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EDITED BY ISAAC HAYS, M. D.

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## *Prospectus.*

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A

TREATISE

ON

H Y S T E R I A.

---

By GEORGE TATE,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

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“ An Ignis Fatuus that bewitches,  
And leadeth men into pools and ditches.”

HUDIBRAS.

---

“ Non fumum ex fulgore, sed ex fumo dare lucem  
Cogitat, ut speciosa dehinc miracula promat.”

HORACE.

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1831.





## PREFACE.

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AFTER perusing the manuscript of this work, a friend, whose judgment I am bound to esteem, represented to me, that in it there were some expressions calculated to give offence to my professional brethren. All I can say is, that, of an intention to cast reproach upon any one, I am perfectly innocent; but where a great and destructive evil prevails, and prevails to a frightful extent, the selection of mild language would be a mistaken delicacy, and would go far to neutralize the effects of the intended remedy.

With this single remark, I submit the work to the indulgent attention of the profession.

*Cirencester, Dec. 6, 1829.*



A

# TREATISE ON HYSTERIA.

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## CHAPTER I.

It has long been a matter of surprise and regret to all thinking men in the profession, that there should be no book in existence that can be called a satisfactory treatise upon the various forms of Hysteria; none in which an attempt has been made to trace the cause of this disorder, and the elements of which it consists; nor any to which the practitioner can resort, or direct others, with much prospect of useful information.

The apparent neglect in which this important disorder and its serious results have remained, does not arise from the paucity of writers; for the field of medical literature has, of late years, swarmed with labourers in almost every department: a fact

very creditable to the profession, as evincing an unanimous desire to promote the interests of science, and to impart to others such knowledge and such light as may have resulted from individual experience and research.

Though it may, perhaps, be impossible to determine all the reasons that have operated to prevent these really interesting disorders from undergoing a more particular investigation, it is not improbable that the following may form part of them.

In the first place, Hysteria has been, from time immemorial, looked upon as a very trifling affair, made up of nervousness, fancifulness, and imbecility: not unfrequently it has scarcely been treated with common humanity; often turned into ridicule, and considered altogether undeserving of serious attention.

In the next place, with the exception of that common form which is popularly called "Hysterics," the characters it assumes are so various and indefinite, that they have seemed not to admit of being classed under the same general name, or to bear any resemblance to each other. Further, its pathological conditions have been very little understood; and its multifarious shapes are so

curious and extravagant as almost to defy description or even belief.

Having stated so much, it will not be expected that I should, in these pages, be able to divest the subject of all perplexity, or to clear away the darkness in which it has been hitherto involved. I do not hope to be so far successful; but my design is, to separate, if possible, such facts as are authenticated by my own observation and practice, from the undigested mass of fiction and error with which it has been so long combined; to relate, in a clear and rational manner, what I conceive to be the causes,—the appearances,—the symptoms,—and (what is of the highest consequence) the distinguishing characteristics of these affections; and, afterwards, to describe that plan of treatment which appears most proper for their cure.

As was before remarked, this class of disorders has been regarded as of insignificant consequence, and of brief duration; and for this reason has it failed to engage that grave consideration to which it is fully entitled, and with which it will, I trust, henceforward, be treated. For it will be my purpose to prove, that Hysteria, in some of its forms, is neither a fanciful nor a trifling disorder; but that

it is as painful in its progress, as tedious in its duration, and, if neglected or treated ignorantly, is productive of as much misery as any disease in the vocabulary of physic.

And here I must take the liberty of saying, that although pain may be considered the natural companion of disease, and that although Hysteria is sometimes, under the best treatment, tedious and difficult to remove, I believe its remote effects upon the delicate females who are most liable to its invasion, may with more justice be imputed to medical mismanagement, than to the unassisted agency of the disorder itself. I say again, that I do believe this class of disorders is not by any means generally understood, either by young or old practitioners; and I believe, also, that many of its unhappy subjects, who have had recourse to medical advice, in the hope of immediate relief, have, in consequence of carelessness, ignorance, or rashness, been abandoned to all the horrors of a protracted sickness and of a shattered constitution. So many cases in confirmation of this, have recently fallen within my own observation, that, however severe the remark may appear, I am satisfied it is just, and am thoroughly convinced that no subject

demands more investigation, and that none requires more skill and care, than that which is at present under our discussion.

Instead, therefore, of offering an apology for troubling the medical world with this work, I intreat practitioners, in the absence of better information, to devote to it an attentive perusal; for, should not the observations which it contains be satisfactory in every instance, they will at least give many persons a more correct notion of Hysteria than they at present entertain, and enable those who have had little or no experience of its varieties, to recognise them when they occur in practice, to administer to them with confidence, and, at the same time, to save them from the disgrace of making their remedies worse than the disease. Hysteria is, in some of its shapes, most embarrassing; and those who are aware of this, will not despise any light that may be cast upon it, but will appreciate, *first*, the importance of obtaining such a knowledge of its forms as shall enable their real nature to be at once ascertained, and distinguished from other diseases which they frequently imitate; and, *secondly*, the importance of knowing the appliances and means that are best adapted for their removal. Without

such knowledge, no man can be safely armed with confidence in his measures, or with patience to follow one course, perseveringly, for any useful length of time: and it is for want of this knowledge that young practitioners are daily inflicting irreparable mischief upon their patients, by the adoption of wild, furious, and unsuitable measures, which are only calculated to break up their health and to poison the future enjoyment of their lives.

It would be an unprofitable waste of the reader's time to enter here into a history of the barbarous notions which the old physicians entertained of Hysteria. These are now obsolete, or nearly so; and but for the circumstance that thousands must have suffered martyrdom under their treatment, might afford some diversion, but would be otherwise useless. Every filthy and disgusting odour, every abominable drug that the surface or bowels of the earth afforded, was unsparingly used for its cure. But leaving this part of the subject to be pursued by those who venerate antiquity, right or wrong, for antiquity's sake,—I proceed at once to the statement of my own views, and of the grounds upon which they have been formed.



## CHAPTER II.

## ON THE CAUSE OF HYSTERIA.

WITH the exception of those cases, real or affected, which are so frequently occurring in what have been called "the refined circles," occasioned sometimes by sudden impulse, and sometimes by mere caprice, Hysteria, in all its varieties, whether it be mild, yielding to a brisk cathartic potion,—whether it be of another form, lasting for weeks,—or whether it be more obstinate, persisting for months, or even years,—has one common cause which is essential to its appearance; namely,—an irregular or defective menstruation. Since I have been attentive to cases of Hysteria, I have never seen one, (with the above unimportant exceptions) either of a simple or of a complex character, in which there did not co-exist distinct traces of a faulty menstruation. There is always some deficiency or some depravity of this secretion: it will be found sometimes altogether suspended; some-

times redundant, or too frequent in its recurrence ; sometimes dark and grumous ; at others, pale and watery ; sometimes it is attended with agonizing pain and sickness. Sometimes, also, Hysteria will take place previously to, and be indicative of, the first appearance of the menses ; and sometimes it will occur when there are about to be no more seen. The common conditions, however, under which Hysteria prevails, are catamenial suppression, insufficiency, or depravity.

Seeing, then that Hysteria, in its strange and interminable varieties, whether it be called "Hysteria," or "Catalepsy," or "Proteian Malady," or "a peculiar spasmodic affection," or "Leaping Ague," or any other fanciful name by which it has been distinguished, is never produced, unless one or other of the conditions prevails,—I take it to be a justifiable conclusion, that this is its fundamental cause, and that our remedial means ought to be directed to that cause more attentively than has been the practice hitherto.

This view of the subject is at variance with that entertained by many ; but it has, at least, been founded on a multitude of facts, to some of which I shall, by-and-by, advert. It has been supposed,

not only that the state of the uterine functions has no share in the production of Hysteria, but that men are liable to its attacks. I will not positively deny this, because, although I have never seen such a case myself, it would be presumption to say that others have not: but if I am able to substantiate the correctness of my own positions, by the narration of a series of facts, and by reasoning upon them, it is impossible to admit that men can, under any circumstances, partake of this disorder, the very essentials of which are confined to the opposite sex. It is, therefore, more than probable, that those cases which have been called Hysteria in men, were really Chorea; as many cases occurring in females, have been called Chorea, and other things, which, as I shall presently prove, were really Hysteria.

Debility produced by, or at least combined with, a deranged state of the stomach, liver, and bowels, certainly predisposes to Hysteria; and delicate females, who are easily excited, are more susceptible of it than the robust; but there is still something wanting to account for the singular phenomena that this affection exhibits. These phenomena are different from those presented by any other disease: they are perpetually changing their character,—

adopting the image of the most terrific maladies,—and are scarcely ever seen in two cases precisely alike. The cases to be afterwards adduced, will, I think, prove, conclusively, that defective menstruation is solely accountable for all these manifestations, whatever may have occasioned that function to be deranged. I assume this, because, in the first place, Hysteria is not confined to women of a delicate texture, but sometimes attacks the most hardy and the most healthy; and, secondly, because a suppressed or disordered uterine secretion is always the forerunner of it, in whatever shape it presents itself.

I shall describe many cases as Hysteria to which other writers would have applied different names; but looking at their common origin, and at the organs which are principally concerned in their production, I have, for simplicity's sake, avoided all other names, and class all its varieties under one common term; as I am satisfied there is no other distinction between them than such as proceeds from their different degrees of violence; and as the word "Hysteria" expresses the intrinsic nature of the disorder, it is a more fitting term than any other, and less likely to lead to confusion

or mistake. It is, however, necessary, for the purpose of description, to make some sub-division of the subject, and the most simple will be to call them Hysteria of the first degree; Hysteria of the second degree; and Hysteria of the third degree. But even this distinction is hardly practicable, or, indeed, warrantable, by an appeal to Nature herself.

## CHAPTER III.

## HYSTERIA OF THE FIRST DEGREE.

It is hardly necessary to enter into a tedious history of the common form of Hysteria; but for the sake of unity it will be requisite to say something about it. It occurs like other forms of Hysteria, almost invariably between the ages of thirteen and forty-five. It is always attended with some irregularity about the menstrual discharge; and the stomach, liver, and bowels (one or all) are generally out of order. It is characterized by alternate fits of laughing and weeping, starting and screaming, lying still as death, and struggling with gigantic strength. Generally, there is a loud rumbling in the bowels called *Clangor Intestinorum*, and the *Globus Hystericus*, as it is called, which is, in fact, mere flatulence, causing a sensation like that of a solid ball rising in the throat and producing a sense of suffocation. The old writers say, there is an accompanying copious secretion of pale urine: but

this may or may not happen: and, as far as I have seen, is not more likely to occur at this than at any other time. This, therefore, like most other sayings of the ancient medical authorities, cannot be depended upon. The symptoms already named will always be sufficient to denote the character of the disorder.

For the cure of this kind of hysteria, the most offensive drugs used to be considered specifics, and are still used by some of the old school. Now as "Hysterics" are occasionally brought on by passions of the mind, the patient had only to make her election, either to exercise at once a becoming control over herself, or to indulge her sensibility at the expense of being drenched with the most suffocating liquids in the world, and of having her convulsions of caprice exchanged for convulsions of disgust. Perhaps, then, in these simple cases, which are seen distinctly to arise from some mental emotion, where there is clearly nothing wrong in the animal functions, this harsh penalty may be deservedly incurred, and may be well suited to induce susceptible young ladies to divest themselves of their fanciful illness. But, at the same time, I must protest against the idea of such means being

really useful, even in the most common form of Hysteria, except in such a case as I have supposed: for it is almost invariably connected with bodily infirmity, and will set at defiance all the stimulants and antispasmodics in the universe: during which time, the patient is suffering incredible distress, for the want of a little judicious treatment; such as would dispel all signs of the attack in a day, or even in a few hours.

The first object, in the treatment of this form of disorder, is to cleanse the bowels; and this is most effectively done by a brisk cathartic of calomel and jalap, followed by castor oil. In a great majority of cases, a brisk action upon the bowels will be attended with immediate relief of the fits or paroxysms, or whatever else they may be called, and they will rarely return if the subsequent practice be judicious: which consists merely in avoiding stimulants; in living on a bland and nutritive diet, and taking aloes and iron with some aromatic oil, until the uterine and alvine secretions are properly regulated. It has frequently happened, in the course of the few years that I have been in practice, that after having relieved a young female from the immediate attack, I have repre-



sented to her mother the necessity of repairing the deranged state of her general health: and those girls who have been for years deprived of their natural health, going about with sallow and sickly faces parched and pallid lips, furred tongues, and limbs incapable of the least exertion, have been indebted to a few doses of calomel and jalap, followed by pills of aloes and iron, for the perfect re-establishment of their strength, health, and beauty.

Then I would say, that, in cases of common Hysteria, or Hysteria of the first degree, occasioned by over-excitement of mind, and nothing more, to which there never can be much difficulty in tracing the disorder, such stimulants as ammonia, &c. may be admissible agents of relief; but in other circumstances,—where the fits are not manifestly referable to mental emotion, but where, on the contrary, they recur frequently, and the general health and uterine secretion are found to be deranged,—the same treatment is not only useless and unreasonable,—it is positively mischievous. This is all that need be said of Hysteria of the first degree.

## CHAPTER IV.

## OF HYSTERIA OF THE SECOND DEGREE.

THIS is of much more serious consequence than the foregoing form, is infinitely more insidious, and more likely to lead to a misapprehension of its real nature, from the variety of shapes it may assume, and the number of formidable diseases it may resemble. Hence it has obtained the cognomen, "Protean Malady;" which is an unmeaning name, as not being expressive of any pathological condition,—as giving no clue to its nature, and no guide to its treatment. It is, in fact, a mere mask for ignorance, and, in the present advancing state of medical science, ought to be altogether abolished.

This form generally arises, like the preceding, rather suddenly, with some singular and unaccountable symptom, very alarming to the patient's friends, and a medical man is summoned hastily to her relief. If he be not upon his guard, he will be very apt to mistake this disorder for some real

disease or some active internal inflammation. He may thus do more mischief than all his subsequent treatment can repair.

Before saying anything of its symptoms, or of its varieties, I shall proceed to relate some cases illustrative of this affection, which will shew how strange and alarming they must appear to an inexperienced person; and set forth the necessity of obtaining such ample information as may enable a man always to detect them; and, in the midst of the confusion of a terrified family, calmly to assure them of the patient's perfect security, and of her speedy recovery.

