REMARKS ON THE SYSTEMATIC TREATMENT OF AGGRAVATED HYSTERIA AND CERTAIN ALLIED FORMS OF NEURASTHENIC DISEASE.

*Being an Introduction to a Discussion in the Medical Section of the
British Medical Association at Worcester, on August 9th, 1882.*

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GENTLEMEN,—When your President did me the honour of asking me to open a discussion on the Systematic Treatment of Hysterical and Neurasthenic Diseases, to which I had already drawn the attention of the profession in a series of papers in the *Lancet* in May, June, and November of last year, I suggested to him that he should endeavour to persuade Dr. Weir Mitchell, of Philadelphia, whose method I had adopted and carried into practice, to undertake himself the task he had proposed to me. I much regret, for your sakes, gentlemen, that Dr. Mitchell was unable to accept your President's invitation, for I am sure that it would have been most interesting and profitable to have heard from that distinguished physician an exposition of his views on a matter of such great practical moment. Until I had actually put into practice Dr. Mitchell's method, I, in common, I am sure, with the vast majority of his profession, looked upon the distressing and unhappily common cases we are about to discuss as a *very opprobrium medicina*. Nothing could possibly be more hopeless than the experience of all of us of these wretched instances of broken and shattered lives, these bed-ridden, helpless creatures, who became a burden not only to themselves but to all around them, making happy homes miserable, and exhausting at once the patience, and the resources of those who are responsible for their care. Who is there amongst us who cannot point to some typical example of this kind, in which the patient at least, after every sort of treatment and drug has been used; after not one, but twenty doctors have been consulted; after every method, orthodox and heterodox, has been used in vain, has been allowed to drift into this hopeless state to which I have alluded, from pure despair of alleviating her sufferings, which are none the less real because we are satisfied that they are purely functional, and are not associated with any definite organic disease. To teach us how to lift such cases from the slough into which they had fallen is no slight achievement; and I may say, without exaggeration, that, having paid great attention to this subject for the last eighteen months, I have not only acquired a daily increasing confidence in the value of Weir Mitchell's method, but have had more satisfactory and surprising results from it than I have ever before witnessed in any branch of my professional experience, and that I now more confidently undertake the care of a well selected case of this kind, than I do of almost any malady that comes under my charge. The reason for this confidence and this success is, I think, not far to seek. We have to do with cases which are, to a great extent, psychological in origin. Heretofore, although all well instructed physicians recognised this fact, they have not been in the habit of trusting to methods of treatment which were based on a scientific conception of the nature of the disease. In default of other means, recourse has been had to an useless system of drugging with the so-called nerve tonics, while the patient has been left to the unaltered morbid influence of the psychological causes, which, in nine cases out of ten, have so large a share in the production of the illness. Although the grave forms of hysterical disease we are considering differ from each other in endless variations, the peculiarities of each requiring most careful study, there is scarcely a single one of them in which unhealthy mental influences do not play a most important part, if not in causing, certainly in keeping up the disease. The injudicious and constant nursing, the craving for sympathy, the fact that the sick-room becomes the centre of interest for the patient and her friends, the constant discussion of feelings and symptoms, all have a most marked and prejudicial effect; and so long as these continue in operation no course of medicine or treatment, however judicious, has any reasonable prospect of success. As I shall presently show, the complete and perfect isolation of the patient from all these unhealthy

conditions forms the very foundation and essence of the systematic management of these cases; and when once this has been accomplished, an enormous leverage has been obtained for the successful application of other methods of cure. I do not propose to occupy your time with any long description of the forms and symptoms of hysterical disease to which the treatment is applicable, or to their pathology. No study could be more interesting, but the time at my disposal is altogether insufficient for such a task. I shall, therefore, content myself with a very brief outline sketch of the typical instances of neurasthenic disease in which systematic treatment is of most use, and follow this by an equally short sketch of what that treatment consists. And I must beg my hearers to remember that I cannot enter into any but the most elementary details on both these topics, for a fuller account of which I must refer them to the writings of Weir Mitchell, and Goodell, as well as to my own former papers. I may say here that while the latter were entitled, "The Systematic Treatment of Nerve-Prostration and Hysteria connected with Uterine Disease," this was chiefly because my attention was first directed to the subject in consequence of the frequent association of these states with disease of the reproductive organs in the female. It would be a great mistake, however, to conclude that there is any necessary or constant connection between the two. Indeed, although very frequently the nerve-state has originated in connection with uterine disease, in a large proportion of the cases I have seen, it has completely overshadowed the originating local disorder. I am not sure that I should not, in common honesty, make the somewhat humiliating confession that in many instances over much and injudicious local treatment has, in my opinion, at least intensified, and kept up the now dominating neurasthenic disorder, as in a case under my care as I write, in which the patient may fairly be said to be suffering from pessary on the brain—so incessantly is she thinking of one or other of the seventy-nine different instruments which she has had inserted in the last few years in America and in this country.

