The Purvis Oration

ON THE

GYNAECOLOGICAL DIFFICULTIES OF THE GENERAL PRACTITIONER.

DELIVERED BEFORE THE WEST KENT MEDICO-
CHIRURGICAL SOCIETY.

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WHEN I received from your secretary your Council's invitation to deliver the Prior Purvis Oration, and looked down the list supplied to me by him of those who had given this address in previous years, I felt proud to think that my name should be thought worthy of appearing in such company, and I thank the society for this compliment. I think—I am not quite sure—that I once met Dr. Prior Purvis, but I know that I have heard men speak about him while he was alive. He was a good general practitioner. His professional knowledge and skill were above the average of his contemporaries. To his patients he was a faithful friend and a wise adviser; to his professional brethren he was a loyal colleague; and to his juniors an example in conduct. Because throughout a long life he displayed these qualities constantly and perspicuously, his professional brethren have established this oration in honour of his memory.

The subject on which it appears to me that it may be useful to remark is on some of the gynaecological difficulties of the general practitioner.

If one attempts a classification of the diseases to which women are specially liable, the first and the most important group comprises the new growths. These may arise in any part of the female genital organs. Some parts are more liable to be the seat of new growths than others, but none are exempt. The treatment of these new growths, if they need treatment, is entirely surgical. Operations for the removal of new growths cannot be practised on the dead body, not only because the teacher cannot provide his pupil with a body containing a new growth, but because the nature of the operation and the details of its technique vary infinitely according to the parts implicated. Skill comes only by watching operations and doing operations. Therefore I hold that these operations ought not to be attempted by the general practitioner, nor, I may add, by the general surgeon. They should be performed by specialists; and, granted that the specialist is competent and of ordinary manual dexterity, the more operations he does the more skilful he will become until age begins to dull the acuteness of his senses. The service that the family doctor has to render to his patient is to advise her when an operation is required and also when it is not required.

This general assertion applies, so far as I am able to form an opinion, not to gynaecological operations only, but to all operations. In the pre-Listerian days, while the immediate risks of an operation—such as death from haemorrhage—depended on the skill of the surgeon, yet when an operation had been successfully finished, it seemed to be matter of chance whether the patient recovered or died from some kind of blood poisoning. It was not surprising that surgeons then were opposed to specialization, and that some of them would maintain that, provided a man was properly equipped with anatomical knowledge and surgical skill, he would do his first operation of any particular kind as well as he would do his hundredth. But all that has passed. Recovery after an operation is no longer a matter of chance. A successful result is attained by due attention to a number of small details which an experienced operator finds out for himself in the repeated performance of the operation. The best man to do an operation is the man who, while still in the possession of his faculties, has yet done the operation a great many times before. This applies with the greatest force to operations within the abdomen—operations upon the stomach, bowels, gall bladder, pancreas, and upon the pelvic organs. These cannot be reduced to definite rules, and they cannot be practised upon the dead body.

The general proposition that with specialization comes skill applies to every branch of surgery. The general practitioner's means of livelihood are being more and more restricted every year, partly by the growth of preventive medicine and of operative surgery, and partly by the attempts at the municipalization of medical service. Experience has shown that municipal trading—that is, administration by popularly elected bodies—means inefficiency, waste, and loss. The experience of co-operative trading societies has shown that many of them have failed because the crowd cannot perceive that superior intelligence must be paid for. Municipal medical service will be inefficient service except for special purposes. It is not fair to put a man in such a position that his private interests may pull in an opposite direction to his public duties; and for this reason the officer whose business is the prevention of disease cannot be the same as those whose business it is to treat it. With this exception I think it much better to leave people to make their own arrangements for their treatment while they are ill, and let the patient and his doctor settle his remuneration between them. I am sure that improvement in the public health service would follow if the appointment of medical officers of health were taken away from popularly elected bodies and put in the hands of persons competent to judge of their qualifications and services, so that a young man might know that efficiency in a small post would be likely to lead to promotion to a larger one. At the great teaching hospitals the appointments to the staff were at one time made by a large body of governors—men whose position as governors indicated some measure of success in life and philanthropy of feeling, but who were like a borough or county council in their inability to gauge the value of a young medical man. As knowledge has become diffused these appointments have ceased to be made by the vote of a crowd, and come to be more and more influenced by the technical knowledge of the staff, and the quality of the appointments has depended on the degree to which the staff has been able to influence the selection.

