance a trifling fall, anxiety of mind brought on by a man's business going astray, or, what is very common indeed, some disappointment, or "hope deferred," in relation to the more tender feelings of the heart—a debauch of any kind. Of these a common cold is the most constant, a point which Sir H. Halford has especially noticed. It is self-evident however that such causes are not enough in themselves to pro-

duce the disease: they can only act by setting in motion a series of symptoms, for the production of which the system has been, as it were, previously preparing itself; in fact they are immediate, as contra-distinguished from predisposing causes: but it must be again repeated that in numerous instances the disease comes on without any assignable cause. While speaking of causes it must not be lost sight of that actual disease may usher in the attack, and continue through its progress. This part of the subject will be alluded to farther on.

Climacteric disease in general commences in a very gradual way. From three to six weeks may pass over, the individual not feeling quite well, and yet not making any distinct complaint. I have known it happen too, though it is not common, that the patient was observed by his friends to be looking ill for a considerable time before he made any complaints whatever. In the great majority of cases, however, the remarkable change the countenance undergoes is not observed till a later period of the disorder. Pains of one form or other are among the most common symptoms ushering in the attack: these may be of a darting and transient character, passing through the entire frame, or they may be more fixed and confined to a certain part. In the former case they are set down as rheumatic or gouty pains, according to the habits, or, it may be, the wishes of the individual; while in the latter nothing remarkable is to be observed about them, except that in general they are in a very marked degree periodic. Another very common symptom complained of in the earlier stages of the disorder is weakness, which is referred in general to the knees, the patient expressing himself in the usual way, by saying that these parts feel as weak as water. It is not alone when the patient is walking about that this weakness is complained of; on the contrary, they suffer from it while lying on a sofa, and I have seen it complained of to such a degree that it was described as amounting to absolute pain. It is also worthy of remark, in connexion with this sense of weakness, that it does not seem to be increased by any exercise the individual

may take. In one instance, which will be given in detail, this symptom recurred for several days, and at a particular time of each day, before any other symptom showed itself, the individual during this period wondering what could be the cause of such weakness.

It has been already stated that the disease under notice generally commences in a gradual way. To this, however, there are some remarkable exceptions, and this is an important point to keep in mind. I have known the disease commence with what may be called acute symptoms. Thus a common bilious attack has been followed at once by the usual symptoms, and well-marked climacteric disease has been established within fourteen days. A case of this sort will be detailed. A common cold, or influenza, have been already mentioned as ushering in the attack. But probably the most important of this class of cases is where the disease commences with head symptoms of so acute a character as to throw the medical man entirely off his guard. Under such circumstances a wrong view is very apt to be taken of the case, and erroneous treatment adopted in consequence. This will be alluded to again.

After the pains, which have been before spoken of, have existed some time, other symptoms make their appearance, in quicker succession too than the commencement of the disease would lead one to expect. The appetite begins to fail; this soon increases to a total loss of it; and finally, should the attack be a well marked one, an utter aversion for all sorts of food succeeds. With this there is of course loss of flesh, and strength both of mind and body, and above all the sleep at this period goes astray. In a disease which is marked by such a variety of symptoms there is no more constant one than this loss of sleep; one exception only has come under my notice where it did not exist.

Such are what may be called the general symptoms of climacteric disease, which has been described by Sir H. Halford as consisting in a loss of flesh, in a very marked change in the

expression of the patient, and in a quickened circulation. The two first of these would appear to be all but constant: the latter however is by no means so. I have seen cases where from first to last the pulse was not raised in the slightest. As regards the expression it has been deservedly noticed, for it is a truly remarkable one: it is not merely that the individual looks ill, but all at once, as it were, several years are added to his life, and he gets the credit of being much older than he really is.

