instructed man will employ the simplest and most convenient as being the least liable to lead to error." And he closes the oath he administered to his pupils with these remarkable words: "With purity and holiness I will pass my life and practise my art." If the old heathen physician cultivated such noble impulses, surely we, the heirs of all these long ages of Christian culture, should profoundly realise the high tone and the sacredness of a calling which, bringing us into the closest relationship to our fellow men in their hours of greatest trial, make us as it were fellow-workers with God in his merciful dealings towards them. If we walk worthy of such a calling, with "a conscience void of offence," we need fear no slander, which has been likened to the mephitic vapours of some grottoes, that suffocate animals which grovel, but cannot hurt a man who walks erect.

Let me counsel you in your dealings with your professional brethren to avoid quarrels and petty jealousies. The misunderstandings of doctors have passed into a proverb. Nothing tends more to demoralise our profession, and cause it to be evilly spoken of and undervalued, than the mean, unworthy, and despicable way in which so many medical men speak and act towards their brother practitioners. To call it a "liberal profession" while such contemptible habits prevail is surely a misnomer.

One other point and I am done. You will early come face to face with a grave responsibility in having to use stimulants and narcotics in the treatment of disease. This responsibility you cannot evade or minimise. My decided impression is that intemperance in such things is largely on the increase. Over and over again I have heard these debasing habits ascribed to what was ordered during sickness. Is the admitted growth of morbid reflexes and insanity among us a cause or an effect of such habits? That both stimulants and narcotics may be advantageously used in an emergency, like other powerful remedies, no one can deny; but it is equally certain that the vast majority of our common ailments are better managed from first to last without them. Morphine, by subcutaneous injection, and chloral are invaluable in some few cases, but their abuse in our day has become a very formidable fact. Avoid these agents, then, if possible, or at least limit and control their use, and do not risk incurring the anathema of having contributed to ruin a fellow creature.

AN ADDRESS

ON

THE STUDY OF SKIN DISEASES AS ILLUSTRATING THE DOCTRINES OF GENERAL PATHOLOGY.

Delivered at a Conjoint Meeting of the Worcestershire and Herefordshire, Bath and Bristol, and Gloucestershire Branches of the British Medical Association, held at Gloucester.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S., LL.D.,
Emeritus Professor of Surgery at the London Hospital; Vice-President of the Royal College of Surgeons.

[Concluded from p. 165.]

HERPES AND MORPHEA.

I MAY certainly claim the whole subject of herpetic affections as one in which dermatology comes into very important relations with general medicine. Time was, and that not so very long ago, when we were content to know herpes zoster as a peculiar skin affection, showing itself only on one half of the trunk, and herpes labialis as a thing of no consequence, and but little interest. A large number of new facts have, however, been observed respecting them, and their importance as illustrations of morbid processes has become very great. We know, respecting zoster, that it may occur in the head, face, and limbs, as well as the trunk, but that it scarcely ever gets so far as the hands or feet; that it is arranged according to nerve-distribution, and is, indeed, probably a form of neuritis attended by an eruption, and not in any true sense a disease of the skin. We know also that it is invariably of limited duration, and gets well spontaneously, that it does not relapse, and that second attacks, even after very long intervals are very rare. Although we know little or nothing as to its most common causes, we have noticed that it never happens to young children, and that it is frequently brought out by the medicinal use of arsenic. This last is a very remarkable and instructive fact, especially when taken in conjunction with others to be mentioned. Long