It may seem that the prospect before the young man entering our profession is a gloomy one, and so it is for the young man whose ability is limited to the prescribing of physic. The one hope that I can see for the young man of average ability lies in the multiplication of specialities. The man who can do something that most people cannot do, and that is beneficial to his fellow men, will always find a way. It cannot always be the case that a person requiring some unusual kind of treatment must either incur an expenditure that may equal or exceed half a year's income, or accept charity by going into a hospital. Specialities, and within each speciality special operations and special modes of treatment, will go on multiplying, and the man who has mastered the technique of any one useful thing will, in the future as in the past, find his skill remunerated.

It is usually not difficult for the general practitioner to persuade women suffering from new growths to submit to surgical treatment, or, if they will not at once do this, to induce them to ask another person's opinion on the matter. Her disease stares her in the face. She may, if she pleases, tolerate its presence for a while and ignore the advice given to her; but sooner or later she will be obliged to recognize that the advice given to her was good.

I have recently become acquainted with a work on medical gynaecology by two French authors. The first 134 pages are occupied by what the authors term "*fausses utérines*." This means, symptoms mistaken for those of uterine disease, but really due to disease of some other part. These authors find that dyspepsia, organic disease of the stomach or bowels; abdominal ptoses—that is, displacements of viscera; diseases of the liver, valvular disease of the heart, kidney diseases, among them Bright's disease and renal calculus; neurasthenia, hysteria, exophthalmic goitre, Raynaud's disease, scleroderma, acromegaly, insanity, neuralgias, arthritic disease, diabetes, obesity, various infections and intoxications, may produce such symptoms that the doctor may make the mistake of attributing the symptoms to disease of the uterus. In this connexion the term "uterus" should be taken as connoting the whole of the female generative apparatus. The uterus is the most conspicuous and accessible of these organs, and therefore the one most liable to maltreatment by a person at once ignorant and fussy. But this is a

matter of words, so that I need not dwell upon it. Doubtless these French writers speak from experience, and have met with cases in which such errors were made. I can quite believe such mistakes to have occurred in England many years ago. I cannot myself remember many cases in which organic disease of some other structure has been taken for uterine disease. I can recall one in which an eminent obstetric physician, who did not make a routine practice of abdominal examination, but, unless his attention was especially directed to the abdomen, made only a digital examination by the vagina, followed occasionally by the passage of a speculum, made in vain attempts at correction by a pessary of the position of a retroverted uterus. Another physician was called in, who made a more systematic examination of the patient and discovered ascites and malignant disease of the peritoneum. When abdominal ptoses are present, the uterus is often one of the viscera which are displaced; and there have been physicians who would recognize in such a case displacement of the uterus only. At the present day most medical men know better. The mistake of attributing to the uterus effects really due to organic disease of other viscera, abdominal or thoracic, is, in my experience, now rarely made. I have heard of a physician attributing ascites to antelexion; but I think knowledge is now beyond this. I have sometimes, when consulted about pruritus vulvae, discovered diabetes in a patient who was not aware of it; and in some of these, when I wrote to the patient's doctor and told him of it, I found that he knew it.

The cases which are the worry and the puzzle of the general practitioner are those in which the chief symptom is that the patient has pain. Pain low down in the abdomen is one of the commonest symptoms in women, with or without local disease. With cancer, prolapse, retroversion, salpingo-oöphoritis, pain is much commoner on the left side than on the right. This is because the left side of the nervous system is weaker than the right, not only in muscular strength, but also in the power of resisting pain.

There are two conditions common in women, and therefore often associated with disease of the pelvic organs. These are hysteria and neurasthenia. Hysteria is not produced by pelvic disease, but a hysterical patient may complain of symptoms such as disease of the pelvic organs produces. Neurasthenia is often produced by disease of the pelvic organs and often also by other causes, and when produced by other conditions it may cause symptoms which the patient may think due to disease in the pelvis. A local condition concerning which a strong woman would not trouble herself may make the life of a neurasthenic person miserable.

