

A CASE OF CONGENITAL GENERAL PURE ANALGESIA *

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This patient—man, artless and sincere, is a Prague Bohemian, in age nearly fifty-four, who came to America during his first year. His family and personal histories are “negative” for neuropsychiatry. He attended high school in a Pennsylvania city for two and a half years. He was a musician in the United States Marine Corps for four years. He has been a chauffeur, a doorman in theaters, a shipping clerk, etc. Physically and neurologically his (minor) signs are not significant for our present purpose. Mentally he is neither neurotic nor psychotic—he is just an average man, most recently a ticket man in a theater. No one who knows him would suspect him of any kind of deceit or of conscious exaggeration even.

In this presentation I am using the word pain in the sense of a pure sensation—the so-called “physical” or “organic” pain. The concept here, therefore, does not include the merely unpleasant or disagreeable, which is an intricate affective complex far removed in bodily correlation from the simple sensorial pure pain.

The patient *cannot recall any pain* except headache—and his memory is good. There follow some experiences, ordinarily painful, which he had in his earlier years, but each of these to him was painless.

When seven years old, running behind a big laborer wielding a flat-edged pick, he was lifted two feet from the ground in the upswing, the dull pick-edge catching him under the right malar bone. His physician poured in tincture of iodine. He felt no pain at any time, but suffered from nervous shock for a while.

The same year he was cut over the right parietal bone with the blade of a lathing-hatchet. It struck in so far that it did not come out while he ran home fifty yards or so; and his father pulled it out. The incision was sewed up by a surgeon. He felt no pain at any time except headache lasting for several days, and blurred vision;

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he has had occasional headaches, without apparent other cause ever since.

When ten he chopped his knee badly with a sharp hatchet (the large scar still is plain). His physician told him that he had "wonderful grit," but he felt no pain to cry over!

When fourteen or so he had otitis media acuta (he still has it in purulent and chronic form), but it troubled him so little that he was not out of school at all meanwhile.

About the same year he shot himself with a .22 hammerless pistol, the bullet passing through the left index finger. There was no pain "save for an instant (*sic*) from the surgeon's probe." His father and mother audibly expressed their wonderment at his "nerve."

At sixteen a badly ulcerated tooth "did not hurt him" or stop him from practicing on the clarinet meanwhile. (He didn't have any pain, not even from the clarinet, which also is unusual.)

Later, the lower end of his left fibula was broken off by a fall from a picket fence. It hurt a little when it was set, but the surgeon said he was a "good soldier."

He broke his nose by banging it on a piano at twenty-six in a fit of anger. No pain at any time was experienced.

Unwittingly he placed his fingers on a hot gas stove, but felt nothing until he smelt the odor of his burning epidermis, and then no *pain*.

These are examples from his earlier years and others might be related equally evidential and striking.

A few years ago patient for more than a year and a half was on the vaudeville stage as "Edward H. Gibson, The Human Pin-cushion," and earned his living thus. He went into this at the suggestion of a companion who was on the stage, after the latter had seen him casually dig a deep hole in his finger behind the nail with a knife-blade point—with no incentive at all, casually.

For nineteen months t.i.d., "evenings at 8 and matinees at 2," as the Sheriff of Nottingham says, he would come out in "shorts" only and ask some man in the audience to come up on the stage and push pins into him anywhere except the abdomen and the groin. Frequently fifty or sixty common pins would be inserted up to their heads at one performance. Then he would pull them out while still in the presence of the audience. (Owing to his consistent caution in being sure invariably that the pins were perfectly sterilized he never had an infection of any account.)

He staged one special "stunt": a crucifixion. He had made four gold-plated spikes with needle points; and an adequate wooden

cross had been erected. A man with a small sledge-hammer had driven one of the spikes through the palm of his hand when instantly a woman in the audience fainted—and the rest of the ill-advised test was called off, very properly we may be sure. He had offered to "pay \$5,000 to any physician who could detect any sign of pain." The scars of the spike through his hand are plain enough. He continued his "pin-cushion work" a year after this.

It is essential that it be noted that he has never experienced any visceral pain either—he has never had any pain either in his chest or his thorax, although he has had a double pneumonia and a typhoid, at least. All his life the man has been without the teleologic warning-function of pain.

For the last few years the patient has used his peculiarity only for the entertainment of his friends. Anytime, most casually, with no adequate incentive at all, he will, for example, push a large hypodermic needle through his cheek or arm or leg; or a long hat-pin through both cheeks above the tongue.

Under such conditions "hysteria" plainly is out of the question in this phlegmatic man of fifty. There is simply just a *lack* of the sharp pain that normally would prevent such unrequited casual and needless actions.

As for the "psychology" concerned in all this: The patient claims that he "concentrates away from what is going on" and says he can "concentrate on anything" indiscriminately, with equal success. But he shows no one of the physical signs of attention-concentration, just as he shows no sign of pain. And so considering the case as a whole the explanation of this layman, the patient, is popular, traditional, and wholly misleading rather than scientific. It is negligible and inadequate as an explanation of the reason he feels no pain and never did feel any, all his life, to speak of.

Conjectures variously neurological readily present themselves to you all—but which one of them can be proved the true one without a wholly inexpedient *histologic necroscopy*? To this, at present at least, the patient consistently objects!

I doubt if any one properly could go further than to postulate some sort of structural congenital defect in the central pain-mechanism. The spinal grey, the fasciculus proprius, the spinal lemniscus, the thalamic central zone, the somesthetic projection-fibers to the cortex, and all the rest of the suggested machinery, are too little certain for acceptable guesses.

Again, so far as I can see, not one of the phenomena described by the psychopathologists, Schilder, for example, relates to this case.

There is *no suggestion* of hysteria, of masochism, or of other phenomena of this class.

On the other hand, the chemo-physiologic hypotheses (for example the "vasomotor inhibitions" of Di Gaspero or the "molecular alterations" of Blum) at present are quite as unsatisfying. In short, we know as yet far too little about the nervous system to warrant a single guess as to the neuropathology of such a case as this.

But some of you may be better guessers or imaginers than I am; or may have unpublished pathologic data; or both. At any rate, I am leaving plenty of time for ideas relating to the explanation of this case.

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