the patient was able to get about as soon as she regained consciousness make this view highly probable.

3. The marked effect of the application of the electric current, and the permanent cure effected by it, which distinguish this case again from the ordinary cases of hystero-epilepsy, prevented us from trying experiments with metals or magnets, which, in the hands of Professor Charcot, have given such interesting results now well known to the readers of the BRITISH MEDICAL JOURNAL.

ON A CASE OF HYSTERIA, SIMULATING CHOREA.

By CORDLEY BRADFORD, M.R.C.S.Eng., Smethwick.

M. T., AGED 19, was admitted into the Queen's Hospital, Birmingham, under the care of Dr. Sawyer, during my tenure of the office of house-physician, complaining of pain in the lower part of her back and with general jerking movements of the muscles of her body. She stated that it came on suddenly four days ago, whilst standing at the house-door talking to her uncle, with whom she lived. It affected her left side only at first, but soon became general. She saw a surgeon, who told her she was suffering from St. Vitus's dance. In the previous history, the important fact was noticed, that a few months since, she had been to Bath, and there seen her cousin in the hospital suffering from true chorea. She had always been healthy, and, except the above, no cause could be found for her present attack.

On admission, there were persistent irregular movements of both upper and lower extremities. There was no affection of the facial or lingual muscles. The movements of inspiration and expiration were irregular and jerking in character. The movements were only slightly, if at all, increased by putting the affected muscles into action. After being made to stand for about five minutes, the movements became somewhat worse; she burst out crying, and would have fallen had not some one caught hold of her. She was put in a room alone, to see if the movements would cease when she was alone; but, on looking through the key-hole, they were seen to be continuing the same as before. On examining the spine, it was found to be quite normal; but she complained of pain on firm pressure over the spines of the third and fourth lumbar vertebrae, and, on this being repeated, she invariably complained of pain in the same place. The passage of a hot sponge and a piece of ice gave her no pain, but the latter temporarily arrested the movements. There did not appear to be any impairment of sensation in any part of the body. There was pain on superficial and deep pressure over the position of the left ovary. The cardiac and pulmonary organs were healthy. Prolonged and firm pressure over the position of the left ovary, as marked out by M. Charcot in his lectures, published by the New Sydenham Society, was at first tried, with the effect of arresting the movements; but, as soon as the pressure was removed, the movements returned as bad as ever. One pole of a single-celled interrupted current (Stöhrer's) battery was applied to the back of the neck, and the other over the sacrum. In a short time (a couple of minutes), the movements completely ceased; but, on removing the poles, they were seen to be commencing again in the fingers and toes. The battery was, therefore, reapplied; this time, one pole being applied over the sacrum and the other over the left ovary, and then to either arm. The movements soon ceased, and did not return. She was then told she was quite well, but, should she be troubled with them again, the battery would have to be applied much more strongly and for a longer time. In half an hour, she was told to get up and walk round the ward, which she did quite well. She slept comfortably during the night, and, the next morning, was discharged cured.

REMARKS.—The diagnosis of this case was founded chiefly upon the following facts. The entire freedom from implication of the facial and lingual muscles—especially the latter—which are almost invariably the first and last affected in true chorea, and the knowledge of her having been to Bath, and there seen her cousin, who was really suffering from the true disease; although we could not discover any cause for the attempted imposition, as she appeared to have a very comfortable home and to be well treated by her uncle, and to whom she willingly returned on leaving the hospital. These facts were also strengthened considerably by the marked tenderness over the position of the left ovary. The result of the treatment fully confirmed the diagnosis, that it was a case of hysteria and not chorea.

With regard to the treatment, it is worthy of remark that the continued firm pressure over the ovary arrested the movements temporarily only, for, as soon as this pressure was removed, they returned as bad as ever. Whether this temporary arrest was due to compression of the ovary, or whether it was due to the pain of the compressed body, I am at a loss to say.

ABSTRACT OF INTRODUCTORY LECTURE

TO THE

COURSE OF CLINICAL SURGERY IN UNIVERSITY COLLEGE HOSPITAL,

Delivered on October 7th, 1878.

By CHRISTOPHER HEATH, F.R.C.S.Eng.,
Holme Professor of Clinical Surgery.

THE study of disease at the bedside is necessarily analytical. The patient being placed before the practitioner, it is for him to find out what is the disease or injury which is interfering with health before he can apply his remedies. He must analyse the various symptoms, discarding those which have apparently no bearing upon the sources of discomfort, and following up those clues which the careful investigation of other symptoms affords. To treat symptoms alone without tracing them to their source is as bad a practice as to trace out symptoms to an accurate diagnosis and then leave the patient without treatment; for, after all, it is the living patient who demands our aid, and not the symptoms of the disease, as might be imagined were the surgeon to depend upon books alone for surgical knowledge.

The information to be found in surgical works is most valuable, if properly employed, but it cannot replace bedside experience. Systematic lectures and treatises must necessarily give an account of the pathology, symptoms, and treatment of a typical case, and these "classical" descriptions are of great use as standards, from which, however, all degrees of variation must be looked for. These descriptions are for the most part synthetical, the symptoms being massed together in the order thought most convenient; whilst in the living body the symptoms do not follow but accompany one another with more or less jostling and intermingling. If each disease wrote its name or its number legibly upon the patient, it would be easy to turn to the appropriate page in a surgical treatise and find out all about it; but clinical study alone will enable the surgeon to recognise disease or injury as readily as if its name were in truth "writ large". It is, indeed, often amusing to note how a well read student who has failed entirely to recognise a disorder will, when once he has learned its name, discuss glibly its pathology and treatment. To appreciate thoroughly deviations from the normal standard of health, it is necessary to be fully acquainted with the anatomy of the human frame, and hence the advantage of pursuing the study of anatomy before beginning that of surgery. Minute details of anatomy which may be useful as mere examination tests will doubtless escape the memory; but broad facts, if duly impressed by actual manipulation and dissection, will remain for life to constitute that "working knowledge" which is the practitioner's capital. A knowledge of physiology and chemistry is necessary both for the explanation and testing of certain morbid phenomena, and the study of pathology explains the morbid changes recognised in the living and found in the dead body.

The objects we have before us are that every member of the class shall so learn to use his senses of sight, touch, hearing, and possibly smell, that he may have it in his power to evolve from his brain a happy synthesis or diagnosis built upon the evidence communicated by his several senses. Of course, both senses and brains differ, and, as one man is short-sighted, so another may be small-brained; but both brain and senses will repay cultivation. The eye must be educated to accuracy in estimating slight deviations from the natural form, and in the recognition of appearances which have been previously seen. The ear must learn to disregard the gabble of garrulous patients and pick out the facts which are really sought for, besides being educated to distinguish morbid sounds within the human body. The fingers must learn to appreciate slight variations in consistency, in size, and in contour, if they are to be useful in diagnosis; and they must be educated to obey the surgeon's will and perform complicated movements like automata, if they are ever to make up the traditional "surgeon's hand". Instruments of precision are now in every tyro's hands; but thermometers and all the "scopes" together, useful as they are, will never supersede, however much they may aid, bedside experience of disease and the use of the senses. Not least among these must be reckoned that "common sense" which is so uncommon, which keeps its happy possessors out of difficulties, and smoothes their path to success as practitioners, and even this is to be cultivated and learned by study of mankind, both healthy and diseased, and both within and without the hospital.

But the brain must not be forgotten; for upon it the diagnosis, prognosis, and treatment will depend. Men's brains seem to work at dif-