These are two important facts—first, that long-continued pelvic pain may produce neurasthenia; secondly, that neurasthenia may produce symptoms referred to the pelvis. It is often difficult to say how much is due to the influence of the local disease, and how much to weakness of the central nervous system. This is one of the practical difficulties of the family doctor. If he overlooks local disease he fails to cure his patient. If he prolongs local treatment of a condition which is not morbid he also may fail to cure his patient, and he may injure her, and will certainly injure his own reputation.

In the days of my professional youth all sorts of symptoms were attributed to antelexion of the uterus—a condition which is now, I think, generally recognized as the natural shape of the uterus in most virgins. Many young women were tormented by the introduction of a contorted piece of vulcanite into the vagina. Others less fortunate had the uterus held straight by a rigid stem inside it, a contrivance which occasionally produced fatal peritonitis. These things, I hope, have passed.

But there are still those who think that the uterus is different from any other part of the body, in that changes in it which no pathologist can discover, and which cause no local symptoms, may yet be manifested by symptoms in some distant part. The curette now seems to have taken the place of the twisted bit of vulcanite of thirty years ago.

Matthews Duncan, in his *Clinical Lectures on the Diseases of Women*, the last edition of which was published in 1889, just twenty years ago, thus spoke of endometritis: "Who can tell what any one means by endometritis?"

Often its use is the parent or the child of ignorance and confusion; often it is a cloak of ignorance and confusion." After describing some real but rare forms of disease, Duncan went on: "Now at length I come to what would be, in the present day, called the real (the common!) endometritis, and I know nothing more unsatisfactory. I often hear of it, but very rarely do I find any evidence of its existence. Much is said of it, and I remind you that many authors delight in long descriptions of what is little known or not known. There is truly little to be said of what is known. . . . In reading and in conversation I often meet with a granular condition observed during life, but all the time I am inwardly most sceptical. I have looked for it carefully and often, but I have never seen it or felt it. Then it is said, Oh, take a curette and scrape it out, and then you have the diseased tissue in your hands. But the scrapings are very small, and you would get the same by scraping a healthy uterus."

This is as true now as it was twenty years ago. In a clinical lecture on "The Use and Abuse of the Curette," published in the *BRITISH MEDICAL JOURNAL* of December 5th, 1908, I criticized the writings of an eminent provincial gynaecologist, who had persuaded himself that endometritis was common in virgins. He had scraped out the uteri of many young women, and had the scrapings examined by a histologist, who found no signs of inflammation in them. But his opinions nevertheless deserved respectful consideration, because he had endeavoured to describe a group of symptoms and physical signs, which to his mind indicated endometritis. His symptoms and signs did not convince me that there was endometritis, or local disease of any kind, because I thought that he took health for disease. But it must in justice be admitted that this gentleman did not go about curetting every body, or recommending the curette for every patient.

Since then another paper has been published on the subject of endometritis; and if the teaching of this paper were accepted as representative of scientific medicine, as being sound and good practice, no woman would be safe from the curette. The reader is told that "amenorrhoea, dysmenorrhoea, menorrhagia, metrorrhagia, the passage of decidual casts and blood clots, are all well-known accompaniments of the disease. Of referred symptoms, pain in the back, weakness in the loins, weariness on standing or after slight exercise, headaches, dyspepsia, and constipation, have a possible origin in endometritis." What woman ever consults a doctor who has not some of these symptoms? But even these are not necessary for the possessor of a curette, for the reader is told that "all these symptoms may be wanting in severe types of endometritis." . . . "It must be remembered that endometritis is always present before it manifests itself by symptoms." Have I gone too far in saying that if this kind of teaching were accepted as scientific gynaecology no woman would be safe from the curette? The writer of this gives us a little insight into the back of his mind when he speaks of "the number of cases we observe uncured after what I may term the 'bedroom operation.'" Operations done for the removal of disease are successful whether done in a bedroom or in the most up-to-date operating theatre. The only difference is that in the bedroom the surgeon has to give detailed instructions in order to secure asepsis, while in the theatre the attendants secure this as a matter of routine. But when an operation is done for the imaginary removal of imagined disease in a neurasthenic or hysterical woman, it makes all the difference whether it is done in her bedroom or in a hospital. If it is done in her bedroom, her surroundings and mode of life remain the same after as before the operation, and she remains uncured. But if she is in a hospital her surroundings are altogether changed. She gets rest, food, sleep, and encouragement, with very often a change to a convalescent home afterwards, and a new lease of health is the result. The benefit would have been better obtained without running the risk of anaesthesia and of rupture of the uterus, not to mention the unpleasantness of repeated local manipulations. A speaker in the discussion which followed the reading of this paper gave the results of experience very well, but could not bring his mind to draw the obvious inference. He said: "Curetting is only a part of the treatment of chronic endometritis, for it is a frequent experience in practice to find women who for this disease have been