#### CASE 1:

A. W. aged 19, a rosy-cheeked, healthy looking country girl, came to me early in the morning of the 22nd of April, 1825, complaining of violent pain in her eyes, which seemed inflamed, and discharged a copious flow of scalding tears. The intolerance of light was extreme. This had come on without previous shivering or other warning, a few hours before she left home, and she could assign no cause for her illness. The conjunctiva was about as much injected as it is generally after a violent

fit of crying. She was immediately bled from the arm; and after losing about eight ounces of blood, she opened her eyes, and declared she could see as well, and bear as much light as ever she could in her life. The pain, also, was nearly gone; and this without any fainting or any perceptible tendency to it. She was then ordered to go home, to keep quiet, and to live low for a day or two; calomel and jalap, with sulphate of magnesia, were also prescribed for her. At about four o'clock on the following morning, I was called up to go to her immediately, (six miles into the country) as the people about her declared she must die, unless she could obtain instant relief. I found her seemingly in agonies. Her eyes continued well; but she was breathing with such excessive rapidity as I can only compare with that of a hound after a hard run, and with much the same kind of muscular distress. Her hand was pressed firmly against her left side, beneath the breast, where her gestures, (for she could not speak,) signified that she was suffering acute pain. It was impossible to ascertain the state of her pulse, in consequence of the agitated state of the respiratory system, to say nothing of her terror; but her chest sounded well, and she was in a profuse perspiration,

attended with high heat of the whole surface of the body. Upon inquiry, I found that she had not menstruated for fourteen weeks, and for more than twelve months very inadequately to her former habits; and had complained of pain in her left side, with occasional palpitations. These circumstances shed some light upon the rather puzzling appearances of the case, and went a great way to determine its real source and character. I then had her turned round, to get an examination of the spinal column. On making pressure upon the four uppermost dorsal vertebræ, she complained of great tenderness, and pain; which was referred to the left side, and to the scrobiculus cordis. As I had always found these, or some other divisions of the spine, tender, on the application of pressure, in urgent cases of Hysteria, I was quite satisfied that this was nothing more than a mysterious case of that description. The fugitive nature of the apparent ophthalmia, the seat and kind of pain in the left side, the pain in the dorsal vertebræ, with a suspended menstruation; all concurred in giving it this and no other character. Although not expecting much benefit from it, at the solicitation of friends, she was again bled, with scarcely any relief. The treatment which I chiefly

relied upon was the tartar emetic ointment to the spine. This was applied along the whole course of the dorsal vertebræ, three times a day; and she took calomel and cathartic extract, followed, by an aloetic mixture, every four hours.

In the course of that day, and the following night, many dark and offensive evacuations were procured; after which, the breathing and lateral pain were somewhat relieved. On the 24th, her pulse were 120. Tongue brownly furred. The eruption had not yet appeared. Leeches were applied to the side, and the other medicines continued. On the 25th, the eruption was visible in considerable quantity. Her breathing became nearly natural, and the pain in the side very much diminished. She could now talk composedly, and was free from all appearance of distress. On the following day, her only complaint was that of the pain caused by an antimonial plaster, which had been removed in the night, having elicited a sufficient crop of pustules. The pain under the left breast was gone, her breathing and pulse were natural, and her tongue clean.

From this time she was gradually recovering her health and strength; but continued to take the

aloetic mixture, with iron. The Catamenia, however, did not appear, and at the end of six weeks, she was attacked in a precisely similar way: the side being again painful, the respiration again rapid, and the spine again tender. Again the tartar emetic ointment was applied, and she recovered under the same treatment that had been previously pursued.

It would be well to observe, that, in consequence of her great repugnance to a re-application of the ointment, a blister was, in this second attack, placed over the course of the vertebral pain; but without removing, or even mitigating it in the smallest degree: and this fact tallies with the general result that has attended blistering, as a substitute for the tartar emetic, in these cases. No sooner, however, did the pustules appear, than the pain and other symptoms immediately yielded. There still remained some tenderness in the spine; to dispel which, a third application of the ointment was requisite. Afterwards, under the constant use of aloetics, she menstruated; and since, has enjoyed uninterrupted good health.

The case just described, was evidently Hysteria; resembling, first, ophthalmia, and afterwards acute inflammation within the chest. It will be noticed

that pressure upon the first four dorsal vertebræ occasioned pain; and that there was pain also underneath the left breast. To these points, at present, I merely direct attention; as I shall notice them more in detail, after the relation of some other cases.

### CASE 2.

Miss W., aged 15, was taken ill at a boarding school, in April, 1826. For a few days she had complained of head-ache, and loss of appetite; and without any further warning, awoke on Sunday morning, after a tranquil night, with a train of symptoms resembling Tetanus. Her governess sent to me in great alarm. The following was pretty nearly her condition when I first saw her: she was lying upon her head and her heels, her back being thrown into an arch, and scarcely touching the bed-clothes. Her arms were flexed and rotated inwards; her fingers violently closed, grasping her thumbs, which were stuck into the palms, in a way that is frequently seen in hydrocephalic children. Her toes were bent inwards, and her legs bent and twisted in the same manner as her arms. It was with great difficulty that her hand could be forced



open, although the attempt did not much annoy her. She was perfectly sensible; and complained of violent heat and pain in the head. Intolerance of light was very great; and when her eyelids were opened, she squinted frightfully. Her respiration was short, and she complained of pain in the side, and palpitation. Her pulse were 110; her tongue clean; skin hot, but covered with moisture; she was thirsty, and said her mouth was dry. Her general health had been previously good. *She had never menstruated.* Such was the striking appearance of the case; which, from the suddenness of the attack, after passing a good night, and from her having never menstruated, with the corresponding symptoms, I strongly suspected was nothing more than a strange form of Hysteria. Under this impression, I examined the spine, and the moment pressure was applied between the scapulæ, upon the upper dorsal vertebræ, the patient complained of pain, which was also manifested in the shrinking expression of her countenance. That which was conjecture before, thus became matter of certainty, and I felt myself warranted in assuring the governess, who was naturally in considerable alarm, that these formidable symptoms were mere phantoms, which

would readily disappear; and that a few days would, probably, be sufficient to restore her to her usual good health. The infriication of the tartar emetic was immediately begun throughout the dorsal region; and calomel and jalap were prescribed for her. As soon as the bowels were freely evacuated, her head was better, and respiration was relieved; but the spasmodic, or rather, tetanic affection, did not yield at all. In about thirty-six hours, the anti-monial ointment had accomplished its duty: when the spasm was immediately influenced, the flexors gradually relaxed, and, in less than twenty-four hours after the pustulation was developed, not a vestige of the disorder remained. The contractions returned twice or thrice, to a partial extent, in the course of the following month; sometimes one thumb, and at another time one or two fingers, being bound down; and, upon one occasion, this lasted for several days; when a second application of the ointment was, very reluctantly, consented to. She had afterwards no return of pain or disorder. During the whole of this time, aloetics, with iron, were daily administered; and, at the expiration of five weeks from the accession of her illness, she menstruated; and was afterwards quite well. Thus

proving, very satisfactorily, that the amenorrhœa was the source of the vertebral irritation; and that this, in its turn, produced the other ailments.

### CASE 3.

Miss L., aged 19, had not been in good health for nearly four years before the date of the present seizure. In the middle of January 1825, she first fell under my observation. She had then been ill several days with most acute pain in the left side, which was increased on inspiration, but relieved by pressure. This was so violent as frequently to make her scream; and beg her friends to hold her sides: which was often done for hours together. There was considerable pectoral oppression, and her head was in much pain. A few hours before I saw her, she had fallen suddenly back in her chair, apparently lifeless; and was carried to bed. In this state she would lie for half an hour or an hour; recovering at intervals, and speaking rationally and even cheerfully, and then again, suddenly sinking into a state of perfect coma. While thus seemingly comatose, her breathing would be suspended for ten minutes, or longer, at a time; or carried on with so much

subtleness, that no air escaped her lips;—no rising or falling of the chest;—no motion of any muscle, except a quivering of the eyelids,—could be detected to shew that she was not actually in a state of syncope. Then a rapid grasping would follow, succeeded by another death-like stillness. Her eyes were then turned up, her teeth fixed, her hands convulsively clenched,—so that nothing could relax them. Now, during all this while, her pulse was perfectly regular and quiet; except that she had occasional palpitations of extreme violence, which shook her from head to foot, and continued through her illness. The little colour she usually had, did not forsake her lip and cheek. When, for a few minutes, she recovered, she always make great complaint of her side, head, and chest; and she could not endure the least exposure to light without pain. She entreated me to bleed her, which I did; as she assured me the pain in her side, which she had suffered the last four years, had always been relieved by bleeding. Having never seen this young lady before, and hearing that she had complained of pain in her left side, and palpitation; and that she had been in delicate health for so long a period; I confess I suspected there was here some real

disease of the heart, to which all her symptoms might be tributary: and it was not until after I had seen her in one of her comatose attacks, that I took a correct view of the subject, and became satisfied that this was one of those anomalous cases of Hysteria, the phenomena of which cannot be satisfactorily accounted for,—which are only to be seen in females,—and in them only under particular circumstances. Having convinced myself that there was no real disease of any organ, either of the head or chest, and that the various animal functions, except that of menstruation, were properly conducted; I proceeded to examine the spine from the upper to the lower part; and, throughout the dorsal portions, pressure produced uneasiness, making her shrink from the fingers; upon increasing the pressure, the pain was increased, and passed through to the pit of the stomach, and to the left side, at the spot so long complained of. It caused the breathing to be oppressed. There was also some tenderness in the cervical vertebræ. In making particular inquiry into the state of the Catamenia, I found that they had appeared a few days before the attack, and were unusually scanty and dingy: at that time, I did not think a trifling irregularity of that kind

sufficient to cause the developement of such remarkable symptoms. Even at the end of several days, the least exertion, the mere effort of swallowing any mild fluid, threw her into a state of coma; in which she acknowledged that she was sensible of all that was passing around her, but was quite incapable of speaking, or of voluntary motion.

Upon the discovery of the pain, and tenderness of the spine, the antimonial ointment was rubbed pretty freely into the back; and upon the eruption coming out, it was astonishing to see how immediately the symptoms vanished. The fits went off, the head and side were no longer complained of, and the palpitation gradually subsided. Upon the disappearance of the pustules, she had one or two slight returns of the attack, particularly of the pain under the left breast; but they were soon dissipated, and she began to regain her health. It is now four years since her recovery; and, with the exception of an illness she had, of a different kind, about two years ago, she has enjoyed much better health than she had for years before, but is certainly not robust. Indeed I have known her, upon many occasions, when in moderate health, fall suddenly back in her chair, apparently without sense or motion. In the

course of half an hour or sooner, after having thrown the company into confusion, she has recovered; making no complaint of pain, and being as cheerful as others. I have had suspicions of the young lady's sincerity, upon some occasions. At all events, the fit frequently came on, as a lady once complained to me that her ague did, "at very unseasonable hours."

#### CASE 4.

Elizabeth M., aged 20. Early one morning, I was sent for to this young woman, and found her in bed, where seven or eight persons were employed in keeping her by main force. She had complained for some days of a bad head ache; was of a pale, delicate complexion, of a very slender frame, and had been for many months without any uterine evacuation. She had waked in the night, screaming out like a maniac, to the terror of all the family; and, in attempting to get out of bed, had fallen back in a state of insensibility, and had continued so up to the time of my arrival. She was struggling with amazing violence; her eyes were staring wildly—she was grinding her teeth,—her hands clenched, and every muscle of the body seemed to be thrown

into a state of most tremendous spasm. This was Hysteria clearly enough. So far there was little difficulty in deciding. Her pulse being rapid and bounding, some blood was drawn, but without affording her the smallest relief. Calomel and jalap were, with some difficulty, forced into the stomach. When these had copiously relieved the bowels, she became calm, and the convulsive throes ceased; but the insensibility was unabated, and she lay like a girl perfectly dead, till the middle of the following day. I had already begun the tartar emetic inunction, and when she was sufficiently sensible to answer, I traced the course of the spine, and she complained and shrunk away when the fingers were applied upon the dorsal vertebræ. The pain was felt through the whole chest, particularly at a spot beneath the left breast. Indeed, I have scarcely met with a case in which the spinal affection was more strongly and clearly marked. Besides the tenderness of the spine, and the pain in the left side, there was, in this case, excessive tenderness in the right side, under the margin of the ribs; this was so great, that she dreaded the slightest manual examination, even before she was touched. The pain was confined to the hepatic region, but was



too acute and too superficial to induce a suspicion that it was connected with visceral disease. It was, as well as that of the other side, occasioned by the spinal disorder; and as soon as this was relieved by the usual application of the ointment, and the menses were restored by the usual combination of iron and aloes, these pains were dispersed, and the young woman afterwards acquired greater strength and better general health, than she remembers to have enjoyed at any former period of her life. This, as I before remarked, has been the usual result of Hysterical cases, treated in the manner above described.

#### CASE 5.

The following may, perhaps, be called a simple case; but it is important, as shewing the inefficiency of the usual modes of relief, and the powers of the tartar emetic ointment.

Miss L., an unusually stout and healthy girl, had been, for a few weeks, in bad health; complaining of pain in the left side, and occasional papitations. On the 4th of May, 1827, she was seized with fits, which her parents fancied (as they generally do in these cases) must be fatal to her. There was no

laughing, crying, nor violent gesticulation; but she had convulsions of the whole body, lasting sometimes for hours together, which were of a choreal character. During the fits she had no power of utterance, and was insensible to every thing. In the intervals, she complained of intolerance of light and of noise; pain down both the arms, palpitation, pain under the left breast, distressing head-ache, with great heat of its surface, and Dyspnœa. These with the Globus, which was very troublesome, made up the train of her symptoms. This was the usual period of menstruation, which, for many months, although regular as regards the intervals, had been attended with severe pain in the loins; and the discharge was of a dark and depraved character. Such was the case at this time, and was apparently the cause of the present attack. In the course of the first three days after the attack took place, she was bled in the arm, leeches in the temples, and blistered; active aperients were given her, with ammonia, valerian, and other antispasmodics; but without producing any other effect, than that of increasing her uncomfortable sensations. The least movement was enough to excite the fits; as, for instance, the act of raising her in bed, or swallowing a drop of fluid.

As soon as she became sensible to feeling, I made pressure upon the vertebræ, at the part I have repeatedly stated to be particularly affected in these cases; and she winced under the touch. In any other part, the finger might be applied, with a moderate degree of pressure, without giving pain; but having once felt that produced by pressing the upper dorsal processes, she would not suffer them to be touched again. This was a case like the last, in which the spinal tenderness was extreme. Little need be added. I again called in the aid of the tartar emetic, with the usual success; assuring the parents that, as soon as the eruption should make its appearance, the fits would vanish altogether. In the mean time, as her head suffered very much, more leeches were placed upon the temples, and it was bathed constantly with spirit and water; in attending to which, the ointment was neglected till the following day. Three days more elapsed, therefore, before the eruption was complete; during which interval, no impression was made upon the disorder by other means, but the patient had no return of the paroxysms afterwards.

I have thus traced the leading features of five cases of what I would call Hysteria of the second

degree. These are enough to show that it is sometimes wrapped up in such forms, and may put on the mask of so many other diseases, that great nicety and care are occasionally requisite for its detection. An intelligible description of a disorder of so chequered and various a character, it is evident, must be attended with much, if not with insuperable, difficulty. Yet there are, fortunately, in Hysteria, whatever shape it may assume, and by whatever name it may be called, some distinguishing characteristics which admit of being clearly stated; and by which it may be recognized almost with as much facility and certainty, as if its form were invariably the same. By attending to these leading symptoms, and disregarding the curiosities of particular cases, the practitioner will rarely feel himself at a loss to know the nature of the disorder when it presents itself, to give it at once its simple name, and to apply his equally simple remedies with equal assurance of success.