It is, perhaps, superfluous to recall to your minds the extremely varying and complex forms of the neurasthenic diseases, which may be fairly classed under the heading I have selected for this communication. Still I think it likely that it is only those medical men who have paid special attention to this subject, and who have had opportunities of watching cases of this description, that have properly realised how multifarious, strange, and misleading these nervous diseases really are. As a matter of fact, probably no two cases are ever precisely alike, and every individual instance calls for the most careful and minute study, if we are to hope for a successful result in its management, not only of its physical symptoms, to make sure that we do not confound real but obscure organic lesion with simple functional disorder, but also of the special mental character of the patient, since much of our success must depend on a judicious reading of this, and on our tact in dealing with it. Anyone who attempts to treat such diseases without careful study of the psychological characteristics of each individual patient, will inevitably fail.

The type of case best adapted for systematic treatment is, in my experience, the worn and wasted, often bedridden woman, who has broken down, either from some sudden shock, such as grief, or money losses, or excessive mental or bodily strain. At first, perhaps, there may have been only a debility, constantly, however, on the increase, daily more and more yielded to, until at last all power of effort is lost, fostered, too often, by injudicious sympathy, and the constant nursing of devoted relatives and friends. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues, so characteristic of these cases. On the soil so prepared are often developed the graver protean forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilepsies, and many others which constitute the despair of the physician, and which must be more or less familiar to all of you. Such, in endless variations, are the cases which those of you who have attempted to cure them by ordinary medication will, I am sure, admit to have given unsatisfactory results, and caused more disappointment than almost any other in your practice.

Now, the principal elements in the systematic management of these cases are:

1. The removal of the patient from unhealthy home-influences, and placing her at absolute rest;
2. The production of muscular waste, and the consequent possibility of assimilating food by what have been called "mechanical tonics"; viz., prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity;
3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

On each of these I shall offer one or two brief observations.

1. The removal of the patient from her home-surroundings, and her complete isolation in lodgings with only a nurse in attendance, is a matter of paramount importance. This is a point on which I am most anxious to lay stress, since it is the great crux to the patient and her friends; and constant appeals are made to modify this, which I look upon as an absolute *sine quâ non*. I attribute much of the success which I have been fortunate enough to obtain in my cases to a rigid adherence to this rule. In almost every instance of failure in the hands of others of which I have heard, some modification in this rule has been agreed to, in deference to the wishes of the friends; as, for example, treating the case in one room by herself in her own house, or in admitting the occasional visits of some relatives or friends. While, however, the patient is to be rigidly secluded, it is incumbent to secure the attendance of a judicious nurse, with sufficient intelligence and education to form an agreeable companion. To shut up a refined and intellectual woman for six weeks with a coarse-minded stupid nurse, can only lead to failure. I have had more difficulty in obtaining suitable nurses, sufficiently firm to ensure the directions being carried out, and yet not over-harsh and unsympathetic, than in any other part of the treatment. Whenever my case is not doing well, I instantly change the nurse—often with the happiest results. In addition to the isolation, the patient is put at once to bed, to secure absolute rest. In many cases, she is already bedridden; in others, there has been a weary protracted effort, and the complete repose is in itself a great gain and relief.

