Hebra, Addison, were amongst those who showed us the way to its treasures. Their labours have been taken up by a large phalanx of trained observers in the present day, amongst whom we have such men as Gull, Fournier, Neumann, Beznier, Vidal, the brothers Fox, Duckworth, Hilton Fagge, Waren Tay, Pye-Smith, Crocker, Liveing, Morris, Stephen Mackenzie, and a host of others. I have rifled for your pleasure the hive of dermatology, and it is right that I should ask you at any rate to give a passing thought of recognition to the bees. For my theft I make no apology. If you have found the honey good and wholesome, I am quite willing to take the blame for having stolen it for you.

CLINICAL LECTURE

ON A

CASE OF SEVERE HYSTERIA TREATED BY MASSAGE, ISOLATION, AND OVERFEEDING.

By W. HALE WHITE, M.D.,

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ONE day during the last spring I was called to see Miss —, aged 33. I had previously seen her in 1883 for hysterical vomiting and aphonia, which she said were set up by a dentist, who spilt something in her mouth whilst he was operating. After an unsuccessful attempt to treat her at her own home, I had her brought to town, and shut up in a pay-hospital with separate cubicles. At first the vomiting was very frequent; plain milk was returned, and she lost seventeen pounds in twenty days. Even enemata were not retained, till one day the nurse accidentally said this was very strange, for only paralysed patients returned enemata, and this one certainly was not paralysed; after that remark all the enemata were retained. It would take too long to relate all the vagaries of this attack; let it suffice to say that she left the hospital quite well, and continued well till September, 1886. When in good health she is most energetic, walking several miles a day, and working hard at philanthropic and literary work. The breakdown in September last was clearly due to a long continuance of hard work, and as an exciting cause there was a sudden and severe fright. The uncontrollable vomiting of three years ago began again. The medical man who was called in sent her to a pay-bed in the general ward of a hospital. She had many medicines, but she says they all made her worse. Massage was tried, but it did no good, and the patient evidently had a great dislike to the nurse to whom the massage was entrusted. During her illness she frequently had had erythematous rashes on the body. As after six or seven months' stay in the hospital she had not improved, she left. I found her reduced to a mere skeleton, vomiting everything she took, even plain water. There was some pain and tenderness over the stomach, and a faint systolic murmur.

I refused to have anything to do with the case unless I was allowed to isolate her completely for as long as I liked, but said that if this were granted I could almost promise that she would be well in about six weeks. The friends agreed; lodgings were taken for the patient, and a suitable nurse was found.

Miss — arrived at her lodgings on the evening of April 9th. She was so weak and thin that the opinion of those who carried her upstairs was that "she would never go away except in a coffin." During the first six days she had milk in small quantities, and at frequent intervals, beginning with half a pint and reaching three pints on the sixth day. Then she was allowed a little jelly, and some of the milk was just coloured with tea.

April 19th. She was allowed a little toast.

April 20th. The extreme sickness had been getting less and less till this day, on which she was not sick at all. During the remainder of her stay there were only five days on which she was sick, and even then she never vomited severely. The last time was May 4th, and then but very slightly, and it might be fairly attributed to some of her food being underdone.

It would take too long to enumerate her diet for each day; the principle of the feeding was to give her abundance of easily digestible food at frequent intervals. She had much fruit, such as rhubarb,

apples, oranges, and lemons, partly as natural aperients, and partly because she was very fond of them.

As examples, we may take the following days: April 23rd, 7 A.M. Oatmeal and plenty of bread and butter; 11 A.M., jelly and bread and butter; 1 P.M., as at 7 A.M.; 4 P.M., 7 P.M., and 11 P.M., the same as at 11 A.M. She also had, during the twenty-four hours, two and a half pints of milk, two oranges, two lemons, and some honey.

April 30th, 6 A.M. Tea and bread and butter; 8 A.M., oatmeal and bread and butter; 11 A.M., jelly, stewed apples, and bread and butter; 1 P.M., broth, custard, stewed rhubarb, and bread and butter; 4 P.M., boiled egg, stewed rhubarb, and bread and butter; 7 P.M., oatmeal, stewed rhubarb, and bread and butter; 11 P.M., bread and butter, and during the twenty-four hours two pints of milk, a lemon, and some honey.

May 6th. She had eight distinct meals, including chicken, vegetables, jam, sponge-cakes, and at intervals during the day she consumed two pints of milk. I need only say that before she went out she was able to eat plentifully of bacon, veal patties, fish, bananas, lamb, and, in fact, anything that the other members of the household ate, although for the previous eight months she had been sick after everything she had taken.

