Hysteria

in some of its Clinical aspects.

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Hysteria is now usually classed among the functional diseases of the nervous system. Formerly a lesion of the uterus was thought essential; but, the fact that the complaint sometimes, though rarely, is seen in the male serves to negative this view. No constant pathological change has yet been observed. Clinical evidence goes far to proove that the fault is primarily a moral one. The long train of apparently incongruous symptoms, for which the affection is notorious, is the direct outcome of a characteristic psychical state; a state in which emotional susceptibility is heightened and perverted, while there exists a depraved and insatiable desire for sympathy. At the foot of all this runs a strong undercurrent of deceit. Imposition must be practised in order that the craving for sympathy be fed. This element of deceit is common to all cases of Hysteria. The longer the patient has been under government of the disease the less conscious does she become of her self-abasement. No doubt

moral responsibility varies much in different cases. The poor object whose principal legacy from posterity has been a strong neuropathic tendency, reared amid circumstances calculated to develope the mental habit, it may be her physical strength eaten into by organic disease, cannot, in this respect, will be put on the same platform with one who, strong in body and conscious of error, persistently allows the higher and nobler qualities of her mind to be overbalanced and held in subjection by currents of ill-regulated and emotional fancy, and so, knowingly permits herself to drift out of her depth and become the slave of a despotic affliction.

As a result of this moral element, Hysteria occupies a somewhat anomalous position in medicine. Symptoms may be present simulating those of any affection capable of being imitated. Hip joint disease, for example, may be mimicked to perfection — the pain in the knee and hip, the posture — everything complete, and yet, the joint be perfectly sound. Hysteria, nevertheless, is a real disease. Here we have the anomaly. No doubt, in

a case such as the above imposture plays a prominent part; but, it is a form of imposture which is beyond the power of the sufferer to control. In acquiring the mental habit peculiar to her disease she has, in great measure, allowed the reins of government to slip away from the rightful control of her higher moral nature, and now she is the slave of lower and more uncertain influences. The unreasoning desire for sympathy which is awakened, unchecked by any moral curb, completely blinds her to all sense of error in her conduct; and, she is literally compelled to carry on the delusion, a delusion which, so far as suffering goes, is little less than a reality to her.

Powerful and uncontrollable emotional outbursts are peculiarly characteristic of Hysteria. The hysterical laugh and cry, the pseudo-epileptic seizure, all are usually explained on the same hypothesis that, for the time at least, the inhibitory influence of the higher nervous centres is more or less completely in abeyance. As in those

cases characterised by simulation, the patient, yielding step by step, at length acquires the habit of mind which colours, and distorts, and dominates her conduct in life. The two classes of symptoms, emotional and simulative, are, as a rule, seen in the same patient. Frequently the key to what seems an obscure organic trouble is furnished by the characteristic fit, or some less pronounced emotional manifestation.

Concerning the aetiology of Hysteria something must be said. Regarding the disease essentially as a degraded mental habit, the primary responsibility for its causation must rest with the patient. No doubt extenuating circumstances exist, to a greater or less extent, in every case. This only raises a question of degree of responsibility. As against this view might be urged cases in which hysterical symptoms supervened on sudden and intense mental agitation. Fear, jealousy, grief, religious fervour, disappointment, all have been alledged as causes of the disease. In such cases the habit of mind has

brain already formed. A determining influence was all that was required to bring it into relief. Hysteria, again, is said to be morally contagious. Persons have become hysterical on witnessing manifestations of the disease in others. This applies more especially to the emotional manifestations. We most reasonably explain this state of matters on the assumption that the morbid condition of mind had been previously acquired. The hysterical convulsion does not constitute the disease. It is merely a manifestation of a mental condition. This condition of mind, this bias to Hysteria, predisposition to the disease, call it what we will, is, in reality the disease itself; and, may characterise a person throughout her lifetime without a single typical emotional paroxysm having once occurred.