These distinguishing marks were present, more or less, in all the preceding cases; and I now proceed to point them out in detail.

## CHAPTER V.

## SYMPTOMS OF HYSTERIA OF THE SECOND DEGREE.

I.—In the first place, menstruation is defective. It always is, and has generally been some months prior to the attack, in some respect, more or less deranged. This derangement is the “head and front” of the case; the original cause of the disorder; that upon which all the other symptoms are more or less dependent.

II.—The next circumstance, and the most important of the whole list, whether as regards the discrimination of the disorder, or its treatment, is this:—that, in every case, there is distinct pain upon the application of pressure or of heat, to three or four of the six superior dorsal vertebræ. This is a point upon which I desire to fix the reader’s attention; for this spinal affection, whatever its intrinsic quality, is clearly chargeable with most of the curious images, and fantastic forms, that Hysteria is accustomed to put on; and yet, notwithstanding its

constant occurrence in these forms of Hysteria, and its frequent existence where there is even a tendency to Hysterical disorder, it is a circumstance that has been overlooked by those who have professed to treat upon the subject, as well as by those who, for the sake of gratifying curiosity, have published detached cases of Hysteria under various other designations.

In other parts of the spine, especially in the lumbar vertebræ, pain is frequently complained of for a long time; but, in the dorsal divisions, no uneasiness is generally felt until pressure is made upon them. Indeed, if the patient be asked if she have pain between the shoulders, she will usually answer, No! and will think it very troublesome to be disturbed for the purpose of exposing the part to examination. Proceeding from the uppermost cervical vertebræ gradually downward, she will smile at the inquiry, "if the pressure of the fingers hurts her?" until you reach the dorsal vertebræ; when her countenance will immediately betray her, and she will shrink from the touch, confessing that the pressure causes a pain which frequently, but not always, goes through either to the chest or to the left side, sometimes to both, and generally oppressing the breath.

I do not mean it to be understood that this pain

is always present to the same extent: sometimes the vertebræ are extremely tender, even upon the lightest pressure, or the least heat; and at other times, they bear a moderate degree of both, without much suffering: but the pain is invariably present in greater or less force, bearing some proportion generally to the violence of the Hysterical manifestations; and leaving an aching or soreness in the part, for some time after the fingers have been removed.

I will not occupy the reader with any hypothesis that I may have “dreamed of in my philosophy,” respecting the morbid condition of the portions of the spinal marrow, affected in Hysteria. All I intend is, to state facts that are particularly useful; leaving the exploration of hidden theory to those who have more talents and opportunities for it. No case that I have seen, either of this or of the extreme form of Hysteria, (to which I shall presently come) has terminated fatally; it is impossible, therefore, for me to say, with any certainty, what is the state of the spinal marrow and of its membranes in these affections; but I will fearlessly assert, that no severe or protracted case of Hysteria ever occurs, in which this pain is not perceptible, when heat or pressure

is applied over the spot; and I have little doubt, that, by a more extended investigation, all the fallacious symptoms and sensations, that beset patients in the anomalous forms of Hysteria, will be proved to arise from a high state of excitement of the upper dorsal portion of the spinal marrow, which has some connection with the due discharge of the uterine function. Whether this excitement be merely irritation, or whether it consist of something more, I will not hazard a conjecture.

III.—Another thing to be attended to, as a diagnostic symptom, is pain in the left side. This is very peculiar. It is usually situated immediately below the left breast, in a hollow formed between the cartilages of the fifth and sixth, or sixth and seventh ribs; it is generally so circumscribed, that it may be covered by a shilling; and is of the gnawing kind. Occasionally, however, it is most acute, feeling as if a knife were being stuck into the spot, and the patient cannot forbear screaming. This pain is complained of for some time before the invasion of the Hysteria. The patient is often observed to incline the upper part of the body to that side, dropping the left shoulder, which relaxes the painful part and affords some relief. The act of raising



the left arm above the head, or of bringing the body into a perfectly erect position, is attended with an increase of pain. I apprehend this pain is really seated in the intercostal nerve, although I have sometimes thought it must be situated in the nerves of the heart itself; as it is difficult to account for its perpetual preference for the left side. The right side, certainly, is often not exempt from pain; but, in nineteen cases out of twenty, the prominent grievance is in the former; and in the like proportion of instances, I can put a finger on the spot with as much certainty as if it were visibly marked.

I am convinced that many spinal curvatures have arisen solely in consequence of this pain, which is often of very long standing, causing a tendency to lean the body constantly out of the perpendicular line, towards the affected side. In these cases, nothing is more easy than to mistake the effect for the cause. When, therefore, other symptoms supervene, and a medical man is called in, he must not immediately determine the curvature to be the cause of the patient's illness, as it will frequently turn out to be merely a consequence of another disorder. I have seen a young lady confined to her bed for nearly three years by this very mistake; and

nothing was gained by it, but an increase of weakness.

IV.—Palpitation is another symptom that is almost universally present, to guide the judgment in these disorders; and it is often distressingly violent. A sense of fluttering about the heart is also very common.

In addition to these, there is always pain in the head, in front or in the occiput, or in both; intolerance of light, which is sometimes so extremely urgent that the patient is easy only in absolute darkness, and generally more or less globus.

Such are the special symptoms which denote Hysteria of the second degree. A suspended, irregular, or painful menstruation; pain upon pressure upon some of the dorsal vertebræ; pain underneath the left breast; palpitation or fluttering at the heart; more or less pain in the head; intolerance of light; and more or less globus. These are almost unfailingly combined in every case; and, in the great majority, are accompanied by pain or aching in the arms and legs, and across the loins,—furred tongue—constipated bowels,—and dyspnœa. The pulse is sometimes quick, variable, or intermitting; at other times perfectly natural.

Difficult then as it is, to recognise some cases of Hysteria, when surrounded with a host of extravagant symptoms, the practitioner can hardly fail to come to a right conclusion, if he will carefully institute an examination of the matters alluded to. When he finds these symptoms concurring in the case before him, no matter how puzzling and grotesque its other features, he may be at once satisfied of its real nature; and that being clearly known, the mode of treatment is not difficult, and will very rarely fail of success.

## CHAPTER VI.

## TREATMENT OF HYSTERIA OF THE SECOND DEGREE.

It has been already stated that the various forms of this kind of Hysteria, however monstrous and unaccountable, appear to be caused *immediately* by the spinal affection; which is, in its turn, the result of some hidden association or sympathy between the contents of the upper portion of the vertebral canal, and the due performance of menstruation. There are thus two points in the treatment to be separately considered. The first, the removal of the immediate cause of the Hysterical evolutions; the second, the restoration of the uterine and other secretions to a state of health and vigour. The most speedy and successful mode of accomplishing these views, is that pointed out in the five fore-cited cases.

I. In some instances where the patient is very robust,—the cheeks highly flushed,—the eye injected,—the forehead red and polished, it may be useful

to abstract blood by the lancet; but it rarely does much good, and, as far as I have seen, never relieves the immediate attack. But when symptoms so sudden and alarming make their appearance, a medical man is expected to do something *instanter*; and, in strong young women, bleeding does no harm. In delicate girls, on the contrary, it aggravates the disease tenfold; and renders the cure infinitely more difficult and tedious than it would otherwise be. As a general rule, therefore, venesection should not be performed, without some very substantial reason. It neither removes the pains, nor the spasms; but very often prolongs both.

Having made a careful examination of the spine, and ascertained the seat of pain, the first thing to be done, is to apply the tartar emetic, either by friction or plaster, upon the spot. If the symptoms be urgent,—whether Cataleptic, or choreiform, or tetanic, or hemiplegiac, or any other,—the application should be carried throughout the whole course of the vertebræ; and this should be done every six or seven hours, until the pustulation is fully developed. The Hysterical symptoms will then begin to yield, and the patient will become calm and sensible: but as the cause of the

spinal disorder, viz., the faulty uterine function, is still in operation, it is sometimes necessary to establish the eruption "*iterum iterumque*," in order to secure the patient from a recurrence of the same symptoms. In the meantime, every exertion must be used to improve the condition of the uterine organs.

Upon the discovery of this tenderness between the scapulæ, I have frequently leeches the part, which has always failed to afford any important relief: I have afterwards blistered the spine, without deriving therefrom, at best, more than partial benefit; but I cannot too often repeat, that the antimonial eruption exerted always a most powerful influence over the disorder; controlling its various manifestations,---relaxing muscular contractions,---and dispelling the tenderness upon pressure, and the pain on the application of heat.

It must be presumed, that the action of this pustular eruption, is attributable to counter-irritation; ---but this is certainly not proved;---and it is singular that it should be followed by such decided effect, after leeches, blisters, cupping, and the like, had failed to produce any influence over these disorders. However, such is the fact, and

its *methodus operandi* is of minor consideration\*.

In addition to the ointment, it will be necessary to give the patient active purgations to scour the whole course of the intestinal canal. Calomel and jalap, and castor oil generally effect this purpose in the best manner. The evacuations are, at first, sometimes, of a very black and unhealthy appearance; these medicines must be repeated daily, at the discretion of the practitioner, until they assume a natural aspect.

Objections have been urged against the use of calomel in those affections; and it must be remembered, that where there had been for a long period, as often happens, a pale and sickly countenance,

\* In further proof of the value of this application, I will just relate the following striking case. Some years ago I was asked to visit a poor woman, who had been confined to her bed for several months, with Paraphlegia. She had been under the care of a surgeon, who had told her she might take what she pleased, as he had given her up as incurable. I examined the lower part of the spine, and found that there was pain in the lumbar vertebræ: here I ordered the tartarized antimony to be rubbed in; a crop of pustules was the consequence. In less than a week afterwards, she was able to walk; and she got rapidly well.

with a languid expression, tumid and spongy gums, a clammy and tremulous tongue, with red edges, and a tainted breath, calomel should be very cautiously employed: but in patients, and they are many, having no apparent debility or laxity of fibre, there can be no danger in using it as freely as at other periods.

II. We have thus disposed of the immediate attack; but another important indication in the treatment remains to be considered. This is to re-establish a healthy and vigorous menstruation. Now the mal-performance of this important function may be of several different kinds: it may consist in absolute suspension or suppression; in being before or beyond the usual period; in being of a dark or grumous, or of a very pale complexion; in being too copious or too small in quantity; or in being attended with excruciating pain. Such being the various states of disorder, it will be seen how impossible it is to lay down any rule of treatment that can be universally applicable. Each must be separately considered, and treated according to the discretion of the practitioner, upon the usual principles; in first of all, improving the secretions, and placing the



digestive apparatus in a state of reparation. After this has been effected, wholesome air, wholesome food, and wholesome exercise, with preparations of iron, and the use of the warm, tepid, cold, or shower bath, according to the circumstances, will generally be the best tonics, and restore the patient to her usual health and strength.

## CHAPTER VII.

IN further elucidation of the correctness of my view of this class of Hysterical affections, and of the value of the treatment recommended in their varying circumstances, I propose now to transcribe, as briefly as possible, some remarkable cases that have been recorded by different practitioners, and gleaned from other journals by the Medico-Chirurgical Review. These cases, unless I am much mistaken, will prove to have been merely examples of Hysteria; although they are called by various names, and their reporters appear, generally, to have entertained rather a confused notion of their nature, and not a very clear one of their treatment.

I shall not make a selection of such cases as may suit my own purposes, but shall allude, more or less, to all those I can find, having any bearing upon the subject. The number and page will also

be given, so that all persons may read them at length, and judge for themselves.

In No. VII. Page 201, New Series, will be found a case called *Catalepsy*. It is related by M. M. Legarde and Lenormand; and was seen by Loennec, and Recamier.

#### CASE 6.

“Mademoiselle — first menstruated in 1824, at the age of 15. She had previously enjoyed good health. *She only menstruated thrice, and stopped.* She went to school at Paris in June of this year, and pined to return to her parents. In November, she had fever, and recovered in three weeks; afterwards obstinate constipation, and difficulty of taking food. Purgatives had little effect in moving the bowels. Symptoms of chorea now appeared. The head, arms, and legs, were in constant motion. She had deep-seated pain in the chest, especially under the sternum. In January, 1825, the choreiform symptoms diminished, and were succeeded by Trismus, and permanent contraction of the muscles of deglutition. During eight days, only a few drops of fluid could be got down her throat. A few days after these

phenomena, she became affected with Cataleptic symptoms:—complete immobility,—rigidity of the whole body,—eyelids shut and fixed,—eyes turned up,—pupils natural,—pulse feeble; total abolition of the senses, except that of hearing. She heard what passed around her, but could make no answer or sign. On recovering from these states, she complained of violent pain under the sternum. She tried to soothe her parents, and endeavoured to swallow. Cold affusions and other things were tried with little or no effect. In the third week of the Cataleptic and Trismal attack, some changes took place. She could no longer hear, but her limbs became moveable, and retained any position in which they were placed. *Thus the disease was now complete Catalepsy.* These attacks were, for some days, strictly periodical; lasting from four till half past ten, p. m. In the interim, there was pain and anguish about the stomach, greatly augmented by taking food. On January the 14th she went home to her parents, but the Catalepsy still came on at the same hour. Various means were tried to dispel the attack, but they only protracted the patient's sufferings. She had now been ill nine weeks. On the 27th of January, during the

Catalepsy, she was seized with convulsive movements: the arms were suddenly thrust out of bed. The countenance expressed great suffering. Her eyes suddenly opened, and turned convulsively upwards; the lower jaw descended, and closed alternately; she frothed at the mouth, and began to sing. In the night the choreal affection of the head returned;—it ceased, but returned on the 28th and 29th. During the succeeding days, a kind of somnambulism took place: she sung several airs, talked aloud, and went through several movements during the Cataleptic period; which was, however, shortened, and was followed by complete oblivion of all that had passed during its continuance. *An antimonial plaster was applied to the stomach, causing dreadful sufferings for eight or ten days; but having no influence upon the disorder.* By the 15th of February she was completely exhausted; she could scarcely speak, was indifferent to every thing, and took hardly any nourishment. The Cataleptic accession was now ushered in by a sense of excessive coldness, but the real temperature of the skin was not changed. From the 19th of February to the 10th of March, the Catalepsy so much increased, that there were very short interval

between the paroxysms. She might be moulded, like a figure of wax, to any shape, and would remain in that form till altered to another. She was extremely emaciated by want of food; went two or three weeks without an alvine evacuation; fæces unnatural. About this time, Recamier and Loennec thought the young lady dissembled; as, when she thought herself alone, she could move her hands freely; but when any one was near, she was cataleptic from head to foot. From the 13th March, the Catalepsy daily declined, and she began to take food, move, speak, laugh, &c. The paroxysms were now slight, but periodical to the moment, till the 30th of March. She gained flesh, and was tolerably cheerful. Except a few *nervous and anomalous attacks*, she gradually got well; and on the 4th of May, left Paris convalescent. *The menses had not re-appeared."*

That the above-written case was of the Hysterical kind, from first to last, no experienced man will doubt. Notwithstanding the suspicions of the Doctors, that the young lady was duping them, it is quite certain that the suppression of the menses was alone sufficient, through its mysterious connection with the spine, to occasion all the phenomena

that here exhibited themselves; both the singular hallucinations of mind, and the fantastic muscular contortions and changes. Had the spinal column been attentively examined, their modifying cause would have been found to exist there; and if the tartar emetic plaster had been placed in that situation, instead of at the epigastrium, and repeated if required, this young lady would have been speedily emancipated from her sufferings; and would not have lingered on for four months, being reduced to the last extremity of misery and weakness. We see that, at last, she recovered by the mere force of her natural strength. Menstruation did not, however, take place; and, unless this were brought about, (as probably it was, when she again enjoyed the country air, and the privilege of making a free use of her limbs,) it is not unlikely that she may have relapsed into a similar state: if so, perhaps she may now be languishing away her life as an incurable invalid; which has been the case with many young ladies in this country, under nearly the same circumstances.