2. Under the second head comes systematic muscular movement, having for its object the production of tissue waste. This is administered by trained rubbers, and here again is a great practical difficulty. The so-called professional rubbers are, in my experience, worse than useless, and I have had to teach *de novo* a sufficient number of strong, muscular young women; and the aptitude for the work I find to be very far from common, since a large proportion of those I have tried have turned out quite unsuited for it. I cannot attempt any description of this process. I need only say that it consists in a systematic and thorough kneading and movements of the whole muscular system for about three hours daily, the result of which at first is to produce great fatigue, and subsequently a pleasant sense of lassitude. Subsidiary to this is the use of the faradic current for about ten to twenty minutes, twice daily, by which all the muscles are thrown into strong contraction, and the cutaneous circulation is rendered excessively active. The two combined produce a large amount of muscular waste, which is supplied by excessive feeding; and, in consequence of the increased assimilation and improved nutrition, we have the enormous gain in weight and size which one sees in these cases, it being quite a common thing for a patient to put on from one to two stones in weight in the course of five to six weeks. The feeding, at regular intervals, constitutes a large part of the nurse's work. At first from three to five ounces of milk are given every few hours; and for the first few days the patient is kept on an exclusively milk diet. By this means dyspeptic symptoms are relieved, and the patient is prepared for the assimilation of other food. This is added by degrees, *pari passu* with the production of muscular waste by massage, which is commenced on the third or fourth day. By about the tenth day the patient is shampooed for an hour and a half twice daily, and by this time she is always able to take an amount of food that would appear almost preposterous, did not one find by experience how perfectly it is assimilated, and how rapidly flesh is put on. It is the usual thing for patients to take, when full diet is reached, in addition to two quarts of milk daily, three full meals, viz.—breakfast, consisting of a plate of porridge and cream, fish or bacon, toast and tea, coffee, and cocoa; a luncheon, at 1 P.M., of fish, cutlets or joints, and a sweet, such as stewed fruit and cream, or a milky pudding; dinner, at 7 P.M., consisting of soup, fish, joint and sweets; and, in addition, a cup of raw meat soup at 7 A.M. and 11 P.M. It is really very rare to find the slightest inconvenience result from this apparently enormous dietary. Should there then be an occasional attack of dyspepsia, it is at once relieved by keeping the patient for four and twenty hours on milk alone.

Such is a brief outline of the method to which I am here to direct your attention. As to the results, I have already published several remarkable illustrative cases, so that it is perhaps not necessary to do much more in this direction. I may say, on looking back at my cases, that the only ones with which I have any reason to be disappointed are those in which the primary selection has been bad; and in the few in which the results were not thoroughly satisfactory, I had doubts as to their suitability for the treatment, which I expressed beforehand. These include one case of chronic ovarian disease, and one of bad anteversion with fibroid enlargement of the uterus, in both of which the local disease prevented any really beneficial results. In a

third case, I had to stop the treatment in a week, in consequence of cardiac mischief; two others were cases of positive mental disease; and in one case there was true epilepsy. I have no doubt that any positive co-existent organic disease of this kind should be considered a contraindication. In my other cases, the results have been all that could be wished, and in many of them the patients have been restored to perfect health after having been helpless bedridden invalids for years; in one case twenty-three without ever putting a foot to the ground, in others sixteen, nine, six, and so on. In two instances my patients were in such a state, that it was found absolutely impossible to move them except when anaesthetised; and they were brought to London by their medical men long distances under chloroform, in each case leaving in six weeks perfectly cured. I am not desirous of occupying your time by long details of cases, having already published several; but, as many of my hearers have probably not seen my former papers, I shall conclude by a short notice of some of my recent cases, which will illustrate the classes of disease in which this method is so useful; and I select them not only for their own interest, but because the uselessness of all ordinary treatment in such conditions is proved by the fact that I have with regard to each of them a list of their former medical attendants, amounting in one to no fewer than twenty-five in number, and including the names of many of the most eminent consultants in the country, of itself a sufficient proof that all that the most advanced medical knowledge and skill could do had been tried in vain.

CASE I. On the 24th of April last, I was consulted on the case of a young lady from the North of England, suffering from intense hysterical vomiting. This had commenced six years previously, after severe mental strain. Latterly, she could keep nothing but a single mouthful of milk on her stomach, and this only when mixed with whiskey, so that in this way she was taking three to four glasses of spirit daily. She was terribly emaciated, weighing only 4st. 7lbs. Her mother wrote of her, "it is just five years last Christmas-day since she has ever retained a single meal. Her symptoms have been most distressing, and have resisted every kind of treatment. Her young life has been completely blighted, and I have long since given up her case as quite hopeless." The rapidity of the cure, in this instance, was almost ludicrous. In three days after she was isolated, she was keeping down two quarts of milk, it is needless to say no longer with the aid of whiskey. In ten days she was eating with an enormous appetite, and in six weeks she left town weighing 7st. 8lbs., a gain of 3st. and 1lb., and has since remained quite well.