The accessory causes, those which influence the patient in acquiring this unhappy condition of mind, are very numerous. In this relation sex ~~secondly~~ first demands attention. The characteristic mental state is

rarely observed in man. The habit of his life is at variance with its development. He rules, provides for, and protects his household. Active independence is an essential attribute of manhood.

With woman the case is different. She looks to man for protection and support. Her nervous system, if less capable of powerful or sustained effort, is more delicately adjusted, more emotional, more easily thrown out of gear than in man. Her all-important function of her life is the perpetuation of the race, and, for this end, her whole being, mental as well as physical is specially constructed. "The essence of her mental life" says Dr. Robt. Barnes* "is responsiveness; the emotional the reflex or diastaltic functions play an infinitely more active part than in man..... Abstraction from corporeal impulse, initiation, enterprise are masculine faculties". Thus, the hysterical habit is much more readily acquired by women.

While the disease undoubtedly does occur in apparently healthy

*Diseases of women.

individuals, experience tends to convince us that, in the majority of cases, there is another element to be considered. Functional derangement of some organ, with or without structural change, is a very frequent antecedent and concomitant of Hysteria. The most prominent illustration is found in the great number of hysterical patients who suffer from disorder of the menstrual function. Such disorder is frequently dependent on a general anaemic condition. Dyspepsia, also, especially the flatulent variety, very commonly accompanies the hysterical habit. These conditions, in many cases, seem effects rather than causes of the disease. We have good reason to believe, however, that bodily infirmity, reacting on a mind already tending to Hysteria, precipitates the onset of the symptoms while it renders hope of recovery from them more remote.

The condition known as nervous irritability which occurs in anaemic and debilitated subjects, is

generally supposed to be brought about by an impoverished blood supply to the nerve centres. It is perhaps most frequently seen in an aggravated form in spinsters of feeble health at the Climacteric period. The temper of the patient is characterised by uncertainty. Her peace of mind is disturbed by circumstances of the most trivial character. Generally gloomy and depressed she is, at times, with little apparent provocation, a prey to violent and ungovernable tempests of passion. Many people from this class go to swell the ranks of the hysterical. So long as they take pains clearly to distinguish between right and wrong, and, act upon what seems to them to be right, they allow no foothold for Hysteria. When, however, an insidious element of deceit creeps in, and the patient, almost unconsciously it may be, yields in the slightest degree to a desire to sham, she is gradually but inevitably bringing the disease upon herself.

Hereditary predisposition,

doubtless, as in other neuroses, plays an important part in the causation of the disease."

Idleness, luxury, late hours, frivolity, unhealthy excitement, all tend to deteriorate a naturally unstable mind in the direction of acquiring the hysterical habit. Work of a sedentary nature, distasteful to the patient, lack of exercise, ill-directed education, long standing grievances contribute also to a like result.

Authors are agreed that, while Hysteria may come on almost at any age, it is most apt to appear in women between puberty and the 25th year, or at the climacteric; and, that it is most frequently seen in those who are either unmarried, or lead an unhappy wedded life. A case which came under the writer's notice about two years ago illustrates the occurrence of the neurosis under the age of puberty. A girl, eleven years old, was suddenly struck with an apparently serious illness. Her breathing was fast and laboured, she complained

much of cough, and pain in the head, and, presented altogether a fair but superficial imitation of a critical condition. Admiration was elicited by the manner in which she bore her suffering. She expressed resignation, all was for the best, she was "going to Jesus". On examining the patient she was found perfectly sound — her temperature and pulse were normal and her dyspnoea caused no distress. Every symptom, in short, bore the stamp of unreality. The true nature of the case having been made known the ailment quickly disappeared under moral treatment. It subsequently transpired that a friend of our patients who resided in the next house, had been down with pneumonia and given rise to much anxiety.