repeatedly curetted without benefit. Many of those who suffer from endometritis chronica are in a depraved state of health, neurasthenic, dyspeptic, martyrs to various forms of headache, and whose general nutrition is at a low level. For this reason I have been for some years in the habit of combining the operation of curetting with a six weeks' rest cure. By massage, feeding, and rest the general condition of the patient is improved, she gains in weight, and a cure may be confidently anticipated. If curetting alone is done, there is little general improvement, and the result is disappointing. Rest in bed for fourteen days is beneficial after curetting, even when it is not thought necessary to advise a 'rest cure.' It does not seem to have occurred to this gentleman that possibly the failure of the curetting may have been because there was nothing the matter with the endometrium and that "endometritis chronica" did not exist. Another speaker "referred especially to the fact that in many operations for endometritis the tissues removed showed no distinct microscopic changes." "In very many cases," he said, "even in spite of repeated curettings the symptoms continued." It is to me most surprising that the failure to find disease in the scrapings, and the failure of his repeated curettings to cure the patient, should not have suggested to so able a man that possibly there may have been something wrong with his diagnosis. His experience is exactly that of Matthews Duncan—only that he derives no instruction from his failures.

Dr. Cullen of Baltimore has remarked that "in many cases the uterine discharge is due to a run-down condition of the patient, and not to any local lesion." I should agree, if I might omit the word "uterine." I think that in most cases leucorrhoeal discharge comes from the vagina and not from the uterus. But the good effect of Dr. Cullen's opinion is weakened by a previous statement of his that "the term 'endometritis,' as usually employed, is just as vague as is the term 'neurasthenia.'" I can quite understand that to people who scrape out the uterus of every patient who will let them do it, on the ground that if there are neither symptoms nor signs of disease the endometritis is in an early stage, and the symptoms and signs will come, "endometritis" and "neurasthenia" are alike vague terms. But any one who will study the writings of the best neurologists will find that "neurasthenia" is not at all a vague term.

Neurasthenia is a condition well described by the words, "irritable weakness." It occurs in men as well as in women. I will quote a short description of it as seen in men by a French physician, who portrays it with the clarity characteristic of his nation.

Dr. Pitres, of Bordeaux, thus describes it: Neurasthenia is a disease of exhaustion. It is caused by nervous overstrain; excess of work or pleasure. Every man who, in one way or another, has immoderately fatigued his brain, whether by applying himself to difficult and prolonged intellectual work, or by delivering himself without measure to debauchery or to the excitements of social life, may at any time give himself an attack of neurasthenia, of which he can be cured by rest.

It is the direct and logical consequence of a perpetual sensation of fatigue; an incapacity of willing and acting which patients of this class experience, and which is the essential and necessary element of their malady.

Because he has a very clear sensation of his physical inferiority, because he is always tired, powerless, broken, the neurasthenic preoccupies himself with his condition, gives himself up to interior auto-observations of his functions; alarms himself at the least morbid manifestations of which his organs are the seat. This physician differentiates *neurasthenia* from another condition, *psychasthenia*, which is a hereditary, constitutional malady, of which the most typical symptomatic manifestations, anxious fixed ideas, obsessions, phobias, ordinarily develop as a sequel to emotional shocks; and they continue long after the disappearance of the fortuitous circumstances which gave them birth. I think the distinction important. The diagnosis between them is in well-marked cases easy; in borderland cases difficult.