It must not however be supposed that the three symptoms just alluded to constitute climacteric disease. Far from it. I have never seen a case where others were not superadded, and for these latter it is that medical relief is commonly sought. The symptoms spoken of, varied though they be, may, for the sake of description, be referred to the head, chest, or abdomen. What it is which makes the disease take one of these directions in preference to another, we are of course in complete ignorance of: such is however the fact. When the head is the part affected, pain in it is the most common complaint: it may affect either the entire head, or it may be confined to the front or the back. It is very little amenable to treatment, while it is marked by the most extraordinary periodicity. In some instances it is not so much pain as weight which is complained of, and which is sure to be aggravated by any movement, as by shaking the head. In others again it is a sense of reeling or dizziness, or of the blood flowing to the head with unusual force, giving rise to the most distressing throbbing: each and all these feelings are almost invariably periodic. It is most important to bear in mind too what was before alluded to, that all these symptoms may be in a still more aggravated form, and may be accompanied by a sense of numbness, or even paralysis, of one side of the body. This is not a state of complete paralysis, for as far as I have yet seen, it is recovered from entirely. It is the form of paralysis which in my own experience is most usually met at a period of life at which this disease is not common, I mean between twenty

and forty years of age, and it is very readily indeed mistaken for other and more serious forms of the disease.

When the patient has complained of the chest the following symptoms have come under my notice:—severe pains in the shoulder joints, not to be distinguished from rheumatism; very distressing pains of a burning character referred to one or both clavicles, sometimes to the soft parts in the neighbourhood. At other times again these sensations have been complained of in one or more of the dorsal vertebræ. The most common chest symptoms, however, are most probably fits of dyspnoea: these may occur in the day-time, when they are in general slight, but they are certain to recur towards evening, or during the night, and, in the cases I have seen, with great violence. For the time being, in truth, the individual labours under well-marked paroxysms of asthma. With those fits the patient may be harassed with palpitation of the heart, which, however, may exist by itself, and when it does it gives rise to as distressing symptoms as any connected with climacteric disease. It may be observed, in passing, that the more localized any of these symptoms are, the more severely the organ affected seems to suffer. With the symptoms already detailed cough may also exist, which may at times be traced to bronchitis, or again may be of a spasmodic character, when no cause can be made out for its existence.

The digestive system suffers very constantly in climacteric disease, possibly more so than any other: some indeed have attributed the affection to derangement of the abdominal organs, but, I believe, erroneously. The tongue in general shows more or less of fur, while a bad taste in the mouth, particularly in the morning, is often complained of. The state of the appetite has been before alluded to, amounting in the worst cases to an actual disgust for all solid food; in such, thirst is a common symptom, particularly at night. Even in cases when food is taken, it seems never to be enjoyed, nor to nourish the patient as under other circumstances. Besides a distaste for food, dys-

pepsia in several forms may be met with: pain at any period after eating is very common; I have seen some cases where there existed the most violent attacks of gastrodynia, at least the symptoms were such as to lead me to suppose that the pain was owing to some irritation in the stomach.\* In others again it seemed to be seated lower down in the alimentary canal, the pain then coming on at a particular time of the night. In place of pain it is at times a sudden secretion of air which distresses the patient, and this may go on to a degree which no one can have any idea of who has not witnessed it. Like every other symptom in the disease it is periodic. A tendency to constipation of the bowels almost always exists, and this takes place whether head, chest, or abdominal symptoms predominate: the discharges are usually dark and unhealthy. Sir Henry Hallford, when speaking of the renal secretion, says that it is not diminished. From this opinion I must with every respect differ; at least I know that patients themselves have told me that their urine was not passed in the usual quantity. One thing is certain about it, that in many instances a deposition of the lithates is going on during the entire progress of the disease: this fact would go to prove, though to a certain extent only, that the more fluid parts of the urine were not in the usual quantity.

When speaking of the symptoms which the patient may complain of in or about the chest, pains in one or more of the dorsal vertebræ have been mentioned: similar pains are much more constantly met with however in the lumbar region, at times referred to the spinal column itself, and again to either side, or it may be to any of the nerves arising from this neighbourhood. I have known sciatica in the most violent form to accompany climacteric disease, and in one instance, attended by the late Dr. Ephraim M'Dowell and myself, paroxysms of pain of the most exquisite kind were referred to the right spermatic

---

\* In two instances this organ was in so irritable a state as on several occasions during the progress of the disease to induce vomiting, from causes which, under other circumstances, would not have done so.

cord. The lumbar pains alluded to are often accompanied by a sense of beating in the part, while at times an actual jumping of some portion of the muscular structure takes place. Cases too will be met with where, in place of pain, the patient complains of a sense of tingling or numbness; in fact any morbid nervous sensation may exist. While alluding to nervous feelings it may be observed, that burning in the palms of the hands and soles of the feet is a very constant attendant of the disease. Anasarca of the lower limbs is another which will be met with pretty frequently: it is more common when climacteric disease comes on in advanced life, but I have seen it in a young person. It may go on from the slightest degree of puffing about the ankles or in front of the tibia, to the most considerable swelling of both limbs.