This, doubtless, was the first demonstrative manifestation of Hysteria in the patient. Gross imposture constitutes the marked element in the case. The child, anxious to awaken interest and sympathy did not hesitate to act a lie. The origin of the affection

in moral error is strikingly instanced in a case such as this. The patient apes disease in order to elicit admiration and sympathy and arouse wonder in the bystanders; but the time comes when imposition is practised unconsciously, the habit of mind has then become dominant, and, the patient is as much a dupe as any of those before whom she originally debased herself.

About three years ago an elderly lady presenting, among others, hysterical symptoms, came under my care. She was sixty years of age, married, and in comfortable circumstances. Her troubles were very numerous. She complained of pain in the hypogastrium accompanied by a feeling as of weight in that region. Flatulence, also, and obstinate constipation were constant features of the case. The faeces seemed she said to "drop into the seat"; and, from thence she was powerless to dislodge them. Frequently, she experienced a great heat, as of a ball of fire,

deep in the pelvis; and, at such times, the "workings of the bowels" were almost unbearable. She was practically confined to the house, being unable to walk any distance. On rare occasions her condition seemed entirely to change. She then felt light and buoyant; and, could move sharply without any inconvenience. On no occasion, however, was she observed to walk more than a couple of hundred yards. Her nights generally were sleepless and uneasy. She, at times, took "fainting fits". Her life, on many such occasions, had been despaired of by her friends. She was easily excited and very emotional, laughing and crying with little apparent provocation. She delighted to dilate on her condition; and, seemed greatly to exaggerate her troubles. This habit of exaggeration constituted the marked feature of the case. Pains, intense, unbearable, shifted about from one part of the body to another without obvious cause or connection. Her appetite was fairly good. No vomiting

occurred. She was pale but not emaciated.

On examination the abdomen was found distended with wind. Gurglings and rumblings were elicited on pressure. Nothing farther of a definite nature could be made out. Slight oedema about the ankles was occasionally observed; but did not persist. The urine was normal; heart and lungs seemed all right; and per vaginam, everything was satisfactory.

The family history shed no light on the case.

Previous Health: She had two children both of whom she suckled. One is alive now (forty years of age). The other died when five months old. When between thirty and forty years of age she became an in-patient at a hospital for diseases of women. There she remained about five months. She, at that time, suffered from some affection of the womb. Her husband stated that she had never, for any length of time, enjoyed good health. On communicating

privately with a medical man who attended her, on and off, for a period of twenty five years, it was learnt that Hysteria had been at the root of most of her trouble. She seemed always in poor condition; and, though generally able to do her ordinary housework, was at intervals confined to bed for periods of a month or two. Her appearance was constantly belying her alleged condition. She was stout, had a good colour, and looked the picture of health.

Three years before I saw her, a violent pain, shooting down from the back, darted into her right leg. It remained severe, on and off, for about twelve months, then went away suddenly. No cause could be assigned for the pain. From this time she has been unable to do any work. Flatulence "working of the bowels", and pain in the abdomen generally, have troubled her a good deal during these three years; so that, she has lost weight

considerably; while, her colour has, in great measure, gone.

I continued attending her, at intervals, for about two years during which she gradually lost ground, emotional display and exaggeration remaining prominent in the case. At the end of this time her symptoms became greatly aggravated. Persistent bilious vomiting, continuing for a week, ushered in this, her last illness. She was prostrated and confined to bed. The bowels were extremely constipated; and, she was troubled exceedingly by the pain and weight, the burning and "working" deep within the pelvis. These symptoms had now assumed a more continuous character. She complained much of pain, shooting down the legs, and, had great difficulty in moving these members. Her sufferings were intense, allowing her little rest save when sedatives were given. She could take very little nourishment and rapidly emaciated.