Neurasthenia is a far too common disease. I take the following from a leading article in the BRITISH MEDICAL JOURNAL of July 10th, 1909. "It is the prevalence of the schoolmaster, and of his satellite the examiner, which is to a large extent responsible for the prevalence of neur-

asthenia—the strain of an unsuitable education forced on a large number of children who are intellectually and physically incapable of bearing it. We mistake a barren knowledge of facts for education; and it seems to be the aim of the modern system to make the mind of the child a mere *hortus siccus*, and to regard as weeds to be uprooted plants that might grow into things of beauty. Competition is everywhere the test of merit. What chance would Wellington, Nelson, or Napoleon have at the present day of winning admission to the army or navy? What chance would Canning, who did not know that a frog developed from a tadpole, have of getting his foot on the ladder which carried him to the highest office in the State? Our system of education is the root of modern neurasthenia, as many have come to recognize even in Germany—that land where education is, if we may say so, rampant—with the result that what Bismarck called an intellectual proletariat has been produced, which can find a sphere of action only in revolution." "It is neurasthenia which breeds the almost universal anxiety about health which is one of the signs of the times. This leads to a corresponding prevalence of quackery of every kind. It is the alliance of neurasthenia with religious mysticism that is the true begetter of Christian Science and the other forms of faith-healing which are the prevailing superstitions of the day."

"The mind should be trained, not crammed with things which cause intellectual indigestion, and are happily got rid of as soon as the necessity for remembering details about them is past."

The condition produced by the bringing up which mistakes information for education, and forces the child to cram its memory with words at the earliest possible age instead of training its faculties, is what the French writer I have quoted calls "psychasthenia." English neurologists apply the term "psychasthenia" more especially to cases in which there is an inherited tendency to nervous instability but no disturbance of nutrition. It is not my business to discuss this question of nomenclature; that is for the neurologists. What I want to point out here is that a girl whose nervous system has been reduced to this condition of irritable weakness, when she menstruates is sure to be worse each month before and during menstruation. If she marries and her marriage turns not out a happy one, disappointment and unhappiness will make her worse. If she has children, the anxiety and strain of the nursing and rearing of young children will make her worse. In either of the circumstances I have referred to there may be local symptoms without local disease. The poor victim of over-information—the unhappy wife, the weary mother—may be stuffed with pessaries or have the uterus scraped out any number of times without benefit.

Neurasthenia may be produced in a strong and healthy woman by chronic disease which causes pain. If that be so, the patient will not be cured until her disease has been removed. When the cause of chronic pain has been taken away, in a few months the patient will regain vigorous health. The great causes of neurasthenia are conditions which (a) cause continuous pain and (b) prevent sleep. The two things often form a vicious circle. A small local cause disturbs sleep, and want of sleep makes the nervous system over-sensitive. In proportion as the neurasthenic symptoms have coincided in time with the development of local pain, so surely may we conclude that the removal of the local pain and the procuring of sound sleep will cure the neurasthenia. Let me give illustrations. A strong, healthy woman of 35 is laid up for two weeks out of every four with pain centring round the spasms of dysmenorrhoea. In the intervals she is free from pain. She elects to part with her ovaries. In six months she is well. A robust, well-built, well-nourished woman, previously not complaining of anything, has a fall, in which presumably the uterus becomes displaced backwards. Result, continuous sacral pain and irritation of bladder. Doctor after doctor consulted, and pessary after pessary tried, but none found that would keep the uterus in its place. Pain prevents exercise, disturbs sleep, and the patient becomes nervous, low-spirited, and querulous—in short, neurasthenic. This goes on for four years. Then the uterus is fixed to the abdominal wall. Effect: patient again in robust health, free from pain, sleeps well, walks, gardens, is cheerful, happy, and good-tempered. I give

these illustrations because they show the effect of pain alone, not severe, but long continued. Another frequent cause of neurasthenia is the too frequent practice of preventing pregnancy without consideration of the feelings of the wife. Often the patient suffering in this way will be well in a few weeks if her natural instinct is satisfied. I could easily refer to cases—such, for instance, as pelvic suppuration—in which the surgical cure of local disease is followed by remarkable improvement in the nervous tone of the patient; but in them pain is not the sole effect of the morbid condition.

Hysteria and neurasthenia both occur in women more often than in men. A hysteric may become neurasthenic. But these two conditions, when occurring in their most pronounced forms, differ very widely. Neurasthenia is characterized by weakness with increased sensitiveness; hysteria by strength with deficient sensibility.