CASE II. The next case is illustrative of the evil effects of over much education and mental strain, in a clever girl of highly developed nervous organisation. It was placed under my care by the advice of one of our most eminent metropolitan physicians, who had been seeing her frequently in consultation with her own medical attendant for several years, and besides him many other physicians, equally eminent, had been consulted. This young lady was seventeen years of age. At the age of fourteen, when working, she had suddenly broken down, got complete hysterical hemiplegia, and for four years had never been out of bed or moved either of her lower limbs. In addition, she had a loud barking cough, which could be heard all over the house, and which had resisted every kind of medication. No food could be taken beyond milk, and a biscuit, and an orange. This case was placed under my care as a sort of test, and I was particularly anxious that it should turn out well. As to the result, I need only say that, at the end of a month I drove her out in my carriage, dropped her at the top of the street in which she lived, and made her walk down to pay her parents a visit. She has since remained perfectly well. It was a curious and characteristic point that her cough, which had resisted for years all sorts of energetic treatment at home, entirely ceased forty-eight hours after she was removed, and was never again heard.

CASE III. The next instance is one out of many of the same sort I have had under my care, and is a typical example of the kind of case best suited for this treatment. In this, there was no definite illness, no simulated disease, as in the last lady, but a general and complete break down. Her medical man sent her to me with the following note. "She has all her life been an invalid, with no well-defined symptoms; sometimes headache and nausea; at others spinal irritability, giddiness, etc. In fact, she is a typical hysteric or neuralgic patient. She never stirs out of the house, or moves from her bed or sofa, eats next to nothing, and is never happy unless seeing a doctor, or taking physic." I found, as was to be expected, that this young lady was wasted to a skeleton. Her chief complaints were nausea, headache, backache, intense nervous depression, and timidity (so that she was unable to speak to a stranger), and absolute anorexia; skin dry and rough; menstruation irregular; entirely dependent on chloral and morphia for sleep. She was twenty-nine years of age, and for nine years had been entirely on her back. I

need say no more about this case, than that it was as successful as the rest of the same type I have had to deal with, any one of which I might have selected as an illustration. In six weeks, she was walking about; in two months, she started on a sea-voyage with her nurse, with directions that she should be forced to mix as much as possible with the passengers, to overcome her dread of society. Only two days ago, she came to report herself to me, having travelled alone from the country by rail; and I positively did not at first recognise her—so different was the well-dressed, healthy-looking woman, from the wretched invalid of a few months ago. She tells me that she now plays tennis; goes out to picnics and parties; and enjoys life like anyone else.

CASE IV. The last example with which I shall trespass on your patience, I am tempted to relate, because it is one of the most remarkable instances of the strange and multimorph phenomena which neurotic disease may present, which it has ever been my lot to witness. The case must be well known to many members of the profession, since there is scarcely a consultant of eminence in the metropolis who has not seen her during the sixteen years her illness has lasted, besides many of the leading practitioners in the numerous health-resorts she has visited in the vain hope of benefit. My first acquaintance with this case is somewhat curious. About two months before I was introduced to the patient, chancing to be walking along the esplanade at Brighton with a medical friend, my attention was directed to a remarkable party at which everyone was looking. The chief personage in it was a lady reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back almost in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck me as being typical of hysteria, and I laughingly remarked, "I am sure I could cure that case if I could get her into my hands." All I could learn at the time was, that the patient came down to Brighton every autumn, and that my friend had seen her dragged along in the same way for ten or twelve years. On January 14th of this year, I was asked to meet my friend Dr. Behrend in consultation, and at once recognised the patient as the lady whom I had seen at Brighton. It would be tedious to relate all the neurotic symptoms this patient had exhibited since 1864, when she was first attacked with paralysis of the left arm. Among them—and I quote these from the full notes furnished by Dr. Behrend—were complete paraplegia, left hemiplegia, complete hysterical amaurosis, but from this she had recovered in 1868. For all these years she had been practically confined to her bed or couch, and had not passed urine spontaneously for sixteen years. Among other symptoms, I find noted, "awful suffering in spine, head, and eyes", requiring the use of chloral and morphia in large doses. "For many years she has had convulsive attacks of two distinct types, which are obviously of the character of hystero-epilepsy." The following are the brief notes of the condition in which I found her, which I made in my case-book on the day of my first visit. "I found the patient lying on an invalid couch, her left arm paralysed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds, from severe pain in her back. When I attempted to shake her right hand, she begged me not to touch her, as it would throw her into a convulsion. She is said to have had epilepsy as a child. She has now many times daily, frequently as often as twice in an hour, both during the day and night, attacks of sudden and absolute unconsciousness, from which she recovers with general convulsive movements of the face and body. She had one of these during my visit, and it had all the appearance of an epileptic paroxysm. The left arm and both legs are paralysed, and devoid of sensation. She takes hardly any food, and is terribly emaciated. She is naturally a clever woman, highly educated, but, of late, her memory and intellectual powers are said to be failing."