On examination the

abdomen was now found hard, distended with wind, and, traversed on its surface by engorged and tortuous veins. A swelling, dull to percussion, resembling the distended bladder, could be made out rising above the pubis nearly as high as the umbilicus. On passing the catheter the bladder was found comparatively empty. Per vaginam a mass was felt in the pelvis behind the uterus. The oedema about the feet and ankles now remained persistent and increased as the end drew nearer. The patient almost constantly lay on her left side so that over the left hip a large bedsore gradually formed. The pulse was fast (120) and weak; but, the temperature remained normal throughout. The urine was high-coloured and very scanty, containing no albumen. Towards the end emaciation was extreme.

She died three months from the time the vomiting had occurred, consciousness remaining almost to the last. Sheer exhaustion seemed

the immediate cause of death.

Results of P.M.- A multilocular ovarian cyst was found occupying the true pelvis behind the uterus, the largest cyst bulging up above the pubis, and resembling the distended bladder. The cyst sprang from the left ovary; and was only very slightly adherent to the posterior aspect of the uterus. The mass, however, was heavy, nodular, and very irregular in outline, presenting many appearances of malignancy. The bowels were distended with hardened faeces. A large gall stone was found swelling out the gall duct. The liver, kidneys, lungs, and heart, appeared sound. The head was not opened.

This case is given in detail chiefly as illustrating the difficulty one occasionally meets with in coming to a correct diagnosis. There are certain emotional manifestations peculiar to Hysteria. These cannot well be confounded with anything else. It is to be feared, however, that the reputation for

feigning disease possessed by the neurosis not infrequently gives rise to error. In the above case Hysteria, in a modified form, had doubtless existed throughout the greater part of the patient's life. She had given way, in the first instance, to a desire to exaggerate her troubles; and, persisting in this conduct, had gradually allowed the habit to prevail, deceiving others while it crippled the usefulness of her own existence. When the patient came under my observation she was undoubtedly suffering from grave but obscure organic trouble. The symptoms of Hysteria, however, were so patent and obtrusive, and, intermixed so closely with what depended on organic disease, that, for a time, a positive diagnosis could not be arrived at. It is always well in such cases, where uncertainty exists, to give the patient the benefit of the doubt and regard the case as genuine. Too frequently "Hysteria" is made a cloak for ignorance, obscure subjective symptoms being

brushed aside as hysterical without receiving the consideration they merit. A pain, deep seated in the chest, has been for months regarded by the medical man in attendance merely as an evidence of Hysteria, the immediate death of the patient from the rupture of a small aneurism alone having a radical effect on the too incredulous mind of the physician.

A young unmarried woman, twenty eight years of age, has been, at intervals, under my care for the last three years. The history of this case is interesting and instructive.

As a child she was never very strong, though, no definite illness farther than usual, marked this period of her life. When between fourteen and fifteen years of age she went out to work in the mill. About this time menstruation was established. This function was never performed with regularity; and, each period was attended with severe pain. One night, on getting home from work, the patient went off in a

violent "fit". From this time similar convulsions have recurred at intervals, especially frequent and severe during and about the menstrual periods. After working for nearly a year she was compelled to resign her situation; and, has been unable to do anything up till the past few months.

About eight years ago she became an in-patient of a large hospital for diseases of women. From a report of the case made at this time it is found that the patient entered the hospital complaining of "fits"; also of pain in the left groin and lumbar region. She was thin, her tongue coated with a brownish fur and her bowels obstinately constipated. On making a pelvic examination the cervix was found low in the vagina and pointing to the left side. An oval body, movable and painful on pressure, occupied the lower part of Douglas' pouch behind the cervix. This was found to be the fundus uteri. On pushing up the vaginal roof at the left posterior

border of the cervix a small, soft, oval body was made out. When pressure was made on this body, or when the uterine sound was passed, the patient became seized by clonic convulsions. No stertor or lividity existed, and loss of consciousness was more apparent than real, the patient quickly coming round on a threat being made in her presence to use the battery.