With any combination of the symptoms which have been detailed, it is scarcely necessary to observe that the mind must closely sympathize. I have never met an instance in which it was not more or less powerfully affected. In the severest examples of the disease the individual becomes totally unfit for his usual avocations: his thoughts are gloomy and desponding in the extreme, and nothing will persuade him but that his latter end is fast approaching. The state of mind is in truth very peculiar, and such as no one who has ever seen the disease could by possibility overlook. At times this is shown by great irritability of temper, and persons naturally of the most gentle dispositions become quite the reverse.

Such is a brief sketch of the more prominent symptoms which the disease under consideration presents, varied of course in a thousand ways in each individual case. I have before stated that in the majority of instances the patient refers his sufferings to one of the three great cavities of the body: exceptions to this rule will however be seen: thus I have met examples where the head and chest were affected alternately in the one patient, and again the stomach and heart: under these circumstances the disease is not so well marked as when only one set of organs



is attacked. Sir H. Halford states, that though he has met the disease in females, still its severer and better marked forms occur in men. While this is admitted, it should at the same time be observed, that within my own observation climacteric disease is fully as frequent among the former as the latter. I think too, that as a general rule, men suffer more during the progress of the disease from derangement of the digestive system and brain, while on the contrary females suffer more from symptoms referrible to the lungs or heart.

The duration of this affection is always very considerable : I have never known it occupy less time than between four and five months ; while, on the other hand, I have seen individuals who were not quite well at the end of two years. Were I asked the average period that it takes to run its course, I should say about nine months. This point is one worth bearing in mind, for otherwise the patient is very apt indeed to lose confidence in his medical adviser, who may not have given him notice of the length of time his sufferings may last.

On the diagnosis it will be unnecessary to dwell long. As long as the disease is, as it were, developing itself, doubts may exist as to its nature, and these may last from a month to six weeks. The pains which have been already described as so constantly present in the earlier stages of the complaint, may be, and indeed I know they have proved very embarrassing to the medical man in making his diagnosis ; and until other symptoms declare themselves it may be impossible to decide. The signs upon which most reliance may be placed are the loss of rest, of appetite, of flesh, and above all, the altered expression of the countenance, one and all of these too coming on and continuing without any apparent cause. To enter at any length into this part of my subject would here be out of place : it will suffice to revert again to two points, which have been already glanced at : one is the great importance of not mistaking certain cases of climacteric disease for actual organic disease : this, I must again repeat, is particularly apt to occur in reference to the

brain. One case will be given in corroboration of what is stated, that is where treatment was adopted which the circumstances by no means justified, and where, when a directly opposite treatment was had recourse to, the patient got well. In some cases too, where the heart is the suffering organ, the symptoms are so very like those of organic disease, that an erroneous diagnosis is very likely to be made. The second point alluded to is the necessity of ascertaining, as far as we possibly can, that no organic disease of even the slightest kind exists: I do not mean by this such an amount of real disease as might of itself cause the symptoms of the climacteric affection; for this may occur, though of course it would be easily recognized; but merely such an amount of disease as may serve to usher in the affection more immediately under consideration. When this happens, the one affection is very apt to aggravate and keep up the other, and *vice versa*; and hence the necessity for a correct diagnosis in this point of view. Of the diseases which in a very mild form may act in this way, and which have come under my own notice, I may mention bronchitis as the most common, then pneumonia, and lastly pleuritis.\*

A few words will suffice on the prognosis of this affection. In the majority of instances the disease may be expected to terminate favourably; more so, I should say, than what Sir Henry Hallford's remarks would lead one to expect. It is truly astonishing from what a state the patients, who labour under this affection, will recover. Over and over again persons are given up as hopeless cases of disease, and yet they ultimately come through, and live for years afterwards. It must not, however, be inferred from this, that the affection is therefore a trifling one. Far from it. Climacteric disease proves fatal often enough in advanced life, as to force on us the necessity of ever giving a guarded prognosis. Even in early life it may be fatal; one

---

\* One instance of enlargement of the liver has also come before me, where the disease appeared to arise from it.

most important case of this sort came under my own observation, and will be given in detail.