The essential, the dominating, feature of hysteria is diminution of sensibility. This disease is recognized by its physical signs, which chiefly consist in the discovery of anaesthetic areas. The one most easily discovered is the pharynx. Poke your finger down a healthy person's throat and you at once provoke retching. But in a hysteric's throat you can explore the epiglottis and the arytenoid cartilages by touch as long as you please without any such effect. Touching the conjunctiva of a healthy person provokes blinking. In a hysteric you may rub your finger over the conjunctiva, and in some over the cornea, without any effect. There are areas of anaesthesia on the trunk and limbs—over half the body (hemianaesthesia), over one limb, a leg, or an arm. The limitation of the area does not correspond to the area supplied by a particular nerve or nerves; it corresponds to a mental conception. This kind of anaesthesia cannot be as quickly ascertained as the loss of the pharyngeal and conjunctival reflex, because to discover and delimit it the patient must be undressed, and the area to be examined uncovered; therefore, this is not useful for the ready detection of hysteria by the general practitioner or the gynaecologist. Another kind of anaesthesia is the limitation of the field of vision. But this is still less useful in ordinary practice, because to ascertain the presence of this sign a prolonged examination with a special instrument—a perimeter—is required. For the purpose of the neurologist this sign is of extreme value, because the patient, as a rule, does not understand its import, and therefore cannot mislead the observer.

The cortex of the brain is made up of sensori-motor nerve centres. Each centre receives sensory impulses, and gives out motor impulses. The large areas of anaesthesia present on the surface of a hysteric show that the capacity for receiving sensory impulses is, to say the least, disordered; and, as many centres are not only of sensation but of motion, one would expect that with the sensory, motor disorders would be associated. And so they are; paralyses and contractures of different kinds are manifestations of hysteria as much as patches of anaesthesia. What we call ideas or thoughts are faint representations of sensory and motor impulses; and if the sensations and movements of the patient are disordered, her thoughts and ideas will be in like manner disordered also. The most characteristic feature of the hysteric is her abnormal want of sensitiveness. The main force in moulding people's characters is what George Meredith called "the pressure of the impalpable." John Stuart Mill more literally called it the force of public opinion. I think Meredith's paradoxical phrase is better. Opinion is expressed in words. The most useless thing in the formation of character is preaching. It is often worse than useless, because it sometimes is so irritating that it provokes a reaction in the opposite direction. It is not necessary to speak to show pleasure or displeasure. One may say without fear of question that there are many ways—I doubt if I should be wrong if I said thousands of ways, too indefinite to be described—by which the opinions of others about us reach our consciousness. This I take to be what Meredith's phrase "the pressure of the impalpable" means. The kind of education that most English gentlemen think the best for their sons, that of the great public schools, is in its essence this "pressure of the impalpable"—in these institutions known as "tone." The value of these schools is very little indeed in what the boys learn. They are instructed in certain books written long ago in languages now no longer used, and it is sup-

posed that their minds are disciplined by being brought into contact with these great minds of a dim and distant past, and that they are trained in the use of words, the vehicle of thought. The objections that not 5 per cent. of the boys ever get actually into contact with the great minds alluded to, and that some of the best English has been written by men ignorant of Greek and Latin, are not thought important. One parent is said to have complained to another, both having sons at a certain fashionable school, that the masters did not give enough time to the education of his son. "Never you mind," said the other and wiser parent, "the boys are educating him, every day, and every hour, and every minute." In a great artificial community such as a large school is, the boys are moulded by this constant pressure of the impalpable to a common pattern; and as this pattern is that approved by men and women of the English upper classes, this moulding is the best education for one whose success in life depends upon his gaining the confidence of these classes.