An operation was performed and both ovaries removed. A cyst, apparently springing from the broad ligament, was found attached to and removed along with the left ovary. The operation was performed on July 27th. On August 27th the patient was discharged from the hospital with the wound quite healed, the health greatly improved and no trace of any hysterical symptom. The uterus was now in proper position, and, no thickening of the vaginal roof existed. On September 7th the patient reported herself. She was in excellent health and spirits with scarcely a trace of leucorrhoea and no "fits".

The report here concludes. H/r subsequent history cannot be continued in the satisfactory strain which characterises the close of this report. The "fits" have recurred again and again. Up till a few months ago she has been unable to follow any occupation. These last three years she has presented, under my own observation, marked hysterical symptoms. The "fits" which now comparatively rarely occur are characterised by struggling, screaming, and apparent loss of consciousness. The struggling is of a violent and purposive description while screaming continues throughout the "fit". Unconsciousness is not profound as she can be aroused, at any moment, by the ordinary methods employed in such cases. She has never been known to injure herself on any such occasion.

The patient is thin but not emaciated. She is anaemic and occasionally suffers from neuralgia of the face. No further objective symptom of disease is manifest.

All trace of menstrual discharge has disappeared since the operation.

The family history throws no light on the case.

The patient has been, in great measure, deterred from recovery by the ill-directed solicitude of those around her. Time and again when really there was little wrong, her mother and friends have stood by the bedside waiting for the end to come, so imminent this issue seemed to them to be. This sort of thing gratified the morbid appetite for sympathy in the patient, and, she certainly did her best to keep up the imposition. At such times she invariably reproduced what seems to be the popular conception of the deathbed. She would take no food and lie seemingly unconscious, every now and then muttering inaudibly or coming out with some strange expression more or less pertinent to the occasion. Stertor was never imitated. She never attempted to mimick what we so frequently see in these

dying from phthisis pulmonalis or puerperal fever, where consciousness remains to the last and hope struggles hard with desperate anxiety. Such a condition it were almost impossible to imitate, even were it known to the patient.

These last few months our patient has improved wonderfully. She now goes out Charring; and, can accomplish work which she has been unable to do for the last fourteen years.

This case furnishes us with another instance of the occurrence of Hysteria in a person whose physical strength has been undermined by organic disease. The realism of the vagaries of the neurosis to the patient is also clearly brought out. This young woman so far had come to believe in the reality of the "fits" and other manifestations of a similar origin, that she consented to accept the chances of a serious surgical operation in order to be relieved of them: The patient doubtless, was unable to discriminate between symptoms arising from

structural disease of her reproductive organs, and those originating solely in a morbid condition of mind for which she was primarily responsible. The operation by restoring bodily health, would tend indirectly to cure the mental trouble. A strong predisposing cause to Hysteria would thus be removed and the patient be less severely handicapped in combating the neurosis. Unfortunate circumstances seemed to bar the way against this patients recovery. The ill-directed solicitude and sympathy of her friends powerfully contributed to revive and foster the old habit which had received a rude shock under hospital treatment. The "fits" recurred after a few months; and, the patient was much in the same position as before.

Hysteria is said gradually to shade off, on the one hand into Insanity, on the other into Epilepsy. It might be affirmed that, while these conditions form its polar prospects in the great map of disease, Hypochondriasis and Malingering are respectively contiguous

and inseparable from it in the other two directions. Charcot's Hystero-epilepsy furnishes us with the link binding Hysteria with Epilepsy. This condition is recognised as occupying a position midway between the two great neuroses.

No such pathological half-way-house exists between Hysteria and Insanity. Hysteria, indeed, is really a form of insanity, though it may be more expedient to keep the diseases separate. Delusion does, in time, arise in the hysterical; but, interwoven with it is the element of imposition, while, at the root of all, we find a characteristic motive, the unreasoning desire for sympathy.