ago Christison noticed that in cases of poisoning by arsenic, curious forms of paralysis were prone to follow, and that the regions affected might be quite limited and on one side only. That a drug taken through the stomach into the blood should be capable of producing non-symmetrical forms of neuritis is certainly a problem well worth the consideration of the neurologist. Although, as just stated, zoster usually occurs but once in a life, and in its most typical forms never shows any tendency to recurrence, yet we fully recognise exceptional forms which recur over and over again with extreme frequency. Respecting herpes labialis and herpes of the genitals, we know that this liability to recurrence, instead of being exceptional, is the rule. Permit me here to make a remarkable therapeutic assertion, I venture it after careful and extensive observation. It is this, that in recurring cases the one remedy which will stop the tendency is arsenic. I know of no other, and I have the utmost confidence in this. It has been observed in what is called tobacco amblyopia, the form of partial amaurosis which occurs to smokers, that when recovered from, the patient may resume smoking and never suffers again. It is so with the toxic shingles which is produced by arsenic. You may go on with the arsenic and the herpes will still get well, and it will, so far as I have any facts, never occur again. Facts like these derive increased interest when placed in juxtaposition.

Thus, then, we know herpes as a disease presenting considerable differences as to its type, but being obviously in all cases a disease of the nervous system primarily. The so-called symptomatic herpes (that affecting the lips) is very commonly in direct relation to what is known as a rigor, and is often in its severity in correspondence with the rigor. It occurs after catheter-passing, in the early stages of ague, and pneumonia, in each of which cases, and many others, a rigor—that is, an attack of vaso-motor spasm—is the important antecedent.

In yet further illustration of the interest of herpes and the doctrines respecting it for the general physician, I may mention the following points: There are cases of herpes of the mucous membranes, of the tongue, cheeks, palate, and pharynx, which may easily lead to mistakes in diagnosis. Herpes is especially prone to occur on the palate and pharynx after syphilis, and it is constantly mistaken by the patient for a return of his syphilitic throat. There are curious forms of herpes of the mouth, in which the vesicles recur so quickly that unless care be taken they may be supposed to be persistent, and thus the true nature of the malady may be missed. It is well known that in herpes of the fifth nerve the eye may suffer. I believe that there are also cases of herpetic deafness, and other very curious ones, in which a malady of herpetic nature, but not well characterised, affects the ear repeatedly, and by degrees damages its functions. It is many years since I first suggested the possibility of there being such maladies as herpetic affections of the viscera. We know that it is essentially a disease of nerves and not of skin, and there is surely *a priori* reason why the nerves of the lungs, liver, stomach, intestines, etc., should not occasionally suffer. That there is such a thing as herpetic pneumonia has, I believe, been recently argued by my friend Dr. Hughlings Jackson. If there be some cases in which single violent attacks of herpetic inflammation of viscera occur, like zoster, not improbably there are others of a slighter character, but very prone to recur, like herpes labialis, and, like the latter, to be prevented only by arsenic. I cannot but think that the herpetic group of maladies is likely in the future to be widely extended, and that it is one which offers very important considerations for the practical physician.

Close to herpes, and in some respects much resembling it, we have the singular and very rare malady Morphea. Like herpes, this affection of the skin is clearly distributed by nerves, but it presents as to this statement some exceptional phenomena. Like herpes, it comes out suddenly, and without obvious cause; and, having come out, it shows no tendency to spread. It affects in many cases many regions at the same time, and in this respect it differs from herpes. There is also a generalised form, in which the whole surface is more or less affected, and of this we scarcely know the analogue in the case of herpes.

Like herpes, morphea is not a disease restricted to the skin, for cellular tissue, muscles, and bones may all suffer together. When it happens to young persons who are still growing, it may lead to arrest of growth and dwarfing of the affected limb. The cases which have been named hemiatrophy of the face are nothing more than examples of the effects of morphea occurring in early life. [Several portraits were shown here in illustration of statements.]

Now, morphea is a neurosis just as definitely as is infantile paralysis, and possibly it is in real nature closely allied to it, the one being a primary affection of motor nerves, the other of the vaso-motor. It is a disease which the physician ought to study with the utmost attention, and which he is most unwise if he leaves to the derma-

to logical specialist. The part of the latter ought indeed to be chiefly that of jackal to the lion.

ON THE PRACTICE OF CLINICAL ANALYSIS—URTICARIA PIGMENTOSA, AND HEBRA'S PRURIGO.