As to the ultimate and perfect recovery of the patients, Sir H. Halford seems to think that they very seldom shake off entirely the effects of the attack. This, I confess, does not agree with the results of the cases which have come under my own observation ; I mean of course the majority. Possibly the cause of the difference may arise from the fact that one party includes cases of the disease which occurred in early life, and where of course the chances of shaking off the disease entirely are much greater than in advanced age. I think it right, however, to observe, that patients between fifty and sixty years of age, after having passed through the disease, have expressed themselves as feeling quite well, and have appeared to their friends and others to be so.

On the treatment it will be only possible to make some remarks of a general character, such as it would appear to be important to keep in mind in the management of every case. What then is, or rather appears to be (for it is all conjecture), the nature of the climacteric disease? A decay for the time being of the several functions constituting life, but more particularly of those of the nervous system. To any one studying a case of the disease it appears as if the system had got tired, and could not carry on its various functions with its wonted energy. That the nervous system is profoundly engaged would appear to be evident: the periodic nature of almost all the symptoms, together with the fact that in the great majority of cases these symptoms are functional, not organic, would seem to confirm this idea. Whether it be true or not, however, certain it is that the treatment best adapted to the disease is consonant with it. In other words stimulants, as a general rule, afford the most relief, of course suited to the demands of each individual case.

In considering the treatment, the duration of the attack, which has been before alluded to, must not be forgotten. It may be stated, once for all, that it is not possible to shorten the

disease: its symptoms may be alleviated, or on the other hand, there is nothing easier than to aggravate them; but to put a stop to them entirely is, I believe, impossible. Hence the great importance of not using any treatment which has this object in view; in truth our treatment should, for a certain period at least, be what is called expectant: but when this period has passed over, then remedial measures may be employed, and with every prospect of success. While it has been just stated that the symptoms may be alleviated, it is right to observe that I mean only for the time being, for in fact they offer a degree of obstinacy for which every one should be prepared, and this occurs whether they be referrible to the head, chest, or abdomen. It is, if I recollect right, Dr. Stokes who has stated the important rule, that if we meet a set of symptoms, as for instance those indicative of heart or lung disease, and that these persist in defiance of all ordinary treatment, we may be led to conclude that organic disease exists. Now climacteric disease offers a remarkable exception to this rule: for here we will see a series of symptoms persisting, in spite of all treatment, not only week after week, but month after month, and yet the individual gets quite rid of them at last.

Another point of consequence in the management of these cases, though to some it may appear trifling, is to instil confidence into the mind of the patient. He must be told at all hazards that he will certainly recover, and I know no more important part of the treatment than for the medical adviser, as far as in him lies, to "minister to the mind diseased." If he do not attend to this point he may well indeed "throw his physic to the dogs." The mind, as has been already mentioned, is in a very peculiar state: for the time it dwells on every subject connected with the individual; it renders those selfish who were never so before; it exaggerates and depresses by turns; and what is most important to remember in connexion with it is this, that it, as well as all the other sources of suffering, are to an extraordinary degree influenced by the weather. It is, I be-

lieve, now generally admitted, that even in health we are affected more or less by the changes of the weather : in climacteric disease this sensibility is increased tenfold, the individual becoming actually a living barometer.

As to any specific line of treatment for this disease, I know of none. Any symptoms must be met as they arise ; it is possible to alleviate many of them, such as where pain exists ; but the important rule to keep in mind is, not to do too much. This is particularly to be observed as regards any treatment of a lowering character, which many of the symptoms that arise appear to call for. In advising the not doing too much, I by no means wish to imply that any deception is to be carried on. Far from it. All I mean to say is, that we are not to treat the disease as we would any ordinary one, nor the patient as if he were in his usual circumstances.