It was determined that an attempt should be made to cure this case, and she was removed to the Home Hospital in Fitzroy Square. She was so ill, and shrieked and groaned so much on the first night of her admission, that next day I was told that no one in the house had been able to sleep; and I was informed that it would be impossible for her to remain. Between 3 P.M. and 11.30 P.M., she had had nine violent convulsive paroxysms of an epileptiform character, lasting, on an average, five minutes. At 11.30, she became absolutely unconscious, and remained so until 2.30 A.M., her attendant thinking she was dying. Next day, she was quieter, and from that time her progress was steady and uniform. On the fourth day, she passed urine spontaneously, and the catheter was never again used. In six weeks, she was out driving and walking; and within two months she went on a sea-voyage to the Cape, looking and feeling perfectly well. When there, her nurse, who accompanied her, had a severe illness, through which her ex-patient nursed her most assiduously. She has since remained, and is at this moment, in robust

health, joining with pleasure in society, walking many miles daily, and without a trace of the illnesses which rendered her existence a burden to herself and her friends.

In conclusion, I may remark that it seems to me that the chief value of this systematic treatment, which is capable of producing such remarkable results, is, that it appeals, not to one, but many influences of a curative character. Everyone knew, in a vague sort of way, that, if an hysterical patient be removed from her morbid surroundings, a great step towards cure is made. Few, however, took the trouble to carry this knowledge into practical action; and, when they did so, they relied on this alone, combined with moral suasion. Now, I am thoroughly convinced that very few cases of hysteria can be preached into health. Judicious moral management can do much; but I believe that very few hysterical women are conscious impostors; and the great efficacy of the Weir Mitchell method seems to me to depend on the combination of agencies which, by restoring to a healthy state a weakened and diseased nervous system, cures the patient in spite of herself.

Dr. CLIFFORD ALLBUTT said that the reason why he had asked Dr. Playfair to open the discussion was, that he had been very much struck by the case, to which Dr. Playfair had not referred, of a lady he had sent to him from Yorkshire, a few months ago. Her removal was said to be impossible, and she could only be taken away under chloroform and swung in a hammock. He could add his testimony to the cure that was effected in that case, and certainly it was of the most astonishing kind. She was a lady of very high culture, and not a hysterical patient of the ordinary kind. She was a person of great mental control, and there was no morbidness about her, and her case was one of a purely physical neurasthenia. She had been ill for an indefinite period, was perfectly helpless, and her life was perhaps more a misery to herself than to anybody about her. But she was cured in about six or eight weeks, then went on a sea-voyage, and was now perfectly well. He also saw a case which put him in a very difficult position, not very long ago. He was asked by the Midland Railway Company to see a lady who had been in a railway accident, and was in a state of hystero-epilepsy. It was absurd to say she was an impostor, but, mindful of these cases, he was obliged to go into the witness-box and say that she could be well in six or eight weeks. It was a strong step to take, and subjected him at the time to a great deal of unfavourable criticism. He did not know whether or not her friends had subjected her to this plan of treatment. With regard to the excessive dietary, he said that a rough observation had been made, with the result of showing that there certainly was no great quantity of undigested material or overflowing luxur of consumption, so that the cure was not entirely a mental one, but was distinctly also a physical, as he supposed Dr. Playfair meant to point out. Finally, he had had one or two cases of male patients, and he should like to ask Dr. Playfair if he had any; also whether, he did not think that, in some other cases attended with great defective nutrition, and where there was some degree of organic disease, possibly some amount of malnutrition threatening phthisis, the treatment might not be in some degree extended.

Dr. ROSS (Manchester) bore testimony to the great value of the treatment under discussion. He laid stress upon the necessity of complete separation of the patient from her friends, and the selection of a suitable nurse. He believed that, although Dr. Mitchell's treatment was possibly not new in the sense that its separate recommendations were now made for the first time, it was new in the sense that these recommendations were, for the first time, combined so as to form a complete scheme of treatment.