But I am digressing. The important thing in the mind and character of the hysteric is that this pressure of the impalpable is not felt by her as it normally should be. Many ways by which the satisfaction or dissatisfaction of those around us are conveyed to our consciousness are not noticed by the hysteric. She does not perceive them. She revolves or staggers in her own little orbit unbalanced by the little buffets from many sides which correct deviations in an average healthy person, and keep him going steady and straight. The buffets reach her, but she feels them not, and they produce no effect. But because there are tracts of consciousness unoccupied, so to speak, where the myriad impulses from outside are not felt, the hysteric is the more violently influenced by direct, obtrusive, definite suggestion. The nature of this suggestion depends upon the surroundings of the hysteric. Its effect may be to make her a canonized saint or a murderers. If the suggestion is of a beatific vision—fasting, discipline, even death are not reckoned by a person whose nervous system is over a large area anaesthetic. If of a different kind—hard labour, the prison cell, have not upon a hysteric the deterrent effect that they exert upon normal consciousness. From a doctor's point of view the hysteric may be the most lucrative, and certainly is the most dangerous, patient that he can have. In the cautious words of Dr. Savage: "Cases which might be looked upon as hysterical; at all events, they are most common in young women at the period of adolescence. Here we meet with several rather special forms. I have seen a good many such who write scandalous postcards, make false accusations of seduction or of criminal assault, and though convicted, they repeat their faults. Such persons are in all other respects apparently reasonable, and it, of course, is always an open question how far they are responsible—that is, how much good punishment would do in reforming them and protecting society. They are so cunning, and their schemes to avoid detection are such as to make the ordinary man believe that they are more bad than mad; yet experience of punishment will, in many cases, not deter them from repeating their faults, and so far they are unreasonable."

Dr. Savage's careful phrase that "they might be looked upon as hysteria" probably means that he saw them in circumstances which made it inconvenient or impracticable to find out if the hysteric stigmata were present, and possibly some of them were examined before the physical signs of hysteria had been as definitely ascertained as they recently have been.

The ladies who hit, kick, and bite policemen—well knowing that those brave, excellent, and patient men will suffer their violence without returning it—barricade themselves in prison cells, refuse food, throw stones and slates at unoffending people, are probably hysterics. In the time of Queen Victoria the cause of women's suffrage had not been taken up by hysterics. Nevertheless the opinion of that greatest of queens, expressed in one of her letters, was that the women who clamoured for the suffrage ought to be whipped. This mode of dealing with them would hardly commend itself to public opinion nowadays.

One source of confusion between neurasthenia and hysteria is the application of the term "hysterical" to certain well-known seizures. The patient feels as if there were a lump in the throat, cries and laughs alter-

nately; has a quick pulse and hurried breathing, is not unconscious, and after the fit passes much urine of low specific gravity. These fits are as involuntary as an epileptic fit. But they are not peculiar to hysterical females. On the contrary, most hysterics do not have them. They are a result of neurasthenia; they occur in neurasthenic men as well as in women. Hysterical women may become neurasthenic, and then they get these seizures.

The conception of hysteria as a disease that can be identified by definite physical signs is a recent one. I have described those that are best and have been longest known, but an eminent neurologist tells me that new ones have recently been discovered. It follows that we have no knowledge as to whether hysteria is inherited or not. If we to-day meet a hysteric it is very improbable that either of her parents was ever tested for the hysterical stigmata. Nervous instability is known to be inherited, and the children of neuropathic parents will probably suffer from unwise training and bad example; but whether the particular form of nervous instability known as hysteria is transmitted as such I know not.

I know of no research that has been made as to the effect of age upon hysterical subjects—whether or not after the climacteric symptoms persist or disappear. I have mentioned the susceptibility of the hysteric to suggestion. The hysteric whose pelvic organs are perfectly healthy, but who thinks she has something the matter with them, has been made ill by suggestion, and is to be cured by suggestion. The cures of Christian Science are cures by suggestion. As to this, Professor Osler remarks: "The essentials are first a strong and hopeful belief in a dominant personality . . . an ordinary doctor has served the purpose of common humanity very well."

"Secondly, certain accessories—a shrine, a grotto, a church, a temple, a sanatorium—surroundings that will impress favourably the imagination of the patient." In the light of the papers referred to in the early part of this address, one may particularize further as to these accessories, and mention among them the operating theatre and the curette.

"Thirdly, suggestion in one of its varied forms." It is these essential points that make women, after a healthy uterus has been scraped out, think that they have been cured of something.

Let me briefly summarize the purport of this address. Hysteria and neurasthenia occur in both sexes and at all ages; but they are commoner in women than in men, and commoner in women during the years of potential child-bearing than before and after. Hysteria occurs in the strong; it is accompanied with deficiency in sensibility; and has no relation whatever to any disease of the reproductive organs except such as may have been suggested to the patient. Neurasthenia occurs in the weak, and is accompanied with oversensitiveness. It is often produced by long-continued pain; and, if so, is cured when the pain is removed. Neurasthenia from any cause makes patients more liable to reflected pain than they would be if in health.