Of the medicines from which the most benefit has arisen in my own hands I may mention quinine and other tonics, the gum resins, acetate of lead, anodynes, and purgatives. One and all of these will in turn be found useful, more particularly quinine. It must be observed, however, that in the ordering of medicine for this disease, the ingenuity of the medical man will be taxed to the very utmost : the medicines, in fact, now cause symptoms which under ordinary circumstances they would not do : hence he is obliged to be very particular in his combinations, and will have to alter them again and again before they will be found to agree. Purgatives, which are peculiarly useful, afford a good example of what is meant. Thus, for instance, any one might order six or eight grains of cathartic extract and two of blue pill to be taken at bed-time : when he comes to inquire the next day, however, he learns to his surprise that the patient has passed a miserable night ; that he has had a great deal of pain, and it may be sickness of stomach, and very possibly the medicine has not acted at all on the bowels. Hence arises the necessity for combining, as a matter of course, such medicines as will be most apt to sit easy on the stomach, as the expression is,

and it is really very curious to observe what a slight alteration will answer the purpose: thus a grain or two of an anodyne extract, a gum resin, or even a tonic in general answers remarkably well. Sir Henry Halford recommends in these cases the compound decoction of aloes, and I believe it seldom disagrees.

Together with the means just indicated, a change of air and scene is ever desirable: the proper period for advising these is however most important. I have on different occasions known individuals sent to the Continent and elsewhere, and return again, no change for the better having taken place, and often very little obliged to their medical adviser. At least one-half of the period usually occupied by the disease should be allowed to elapse, that is, about five months, before any change of this sort is thought of: it will then come on with good effect, and tend powerfully to restore health.

In those instances where some appetite still remains, the diet should ever be plain in quality, and moderate in quantity; any, the slightest, indiscretion is sure to aggravate the sufferings of the patient, and this, I have observed, is more apt to take place at the end of forty-eight rather than twenty-four hours. In many instances animal food causes so much pain during digestion that it has to be given up for the time: of course other and milder food must be used. Other points in the management of these cases might still be alluded to, but I believe the great and leading ones have been stated, and to enter further into this part of my subject would prolong the Paper to an uncalled for length. Before concluding, I shall detail a few cases illustrative of the several points already glanced at.

CASE I.—A gentleman in his 27th year, without any apparent cause, began to suffer from extraordinary weakness of his knees: it came on and went off at a particular period of the day, and lasted, without any other symptom whatever, for a fortnight. He then began to complain of pains, which were described as of a burning character, and which affected the soft parts about one and sometimes both clavicles. These were at

first slight, and only felt in the day-time: by and by, however, they became more severe and more constant, and ultimately the nights of the patient were rendered absolutely miserable by these pains, which entirely prevented him from lying on either side. With these symptoms there was impaired appetite, with very considerable loss of flesh, a marked change in the expression of the countenance, occasionally a sense of burning in the palms of the hands, and always a tendency to constipation. There was no fur on the tongue at any period of this case, nor was the pulse raised in the slightest, provided the patient kept at rest; but a very slight exertion, or a very small quantity of any stimulant, was enough at any time to raise it considerably. The mind was gloomy and despondent in the extreme. In this state the patient continued for nearly seven months, during which time a variety of treatment was tried, and among the rest country air; but all without avail. At this period the several symptoms gradually began to abate, apparently under the use of full doses of quinine, and finally the patient recovered completely at the end of about ten months, and has remained well ever since, six years having elapsed since the attack.

This case presents a well-marked example of the disease under consideration. Its mode of commencement, as well as the anomalous pains, are both worthy of notice. At one period it was supposed the patient was about to get phthisis: subsequent events, however, did not verify this conjecture. The case was remarkable too for there not being an entire loss of appetite, such as marks many of these cases.

CASE II.—W. K., a gentleman in his 24th year, was observed to be looking ill for a month, without making any complaint whatever. He had been, while an infant, very hard to rear, but up to the period of the present attack no sickness of any moment had occurred. After the month had elapsed he began to complain of some pain in the lumbar region of the spine. It was intermittent in its character, and at first very slight, so much so as to be scarcely complained of; in the course