## CASE 7.

The following is from No. XIII, New Series, Page 146. It is headed "*Chorea fatal.*"

“ E. Smith, aged 17, was admitted into the Middlesex Hospital, under the care of Dr. Hawkins, on the 5th of September, 1826. She had just recovered from a severe attack of rheumatism in her knees and shoulders, which lasted seven weeks. A fortnight before her reception, she was seized with involuntary convulsive movements in the legs, arms, and neck. These had continued ever since with great violence. *The catamenia had been suppressed four months.* She had head-ache, thirst, pain in her back, pulse 96, tongue loaded, bowels constipated. She was actively purged, without success. The calomel, senna, and turpentine, always dislodged dark and copious motions; but produced no alleviation of the convulsive spasms, which were like those of hydrophobia. She could not hold her head quiet for an instant, and the grinding of her teeth was so violent, as to force one of them from its socket. The convulsions were uninterrupted, except by short intervals of broken sleep. Her intellects were unimpaired. She was put into a warm bath, which aggravated her convulsions, produced great irritation, and inflammatory symptoms. Sixteen ounces of blood were drawn; it was *inflamed*. She was bled again the



next day,—still very little alleviation of the spasms. Musk was then tried without effect. Camphor and opium procured her some sleep: after taking them the second time, she slept soundly; awoke, and soon afterwards expired, on the 13th of September: being eight days after her admittance.

“*Dissection.*—No morbid appearance could be found in the brain. There were tubercles in the lungs, and earthy concretions in various parts. Adhesions between the liver and adjacent parts, intestines healthy in appearance; omentum and mesentery studded with numerous cysts: some containing a black semifluid matter, others calcareous depositions. Several large concretions in the pancreas. *The uterus was rather large and vascular, and the lining membrane of its body and fundus highly injected. The Fallopian tubes and ovaries contained a good deal of the black matter above-mentioned.*” Dr. Hawkins says, that “granting irritation of the brain and nervous system to be the proximate cause of chorea, sufficient cause for such irritation was met with in the preceding case;” namely, the earthy concretions. The reviewer adds: “we cannot accord in this opinion, as the earthy concretions must have existed for many months

previously, without being productive of any irritation."

It is quite clear, that the earthy concretions were as innocent of the girl's death as the man in the moon. But let us take another view of the subject. We have "the catamenia suppressed four months,"—"the uterus enlarged and vascular,"—"the lining membrane of its body and fundus highly injected,"—"the Fallopian tubes and ovaries filled with a quantity of black semifluid matter;"—and are these no causes of irritation? Now it appears to me, that the whole uterine system was in a high state of vascular excitement; and that this, instead of being a case of chorea, was, with submission, in reality a case of Hysteria; and I have no doubt, that had an examination of the spine been instituted, the pain and tenderness, that I have insisted upon, as a very important feature in these cases, would have been here immediately detected. The catamenia had been suppressed four months. The convulsions came on a fortnight before her admission to the hospital; and for seven weeks previously, she had been suffering from a violent attack of rheumatism in her shoulders and knees; making nine weeks in all. It thus seems

that the rheumatic affection came on seven weeks, or thereabouts, after the last appearance of the menses; consequently, three weeks after the proper period of their return. Judging of the case from this report of it, I should almost doubt whether the rheumatism itself had not been of an Hysterical kind. *That* gave way, and the convulsive motions supervened. These were tremendous; and their violence, it may be presumed, produced the patient's death. Whether a timely application of the tartar emetic to the spine, would have rescued this unhappy girl from an early death, it is hard to say. The dissection shews her to have been in extremely delicate health; and, therefore, in a more excitable state; more liable to the invasion of spasmodic disorder, and less able to cope with its violence.

The reviewer in concluding a few remarks upon the case, says: "We question whether this disease was entitled to the name of *Chorea*;—was it not more properly convulsions?" It was, no doubt, convulsions; Hysterical convulsions; and their violence, in her weak condition, destroyed the patient.

#### CASE 8.

The following is taken from page 164 of the

same number. It is recorded by Dr. Fountain, of New York, and is given in the English journal very scantily, having been merely introduced to shew the immense quantity of arsenic that was given the patient. It is called "*Chorea.*" The patient was a girl 14 years old, of very sanguineous temperament, but delicate constitution, who had previously enjoyed good health, and menstruated regularly for some time.

"*The Catamenia became suppressed in July, 1826.* Dr. Mead gave her tonics till the 13th of the following September. On that day she first shewed symptoms of chorea, and Dr. Fountain was called in. He advised an emetic, to be followed by bark, and steel, and aloes, and myrrh, and assafœtida. On the 21st she was worse in all respects;—pulse 95; tongue clean; strength declining; spasms 'frightfully increased;' articulation and deglutition difficult;—mind alienated;—violent screaming;—hair dishevelled; 'in short, exhibiting the most melancholy and heart-rending picture that can be imagined.' Dr. F. now gave her ten drops of arsenical solution every two hours, and, by the 25th, she had taken three hundred drops. 'By this time the vascular action had become intense,' the pulse

quicken'd to 120 in the minute, the spasms considerably abated, and the patient enjoyed some sleep. She now took arsenic pills for a change. On the 26th the spasms ceased entirely."

This was clearly another case of Hysteria, which was cured by the substitution of another disease; as the reporter says, "the nervous irritation having been supplanted by vascular action." The catamenia were suppressed in July; on the 13th September, the spasms began; in thirteen days afterwards they ceased, or were driven away. The remedy, however, carried to such an extent, was of rather a desperate kind; and few will be disposed to imitate such treatment. All the symptoms would have been dissipated in three days after their accession, by the use of the antimoniated ointment to the spine; where pain would, no doubt, have been discovered to exist, as in other cases of the kind. We have no account whether or not the catamenia were afterwards forthcoming.

There is another case in No. XV. for January, 1828, Page 216, entitled, "Mr. North's case of Catalepsy;" and Mr. North very properly applies the term "Hysterical" to it.

## CASE 9.

“The patient was, as usual,” says the report, “a young female who came to London in a state of great mental inquietude, resulting from a love affair. First, she had pain and swelling in one foot, then intense pain in the head, with slight hysterical paroxysms, &c.; in short, each day presented a new form of disease, which so puzzled her medical man (not Mr. North) that he thought the devil was in the girl! A physician was consulted, who pronounced the complaint Hysteria. When Mr. North was called in, the girl was supposed to be dying. She was apparently in a profound sleep, into which she had fallen after a violent attack of Hysteria. No motion could be perceived in any part of her body, no pulse in any artery; scarcely any action of the heart; no respiration; pupils contracted; temperature of the body below par. She drew in a gentle and deep inspiration about every ten minutes. A stimulating enema, *and four drops of croton oil on the tongue.* She continued in this state twelve hours, when a slight hysterical paroxysm dissolved the spell. After an interval of a few days, there was a violent

trembling of the whole body, succeeded by a short sleep, and then an attack of Hysteria. In a day or two afterwards the real Cataleptic phenomena were developed. 'She resembled a figure of wax which might be moulded to any form. In whatever position she was placed, she remained as immoveable as a statue, however awkward and fatiguing it might be. She was put in a boxing attitude, and thus remained till the caprice of the bystanders altered it. One eye was opened to its full extent, the other at the same moment closed; it remained fixed, the pupil being contracted as before. The globe of the eye appeared insensible to the touch, as well as other parts of the body.' She was placed in a standing position, with her limbs in various attitudes, which could with difficulty have been assumed, even for a moment, by a person in health, and could not have been so long supported by voluntary efforts. When the nervous influence was expended, the muscles suddenly relaxed, and she would fall as if struck by a cannon ball. She continued in this state, with intervals of various duration, for a fortnight, and then the malady assumed the form of chorea. *After this the breasts swelled and became painful.* She was sent to St. George's

Hospital, where the same alternation of symptoms occurred. She is now in the country, and still suffers from violent attacks of Hysteria.”

So far the report. Here was a case of chorea, and what has been called Catalepsy: besides a list of other symptoms, ushered in distinctly by the common characters of Hysteria; and Mr. North had the good sense to view it as Hysteria, throughout all its vicissitudes. We are left entirely in the dark about some important points in the case; such as the seat of pain, and the state of the periodical secretion. We find, however, that after the choreal symptoms appeared, “the breasts swelled, and became painful;” this was, doubtless, occasioned by their sympathy with some source of irritation in the uterine organs: and, although the report is silent upon the subject, I feel confident, from analogy, that menstruation was either totally suppressed, or manifestly deranged; and that some of the dorsal vertebræ would have been found, upon pressure, distinctly, if not extremely, tender. That the application so repeatedly referred to, would have been successfully employed, and that it would, in one week, have scattered every vestige of Hysteria, I entertain no doubt. As it was, let us



see what course the case took. The unfortunate girl, had first of all, to undergo the varied discipline of three different practitioners. How long she was subjected to this, we are not informed; but it must have been for many weeks, at least, and without any remission of symptoms. She was then conveyed to St. George's, where she was treated with the same want of success. How long she remained here, also, does not appear. The last thing we hear is, "she is now in the country, still suffering from violent attacks of Hysteria." So that this patient was treated by three gentlemen, before she entered the hospital, and, perhaps, by as many more within its walls; and, at last, she appears to have been dismissed the house, if not incurable, at least uncured of her complaint.

This is a case, the history of which reflects little credit upon the science of medicine: it shows that there must be something radically wrong in the notions entertained upon the subject, when we see a disorder, known and recognised as Hysteria, to baffle the skill and ingenuity of five or six different practitioners of reputation. But I am satisfied, that if the points which I have urged upon the reader's attention be carefully marked, and if the

antimoniated plaster prove as successful in other hands, as it has done in mine, such an opprobrium, as this case certainly must be considered, will never occur again.

#### CASE 10.

This is taken from No. XI. New Series, Page 89. It was a case of chorea, occurring in a girl nine years of age. I introduce it merely to shew that the tartar emetic ointment was successful, after ordinary means had failed. The case was treated by Dr. Mc Andrew, of the South London Dispensary, where she was admitted in March, 1826. Her complaint began in January, in the form of slight convulsive movements in both sides of the body. These were always increased by mental despondency. She had occasional headache, and diarrhœa. Her brother was subject to epilepsy. She had now the usual symptoms of chorea, but not in a severe degree. Purgation was assiduously employed, and leeches applied to the head: but a month's treatment on this plan merely aggravated the convulsive movements. Ether, valerian, and opium, were now conjoined

with the purgatives; but still she grew worse. She could now scarcely stand or walk. The head was ordered to be shaved, and the tartar emetic ointment to be applied, which brought out a copious crop of pustules. The convulsive movements on one side now subsided. The pustulation was extended to the spine, and with beneficial effects. The bowels were kept open by calomel and jalap; she ultimately but slowly recovered.

There could not be desired a clearer instance of the salutary effects of the antimonial eruption than this. Supposing the same period to have been consumed in the second set of remedies, as in the first, two months would have been thus lost in pouring all sorts of things into the little patient's throat: but the disorder resisted every effort to put it down, until the ointment was applied to the head and spine. It then yielded, and would have done so two months before, had the ointment been put in earlier operation. I would just remark here, that, in the present case, it was hardly justifiable to pustulate the head; as this is attended, usually, with intense suffering; and is only requisite in cases of great inveteracy. An application limited to the upper part of the spine, would have answered the

purpose here, just as well as a more extended punishment.

The reviewer says; "the cure is to be attributed to the counter-irritation upon the head and spine;"—but I doubt if the counter-irritation produced by blistering would have been equally availing. It is difficult to understand precisely the principles upon which the tartar emetic eruption proceeds.

#### CASE 11.

The following is a very striking case of Hysteria, and is reported in the Fasciculus for February, 1829, Page 461. It is called "A case of strange and anomalous nervous symptoms in a female; imitating organic diseases, and disappearing on the eruption of the catamenia."—Elizabeth Babillon, aged 37, a widow, entered La Charité on the 14th of May, 1828. She was the mother of five children; had been healthy, regular, and strong, till mental afflictions disturbed her health, and even her reason. For this last derangement she had been some time in the Salpetriere. When received into La Charité, she complained of *violent palpitations;—tightness across the chest,—pain in the left side;—*symptoms which she attributed to a fall she had some eighteen

months before, when she was in the habit of being bled every two months. The pulse was irregular and intermittant; beating of the heart, heard over a considerable space;—no œdema. The patient was considered highly nervous, by M. Fouquier; was bled, leeches, and placed on very rigid regimen. The cardiac symptoms speedily abated; but now the patient had violent pain in the head, chiefly over the right side, which was relieved by the application of cold water. Whenever the head was relieved, she felt pain and stiffness in her limbs. In a short time there was complete paralysis of the right side, both of sensation and motion. Acupuncture on that side excited no sensation. Sinapisms,—blisters. In the beginning of September, the right leg, hitherto paralyzed, became completely rigid, and remained permanently extended. When flexion was forced, great pain was produced. Both thumbs were, at this time, rigidly extended; and there was little sensibility in either arm. M. Andral now succeeded M. Fouquier, and applied moxas to the loins, which restored sensibility to the legs. But now there was intense pain in the region of the heart; “*radiating*” thence along the left arm. No fever,—no convulsions. Next day (11th September,)

a sense of constriction was felt in the throat; deglutition was difficult, and the voice nearly extinct. After some other metamorphoses, *we find the menses appearing, on the 15th of September, when the whole of these teasing phenomena vanished like a dream.*

In this case the first symptoms,—pain in the left side, palpitation, pain and tightness across the chest,—taken in conjunction with the suspended menstruation, were sufficient characteristics to have led to a suspicion of their nature, and a consequent examination of the spinal column; and here would have been discovered another collateral fact to stamp the case as Hysteria, with almost absolute certainty. The patient was under the care of M. M. Foquier and Andral, from the 14th of May to the 15th of September. In the course of these months she was bled, leeches, acupunctuated,—sinapisms were applied,—blisters were applied,—and, at last, moxas were applied to the loins, in addition to the usual quantity of medicinal libations: all which things were heroically performed without any precise view, either of the cause, or of the condition, upon which the symptoms depended: and, at last, nature, as if in ridicule of the punishment that had been inflicted upon this poor woman, returned of her own accord

into the usual channel; for we find the menses appearing, and the symptoms vanish. This case bears irrefragable testimony to the source from whence all these phenomena spring, and to the uselessness of all the common modes of relief.