Amongst other most useful lessons which we may learn from the study of skin diseases is the habit of Clinical Analysis. It is a habit which, once acquired, will be found of much value in all departments of medical inquiry. Instead of accepting as sufficient a conventional name, given to a certain group of symptoms, as if it constituted a morbid entity, we ought surely, like the chemist, to be constantly on the alert to discover the primary elements of causation which go to make up what we call diseases. A little diligence in this direction will soon simplify matters, and show us that most of the maladies which have gained names in our nosological lists are really composite results, and that the elementary causes are but few in number.

One or two illustrations will suffice to show what I mean. Dermatologists recognise a disease of childhood, under the name of Urticaria Pigmentosa, in which the child's skin becomes covered by persistent wheals which are attended by a deep brown pigmentation. At one time this disorder, or rather this condition of skin, was honoured by a yet more formidable name. Now, instead of detaching urticaria pigmentosa from all other disorders of the skin, the way we ought to look at it is, I believe, this. All children are liable to the formation of urticarious wheals when irritated, but some much more than others. In some, urticarious wheals once out persist much longer than in others. Some children are, by virtue of their complexion (red hair, brown eyes, much movable pigment, etc.), pronet to tan much more easily than others. Some children inherit great susceptibility of skin, and are easily made to itch by woollen clothes, etc., and, finally, some children attract fleas in the most extraordinary manner.

Now if these several conditions meet together, Urticaria Pigmentosa in some degree is the result. There is no marvel about it; the wonder would be if it were not. A child attractive to fleas may chance to be also prone to urticaria, and has much movable pigment. Every bite becomes a wheal, and before the first have disappeared others are produced, until the skin is covered. The result is in most cases helped by much scratching and by the irritation of woollen clothing. I do not speak haphazard in this matter. In one case of well-marked Urticaria Pigmentosa I made it perfectly certain by personal observation that flea-bites caused the wheals, and in others I have felt almost certain of it. I by no means wish to imply that they are the only local cause of irritation which may produce them, but it is always something equivalent.

The disease known as "Hebra's Prurigo," or at Vienna as "Prurigo," is one again which lends itself to the process of pathological analysis with great advantage. Instead of accepting this disease as one *sui generis*, and deserving a distinctive name, it is, I believe, a result which ensues from various causes of local irritation to the skin taking effect in a person of unusual susceptibility and deficient in self-control. The subjects of it are always scratchers, and many others would become its victims if they had not will enough resolutely to abstain. It may follow varicella or vaccinia or an attack of ill-cured scabies or eczema, or it may result from the bites of lice or of fleas. The essential point is that having been started it shall be well kept up by scratching, and that the means of cure shall in the early stages be neglected. It is only incurable when it has been allowed to get firm hold and when the patient will not do his share. It is obvious that the analysis of causes which I have suggested is of the utmost use in affording a clue to treatment in the two diseases which I have just named.

Something of the nature of analysis may also be employed for the elucidation of far more difficult problems than those which concern Urticaria Pigmentosa and Hebra's Prurigo. In such maladies as lupus erythematosus, strange and peculiar as some of its phenomena appear, we have possibly to recognise as causal elements inherited peculiarity of skin, giving tendency to chilblains and chaps, combined with inherited tendency to tuberculosis. With a skin and a constitution thus predisposed, let some slight local injury be inflicted—a sun-blister on the nose, for instance—and a local process of disease is initiated from which, under the laws of infective spreading which we have just examined, all the rest of the curious phenomena of the malady may be in turn developed.

THERAPEUTICS AND DRUG-POISONING.