In cases of pelvic pain it is most important, generally easy, but sometimes very difficult, to distinguish between that which is hysterical, and curable by suggestion; that due to neurasthenia, curable by rest and sleep; that due to psychasthenia, benefited by rest and sleep, but not curable by anything; and that due to local disease, to be cured by local treatment.

THE Morgue, which some time ago ceased to be one of the shows of Paris, is now doomed to disappearance. The destruction of the buildings has been decided upon by the municipal council. The new mortuary which is to take its place will be an annexe of the Medico-Legal Institute, which is to be erected in the Place Mazas. It is estimated that the building and installation will cost £40,000, of which the City of Paris has undertaken to find one-half.

THE Commissioner of Health of New York State has recently announced that preparations have been completed at the State Hygienic Laboratory at Albany which will enable the State to furnish free treatment for all suffering from rabies. The present system of sending patients to New York for treatment is very expensive, and it is believed that this money could be saved and treatment provided by the State for administration at home at a comparatively small expense.

THE ANTIFERMENT TREATMENT OF ACUTE SUPPURATION.

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IN 1906 Müller and Iochmann,¹ of Breslau, described a simple method of determining the presence of a proteolytic ferment in the polymorphonuclear leucocytes, and also of distinguishing coccal from tuberculous pus.

If coccal pus is dropped on a Loeffler plate, and kept at a temperature of 55 to 60° C., deep depressions form on the plate; when tuberculous pus is applied in the same way, it simply dries on the unchanged surface, no depressions being produced.

Müller² also suggested the employment of Millon's reagent for the same purpose. If a small, moderately deep porcelain glass is filled almost to the brim with the reagent, a drop or two of coccal pus let fall on the surface forms in the solution a deliquescent disc, and a few minutes later a red coloration appears; tuberculous pus produces a firm film, and no coloration.

The explanation of the difference of the results in the two kinds of pus is that in the former an albumen digesting ferment derived from the polymorphonuclear leucocytes is present; while in the latter the ferment is absent, because the leucocytes, which are its source, are more in the background in tuberculous inflammation, and the lymphocytes, which are mainly present, are not ferment producers. Further, if a little blood serum is added to the coccal pus, the reaction does not take place, which shows that there is an antiferment present in the serum which arrests the action of the proteolytic ferment.

An endeavour has been made to give a practical application to these observations in the treatment of suppurative processes, by bringing the antiferment of blood serum into antagonism with the proteolytic ferment of leucocytes and pus, in order to limit or arrest its power of melting down the tissues of the affected part.

Good results appear to have been got from the use of transudation fluids, containing the antiferment in natural solution, from the thoracic and abdominal cavities.³ Hydrocele fluid has also been used for the same purpose. Great pains were taken to render the fluids free from infection by filtering them through porcelain; nevertheless there are obvious objections to their employment, both real and sentimental.

There are also objections to the suggestion that has been made, to treat the patient with his own serum prepared from blood procured by the insertion of a cannula into a vein.

The serum derived from the lower animals is unsuitable because of its deficient antiferment content; but it has been found that the content can be increased by immunizing the animals with the ferment of human pus.⁶

Further investigations have shown that the leucocytic antiferment and antipancras-trypsin are evidently identical, and that in the preparation of the animals pancreas-trypsin, like leucocytic ferment, has the effect of increasing the antiferment to the extent of making it equal to that of the normal human serum.⁴ Accordingly Merck of Darmstadt uses pancreas-trypsin in the preparation of an animal serum, which he terms "leucofermantin." Such a preparation has obvious advantages if it can be shown to be as effective in its action as the human fluids that have hitherto been used.

TECHNIQUE OF THE TREATMENT.

What appears to have been chiefly employed by those who have written on the subject was the carefully prepared fluid from cases of hydrothorax and ascites.

The most suitable cases for the treatment are circumscribed abscesses with sharp limitation of the suppurative process, because it is essential that the antiferment should be brought into direct contact with the pus-producing surface; hence, in infiltrating suppurations the therapeutic effects, though sometimes good, are, as a rule, less favourable.

The earlier method in dealing with abscess was to empty its cavity by a small incision, to wash it out with the serum, to introduce a gauze tampon soaked with the same, and then to apply a moist aseptic dressing. The