## CASE 12.

This is from the Fasciculus for April, 1828, Page 151. It was published by Dr. Fallot of Namur, and is called, "Periodical contraction of the lower extremities, after suppression of the menses."

A strong country girl was pursued by a dog during the catamenia, *which were suddenly suppressed*. This was in May. In December she consulted Dr. Fallot; there being no return of the uterine discharge, although leeches innumerable were applied to the Labia, &c., and warm bath used. In September she began to feel a sense of formication in her legs, attended with painful twitchings, which no effort of the will could prevent. In October, they amounted to convulsive contractions of the legs, by which the heels were drawn up to the hips; and any attempt to stretch out the legs produced severe pain. This state of rigid contraction lasted five

days, and then ceased. A month afterwards the same phenomena returned, lasted four or five days, and then vanished. The patient seemed, in other respects, in perfect health; plump, ruddy, and strong. Dr. Fallot now conceived that the complaint depended upon *periodical congestion of the vessels of the spinal marrow, and its membranes*; and ordered sixty leeches to the *lower part* of the spine.

The flow of blood was abundant; but three days afterwards, the contraction returned, though not in a violent degree. The leeches were several times reiterated in the course of the ensuing month, and the contractions returned no more. The menses did not re-appear till the following March.

This was another variety of Hysteria, arising from a similar cause, which would have yielded to the same treatment as the others. The shoals of leeches appear to have answered the same purpose; but, be it remembered, the bleeding by sixty leeches, several times repeated, is not always a sacrifice that can be ventured upon with safety. Dr. Fallot thinks the periodical contraction was occasioned by congestion of the spinal marrow, and its membranes. This is purely hypothetical. All we know is, that there is a species of Hysteria arising from suppressed



menstruation, with which the symptoms usually denoted spinal irritation are very frequently associated.

### CASE 13.

The following belongs to the same class as the foregoing, and is extremely interesting, as well as curious. It is related in Dr. Burrows' work on Insanity, and copied into the Medico-Chirurgical Fasciculus for August, 1828, Page 512. It is called "A case of Catalepsy, combined with Mania."

"A young female of some education, after having lived in concubinage, had the offer of marriage, provided it took place the very day after the proposal. Her agitation of mind brought on a sudden eruption of the menses; and, in this state, the marriage was solemnized. The newly-married couple set off in the evening, in a stage coach, to the place where they were to sleep. During the journey her passions were highly excited, and subsequent intercourse was attended with pain. After sleeping an hour, she suddenly awoke in violent alarm, saying she had had a frightful dream, and complained of dreadful pain in her head. Presently she jumped out of bed, and flew to the window,

which her husband prevented her from opening; she then became unconscious of all around her, and fainted. On recovering, she was delirious and furious. The cataménia ceased from this time. The practitioner who attended, bled, purged, blistered, leeches, bathed, and starved the patient; and, in about three weeks, the symptoms gradually abated. A visit from her husband and some friends produced a relapse; and mania, in a mild form, supervened. This changed to melancholia. A fortnight afterwards she was removed to Dr. B.'s establishment. Her countenance was sullen and pallid; eyes heavy, turgid, and cast down: tongue foul; bowels inert; pulse rather full, and slow; skin, particularly of the extremities, below the natural heat. She was averse from moving or speaking: made frequent pressure on her head; and the carotid arteries beat stronger than any others. Sinciput hotter than natural,—extremities colder. The head was shaved, and cold lotions applied; occiput cupped:—purgatives and emetics given her. This was the 10th of November. On the 24th some ptyalism came on from calomel, and all the symptoms were better. On the 8th of December, ptyalism ceased and the bad symptoms

returned. On the 18th she assumed the cataleptic character; preserving the exact posture, whether lying, sitting, or standing, in which she is placed; eats mechanically whatever is put into her mouth; if spoken to sharply, the only notice is a sardonic grin. The skin is like wax, and colder than natural; feet very cold; pulse feeble; respiration scarcely perceptible; eyes fixed and turned upwards; evacuations natural; sleeps well, and in the morning is dressed, like a helpless infant. On the 1st of January, all the symptoms aggravated; sensation and volition quite suspended; evacuations involuntary; sardonic expression; mouth open, and constant flow of saliva; eyes immovable, and embedded in the upper eyelids; every limb retained the position in which it was placed, the most painful being sustained without suffering, and for a longer time than would be possible in health. Pinching and pricking did not arouse her. These paroxysms lasted through the day. She now exercised but one voluntary animal function, deglutition. Various remedies, including depletion from the head and spine, were used without effect.

“ On the 12th of February, she awoke in possession of every faculty, corporeal and mental; *assisted*

*in domestic affairs, and talked rationally.* The next day she was again torpid and mute. She was now cupped and vomited, and a seton was put in her neck. At this period she was removed from Dr. B.'s asylum; but she derived great benefit from the seton; the menses re-appeared, and she perfectly recovered."

Dr. B. says, "many circumstances in this case indicated determination of blood to the brain;" and names the interruption to menstruation as one of these. This idea appears to be altogether suppositious, and not the result of philosophical induction from facts. There is not a single unequivocal sign of determination of blood to the head mentioned: and as to the suppressed menstruation being such,—this must be either a misprint, or a woful proof of the shifts to which men will resort, for the support of a favourite hypothesis. There is a tendency in the mind of every man who thinks, upon observing a certain effect, to proceed in search of a cause sufficient to its production. Now our judgment is often less vigilant than our imagination; and, as this is extremely ingenuous and sanguine, the former is easily overmatched. Hence it follows that where the cause, of which we have been in

pursuit, is enveloped in much mystery, we are frequently led to the reception of unsound opinions, and to reason upon them with as much confidence as if they were irrefragably correct; rather than give the matter up without arriving at any settled conclusion, and having only our labour for our pains. This was the case with some ancient philosophers of the natural, as well as of the medical world; and, in modern times, we have seen the unsubstantial theories of both demolished and ridiculed by men vastly inferior to themselves, both in genius and knowledge.

That the suppressed menstruation, together with its premature discharge, was the cause of the various evolutions that this case presented, is written upon the very face of it. The suppression was contemporary with the onset of the attack, and the ailments ceased when the menses re-appeared. In fact, it is quite clear that this was nothing more or less than an ungovernable case of Hysteria, and that the patient had no more business to be locked up in a lunatic asylum, than Dr. Burrows himself. It is not stated that any examination of the spine was made, by pressure or otherwise: had this been done, I am well assured that Dr. B. would have been

at once satisfied of the real seat of irritation, and that such discovery would have led to a more speedy deliverance from the disorder, than was effected by the treatment pursued. As it was, we see that no material impression was made upon the case until after the seton was introduced, and that *then* the patient gradually recovered. It is by no means a novelty to find these disorders associated with maniacal symptoms; and, indeed, in cases wherein the head is so universally painful, it would be surprising if it did not, occasionally, so happen. This was the only circumstance of the case upon which any doubt can arise. That determination of blood to the head was not the cause of this young woman's complaint, may be inferred, for the following reasons. We do not find determination of blood to the brain causing such effects in men, or in the absence of such an exciting cause as I have alluded to; neither do we see it suddenly sinking down, of its own accord, to a just equilibrium for a day, leaving the patient perfectly free from disorder, and "assisting in domestic affairs;" and the next morning becoming as violent as ever. Besides, after bleeding, blistering, cupping, leeching, bathing, purging, and vomiting had failed to afford relief, it was hardly to be

expected that so intractable a case of determination of blood to the brain would have so quickly yielded to the quiet operation of a seton in the nape of the neck. But this is not the first time that "determination of blood to the head" has been made a scape-goat in obscure diseases. It is a very plausible and convenient term, because people are apt to think they know the meaning of it very distinctly; but, perhaps, no medical term is more abused, or more unmeaning than this "determination."

## CASE 14.

This is the last case I shall extract from the journal. It is recorded by M. Crichton in the Edinburgh Review, and is transplanted into the London Fasciculus for May, 1829, Page 151. It is called "*Leaping Ague.*"

In January 1818, the author was called to a brisk and lively girl of 15. In October 1816, thieves broke into the house. She sprang out of bed,—leaped out of the window,—and roused the people of the adjoining house. This shock was followed by another, the death of a sister. She became pensive and *bewildered*, was affected with excessive

perspirations, and her strength gradually declined. At one period, in the summer, *the catamenia made a slight appearance, but never returned.* Towards the close of 1817, she had frequent attacks of shaking; followed by coma, which, after continuing about an hour, gradually went off. At the beginning of 1818, the case assumed the following appearances. Every morning about ten o'clock, she became torpid and drowsy; about eleven, she began to arouse; by twelve she got out of bed, went about collecting her trinkets, and other things, she had secreted the previous day in holes and bye places. These she brought to bed, and amused herself with for some time; occasionally conversing with those in the room, but in such language as was difficult to understand; commencing her sentences with the last word, and frequently pronouncing the words themselves with the last letter foremost. When she could not make herself understood, she would write what she wished to convey; but, in doing this she would begin at the right edge of the paper, and write backwards; the last word of the sentences, and the last letter of the words often first; this was done with rapidity and seemingly without consideration. Her sight also was affected, seeing



objects only in certain situations, and being obliged to turn her head in another direction when she wanted to view anything. About one o'clock she again secreted her trinkets, &c. and began dancing the Copenhagen jig. Her excitations increasing, she jumped upon the tables and chairs; sometimes running round and round the edge of a table with great velocity, then springing up and squatting herself upon the top of the door, swinging backwards and forwards without any hold, and often manifesting a desire to spring out of the window. Upon one occasion, the door being open, she suddenly sprung out, clearing the staircase at one bound, and without sustaining any injury. The strength of several people was insufficient to keep her in bed, as she got away from them like an eel. About two o'clock, becoming exhausted, she went to bed, fell into a deep sleep, awoke in her right mind, and quite unconscious of all that had passed. She continued so till the next morning, when the same scene was re-acted. Various medicines were used with little effect; but the disease gradually subsided, and a voyage to the Baltic completely restored the young lady's health."

Such was the strange, eventful history of the

case, which, as the London Reviewer justly observes, had nothing of ague about it; but was "one of those indescribable forms of Hysteria, which defy all systems of nosology, all doctrines of pathology, and too often, all kinds of remedy except time."

I have thus given a brief transcript of eight cases gathered from the Medico-Chirurgical Review. These are related by their several reporters under such name as each individual has arbitrarily fixed upon, apart from any systematic arrangement, and seemingly without being duly cognisant of the cause or condition from which they sprung.

They appear, indeed, to have been published rather as curious specimens of the wild and extravagant vagaries of nature, than as subjects fit for serious reflection; no attempt being made to trace them to their source, or to found upon them any useful principle or method of treatment. To no one of them is there appended an account of a successful treatment, nor any guidance in similar occurrences. I have, however, concentrated them for the purpose of proving that these (with one exception,) were all Hysterical affections, originating in one cause; namely, suppressed menstruation: that they were of a nature similar to the five cases that

were previously discussed; and that they would have been arrested and dispersed by an adoption of the same measures.

In all these cases, as may be gleaned from the reports themselves, catamenial suppression preceded the other manifestations; and dissection, in one case, demonstrated the existence of intense excitement of all the uterine organs. Yet it is a little remarkable, that not one of the eminent men, into whose hands these cases dropped, had even suggested the probability of this suppression being instrumental to the developement of the ensuing symptoms; neither are we led to conjecture, that the spinal marrow and its membranes were supposed to be implicated, in more than one of them, or that these were examined, in the only way possible, by pressure, or the application of heat. Considering the awful duration of some of these disorders, this is strange and surprising; for, certainly, if there be any one structure of the body, in which, "*a priori*," we should expect to discover the source of these varied affections, the spinal marrow is that structure, and here we should commence the search, with the greatest probability of success. But, as I before remarked, in the majority of

instances, no pain is felt in this part by the patient; nor is there any uneasiness, oftentimes, until pressure or heat is applied; and then it is that she invariably complains in the way I have pointed out; and to this rule I know no exception.

## CHAPTER VIII.

## HYSTERIA OF THE THIRD DEGREE.

IN the preceding divisions of this essay, I have confined the reader's attention to those classes of Hysterical disorders, which are sometimes difficult to identify, owing to their great variety, and to their simulation of other complaints; but yet, under a well regulated management, are not, generally, of very tedious duration.

I am now coming to the consideration of cases of a more aggravated, and, sometimes, of an almost hopeless description. It must, however, be still understood, that, between these, and the cases before related, there is no substantial distinction, except as refers to their different duration. They are made up of the same materials; occur under the same peculiar circumstances; and are curable, when curable at all, by much the same kind of measures. A deranged state of the uterine functions, *quoad* the catamenia, is

the forerunner and the *sine quâ non* of both: but, in the former kind, generally, the disorder is ushered suddenly in by some violent and alarming symptom, with very little, if any, premonitory illness; whilst the cases with which we have now to deal, usually steal on by slow degrees, for many months, without any violent eruption, until the patient either sinks into a state of deplorable debility, or some extraordinary symptoms supervene, similar to those before described.

It must not then be supposed, that because violence and convulsive symptoms are absent, that, therefore, the case cannot be purely Hysterical. These are, unfortunately, the worst kind of Hysterical disorders; because, being masked, as it were, they are so much the more liable to be misunderstood. It does not follow, that because convulsion and contractions frequently accompany Hysteria, that it cannot occur without them: these do not compose its essentials. Its essentials are,—firstly, a deranged menstruation;—secondly, spinal irritation; and in consequence of this latter associating the whole corporeal system in disorder with itself, by means of the *Par Vagum* and great sympathetic nerves, convulsions

and spasms, of every variety, are produced; but these, although consequences, are not necessary consequences, of such original disturbance. The usual marks of Hysteria are frequently present without any variable or striking phenomena, and if the practitioner knows what these are, he will generally be able to distinguish them from actual disease, and will not then be dealing his blows at random, in the dark, and mistaking a phantom for a substantial foe. But, at present, we see eminent physicians falling into this fatal snare; treating Hysterical aches and pains as active diseases, and oftentimes not discovering their own error, until it is too late to repair it.