Another topic which I desire to offer for your consideration is that of the influence of drugs, both for good and for evil. I make bold to assert that in no class of maladies can we study therapeutics, and what we may call drug-poisoning, so easily and definitely as in diseases of

the skin. The specific efficacy of arsenic for pemphigus, its invariable usefulness in psoriasis, its power of causing herpes zoster, and of preventing recurrent herpes of the genitals, are facts in illustration. Many similar ones might be quoted. I will mention in a little detail a single example which has just occurred to myself. I show you here a portrait of the hands of an elderly lady who suffered most severely from a peculiar form of dermatitis of the hands, feet, and scalp. Her case had resisted the careful treatment of more than one specialist; she had lost all her scalp-hair, and her hands were so much disabled that she could not use them even to feed herself. The disease of the skin was symmetrical, and it was attacking the corners of her mouth and eyes and her ears. Arsenic and other remedies had proved of no use, her health was failing, and I feared an aggressive and fatal malady. Guided by what we had observed as to the mode of cure in certain cases in which, in elderly persons, soreness of the mouth is found in company with peculiar skin eruptions, I at length prescribed for her a drug which is not in ordinary use for such purposes, and of which I certainly should never have otherwise thought. I do not wish to speak boastfully, so far as I am concerned, for it was almost a chance, but I do wish to applaud the specific powers of the drug, for it cured this curious and most threatening disease in the most definite manner. Under its influence the inflamed areas got well, the hair and the nails grew again, and the patient was restored to health without a drawback. The drug to which I refer was opium. It was given in doses of fifteen minims of the liquor opii three times a day. Now we had long been taught that small doses of opium were very useful in certain chronic maladies, especially in the aged. Mr. Skey long ago praised it for ulcers of the leg, and Mr. Pollock has more recently written very strongly in its favour. But nowhere, I submit, could we find such definite proof of its powers as in such cases as that just quoted. In a disease of the skin we can see our enemy, and know precisely his character. We can, with a degree of accuracy scarcely possible in any other department of therapeutics, watch the battle between the drug and the disease, and note the nature of the victory.

I must say just a word or two as to drug-poisoning as illustrated by skin-eruptions. We are familiar with the rashes produced by the bromides and iodides, and have noted with great interest that they are modified, not so much by the dose given, as by the idiosyncrasy of the patient receiving it. What a variety of eruptions do we see in direct and most unquestionable relation with one and the same cause, the difference being in the patient; how often also do we notice that a dose which has no influence on one man may cover another with eruption.

[A series of portraits were exhibited in illustration of these statements. One of them represented the condition of a man who died of iodide eruption, the cause not having been suspected, and the drug having been continued.]

I have alluded repeatedly to arsenic, and to the remarkable illustrations of drug-efficacy which it affords; but I have by no means exhausted all the facts respecting it that I should like to bring before you. My topic would be incomplete if I did not briefly advert to its power of producing peculiar affections of the nervous system; and, secondly, to its being occasionally the cause of a sort of psoriasis of the skin, and ultimately, if continued, of a peculiar form of cancer. These are for the most part new observations, but I think that the evidence is already conclusive.

I produce for your inspection several drawings by Burgess, which accurately depict the state of the skin which was produced in a gentleman for whom we had prescribed arsenic in very large doses, in the hope of restraining the growth of a cancerous mass which was beyond the reach of operation. Until he took the arsenic he had a clear and healthy skin. The effect of the drug was to produce general dryness and earthy discoloration of the whole integument, with a psoriasis condition on the tips of his elbows, on his knuckles, and in his palms. That these conditions in his skin were really due to the arsenic was proved by their varying definitely with the dose. If, however, any doubt be felt on that point, let me adduce as further proof certain other drawings, which I now show. They carry the case still further, and prove that arsenic can even evoke cancer. The portraits are from two different patients, and they show exactly the same thing. In each case the patient had taken arsenic for several years for the cure of common psoriasis, etc., and the palms and soles had become hard and horny, ending in each by the growth of epithelial cancer. In one the cancerous ulcer developed almost symmetrically in the two palms, in the other it attacked the sole of the foot. In all these facts we have cumulative proof of the power which arsenic possesses in both controlling and disturbing the nutrition of the skin. It may either cause or cure disease, according to the state of the patient for whom it is prescribed. In passing, let me remark that it is pro-

bable that its influence is by no means limited to the skin. I believe, although it is very difficult to give categorical proof, that it possesses definite influence over the growth of cancerous tumours, tending in many cases to restrain it.

