

**LECTURES ILLUSTRATIVE
OF CERTAIN LOCAL
NERVOUS AFFECTIONS**

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Lectures Illustrative of Certain Local Nervous Affections by Sir Benjamin C. Brodie

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SIR BENJAMIN C. BRODIE

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LECTURES

ILLUSTRATIVE OF CERTAIN

LOCAL NERVOUS AFFECTIONS.

BY

SIR BENJAMIN C. BRODIE, BART., F.R.S.,

SERGEANT SURGEON TO THE KING,
AND SURGEON TO SAINT GEORGE'S HOSPITAL.

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ADVERTISEMENT.

IN these Lectures, which are now offered to the Public in a separate form, having already appeared in a periodical publication, it has been my object, not to give a complete history of any one disease, but to portray a certain order of symptoms, which, while they have many characters in common, may arise from various causes, and require very different modes of treatment for their relief.

It seems to me that this is a method of illustrating subjects in practical Surgery, which might be adopted much more frequently than it is, with the greatest advantage to the younger members of our profession. In the systematic form which the writings of pathologists usually assume, it is impossible to find a place for a large proportion of that knowledge, which long experience has enabled Physicians and Surgeons to obtain, and to receive which at an early

period must be of the first importance to those who are following them in their professional career. This defect would be in great measure obviated, if writers would sometimes condescend to treat of symptoms, rather than of diseases ; not, of course, to the exclusion of the latter, which would be absurd ; but taking a particular symptom or order of symptoms as the basis of their inquiries, and referring them to the various diseases from which they may arise ; instead of confining themselves to the history of a particular disease, and of the symptoms by which it is indicated.

Dec. 19. 1836.

LECTURES
OR
LOCAL NERVOUS AFFECTIONS.

LECTURE I.

THEORY OF LOCAL NERVOUS AFFECTIONS. — VARIOUS
CIRCUMSTANCES UNDER WHICH THEY EXIST. — PRIN-
CIPLES ON WHICH THE TREATMENT OF THEM SHOULD
BE CONDUCTED.

A MIDDLE-AGED lady, who had been exposed during a considerable period of time to the operation of causes of great mental anxiety, complained of a constant and severe pain, which she referred to a spot, about three or four inches in diameter, in the situation of the false ribs of the left side. Besides this she was subject to fits, apparently connected with hysteria, and was otherwise in a very impaired state of health. Under these circumstances she died, and on examining the body after death, particular attention was paid to the side to which the pain had

been referred. No morbid appearances could be detected in it; there was neither inflammation, nor thickening, nor adhesion, nor any morbid change of structure, nor the slightest deviation of any kind from the natural condition of the part.

Now such a case as this is by no means uncommon. It is only one of many which might be adduced in proof of this proposition, namely, that the natural sensations of a part may be increased, diminished, or otherwise perverted, although no disease exists in it which our senses are able to detect either before or after death.

There are other cases which may be regarded as corresponding to those to which I have just alluded, except that the nerves of motion are affected instead of those of sensation. Here there is an involuntary contraction or spasm of a particular set of muscles, or certain muscles lose their power of action altogether, and become paralytic; and yet, if an opportunity occurs of examining the parts after death, the most minute dissection can demonstrate nothing in them different from what there would have been if the spasm or paralysis never had existed.

Nor are these facts of difficult explanation. Every part, to which a nervous filament can be traced, may be said to have its corresponding point in the brain or spinal marrow, and an impression made either at its origin, or any where in the course of the trunk of a nerve, will produce effects which are rendered manifest where

the nerve terminates, at that extremity of it which is most distant from the brain.

These local nervous affections are of very frequent occurrence. In one shape or another you will meet with them at every turn of your future practice, and a knowledge of them is of the greatest importance, both to the physician and surgeon. Without it, you will be continually mistaking the real seat of a disease: your attention will be directed to a wrong object, and, following the symptoms, you will be in danger of overlooking the cause on which they depend. The investigation, however, is not unattended with difficulty, and it will often require all your professional sagacity and skill to trace the phænomena, which occur in these cases, to their true origin.

If you accidentally strike the inside of your elbow against a projecting body, the corner of a table for example, you feel a peculiar tingling sensation, not where the blow is inflicted, but where the ulnar nerve, which has been struck, terminates, on the inside of the hand, and especially in the little finger. In like manner, an accidental pressure made for a few minutes on the popliteal or sciatic nerve, will cause that peculiar tingling sensation in the foot which is commonly described by saying that the foot is asleep, and which continues for some time after the pressure has been taken away. Guided by the light of these facts, and of others analogous