Yet even these cases, crippling as they are to the health and comfort of young women, are still, perhaps, not dangerous to life, if life that existence may be called, which is robbed of all enjoyment, and of all expectation of returning health: for, if misunderstood and treated rashly or ignorantly, they will be often fatal to the happiness of the patient; plunging her into an age of suffering and misery: to say nothing of that "hope deferred, which maketh the heart sick." Under the best management, these cases

are sometimes prolonged to such a period, that they became almost as sickening to the practitioner as to the patient herself. I know scarcely any thing more mortifying to our pathology and treatment of disease, than the obstinate resistance made by these disorders to the means directed against them; and yet, unless a case has been of very long standing, or very disgracefully tampered with, a well-regulated treatment will rarely fail to restore the patient, ultimately, to a state of moderate health and vigour.

As there is no regular set of symptoms that admit, as in common diseases, of being set forth as universally present to mark its nature, I must content myself with a general description of this form of Hysteria, leaving the body of the picture to be filled up by a report of cases. As before stated, in the most tedious form of Hysteria, menstruation is always more or less faulty at the onset, and as the case advances, this becomes suppressed altogether, or is performed very sparingly, perhaps only once in many months, and then with great pain. Where this function is quite suspended, there is, generally, neither any periodical pain, nor any sensation, to show that



nature had not forgotten this customary duty. Shortly afterwards, the patient becomes weak and desponding, loses her appetite, and the bloom from her cheeks. She has still nothing particular to complain of, and, generally, keeps up her flesh, although it has every appearance of relaxation. If a medical man sees her now, he will find her with a moist and tremulous tongue; being foul at the root, and having the papillæ, at that part, larger than natural, and like little tubercles; with a tainted breath; depraved taste; little or no appetite; with a weak, languid pulse; with a sickly, yellowish complexion; black or clay-coloured alvine secretions, and the urine highly coloured and scanty. In a little time, she will have pain under the left breast; which is increased by deep inspiration, and by reclining upon that side,—sometimes pain also in the right side, palpitations, flutterings, sinkings, and, together with these, there will be pain upon pressure in one or more parts of the spine; first of all, in three or four of the dorsal vertebræ; generally, also, in the lumbar, and, if the case be very lasting, it sometimes extends up to the very summit of the cervical portion. In such cases, the headaches are intolerable; being in some instances

constant, in others interrupted, but always violent. The pain is often continued down the arms and into the legs; the extremities are generally clammy and cold.

In the midst of all this, the patient is not much reduced in flesh, and, for a considerable time, it is not sensibly diminished. As the disease advances, a number of anomalous pains of a neuralgic character, become associated with the other symptoms. Thus, if pressure be made upon the supra or infra-orbital nerves, upon the inferior maxillary, &c. as they issue from their foramina, considerable pain is produced, but I never found these spots complained of, in the absence of such pressure. It is not, however, the facial nerves that are alone implicated, for almost every nerve in the body becomes, at the same time, endued with a similar increase of sensibility. This sort of neuralgic affection is seldom observed until the case is far advanced, and has become equally inveterate and puzzling.

A condition of this kind will frequently prevail for eighteen months, before any particular notice is taken of it by the patient, or her friends: she gets gradually worse, until some sudden spasmodic

affection, or other unaccountable symptom, commands attention; and then medical advice is obtained. At other times, when more solicitude is felt, earlier application is made to the followers of the healing art; and the patient is called a dyspeptic, or a hypochondriac, or a nervous lady; and, if judiciously treated, will gradually recover her health.

The following is an example of very protracted Hysteria, which was aggravated by the manner in which it was maltreated.

#### CASE 15.

Miss —, became a patient of mine in March 1825, after an illness of ten years' standing; in the course of which, she had been, at different times, under the management of twelve different practitioners. Some of these were of high reputation: but those of a high, and those of a less elevated rank, were equally unsuccessful in their attempts to restore her to health, or even to give her more than transient relief. This was, of course, very discouraging information. She had menstruated at the age of fifteen, and soon afterwards her illness took

place; commencing with a total suppression of the catamenia, which was referred, at the time, to cold. When I first saw her, she had just returned from a watering place, was so weak that it was with difficulty she could walk across the room, and was obliged to be carried to and from her apartment. Her complexion was sallow, her lips bloodless, pulse small and quick, tongue loaded with a thick, yellowish-brown, moist secretion,—bowels torpid,—dejections of various hues, but always unhealthy—the water uniformly clear and straw-coloured. There was a fixed and lancinating pain in a hollow, between the cartilages of the fifth and sixth ribs of the left side; pain under the margin of the ribs of the right side; considerable difficulty of breathing, and frequent violent palpitations. The head-aches were almost incessant, and often nearly distracting by their violence. There was pain upon pressure throughout the cervical and dorsal vertebræ; and pressure between the shoulders, aggravated the dyspnœa. She was sometimes seized with an uncontrollable vomiting, which lasted seven or eight days together; at which times, not a spoonful of cold water would remain upon her stomach; these attacks were ultimately tranquillized by opiate suppositories, leav-

ing her strength completely prostrate. She scarcely ever closed her eyes to sleep, although her sufferings were so great, that she was lying in a recumbent posture, at times for days and nights together, with her eyes shut in silent agony. She appeared literally not to eat anything. *She had not menstruated since the beginning of her illness, when she was near sixteen years of age.* Upon inquiring whether any examination of the spinal column had been made by the different gentlemen who had attended her, I was told, that about four years before, a physician had traced the spine with his fingers, and she complained that the pressure was disagreeable at several points, but the surgeon who accompanied him, observed, that this tenderness “arose from the position in which she was lying,” and no further notice was taken of it. After hearing the indifferent success which had resulted from the labours of my brethren, in this young lady’s behalf,—and after trying my own ingenuity in getting rid of the pain in the left side, of which she chiefly complained, (and which was so incessant and wearing, that she enjoyed no interval of ease or of rest) with the same bad success,—I began to consider that this case was altogether Hysterical, and that the pain in the side

proceeded from the spinal irritation. It was then that I instituted an examination which verified this opinion, by discovering that nearly the whole extent of the vertebral column, was more tender than it would be in a state of health. Her health and strength were now so much reduced, that I was determined to wait patiently for nature to recover herself a little, before anything else was done for her. She continued to fluctuate from better to worse every few days; was extremely dejected, and every slight vexation or surprise, threw her into a fit of "Hysterics;" which, however, sometimes took place unprovoked by any mental emotion. At length a tartar emetic plaster was applied in the course of the vertebræ, which occasioned great distress; and the sickness, unfortunately returned about this time with more than usual violence, which she and her friends ascribed to the plaster, whether justly or not it is hard to say. Be that as it may, no persuasions could ever afterwards induce her to submit to its re-application: and she thought she had good reason for her contumacy, since, as she said, the first plaster had given her excessive pain, had not relieved her side, but had added the sickness to it. It was consequently abandoned,

very reluctantly by me, as I had great confidence in its virtues. Mild aperients were taken to regulate the bowels, and she gradually regained a little strength. Cold evaporating lotions were applied to the head, and the other pains were suffered to take their chance for a short time. As she improved, I was induced to try the carbonate of iron, as the pain between the fifth and sixth ribs was stationary, and was evidently neuralgic. It was exhibited with all possible caution, but again produced the much dreaded sickness, and was discontinued. She afterwards left this place for Cheltenham, where I occasionally saw her, in consultation with a justly celebrated physician of that place. A small eschar was made over the seat of pain, by the lapis infernalis, and a discharge promoted by peas; but to no purpose. After a short interval, the carbonate of iron was again taken, and it now did not appear to offend the stomach. The quantity taken at each dose, was increased, by slow degrees, from a scruple to half an ounce, three times a day; so that, at last, she may be said to have lived upon iron. Under this plan she rallied very remarkably, and we were in hopes of seeing her perfectly recover. Her side was much better, the bowels acting favourably, by

the aid of Cheltenham waters; the head-aches were now trifling, and the spinal tenderness scarcely perceptible. The catamenia appeared once very sparingly, but never returned. She was able to walk and ride out, and was better than she had been for years. In this state, she went to the neighbourhood of Bath; and, under the direction of an eminent surgeon, was bled once a fortnight. When it was first proposed, she wrote to consult me upon the subject; and I strongly advised her on no account to submit to so life-destroying a treatment. However, the surgeon told her, that he had once effected a cure, by this practice, *in a similar case*; and it accordingly was put in force. For twenty-four successive fortnights, this was continued; at the end of that time, I met the young lady in Cheltenham, by appointment. She had not been bled for many weeks, as, upon the last occasion that this operation was performed, a long and deep syncope ensued, from which she was with difficulty recovered. She had now an irregular pulse—violent palpitations—œdematous legs, even to the knees—cold extremities—shortness of breath—and a countenance indicative of exhaustion and distress. The left breast was very much wasted, as were also



some of the muscles on the side of the chest : producing a degree of deformity, that was evident through her clothes. I earnestly entreated her to subject herself to no more such ruinous experiments ; but to take wholesome food—to take as much exercise as her strength would bear, short of fatigue ; to take no medicine but a tonic-aperient pill ; and to use the shower bath twice, and the warm hip-bath, three times a week. She then proceeded to Leamington, where she has followed these directions. Her health improves, but the wasting, and numbness, of the left breast and side, are making gradual progress. There appears little hope of her complete recovery, although she has already endured little short of a quarter of an ordinary life of diversified suffering.

It will be confessed, that this was an instance of prolonged and established disease, resulting from original error, and a continued series of mal-practice. From the onset of the patient's illness, the pain in her side, and dyspnœa, had been the ostensible points of complaint ; and throughout the early years of their continuance, depletory measures were adopted by every practitioner into whose hands she successively fell. Hence, it is clear, that nature

was paralysed, and disabled from invigorating herself, sufficiently to return into the path from which she had departed, by restoring the catamenia; the suppression of which was the cause of her first deviation from health, and the restoration of which should have been made a first principle in the treatment. Instead of this, the pain in the side was regarded as the main symptom, and was supposed to indicate pleuritic, or some other visceral inflammation; and measures for its extinction were pursued with more boldness, than prudence or judgment. This pain, however, was merely a small part of a most extensive disorder, totally unconnected with any derangement, structural, or functional, of the contents of the chest, utterly uncontrollable by the lancet, and only to be relieved by improving the general health, and removing the spinal irritation, with which it has some inexplicable connexion.

If it be said, that this was not a case of Hysteria, I must ask, by what other name it can be called?—The whole case rested upon the catamenial suspension. Then followed the pain in the side, the dyspnœa—the palpitations—the vertebral tenderness, and, in addition to these, the Hysterical

paroxysms; which were continually taking place, upon slight occasions, and sometimes without any *obvious* exciting cause. But, call it what you will, it is certain (or so probable as to be almost certain) that, had a mild and judicious course been followed in the first place, instead of a lowering one, the patient would have soon been liberated from a complaint, that will now be her companion for the remainder of an unhappy life.

Were a case such as this of solitary or even of rare occurrence, I should not have devoted so many pages to its narration; nor have taken, what some may denominate, the invidious pains, of pointing out the mistaken views that were entertained of it. But the fact is far otherwise. Such cases and corresponding errors, are as "plenty as blackberries." Daily are young females afflicted with this very pain under the left breast; bled, blistered, leeches, cupped, and passed through a long course of depleting and enervating medicines, when there is no earthly necessity for it; and when, instead of benefiting them, the pain is unmitigated, and the debility increased a hundred-fold. Finding this system fail of its intended effect, the patient is frequently supposed to be falling into consumption, or dying of

diseased heart, or some other atrocious malady; and thus is the happiness of a family compromised, and a painful anxiety substituted in its stead.

The more enlightened and practised members of the profession well know, that the evils of which I have spoken, are not imaginary; and that it is not unnecessary to warn young practitioners against the commission of such flagrant mistakes; for not one case out of a hundred, in which this pain in the side is a prominent grievance, and of some standing, attended by obstructed or otherwise depraved menstruation, will give way to the reducing system, which is so frequently and so fatally enforced; and, of which the case just related, is deplorably illustrative. In this instance, the nerves proceeding from the dorsal vertebræ for the supply of the muscles and coverings of the left breast and side, ultimately lost much of their influence, and these parts became shrunk and paralysed. There appears little hope that they will ever be restored; as it is probable, that the cause of the loss of substance and of sensibility consists in structural lesion of a portion of the left side of the spinal marrow itself, or of the nerves at their emergence, which neither time nor art can repair.

I now proceed to the description of a case, the character of which, whatever may be thought of the former, is as unquestionable, as it was intractable.

#### CASE 16.

Charlotte L., was a domestic in a gentleman's family. During her servitude, the catamenia appeared for the first time, at the age of sixteen, but did not visit her again. Some months afterwards, she complained of head-aches and shortness of breath, which continued some time, but no notice was taken of them. These were soon followed by pain and weakness in the legs, together with aching of the arms, and tingling in the hands. No medical assistance was sought for, and she returned to her parents. Here again she was thought weak and nervous, and nothing was done for her until pain under the left breast, palpitations, twitching of the hands and of the feet, were added to the other symptoms. A practitioner of the neighbourhood now attended her, and, although I cannot tell exactly his mode of treatment, I was informed that she had been twice largely bled; and it was sufficiently evident, when I first saw her, that she had

been profusely salivated: the gums being spongy and turgid,—fauces ulcerated,—breath mercurial, and streams of saliva issuing from her mouth. I first saw her about twelve months after the beginning of her illness. The following is an imperfect description of her condition at that period. She was lying in a most helpless state, without the least power of moving herself, voluntarily, a single inch from the place in which she was laid; and when raised up in bed, her body fell about, by its gravity, like a dead thing. She could answer questions, very inarticulately, in the lowest whisper. Her intellects were unimpaired, though she complained violently of her head, and had not opened her eyes for more than four months. This is a singular fact, that the impatience of light was so urgent, that she had not seen daylight for more than four months. There was an incessant quivering of the lids, but they were never so far separated as to allow any portion of the eye to be seen. When the lid was raised, to examine the pupil, nothing was visible but the white of the eye; its whole front being embedded in the arch of the orbit. The hearing was natural. Her arms were spasmodically contracted, her hands clenched, binding down the

thumbs; the legs similarly affected. The dyspnoea and pain in the side were unabated. Pressure upon the spine, in any part of the dorsal portion, occasioned her much pain. She had been able to swallow no nourishment for two months, but a little gruel and water daily; yet had she not shrunk in flesh to any great degree, although her strength was quite prostrate, her pulse small and quick, urine scanty and high coloured. Alvine secretions dark, and only evacuated once in five or six days. She was now upwards of seventeen years old, and the catamenia had not re-appeared.