of three weeks, however, it had increased so much as to become a distinct cause of distress, and, finally, the patient's rest was regularly broken by the pain coming on at a particular hour of the night. It is to be observed that it was not fixed on any one spot: the treatment adopted drove it, as it were, from place to place: at times it was referred to the spine, high up between the shoulders, and again as low down as the sacrum. With this symptom the bowels had become constipated, the urine was somewhat diminished in quantity, and constantly deposited the lithates, while the patient had lost a good deal of flesh. He was still, however, going about, and his appetite, though impaired, was not otherwise deficient. His mind had become depressed, and to an extraordinary degree anxious about himself. At the end of about two months and a half the treatment used seemed to be benefiting him for several days, and under the highest advice he was sent to the country. He remained there five weeks, during which time—so far from improving—he rapidly lost ground; and when he returned to town it was at once evident that his life was in the most imminent danger. He was now very much emaciated; the pulse could scarcely be felt at the wrist; the appetite was entirely gone; and he was obliged from weakness to be constantly reclining. He did not, however, suffer from pain any where. From this period till his death, which took place about a month later, he presented but too well-marked an example of an entire break up in the system,—a complete wreck both of mind and body. Subsultus of the entire body made its appearance during this last month, and also, though a later symptom, an aphthous sore throat. Within a week of his death too, what might be called a typhoid state came on, and at times the mind wandered a good deal. The entire duration of this case was about five months and a half. It was not in my power to obtain a post-mortem examination, which I much regret.

The leading features of this important case I have given in



full. It is the only instance which has come under my notice, and which proved fatal in early life. Its gradual commencement in what at first appeared to be of no moment, and its progress, step by step, from bad to worse, or nearly so, are all worth noting. The apparent amendment which took place previous to the patient going to the country was owing to full doses of quinine. It will be observed that during the entire of the case no particular organ seemed to suffer. There was no complaint of the head, nor was there any cough, nor could the stethoscope detect any sign of disease; and though the digestive system was deranged, it was more as if it had ceased to perform its functions, than that any sign of disease whatever existed. This is not either my individual opinion, for during the last month the patient was seen by Sir Philip Crampton and Sir Henry Marsh, and neither of these eminent persons could, on the closest examination, detect any sign of organic disease.

CASE III.—A person about 49 or 50 years of age, got what he called a bilious attack, and which he had often laboured under before: for this he was ordered some medicine, and after four days he was all but well. While in this state he happened to dine with the Lord Mayor (for it was in the times of the old Corporation), where I should suppose he indulged rather freely. Certain it is that the following day, when I saw him, the attack seemed to have been renewed, but it did not yield now as it had done in the first instance; on the contrary, as the first brush of illness appeared to decline somewhat, other symptoms made their appearance. Of these the most prominent and distressing were attacks of violent pain referred to the region of the stomach, but which I believe to have been situated in the colon. These attacks came on at uncertain intervals, and at the end of a fortnight they seemed rather to have declined of themselves than to have yielded to the treatment adopted. In the mean time the patient had lost flesh out of all proportion with the duration of his illness; his sleep had gone astray, and his appetite

was completely at a stand.\* The tongue remained furred, but there was no excitement whatever of the pulse, which had now become very weak and languid. He remained in this state between three and four months, during which period he was subject at times to paroxysms of the most violent coughing, in one of which he threw up a good deal of blood. He finally recovered completely, deriving great advantage from change of air and stimulants, and at the present moment is quite well.

Climacteric disease established itself more rapidly in this case than any other which has come under my notice. It is of course highly probable that it would have come on a little later without any apparent cause, but certainly the cause stated above seemed to act at once as the starting point. The case was one of considerable interest, for two medical gentlemen who saw the case could not be persuaded but that organic disease must have existed. The result of the case showed, I think, that this impression was erroneous. The mind of the patient, which I should have alluded to before, was, during the existence of the attack, in a truly pitiable state. He was naturally of an anxious turn, and what between his own bodily sufferings and the anxiety about his business, his mind was brought to a state of gloom and despondency which I really can find no words to express adequately.

CASE IV.—A lady, of about 30 years of age, and unmarried, began to complain of general weakness of the frame. It was soon accompanied by impaired digestion and periodic headaches of a very severe character while they lasted: at times these were accompanied by a sense of giddiness, to such a degree that the patient was in danger of falling. After having lasted about six weeks these head symptoms subsided, but only to be followed by others referrible to the chest. She now began to suffer from violent fits of dyspnoea, coming on always during

---

\* The expression of his countenance too changed so much, that actually some of his friends were unable to recognize him.

the night, and most frequently at a particular hour: she had also, at very uncertain intervals however, attacks of palpitation of the heart, which were most distressing to her. The fits of dyspnœa were so urgent, when at the worst, that she was obliged to leave her bed, and have the windows of the bed-room thrown up, literally gasping for air. These symptoms were slightly relieved by treatment, yet they persisted for rather more than four months, when a sea-voyage, together with medicine, of which the gum resins formed a large part, seemed to restore her health; but it was a much longer period before she could be said to be completely recovered. It may be well to observe, that this patient was naturally any thing but of an hysterical temperament, nor was the menstrual function at any period of her illness deranged. The peculiar expression which her countenance assumed has not yet left her, though four years have now elapsed.