Hysteria has been said to find its analogue in the male in Hypochondriasis. This remarkable condition of mind, in which the patient's undivided attention is given over to the consideration of some hypothetical disease which he sincerely believes has come upon him, is not infrequently seen in the female along with Hysteria. The symptoms of the one may be inextricably intermingled with

those of the other. A case illustrating this has been, for a lengthened period, under my observation. It is that of a young woman, twenty-six years of age, who became imbued with the idea that she was a victim of phthisis pulmonalis. Her family is phthisical, several relations on the mother's side having died of the complaint, while one of her brothers is, at present, suffering from tubercular disease of the lungs. Nothing could disturb her conviction that she also was afflicted with the disease. From one medical man she went to another in her race after health. On every hand she received the assurance that her lungs were perfectly sound and yet she would not be convinced.

An element of deceit initiating Hysteria insidiously worked its way into the case. No one believing in her troubles she gave way to a desire to make them appear more real. Imposture had to be carried out. She lay in bed for months; a hacking dry cough was developed; she became voiceless; little nourishment was taken; vomiting

appeared as a distressing symptom; and, emaciation supervened. Altogether she began to appear alarmingly like the condition she mimicked. No night sweats or spitting of blood were noticed in the case. Her lungs and other organs apparently remained all right.

It is now over four years since this patient became possessed by her dominant idea. Somewhat neglected at home she has lately experienced a moral awakening under hospital treatment, and, she is now going about apparently in good health.

There is no distinct break or line of separation between Hysteria and Malingering. The typical malingerer, however, cannot be regarded as afflicted with disease. Certain lines of shamming are followed, and, these must be studied and borne in mind by the medical man. So far the condition merits a place in the catalogue of diseases. On the other hand, the hysterical motive for deceit betrays an inherent instability of mind which constitutes a condition apart from mere shamming to

escape work. Malingering, pure and simple, is much more commonly practised by men. Not infrequently an hysterical element becomes blended with it giving rise to difficult complications.

A curious instance of a condition akin to Hysteria has been for the past 2½ years under my observation. The case is one of a man, 64 years of age, formerly a coal heaver. Seven years ago he began to experience pain, burning and smarting in the feet and ankles. He was treated for this without effect; and, after labouring two years in misery, was compelled to bow to his affliction and resign work. His pains at this time were occasioned by "water between the two skins, floating on the blood". This, at all events, he gives as the dictum of his medical adviser. Up till the present his mysterious ailment seems gradually to have gained ground. The pain, burning, and smarting have slowly crept from the feet into the body and now every square inch of surface is involved. His feet, the patient says, may feel as if

on fire, yet the hands be icy cold; the arms may tingle and the thighs smart while severe shooting pains dart into every joint causing him to groan in agony. At times his clothes feel damp, he can't keep warm no matter how he wrap himself; at others his body burns, he seems ablaze.

He is not at all emaciated, his appetite is good, bowels regular, tongue pulse and temperature normal. The reflexes are perfectly natural. No objective symptom of disease is discernable. The usual degenerative changes consequent on age are conspicuous by their absence. Altogether he seems fresh and vigorous for his time of life. No history of Syphilis can be made out. Although unable to work he can take long walks and apparently enjoy himself in the midst of his trouble.

Deceit undoubtedly underlies many of the patients symptoms. When asked if his hand trembled in lifting any small object he immediately replied in the affirmative, and, proceeded to demonstrate, with ludicrous

emphasis, the condition suggested. I had previously made careful observations and satisfied myself that not even the slightest degree of tremor existed. Again, he asked me to examine him, as other medical men had done, while standing with closed eyes and feet together. On complying with his request the patient put himself in posture, and, went through the most extraordinary oscillations compatible with keeping on his legs. He did not attempt to fall but swayed to and fro in an alarming manner. His gait is perfectly steady and shortly after this incident he walked a distance of over three miles without, in the least, disturbing himself. He seems very anxious to be told, in his wife's presence, that his disease is mortal, and, is apparently disappointed on a contrary view being taken. Groaning in agony he may express resignation with the same breath. When his attention is arrested from the contemplation of his troubles his groanings cease and he seems a different person: venture however, to hint at his bodily condition,