The influence of arsenic upon the nervous system has already been referred to in speaking of herpes, and I then mentioned Christison's facts as to its being a cause of epilepsy, and of local forms of paralysis when taken in poisonous doses (by accident or with the intention of suicide). I have now to add the expression of my conviction that we sometimes induce epilepsy and other nervous symptoms by the medicinal employment of this drug, and that it behoves the neurologist, when he encounters anomalous forms of paralysis, always to make inquiries as to whether arsenic has been given. I have recently witnessed a fatal case, in which partial paraplegia was the first symptom in a series of nervous phenomena, which ended by convulsions and coma. The patient, a healthy young man, had administered to himself very large doses of arsenic for the cure of psoriasis, and had continued them for a very long time. His case is only one of several bearing upon the same subject.

ILLUSTRATIONS OF LAWS OF HEREDITY.

Did our time permit, I should much have liked to produce some facts in illustration of the interesting evidence as to the laws of heredity which affections of the skin afford us. In speaking of Kaposi's disease, we found that it was a very remarkable example of what are called Family Diseases. If a child, the subject of this malady, has a number of brothers and sisters, you may be quite certain that about half of them are affected by it, the other half escaping entirely. Just the same is seen in the case of ichthyosis. Now, the problem is, how are these family diseases bred up? How comes it that two parents, neither of whom suffer themselves, produce a progeny of which one half are the victims, almost from birth, of such definite and afflictive peculiarities? The solution of this most perplexing problem will, I venture to say, be found by the dermatologist, if it is found by any one. Already, we see some glimpses of light. It seems probable that, in rare instances, a disease in a parent may assume in transmission a wholly different form in the offspring. Thus, for instance, I believe that psoriasis in the parent may result in congenital ichthyosis in the child. Some years ago I read at the Medico-Chirurgical Society the particulars of a most remarkable case, in which a boy was born without hair, and almost without subcutaneous fat, and with scars in the positions of his mammary glands. He had also other defects of the skin and its appendages, the nails and teeth. All this seemed to be the result of complete alopecia in his mother, who was in other respects well developed. A large number of the diseases of the skin, notably psoriasis and eczema, exemplify the laws of heredity, but I must not venture on the present occasion to do more than just refer to the fact.

MEANS OF ADVANCING THE SCIENTIFIC KNOWLEDGE OF DERMATOLOGY.

My object in the present address has not been to elucidate any one of the topics which skin-diseases present for our study, but by a rapid glance at many to claim attention to their importance. More especially have I wished to show that their importance is not restricted, but that it spreads out over the whole domain of pathology and pathogenesis. Dermatology is no longer to be regarded with senseless prejudice, as a mere matter of giving arsenic and prescribing ointments and lotions, nor, as some, only a stage more enlightened, think, an arena for endless debate as to the arbitrary application of pedantic names of older or newer coinage. We have got beyond the old classifications, and we are ceasing to be merely empirical therapists. We claim for dermatology a foremost place as a branch of scientific medicine, and without hesitation I assert of it that beyond all others it offers attractions to the student of the laws of disease in general, and to the seeker after the causes which disturb health and local nutrition. If we would succeed in using it with these objects in view, we must patiently go into great detail, and if we are capable of this patience, we shall certainly succeed. Accuracy of observation and the careful accumulation of well-observed facts are what we want. Here let me note the great usefulness of pictorial illustrations in enabling us more easily to realise and keep in memory the appearances presented by different diseases, and remark that in the ease with which these are obtained, skin-diseases again offer us great advantages. For the most part, in other maladies the actual appearances of the disease can be brought under the eye only when the disease has run its course, and when the patient is dead. In those of the skin we can watch and study, and depict by model or by drawing, the various peculiarities of the inflammatory process which in different stages constitutes the disease, with singular facility.