This was a well-marked example of climacteric disease, as it is usually met with in the female. It will be observed that the symptoms were not of that persistent kind which is seen in men: neither did the mind seem to suffer as much as in them; nor yet did the attack, at least in its severity, last at all so long as it commonly does with them.

CASE V.—A gentleman, upwards of 40 years of age, of a highly intelligent and refined mind, had been annoyed for a period of two months with flying pains through different parts of his body, but more particularly affecting one or other portion of the spine. During this period he was observed to fall away in flesh, though his appetite was not impaired. It was now that something went wrong with his business, and he was immediately seized with head symptoms of a very serious character. Fits of giddiness and violent headach came on, which were followed by paralysis of one half of the body, together with great thickness and difficulty of speaking. To those symptoms were added the others which I have so often had occasion to repeat: the sleep was broken without any apparent cause, there was

marked derangement of the digestive system, with constipation of the bowels; and the mind not only became desponding in the extreme, but it was also perfectly childish, the patient on several occasions becoming actually hysterical. The treatment adopted was such as would benefit the more ordinary forms of paralysis, but here it seemed perfectly useless, and after having been persevered in for more than four months it was given up, the patient having got tired of trying what appeared to do so little good. He was now advised to give up all local treatment, and in place of it to go to the country, and try a course of tonics with stimulants. This line of treatment seemed at first only to aggravate the symptoms, particularly the use of the stimulants, the patient being naturally of a highly nervous temperament. In a short time, however, the system got accustomed to their effects, and then all the more serious symptoms, including the paralysis, began to decline, and at the end of about fourteen months this patient was restored to all his powers, both bodily and mental.

This was a very well-marked example of one of the varieties under which climacteric disease shows itself. In a preceding part of this Paper I have alluded to the importance of distinguishing this affection from the more ordinary forms of brain disease, and also the great liability which exists of adopting treatment directly the reverse of what is right. I believe, in fact, that the symptoms depend on a deficiency of the nervous energy, and not upon those of either congestion or inflammation. Hence the treatment ought to be some modification of the stimulant. The paralysis which existed in this instance was not complete, and indeed this is one of the most important distinctions between the two cases. Two other instances, which were precisely similar, as far as regards the paralysis, have come under my notice, but I do not think it necessary to detail them here.

The five preceding cases appear to be sufficient to give a general idea of the forms under which climacteric disease usu-

ally presents itself. I could detail a number of other instances, more particularly where the stomach seemed to suffer the most, but the length to which this paper has already run must, for the present at least, forbid it. I would just observe, however, that while the great leading features of the affection seem to be the same in all, there is, as far as I have seen, an endless variety in the minute symptoms of each individual case.

It may be well, in conclusion, to throw into a series of propositions all that is at present known on this subject.

1. That there exists such an affection as climacteric decay or disease.

2. That this point is proved by the peculiar nature of the symptoms, by the usual progress of the disease, by the complete recovery of the patients, but, above all, by the fact, that the disease is by no means uncommon in early life.

3. That of the remote causes of the disease nothing is known; but that its immediate causes may be, and often are, the following:—a slight cold, a fall, a bilious attack, anxiety of mind from any cause, a debauch. That it often comes on without any assignable cause.

4. That climacteric disease usually begins in a very slow and insidious way, but that it may commence much more rapidly, under which circumstances it is very likely indeed to be mistaken for organic disease.

5. That it may prove fatal in early, but still more frequently in advanced life.

6. That it commonly occupies a period of nine months.

7. That it would seem to be as frequently met with in women as men, but that it is seen better marked in the latter.

8. That the greater number of those attacked recover completely, but that, under some circumstances, the effects of this disease are never after entirely shaken off.

9. That during the first half of its progress the symptoms present an unusual obstinacy to treatment; but that during the latter half medical treatment may be of essential benefit.

10. That the best treatment seems to consist in giving confidence to the patient, in a change of scene and air, and in combinations of medicines, of which stimulants, tonics, anodynes, and purgatives form the principal part.