and he immediately relapses: Ostensibly
from he betrays at every point a thor-
oughly selfish and depraved moral nature.
In keeping with the
exaggerated and deceitful exhibition
connected with his present condition
is the history of the only previous
illness he ever remembers having ex-
perienced. When thirty seven years of
age he suffered from piles and
fistula. He then went into the hospital
and was operated upon. The surgeon
having ligatured the piles, administered
a draught which confined the bowels
for twenty-one days. A pint of castor
oil had then to be given in order
to produce an aperient effect. Three
hospital surgeons, after consultation, in-
formed him that, in his case, the piles
hung from the neck like two ropes
of onions and appeared at the seat.
If the ligature did not answer the
only remaining expedient was to "Cut
a flap from the front of the abdomen,
turn it up over the face, and scrape
the piles away from the front of the
spine." After leaving the hospital

one patient lay at home for nine months and, was then able to resume work.

He belongs to a family of seven, all of whom are strong and healthy. The eldest sister had severe "crying fits" for eight years; but, these left her on the birth of her first child. Sobriety seems to have characterised the family.

The social history of the man throws some light on the case. He has been married twice. By his first wife he had thirteen children, none by the second. His wife privately affirms that she is afraid of him. At times he beats her, and has threatened to take her life. He has always been a "lustful" man, and has at least one illegitimate child. On one occasion he locked the door and, telling his wife he possessed the secret of the spiritualists, proceeded, by means of table rapping, to invoke the supernatural. Thus he learnt that his wife had been untrue to her marriage vows. Since his illness began, seven years ago, he has been supported

by his wife who works hard for their livelihood. Formerly intemperate in the use of alcohol he became a total abstainer fifteen years ago, and has not tasted intoxicating liquor since. He smokes a good deal and has done from an early age. His wife and he are the sole occupants of their dwelling.

Many difficulties beset us in endeavouring to form a correct estimate of a case such as the above. How far the man is planning in order to live an easy life and escape work, how far he is carried away by a morbid desire to evoke wonder and sympathy, or to what extent his exaggerated symptoms may be backed up by obscure disease are questions which admit of no definite solution. Deceit, of the most flagrant description, plays the prominent part in the case. An obtrusive display of suffering coupled with apparently voluntary effort on the part of the patient to throw difficulties in the way

to a correct diagnosis are strongly indicative of malingering. Independant of the alleged disease his social life is pulled by conduct of abominable character.

The question of insanity naturally arises. The man has practised systematic deception so long that he is now, in great measure unconscious of his moral depravity. So far he is insane. He yet recognises however, a difference between right and wrong; but, wrong doing carries with it no shadow of remorse, the difference is merely one of expediency.

The influence which mind possesses in the cure of bodily infirmity has been brought out in a striking manner by James Braid of Manchester who first subjected mesmerism to therapeutics and obtained wonderful results. Writing of various forms of mental therapeutics Dr. Daniel H. Tuke* says — "The great principle which appears to be involved in all is the remarkable influence which the mind exerts upon any organ or

* The influence of the body upon the mind.

tissue to which the attention is directed, to the exclusion of other ideas, the mind gradually passing into a state in which, at the desire of the operator, portions of the nervous system can be exalted in a remarkable degree, and others proportionately depressed; and thus, the vascularity, innervation, and function of an organ or tissue can be regulated and modified according to the locality and nature of the disorder".

If the patient's attention artificially riveted on the site of disease can bring about such alteration for cure, it is only reasonable to conclude that, in a case such as the above, a healthy patient may brand upon himself permanent disease by allowing the habit of deception, voluntarily initiated as a blind for others, gradually to eat into and subvert his own understanding. His attention is then fixed on a hypothetical trouble, innervation and function become persistently altered, and in time he is stamped with organic disease.

The treatment of Hysteria turns upon a proper appreciation of the origin and nature of the disease. It is beyond the scope of this paper to enter into it in detail.

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