Mr. D. DE BRÉDT HOVELL (London) said that, if Dr. Playfair had proved anything, he had proved the absurdity of the term hysteria. Mr. Hovell had for the last twenty years been fighting against the one-eyed pathology which referred all these cases to the uterus and ovaries. No doubt these organs necessarily became involved; but to regard them as the cause was not only to miscall the disease, but to misdirect the treatment. All cases were caused by some circumstances depressing nerve-power, physical shock, a moral shock, and very frequently disappointment. Want of power and susceptibility to irritation were essential conditions of this state, and in many cases recovery was slow because the recuperative power was low. There was also great feeling of helplessness, which was misinterpreted into craving for sympathy. Many patients eventually lapsed into paralysis, or rather paresis. Mr. Hovell was of opinion that the sympathetic system was involved in this disease. He also thought that the condition of exhaustive debility explained the great capacity for food which some patients showed in recovery.

Dr. MYRTLE (Harrogate) said he unfortunately lived in a place where, for the last twenty years, hardly a year passed without his

seeing one or two cases of hysteria. In his experience, one of the most essential points of treatment was to remove the patient from her usual surroundings; the next was to obtain her confidence. One thing that ought to be considered was, the want of power of co-operation possessed by the patient. Too much must not be attempted, but strong measures must be brought down to the weakness of the power of co-operation in the patients. A further plan was to encourage them in well-doing, as the recovery of many patients was retarded as much by the cold-heartedness of their friends as by the injudicious sympathy of some of them. He was perfectly well aware of the difficulties of dealing with these cases, but he was pleased to hear this paper, because he was perfectly satisfied that these cases were very much misunderstood, both by the patients' friends and the medical attendants.

Dr. DRUMMOND (Newcastle-on-Tyne) said he was exceedingly pleased to have had the opportunity of listening to the able exposition of Dr. Weir Mitchell's plan of treatment of aggravated hysteria by Dr. Playfair. He must confess that in a very great measure his cases of aggravated hysteria were amongst hospital patients, and he must add that he had not succeeded as well as he could have wished in his attempt to treat them by that method; the fact being, that the nurses are capable of being appealed to by the patient. In his opinion, there were, generally speaking, three gross forms of hysteria—(1) that entirely independent of the will; (2) that under the control of the will; and (3) the more or less malingering form. Dr. Drummond gave instances in illustration of his views.

Dr. RANSOME (Manchester) remarked that, in several cases of hysteria associated with incipient phthisis, Dr. Weir Mitchell's plan of treatment had not only cured the hysteria, but had also been of great service in improving the condition of the lungs.

Dr. HENRY BENNET (Weybridge) remarked that the interest connected with Dr. Playfair's paper had attracted many members from the adjoining section, the Obstetrical. In the absence of any other volunteer, he felt called upon to break a lance in favour of the old Hippocratic doctrine, which referred hysteria in many cases, not in all, to the uterine organs, especially in young females. He prided himself in having been the first to introduce to the profession, many years ago, a fact now generally acknowledged—viz., that uterine disease, inflammatory as well as others, was not unfrequently found in virgins, young or otherwise, and was often the real cause of the worst forms of hysteria. Owing to his having brought these facts before the profession when he was in full practice, he had seen very many cases of this kind, in consultation or otherwise. He had usually cured them merely by getting at the disease and removing it, without any special treatment of any other kind. He fully admitted that aggravated hysteria existed without uterine disease, or might continue to exist even when the originating uterine disease had been cured, and that it might require other than surgical treatment. Dr. Mitchell had cured one of his own cases, that of a young American lady, who remained all but bedridden after the removal of uterine disease. This fact, however, is not a reason for ignoring the practical facts to which he alluded, which the experience of a long clinical career had proved to be true. He constantly read in the writings of pure physicians (not gynaecologists), treating of aggravated hysteria, cases which to him were, most undeniably, forms of uterine disease, although the writers did not recognise the fact, for want of gynaecological knowledge.