Massage was begun on April 11th, and left off on May 18th. At first only the limbs were massaged for half an hour a day, but the process was gradually extended, and by the end of a week the whole body was thoroughly massaged for an hour in the morning and an hour in the evening. This part of the treatment was gradually left off, the full time of two hours a day lasting for four weeks. She always felt better and slept well after it; the muscles, which on admission were very flabby, became very much firmer. She was rubbed especially over the stomach, where she felt pain, which, however, soon disappeared. She was kept entirely in bed till May 8th, when she sat up for it to be made. She was soon able to sit up for longer each day, and before she left was able to walk a mile in the street, to go up and down stairs, and to take a cold bath in the morning and a warm one at night. For the first four weeks of the treatment she was not allowed to write or receive any letters, and no friend was permitted to visit her till the end of the fifth week. As she lay in bed she was allowed to do a little easy needlework, or occasionally read a light novel. Two days before she went away she weighed 9 st. 6 lbs. No drugs whatever were used. She drove away to the railway station in a hansom exactly six weeks after the treatment was begun. I have heard of her since, and she remains quite well.

Now, in the first place, I should tell you that this patient has a close relative with an intractable neurotic trouble, and you will notice that she has had a previous attack, so that here we have all the predisposition. Then the exciting cause is equally manifest, she had been working very hard in looking after a near relation who was ill, and whose malady troubled her very much; a sudden shock was the climax, and she utterly broke down. This is a typical history. Some of you may remember a remarkably intelligent woman who came to the out-patient department thoroughly broken down, neurotic, and hysterical, the attack being brought on by her having nursed her husband and son through severe illnesses, and losing them within a week of each other. Our patient's first attack was by her attributed to the spilling of some fluid over her mouth. Something like this is a common story in hysteria; there is some trivial ailment or injury which in a healthy person would cause but slight trouble and soon get well, but in these patients it sets up an attack of hysteria. There was no difficulty here about the diagnosis, and with regard to the illness itself it is noteworthy that the patient lived for so long in spite of such constant vomiting, showing that some food at least must have been retained and absorbed.

I have brought this case under your notice in order that I may indicate to you the method of treatment. In the first place, the most essential thing is firmness on your part. It is impossible to state in psychological terms exactly what is the nerve-perversion in a hysterical patient, but this at least is certain, that the case resolves itself largely into a battle between your will and hers; if she sees you are shifting, and do not quite know your own mind, and if you give way to her caprice, you may try for ever, but you will not cure her. Above everything, therefore, be firm and kind withal. The following remarks about treatment are intended to apply to the severe forms of hysteria. Before doing anything else, you must isolate your patient; it is no use sending her to stop with relatives, or putting her in the general ward of a hospital; the failure of that is seen in the case we are discussing; she was six months in a general ward. The mind should have complete rest; to secure this, the patient must be shut off from the outside world, except so far as the nurse and the doctor are concerned. This is the part of the treatment in which your

firmness is most required; if you think isolation necessary, and the patient's friends will not consent to it, have nothing to do with a case of prolonged severe hysteria. Next as regards rest. Of course there are many cases of hysteria that would be much better walking about, but all those who, like our patient, are from any cause or another emaciated, flabby, and weak, must have absolute and complete rest for many weeks. It is impossible to give general rules applicable to each case, but this much is certain, that there are many patients for whom such rest is necessary. The cold and livid extremities of this case, or the flabby, wasted muscles of that, or other symptoms, will help you to a conclusion. In Miss —'s case there could be no doubt about the desirability of rest, her wasted, flabby muscles showed it. Having insisted upon it, keep to it, only moving the patient on a couch for the bed to be made. Let it be mental rest as well as bodily rest. Miss — only did a very little occasional reading or easy needlework. Let us now consider the massage, by which we mean aiding the circulation, the tissue-changes, and the removal of waste products from the skin and muscles by means of mechanical stimulation, such as rubbing, etc. I am sorry to say an air of mystery has been thrown over this part of the treatment, and it has fallen into the hands of many quacks, who try to intensify the mystery in order that they may keep the cases in their own hands. It is obvious that if the muscles are kept at rest for some time, the circulation in them becomes languid, waste products accumulate, and the muscles become flabby; as a rule, the body can renovate the muscles as recovery from disease goes on; but if we remember their great bulk, the large quantity of blood they contain, the important chemical changes that go on in them, it is not surprising that they may be sometimes aided with advantage. In just the same class of hysterical patients that we have said would be benefited by rest in bed, we shall do good by massage. You will probably perform it very much better if, remembering what you wish to effect, you set to work as you think best, than if you follow many of the quackish descriptions in print. When you have to instruct a nurse, it is best to give her some definite method, and perhaps something like this is as good as any. First grease the parts with vaseline or oil, and if the skin be very hairy it may be necessary to cut the hair; then stroke the muscles firmly several times with the edge of the hands in the direction of the venous flow. In places such as the back, where this is impossible, always stroke in the same direction, on the abdomen follow the course of the colon; next you may take up the skin between the thumb and forefinger, and rub it between them, one hand following the other in the same direction as the stroking; then thoroughly knead the muscles with one or both hands, according to the size of the part, in the same direction as already mentioned; after this, move all the joints in every direction, then you may conclude by striking the muscles with several small blows, but this is not of much importance. The full time should be about an hour twice a day for the whole body. If there is a painful spot and the case be one of hysteria, particularly direct your energies to that part; of course you will teach the nurse to avoid the bones. I have left out all the uncouth terms that are often applied to massage, in order to make it as simple as possible.