Those who wish well to the advance of dermatology as a department of medicine, and as a field from the cultivation of which we may hope for discoveries which will assist us in other departments, ought at once to put aside all petty jealousies as to specialists and specialisms. Every large town, certainly every provincial hospital, ought to have its specialist and its special department for Diseases of the Skin. The difficulties and the extent of detail of the subject are far greater than outsiders think, and they will never be surmounted excepting by those who to some extent set themselves apart for the work. On the other hand, the standard of knowledge possessed by the profession at large will be greatly advanced by the labours of these special workers. They will not keep their discoveries to themselves, and every new discovery is a distinct simplification of our knowledge and a gain to medical education. We ought also, I think, to multiply the societies and associations which have for their object the elucidation of the problems of dermatology. One such exists in London, which has done excellent work. Its members meet once a month for the demonstration to each other of interesting cases, all the meetings being strictly clinical. In this way some of the very rarest manifestations of disease become to its members almost common, and opportunities for comparison of cases are afforded which an isolated observer could never hope to obtain.

Next I must mention, as being of at least equal importance with such societies, the formation of museums for the permanent display of illustrations of all conditions which the modeller or the artist can depict. Probably, not more than one in a hundred of the British profession have as yet seen a case of "Kaposi's disease"; nor, under ordinary conditions, will more than one in a hundred have an opportunity of doing so during the next twenty years. Yet, let me again repeat, that it is no mere pathological curiosity, but a condition full of instruction for us all. The only method by which its lessons can be made common property is by the use of drawings and models. The modeller could represent it with an accuracy equal to life, and his work would thenceforward be accessible to all. In this way a sort of permanent hospital might be produced, the patients in which would never either get well or die, but remain always ready for inspection. Such a clinical museum already exists—so far as skin diseases and syphilis are concerned—in the excellent collection which has been made by the staff of the Hôpital St. Louis, in Paris, and most valuable it is. You may there see all the varieties of morphea, the rare forms of lupus, Kaposi's disease, Raynaud's disease, and a hundred others, permanently represented in the most life-like manner, and may study them at your leisure. Smaller attempts in the same direction have been made in the museum of our College of Surgeons, in that of Guy's Hospital, and some others. I am most glad to know that it is the intention of the Council of the College of Surgeons to make a large endeavour to complete its collection, and that a plan has been adopted for the building of a new wing to its museum, which is to be devoted principally to the illustration of diseases as they are seen in the living subject. It will, when completed, constitute a sort of Clinical Museum, as distinct from one of pathological anatomy, and will, I suppose, contain representations of everything likely to assist in the very important art of diagnosis by the eye. It will, of course, be in no way restricted to the morbid phenomena displayed by the skin, but these must obviously constitute a large and conspicuous section. Such a collection of models and drawings will, I cannot doubt, be of the utmost advantage in assisting the attainment of that kind of knowledge which is available at the bed-side, and it will be used, not only by students, but by the profession at large. In these matters we are all students, and must always remain so.

I have not succeeded much in what I have tried to imply in this address if I have not convinced you that the rarest diseases are not infrequently, when we have regard to the lessons which they convey, those best worthy of our study. It is very remarkable how sometimes the investigation of some very infrequent phenomenon throws a flood of light on things which are of common and every-day occurrence. We cannot afford to neglect anything, and shall often find that which at first glance we had thought of least value prove to be of the greatest.

I must now, Mr. President and Gentlemen, bring my discourse to a close, and in doing so I dare not attempt any recapitulation, lest I should weary you by repetition. One thing, however, I must ask your leave to remind you of, and it is this, that I have been, in what I have to-day brought before you, availing myself in the freest possible manner of the labours of many workers. I should have broken in upon the continuity of my subject if I had delayed in the attempt to assign to each his due, but I must not now neglect to make a general acknowledgment. Dermatology claims amongst its pioneers many honourable names: Cazenave, Willan, Devergie, Bazin, Wilson,

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.,

Senior Assistant Physician to, and Lecturer on Materia Medica at, Guy's Hospital.

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