Mr. ROSS JORDAN (Birmingham) said he thought very highly of the views so ably and forcibly expressed by Dr. Playfair. From the experience of one or two cases, imperfectly carried out, he thought the plan of treatment of the greatest advantage. He wished more particularly to say a word or two on some of the opinions expressed by one of the speakers (Mr. De Berdt Hovell), as to hysteria not being the result of uterine disease. He thought many of the cases had such origin; and that physicians, more particularly those who professed a special knowledge of the nervous system, took a heavy responsibility on themselves, when they systematically ignored the existence of uterine and ovarian mischief in its earlier stages. No doubt, many cases of aggravated hysteria may be found without a trace of uterine disease, simply because the rest of chronic invalidism has allowed such disease to get well. He had found hysteria much more common in slight than in severe uterine or ovarian disease. He wished to say that, if such cases were properly treated, in their earlier stages, there would not be so many chronic invalids, nor so much profound hysteria.

Dr. LEECH (Manchester) called attention to two cases of neurasthenia in men, which had recently come under his notice. He noted that, in both, relapses had occurred after apparent recovery; and he asked whether Dr. Playfair had noticed relapse in the cases which had been under his care.

Dr. MAHOMED (London) remarked on the frequency of relapse in all

cases of hysteria; and asked whether Dr. Playfair had seen relapses in his own cases, or knew of them in those of Dr. Weir Mitchell. He wanted to know what had been the experience of others in the history of these cases, and their final termination, before the introduction of this treatment. He believed that the secret of the whole matter was the thoroughness of the treatment, and the complete confidence in its success. He believed that we much needed the same thoroughness in the treatment of other cases; and this could only be obtained by recognising the truth of the plan of the treatment which it was proposed to employ.

Dr. PLAYFAIR said, in answer to the President (Dr. Clifford Allbutt), that he had not sufficient experience of the effect of the treatment in men, although doubtless in suitable cases it might answer well. In other diseases it certainly did good—as in chorea. He had himself recently cured a most intense case of chorea, of nine years' duration, by this means, which had previously resisted every treatment. He had little to say in answer to the other speeches, except that the explanation of the enormous quantities of food taken was, beyond question, the excessive tissue waste produced by massage. The waste required increased fuel, and in the process of assimilation the patient recovered. It was a strictly physiological process, based on improving the nutrition of the patient. He looked upon real organic disease as a positive contraindication. As to the question of relapse, all he could say was that hitherto none of his cases had relapsed; although, as a matter of common sense, every now and again these interesting neurotic women must be expected to go wrong again.

ON A CASE OF ACUTE ASCENDING PARALYSIS: CHRONIC ALCOHOLISM.

Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Worcester, August 1882.

BY A. S. MYRTLE, M.D., HARROGATE.

THE following case I have thought worth bringing before your notice, not only on account of its rarity and connected history, but as affording an example of metastasis of disease, such as I have never either seen or read of. For years the organs which exhibited the poisonous action of alcohol were the liver, stomach, and uterus, all were kept in a state of irritability and hyperæmia; and both liver and uterus were materially enlarged, the latter failing in the performance of its functions, with sterility as the natural result. As soon as the first symptom of spinal mischief made its appearance, the organs previously affected began to show an amount of healthy activity which puzzled and misled me: the usual sickness and vomiting ceased, the appetite for wholesome food and capacity for digesting the same returned, the tenderness and fulness over the liver gave way, the bowels acted regularly, the urine became healthy, and the function of menstruation natural.

In order to obtain a clear history of this exceptional case, let me carry you back to 1870. A. B. was then 13 years of age, and at school. She went to bed quite in her usual health. About 2 A.M. she was seized with pain in the epigastrium, this was followed by hæmatemesis, and when I got to her about seven, she was drained of blood, the lips and gums were pale, the pulse running at a rate which defied counting; skin hot. On examining the abdomen, I found that the liver was the source of mischief, it was greatly enlarged and tender. Obstruction to the circulation in the portal system had resulted in rupture of vessels. On inquiring into the history of the girl, I found she had always been delicate, that from infancy she had given to her large quantities of wine, and that her allowance at school had been two glasses of strong beer and two glasses of full bodied port daily. This explained the condition of my patient. With suitable treatment and complete stoppage of all stimulants, she rapidly regained health, her liver speedily losing all signs of congestion.

She continued well as long as she remained at school, and I did not see her until 1878, a year after marriage. She then consulted me on account of dyspeptic, biliary, and uterine functional disturbances, and showed all the usual symptoms attending such a condition. I found that, after she left school, she had again been ordered wine, beer, and even brandy, and that she had been in the habit of taking the first two every day. Since her marriage, she had rather increased than diminished her allowance, and generally finished with some brandy-and-water at bedtime. She concealed nothing. She was not a drunkard; she had been told she required stimulants, and she took them, not