After hearing the history of the case, no hesitation was necessary as to its nature or treatment. The head was immediately shaved. The tartar emetic ointment was applied all over the scalp, and down the whole extent of the spinal column. A profuse crop of pustules followed. Aloetics, with salts and senna, were then given her in considerable quantity, as the bowels were exceedingly inactive. As soon as the eruption was developed she could open her eyes for a few minutes at a time, and her hands became relaxed; in three weeks she could bear the light tolerably well, and no contraction of the hands, or of any other part remained. She

took food, and suffered very little pain, save that arising from the pustulation, which had produced extreme irritation. As she progressively improved, my visits were discontinued. She went on well for some time, was able to walk about the house, but did not recover her strength. She continued to lose flesh, although her appetite was good, and she took much more nourishment than before. She persevered in taking aloetics and iron, in hopes of restoring the menses, but these did not appear; and after continuing for six months in about the same state, apparently without any absolute disorder, she fell back into a worse state than that from which she had been recovering. She was now a most deplorable object, a perfect skeleton, with the exception of her cheeks and breasts; the former having a healthy bloom, and the latter being tolerably full and firm. It is a singular circumstance, that these, throughout her illness, did not lose altogether their usual plump appearance. Her pulse was languid, and never more than sixty,—she sighed frequently and deeply. Her tongue was clean and tremulous, and from the fauces was a continual trickling of fluid; which had some tenacity, and was said to be some times the colour



of blood. The admission of light was again very painful, but she could open her eyes a little, and the pupils were always dilated. Her skin was dry and husky, but cool. There was a sense of constriction, and of pain across the precordial region. Her legs and arms were contracted, nearly in the same manner as before; in addition to which, the arms were frequently affected with a kind of rotatory motion, which was very violent and distressing, upon any occasion that she happened to be disturbed by questions, or alterations of posture; and mostly terminated in general spasm, by which the whole body was drawn into a heap, causing considerable suffering at the time, and subsequent exhaustion.

It is curious, that after she had been in this state for eight or nine weeks, without, as it would appear, the smallest voluntary power, and living, literally, upon nothing but medicine, tea, and water, it happened that she was left, upon one occasion, for some time alone in the house. By some means or other, she then contrived to get out of bed, and down stairs; and, finding a knife, helped herself to some bread and butter. She afterwards attempted to retrace her steps, but her strength

failing before she reached the top of the stairs, she fainted; and here her mother found her, with the knife in one hand, and the bread in the other. She was insensible for some time, and could give no account of herself afterwards.

It was about a week after this event, that I first saw her in this attack. A blister was placed upon the spine, but not the least relief was derived from it; on the contrary, in three or four days, all the symptoms were, if possible, aggravated. The mere act of speaking to her, more than a few words, produced intense spasms of all the flexor muscles, in addition to those of the limbs. Her head was drawn down, so that the face was hidden in her bosom; and, during this time, the *Sterno-cleido-mastoideus* was curiously affected, acting spasmodically, and thus producing a constant nodding of the the head, which lasted for more than a quarter of an hour at a time, and went off gradually as the muscles became tired. Emaciated as she was, I determined, for the third time, to pustulate the whole occiput and spine with the tartar emetic; as this appeared, at last, to be the only measure that gave her a prospect of relief. After a few applications, this was effected, and, immediately

afterwards, the spasms and involuntary actions ceased. They never again returned. She, by degrees, became more sensible,—could bear more light,—answer questions collectedly,—and all her limbs, which had been spell-bound for so many weeks, were released, and might be moved at will in any direction. She took some little nourishment, for which she had still a great aversion; and many months elapsed, before she regained even a moderate portion of health or strength.

## CASE 17.

This was a different kind of case from any of the foregoing. It was *Hysterical Cough*. The subject was a young lady of seventeen. She had been ill for more than twelve months, and had been attended, before I saw her, by a gentleman who considered it symptomatic of pulmonary disease. During the whole of this time, the periodical secretion, which had been previously healthy, was of a very depraved character, being as dingy as if it had been commingled with soot, and its evacuation was attended with so much agony, that she was compelled to keep her bed at each visitation, although its regular periods were preserved. The cough was of

a peculiar kind; resembling none of those met with in diseases of the pulmonary or bronchial structures, or, in those more urgent of the larynx. It was a short convulsive cough, which seemed to arise from a spasmodic action of the diaphragm; and, (if I attempt its description in words) was more like a half-stifled bark, than any other sound. It did not consist of violent, interrupted fits, as if for the expulsion of some irritating matter; but was a short, quick, insulated bark, always made with the mouth shut, which shook her whole frame; was exasperated by any surprise—by the least change of temperature—or by any allusion that was made to it in her presence. This is the usual kind of cough that prevails in Hysteria, which it is of great importance to know. In addition to the cough, were pain in the left side; soreness over the whole chest, from almost incessant action; rapidity and shortness of breath; palpitations; pain across the loins, and in the legs; quick pulse; torpid bowels; her tongue was clean, and she slept well; the cough being less urgent at night, but continuing at intervals. The patient had lost little flesh, but much of her strength; indeed, she could with difficulty walk fifty yards. Upon examination of the back, she complained of tender-

ness in the dorsal vertebræ, and the same when heat was applied; which confirmed my first opinion of the nature of the case. She had been several times bled, blistered, leeched, and otherwise treated in accordance with the view entertained by her former attendant; all which had served only to puzzle him, and reduce the patient, without obtaining the least advantage over the disorder. The tartar emetic was now employed in the usual way, upon the spinal column, to some extent: and some active cathartics, as calomel and aloes, were prescribed for her. Under this regulation, she got rapidly better. When the catamenial period approached, a mixture, with laudanum, was taken, which alleviated the usual pain, but did not remove it, until the same had been pursued for several returns. As soon as the eruption declared itself, the cough was less violent and less frequent; and, after a second application, with the combined aid of aloetics and exercise, it disappeared, and she became, in a little time, perfectly well; and has continued so up to the present period.

Another form, in which Hysteria sometimes presents itself, may be seen in the following particulars.

## CASE 18.

Miss A. G., aged nineteen years, having been in a weak state of health some months, was suddenly attacked with giddiness, and violent pain in the forehead, one evening, at a place of public diversion. She returned home in a fainting, half-insensible state. She was bled and physicked, but the vertigo and pain continued, in spite of every thing that was done to remove them. She had lingered on in this way nearly twelve months, when I first attended her. She then complained of giddiness of a peculiar kind; which she described as a violent rocking motion, which made her feel as if she could not possibly keep her balance, whenever she rose upon her feet. This was attended by darting pains through the head, in addition to a constant dull aching and stupor, with various unpleasant sensations. When the pain was violent, the conjunctive membrane of the eye, became injected, and watery; the nerves above and below the orbit, were also very tender, when pressed upon at their emergence from the bone. These were accompanied by pain below the left breast, frequent and strong palpi-

tations, globus Hystericus—and pain in the throat, loaded tongue, and slow bowels. She had a very quick, but regular and expanded pulse, and a healthy and natural expression of countenance. The proper periods of menstruation were not disturbed, but the secretion was scanty, and of very depraved quality; its appearance having been, ever since the beginning of her illness, preceded and attended by severe distress. The spinal column was tender throughout the dorsal divisions, but the most painful were the third, fourth, fifth, and sixth dorsal, and the three uppermost cervical vertebræ; which could not bear any pressure, or the approach of a hot sponge, without pain of a very sensible kind. These circumstances amply convinced me, that the case was purely Hysterical; and, after a satisfactory investigation, I had no hesitation in pronouncing an opinion of its favourable and speedy issue. In part of this prognostic, I was, however, disappointed; as it turned out a very tedious and troublesome affair. The tartar emetic, in this case, did not answer my expectations. The first application relieved the head, certainly, and diminished the lateral pain and palpitation; but these all returned soon after the eruption died

away. Yet such was my confidence in its efficacy, that it was again and again resorted to; but unfortunately the symptoms re-appeared, although other means were taken, and successfully, to restore the internal organs to a healthy state,—aloetics, steel, warm bath, shower bath, &c. The carbonate of iron was taken to a great extent, and at first seemed of much service, but it did not long sanction this opinion. During the whole of this time, the spine continued more or less tender, at the same points. Two physicians were called in while she was under my care. The one acknowledged himself utterly ignorant of the case, and the other assured her, that “when her heart got well, her head would get well.” They both prescribed for her, with such success as might have been anticipated, from the satisfactory view each had taken of the subject upon which his advice was required. Instead of growing better, she retrograded under the weakening plan, upon which she was quartered. At length, when my patience was nearly exhausted, and her own hopes were becoming desperate, I persuaded her to abandon all kinds of medicine; to blister the spine extensively, and repeatedly; to lead a very regular life; to take carriage exercise



daily, and leave the rest to nature. The motion of the vehicle produced, at first, faintness, and dreadful sensations in the head; but after the operation of the first blister, she could bear it better; and, by the time the third had done its work, her complaints had vanished, and did not revisit her afterwards.

Here, then was an instance, and almost the only instance that occurred to me, in which blisters succeeded after the ointment had failed.

This young lady, from first to last, was ill about three years: in the course of this time a variety of opposite measures were suggested for her relief; but little or no advantage resulted from them. Venesection, leeches to the head, to the spine, to the side, pustulation, evaporating lotions to the head, purgatives, tonics, shower and warm baths, were all tried, and all found wanting. Such discrepant remedies were not, however, productive of signal injury to her, as she had the happiness to possess much natural robustness; neither was she much weaker at the latter part, than at the beginning of her illness; as was evinced by the rapid manner in which she recovered after the giddiness, pains, and palpitations ceased.

## CHAPTER IX.

THIS list of cases might be extended to a much greater length, as there remain many forms of disorder which I have seen Hysteria assume, all varying in some particulars, and, doubtless, many others which I have not seen, that have not been here detailed; as such detail would fatigue the reader, without a corresponding advantage.

The truth is, there is scarcely a single disease or disorder that Hysteria may not resemble, from the simplest to the most formidable of human maladies. Yet, under proper management, are they unattended with danger; and, even under a misguided treatment, will generally give way to time, and the strong inclination of dame Nature, to return into her ordinary course; although she certainly, sometimes, deviates from it upon every slight provocation.

Some mention of other kinds of Hysteria ought not to be altogether omitted. It is not uncommon,

for example, for Hysteria to put on all the characters of pregnancy: the catamenia being suppressed,—the breasts becoming tumid and painful,—the abdomen enlarging, together with sickness and pain in the back; and it sometimes requires the keenest discrimination to be satisfied of the non-existence of a gravid state of the uterus. It will generally be found in such cases, that the catamenia had been long irregular before suppression took place; that the abdominal enlargement is not uniform, but varying from day to day, and there will be other Hysterical symptoms present: but, in some instances, even where the reputation is perfectly spotless, nothing but the progress of time will reduce the matter to demonstration.

In these cases, a long course of powerful aloetics will restore the abdomen to its natural proportions. In what its engorgements consists, I am utterly ignorant: that it is not a mere accumulation in the colon, I know; and that it is substantial, I am equally sure.

Again, dropsy is not a very rare appearance in Hysterical females. I knew a young woman, in whose abdomen there was a distinct, but, as it turned out, deceptive feeling of fluctuation;

leading me to suspect the existence of Hydrops Ovarii. Her general health was very little disturbed, but menstruation had been suspended for six months, and she had strong Hysterical paroxysms. A course of purgative medicines proved the nature of the case, and completely cured the patient.

A curious case of this kind has been lately recorded, but in what publication it appeared, I now forget. Tumefaction of the abdomen, with evident fluctuation having existed for some time, disappeared upon the eruption of the menses. Soon afterwards, the swelling and sense of fluctuation became again distinct, increasing rapidly for a month, till the catamenia came; they then subsided. This was repeated time after time, the dropsical symptoms always disappearing after the performance of menstruation, till at last the patient got well.

Notwithstanding the manifest signs of fluctuation that appeared to be present, I cannot but entertain some doubt of the real existence of hydropic effusion in the abdominal cavity: although, certainly, swelling to that extent could not have taken place, without some sufficient mechanical cause. The

following circumstances which Sir Astley Cooper used to relate, and which I repeat from memory, will prove that it is possible for eminent surgeons to form erroneous opinions, and to make fatal mistakes, in regard to abdominal fluctuation.

“A woman was brought into the operating theatre, in a Parisian hospital, to submit to Paracentesis. The surgeon introduced his trocar, but upon withdrawing the stilet, no fluid escaped. Supposing that he had not made the puncture low enough to open the sac, he plunged in his instrument at an inferior part. Here again he was disappointed, as no water could by any means be evacuated, although it was persuaded by a third immersion of the trocar. He, at last, became satisfied that there was no dropsy; and, nothing daunted, turned round and addressed his class, with much gravity, in nearly the following words: ‘Gentlemen,—This is an operation which, perhaps, *many* of you have never seen before; and it is moreover, an operation which, in all probability, *none* of you will ever see again. This is called *Dry-tapping*!’—The patient was removed, and what happened afterwards may be easily guessed.”

Whilst speaking of the simulation by Hysteria

of abdominal diseases, it may be stated, that a very common thing in Hysterical females, is flatulence; causing so violent and constant an intestinal intonation, that the person is obliged to leave the room; this is increased by any agitation of mind. It has been called *Clangor Intestinorum*. There are, at other times, borborygma, or rushing of wind out of the stomach, which may be heard over the whole house, lasting frequently for a quarter of an hour. These are very characteristic of an Hysterical tendency. There is also a species of Hysteria, in which all the abdominal muscles are thrown into violent convulsive action, undulating up and down in a most tumultuous manner; as if the whole contents of the abdomen were being flung up to the throat, and back again, with great force and rapidity, and almost suffocating the patient. These symptoms are as obstinate as any other form of the disorder, unless properly understood. They are accompanied by tenderness of the spine, and pain in the side, and such phenomena as belong to other forms of the disorder. The most tremendous and distressing case of this kind, that I ever witnessed, was plied with numerous remedies of one sort or another, but yielded to nothing, till

the antimonial ointment was used, and the exhibitions were then at an end.

It is needless to multiply examples further than they have been already stated. Sufficient has been written to sustain the importance of the subject, and to lead young practitioners to a more correct knowledge, and to a juster appreciation of the nature of Hysteria, than are generally acquired until after years of bad practice, bad success, and harassing anxieties.

Its treatment is, generally, very simple and successful; and what the practitioner cannot himself perform, nature will often execute for him; so that, having ascertained its identity, he may rest tolerably well assured of its fortunate result. The diagnosis of Hysteria thus becomes of still greater importance than the treatment itself; as the principal difficulty consists in penetrating the disguises it assumes, and recognising its features under them. Ignorant of this qualification, a man will run great risk of injuring his patient by a blind practice, and of injuring his own reputation by a blind and falsified prophecy. To obviate such calamities, has been the object of this treatise;

which, all imperfect as it is, I trust it is calculated to effect.