Lastly, there is the diet. Bearing in mind the wasted condition of the class of patients we are considering, and the stimulation of tissue-changes by massage, it is clear that they will require enormous quantities of nourishment. We have almost to remake their bodies in a short time. It is, as a rule, best to begin with small quantities of milk in some form at frequent intervals, rapidly increasing the quantity, and gradually adding different articles of simple diet, using plenty of nitrogenous food, till at last we get to the enormous diet of eight meals a day, and two pints of milk at intervals, that Miss — was consuming. From the writings of some, it would seem that it is of vital importance to have the diets exactly similar in all cases, but this is not so; all you need do is to remark the very simple indications for diet just given, above everything seeing that they take the huge quantities of food that such patients can eat with impunity. The reason why Miss — did not have more meat was that before her illness she was almost a vegetarian. It is very important that the nurse should be one whom the patient likes and takes to kindly; also she must be an intelligent woman, whom you can trust, and not a disciple of the professional rubbers and other quacks, who are first cousins to bone-setters. Sometimes you will find it an advantage to stimulate the muscles electrically. My object has been to show you that the method of treating certain forms of hysteria by rest, isolation, massage, and overfeeding, is rational, and leads to good results; and should you not be convinced even by the account of this patient, who was restored to complete health in six weeks, after being reduced to a mere skeleton by eight months' persistent vomiting,

which had resisted all treatment, you will be no longer in doubt if you read the works of Drs. Playfair and Weir Mitchell, to whom we owe this method of cure, which can be applied with equal success to other conditions, such as neurasthenia, and, with obvious modifications, to obesity.

THE MALADIES OF OLD PEOPLE.

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THE following remarks are based upon the analyses derived from the accounts of 824 persons, which were given, with few exceptions, by medical men, and which were in reply to the inquiries of, and upon the forms issued by, the Collective Investigation Committee of this Association. Of these 824 persons, there were 340 males and 232 females between 80 and 90, and 92 males and 110 females between 90 and 100.

I may first observe that, with regard to *Diseases and Failures of Particular Organs*, the immunities were in favour of the women, amounting to 55 per cent., as compared with 35 per cent. in the case of the men. The affections of the urinary organs especially preponderate, as we might expect, in the men. They are, indeed, more than twice as frequent in the men as in the women, amounting to 42 per cent., whereas in the women they were only 20 per cent. In the women, brain-affections are more frequent than in the men, being 16 per cent. to 7 per cent. But the failures in the heart and in the lungs are about equal in the two sexes. It is worthy of note that 85 per cent. of the whole number are reported to be free from any evidence of rheumatic affections of the hands.

Of the various maladies, *Bronchitis* is the dominating one, and, superadded to debility, it is oftener than any other assigned as the cause of death. It is, indeed, including the common winter-cough, a very frequent malady in this climate at all times of life. In the aged it is liable to become persistent; and a slight increase coming upon the enfeebled circulation and general weakness of the old person often produces a fatal result. The demands on the activity of the respiratory functions are, it is true, diminishing in the aged in proportion to the diminished activity of the nutritive and other processes; but the respiratory capacity, which depends much upon the elasticity of the thoracic walls and of the pulmonary tissue, is liable to diminish in still greater ratio. Hence the expiratory movements, which are in great measure the resultants of elasticity, are performed incompletely and with effort, and the expulsion of mucus from the air-passages is effected with difficulty. Thus a continual source of irritation is provided, which, on slight provocation, extends into the smaller bronchial tubes, and is reluctant to quit its hold there. In a few cases the affection was habitual and had been so for years. In some there had been recurrence of attacks of considerable severity, with complete recovery, at a very advanced time of life.

It will probably accord with the experience of those present that some combination of sedative with stimulant medicines affords more relief in these cases than any other treatment.

With regard to the *Heart* we do not get much evidence of disease. Some irregularity or intermission of pulse was noted in about a fifth of the cases observed. In a few there were stethoscopic indications of valvular disease without any other symptoms. Whether the oedema of the legs observed in certain cases, and which we are familiar with as an occasional temporary affection in old people, is attributable to an imperfection in the heart, or to some other cause, I do not know. A knotty condition of the arteries, indicative probably of calcareous degeneration, is reported in 12 per cent.

The *Brain* affections, and the recoveries from them in old people, are among the most remarkable of their maladies. We are all familiar with the fact that passing attacks of unconsciousness, whether they depend upon temporary congestion, or mere suspension of cerebral activity, or other cause, are by no means uncommon, and leave often no permanent diminution of mental power. The impairment or loss of motor power in some part, as a limb, is, of course, a serious addition, forasmuch as it commonly indicates a lesion or decided failure in some locality of the brain, probably of the same nature as we find in similar attacks in less advanced age; and a paralytic seizure not infrequently ends the long but not necessarily strange or eventful history. But we are surprised to find how even these attacks in the aged are not infrequently more or less recovered from. Thus there are 25 cases in which brain-attacks associated with paralysis, in