Perhaps the following case may set forth, more clearly than any arguments, the mischiefs resulting to patient and practitioner from such mistakes as those spoken of in the last paragraph. Some time ago, I called, by accident, upon a lady living many miles from this place, whom I had not seen for many months. Upon inquiring after her family, she told me that one of her daughters was in a most dreadful state; that she was afflicted with a disease of the hip-joint; and that her medical men had prepared their minds for the worst. She added, that her sufferings were so terrible, that they not only looked forwards to her death, but anxiously desired its approach. I remembered that, about twelve months before, she was said to have a disease of the spine, and was laid upon her back accordingly; but, for the last three months, the pain had been confined to her hip, and the whole length of her leg; for which she had been leeches, blistered, cupped, and had suffered the formation of caustic issues; but all in vain. The disease made progress, and, when I called, the physician and surgeon who



attended her, were daily expecting to see a shortening of the limb take place. Her mother, in describing the case, said, that she had, first of all, complained of stiffness in the right knee, and difficulty of raising it; so that in walking only from chair to chair, she was obliged to join her hands under the ham, and so help herself along. By and by this grew worse, till her limb was contracted; the thigh being drawn up in front, and the leg behind, as if she was slightly trussed. She then kept her bed. Violent pain now came on in her hip, and the pain and spasm, at last, wandered into the other leg also. This was supposed to arise from sympathy. Her convulsions were dreadful, and she screamed out frequently with great violence; particularly when it was attempted to move her. She was reduced to a skeleton, and there was sloughing over the hip-bone from pressure; motion being so extremely painful, that for six weeks her bed had not been made, neither had her position been in the least changed. This story struck me as being a strange history of disease of the hip-joint, and led me to make a further inquiry. The following circumstances then transpired. About twelve months ago, she was very Hysterical, and

had dreadful pains in her back, which were supposed to arise from a disease of the spine. The catamenia were then only appearing once in nine or ten weeks, were very scanty, and evacuated with pain. This had continued to the present time. She had, all along, complained of pain under the left breast, and sometimes in the right side, which felt as if a knife were piercing her. She had been subject to palpitations, which were now very distressing. She had tremendous head-aches, and was sometimes, at night, delirious. She had intolerance of light, and the room was darkened accordingly; she had globus and dyspnœa; Hysterical feelings without number, and a most capricious state of mind. Her spirits were sometimes good, at others most dismal. When I inquired about the hip itself, I was told that there was no decisive or obvious mark of disease,—no swelling or puffing of the joint,—no increase of pain upon pressure,—and, as well as could be ascertained by their measurement, in the position in which she was lying, there was no difference in the length of the limbs. To make the case more apparent, there was now a similar contraction of the other thigh, and a similar pain in the other limb. She now also complained of

pain in her spine, which, she said, was like the flesh being torn away from the bone. This catalogue of circumstances combined together, thoroughly satisfied me that this was a case of Hysteria, which had been most unfortunately mistaken and mistreated. I did not see her, for she had taken a rooted dislike to her medical attendants; declared that no doctors could do her any good; and that all she wanted was to be suffered to die in peace. I represented to her mother what I considered to be the source and nature of this young lady's illness, and ventured to express a confident hope of her eventual recovery, provided she were, even now, to be invigorated by a nourishing diet, and the treatment, to which I have so often referred, were sedulously employed. The advice I gave was attended to; and I had the satisfaction to find, that, after a long and painful struggle, her better stars prevailed, and she was restored to some degree of health.

Mr. Bell, in the Appendix to his papers on the Nerves, first published in the Philosophical Transactions, has incidentally turned his attention to this subject; alluding to several cases in which he was consulted, which were clearly Hysterical. Thus he speaks of a young lady, who had a convulsive

barking noise, like a cough, except that the larynx was alone affected; and there was no conforming action in the pharynx velum, and lips. It ceased during sleep, but the moment she awoke, the family heard the unpleasant hard bark, intolerable from repetition. It continued a month, and returned three successive winters.

Mr. Bell adds the following remarks: "All the subjects of these odd cases, which we do not understand, get well. This is consolatory to the patient, but not very satisfactory to ourselves. Ought it not to be a question, what nervous affections are consequent on trivial irritation? Without entering on the question, whether deranged health be followed by the imperfect and deranged action of the uterine system, or whether the latter be the primary disorder,—the *ovaria are the seat of irritation*; and the consequences are exhibited through the most susceptible system of nerves,—the respiratory system. Hence the disorder of the stomach, the spasms, globus, difficulty of deglutition, the aphonia: hence the affection of the countenance, the tears, the sobbing, and spasms of the eyes, and face, and throat, and chest, and stomach."

Such are, briefly, the opinions of Professor Bell

upon this subject; than whom, *quoad hoc*, no man living is entitled to more respectful attention. There can be no rational doubt, as he observes, that the nerves are the medium through which these effects of uterine irritation become developed, and so infinitely varied: and in the particular species of case which he has described, the respiratory (which, be it remembered, is not only the most susceptible, but the most comprehensive) system of nerves, was principally, if not solely, inculcated. But these are not the only nerves that sympathize with uterine irritation, as evinced by these strange exhibitions; for the numerous cases, before related, amply testify that no single system escapes; nor is there any organ, or function of an organ, that may not be thrown into irregular and unnatural action, in consequence of primary irritation in the uterine system. It has been remarked, over and over again, that when menstruation is unnaturally suspended, or seriously defective, the spinal marrow is, in the great majority of cases, tenderly alive to pressure of the finger, as well as to the application of heat, in one or more parts of its progress: and that, when Hysterical symptoms supervene, this spinal tender-

ness, in ninety-nine cases out of a hundred, may be readily detected.

This structure, then, I cannot but consider as the part first associated with uterine irritation of this description; and it is easy to conceive, that, through its extensive connections by means of the par vagum, and great sympathetic nerves, every other system, and every other function of body and of mind, may be involved in disturbance and abuse.

In asserting confidently, that the ovaria are the source of irritation in these Hysterical affections, Mr. Bell appears to have entirely overlooked the faulty state of the uterus itself, as shown in the non-performance or mal-performance of menstruation; a circumstance, the concurrence of which, with these disorders, he himself sets forth in the very same passage. If, then, the menses be a secretion issuing from the uterus, as generally admitted, and, indeed, proved by the observation of Dr. Hunter and others, it seems more logical, as well as more natural, to conclude the uterus itself to be the source of irritation; in which there are manifest signs of disorder during life, than

the ovaria, in which there are, during life, no signs of disorder; and the detection of such must be necessarily difficult, if not impracticable. It is most probable, however, that the uterus and ovaria are simultaneously deranged.

I think I may say positively, from attentive observation, that in these anomalous affections, the irritation in the uterine organs is, for the most part, the primary cause of a departure from health: whilst, on the other hand, it occasionally may happen, that the general health is originally impaired, the uterine functions becoming incidentally disturbed, and forming a part of the universal disorder.

It has been presumed by some writers, somewhat precipitately, that there is generally some cause of mental inquietude lurking at the bottom of an Hysterical attack, of whatever description it may be. If this opinion were properly sifted, I strongly suspect it would be found, that the disorder of the animal functions precedes, and occasions the mental despondency; and that the latter arises in consequence of the mind being morbidly susceptible of impressions of a painful kind, magnifying every little grievance into an

overwhelming misfortune, and sinking under the effect of such vexations, as, in a state of sound bodily health, would not have disturbed its serenity. It is much easier to conceive this to be the case, than to imagine the dreadful sufferings with which Hysteria is sometimes connected, to take their rise from a lover's caprice or a frustrated elopement. We know very well, how ready some young ladies are to be thought persons of high sensibility, and marvellously retentive of affecting events. When one of these has been lingering on under an unsuccessful treatment, month after month, it is frequently put to her, with a sagacious, penetrating look, whether "she has not something on her mind?" At first, she invariably answers in the negative, and generally, in so answering, speaks the truth. But as soon as the practitioner has departed, she sets about a reminiscence of all the grievances she has incurred, the tears she has shed, and the trials she has passed, within the last twelve months; in which she is materially assisted by the ingenious memory of her silly relations. At last, some petty disappointment, or the death of some friend, far or near, is fixed upon, as having been a *severe*



*shock*, and "*hinc illæ lachrymæ*:" the cause of the young lady's singular antics and of her various forms of illness, is settled at once. There is, perhaps, no absolute mischief resulting from suffering people to impose this belief upon themselves, but it is quite another thing to impose it upon *us*. If the bodily disorder be consecutive to the depression of spirits, love of solitude, and frequent indulgence in tears, which so often characterize an Hysterical tendency; how happens it that these are dissipated by medicinal agency, and that they are removed when the bodily health is repaired? Who has not seen many a young lady in such a condition, roused to her usual activity by the brisk action of cathartics? and who has ever seen one cured by mental remedies? If we are observant of men in melancholia, or hypochondriasis, or dyspepsia, we see their minds clouded and bowed down, as if labouring under the weight of some heavy calamity; when if they have any cause of affliction, it is such as in vigorous health would have had no such power to overwhelm or even oppress the mind, as in a state of disease. I do not mean to say that moral feelings never occasion what is called disorder of the digestive organs;—far from it; but in nineteen

cases out of twenty, the dyspeptic symptoms precede the nervous ones:—and so it is in Hysteria; wherein there is always some observable functional disturbance of the uterus. It does not, therefore, seem either reasonable or necessary to allow, that Hysteria is generated by mental shocks and disquietudes, in any other way than by these putting a sudden check to the catamenia during their flow.

It has been before remarked that no attempt will be made in this place, to explain the precise nature of the disorder of the spinal marrow and its *meninges* in Hysteria: for, in the first place, no opportunity of *post mortem* investigation has occurred to me: and, if it had, my knowledge of the nervous system and sympathies is not so minute and accurate as to warrant me in pretending to attach to these remarks an account of the various nervous communications, through which the Hysterical manifestations have their being. Certain I feel, that, were these disorders to be profoundly investigated by such extensive anatomical research, as perhaps is only practicable in a London Hospital, much light would be thrown upon them; that Hysteria would be proved to have “a local habitation;” and that although its exhibitions sometimes

“come like shadows,—so depart,” they never do occur without a combined error in the nervous system and in the uterine functions. All hypothesis further than this, appears to be at present unsatisfactory, and may be fallacious.

It would be no discredit to a Bell, a Brodie, or a Philip, to dedicate their enterprising talents to this inquiry; and, by exploring the nature of the derangement of the nervous system in Hysteria, and tracing it to its source, add another leaf to their well-earned laurels, and another valuable discovery to those for which we are already their debtors. It is a subject abounding with interest. Its peculiarities and varieties are daily perplexing us: we stare with wonder at the caprices of our own nature, yet years roll on, and we make no attempt to arrive at the source of these things, or of the streams through which they flow. For this undertaking, a minute knowledge of the anatomy and physiology of the nervous system must be premised; then, by extending our observations on the disorders themselves, and afterwards, by noting the correspondence that may exist between the internal disturbance, and the outward and visible phenomena, we may be enabled to draw such

inferences as will lead, at last, to a correct acquaintance not only with the source, but with all the ramifications of Hysteria. We might thus direct a suitable treatment, upon demonstrable as well as upon practical principles.

In the absence of such principles, we must make the best use we can of the evidences that are already revealed and available to us. Therefore, in cases where doubts arise, let the countenance be noticed; let the seat and kind of pain be described; let the state of the catamenia be inquired into; let the dorsal region of the spine be manipulated; and these, in conjunction with other symptoms that have been before enumerated, will form too plain a case to be misinterpreted. If I may be allowed to judge from what I am daily witnessing, I am not overrating the number, in saying emphatically, that by attention to these simple directions, the health of thousands of young females may be preserved, whose constitutions are now broken down, and irreparably destroyed by reckless and indiscriminating measures.

THE END.

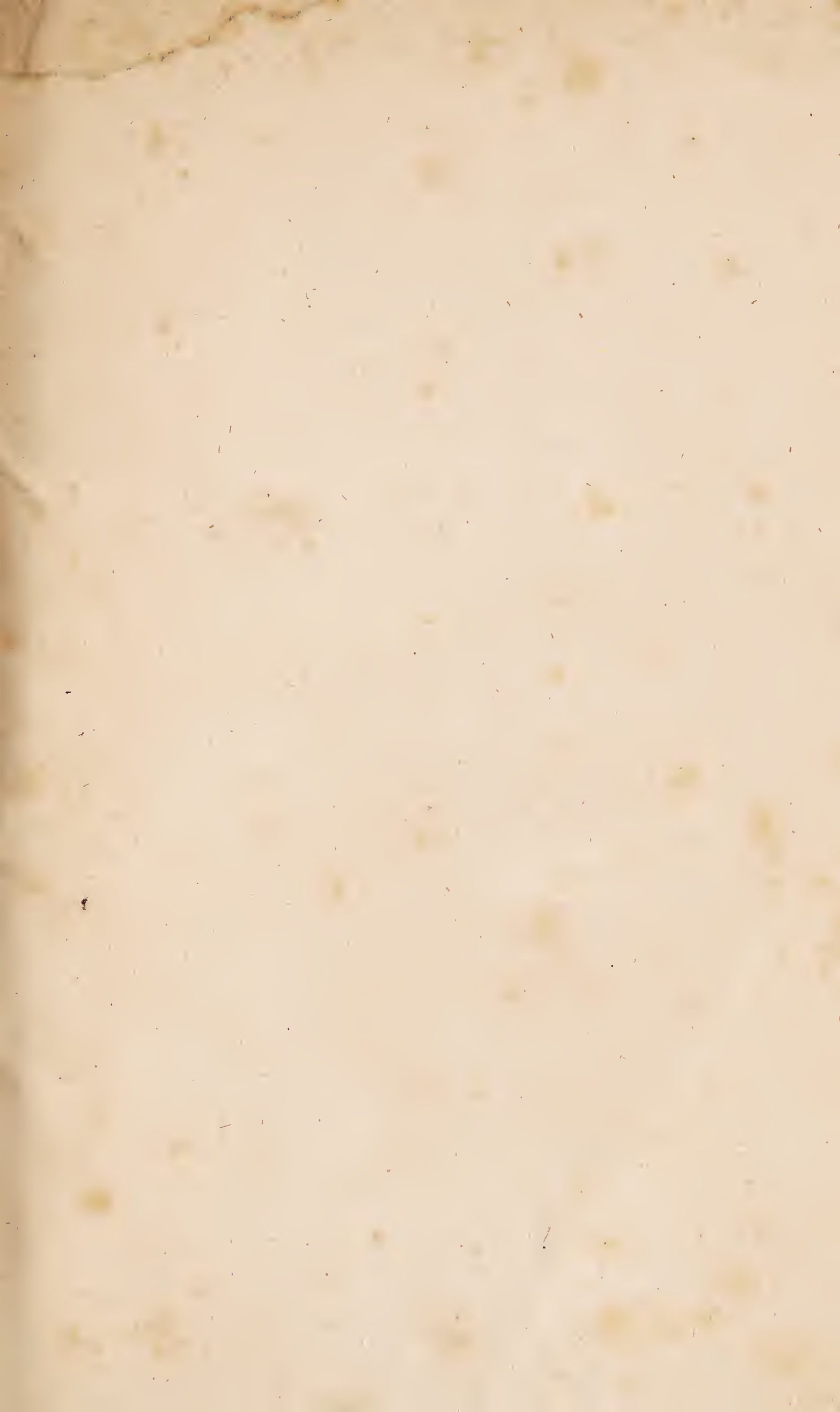






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