Hysteria in the Male.


An M.D. thesis

by

Andrew Carteel Brown M.B.
Introductory remarks.

Hysteria in the male is in these days of rush and hurry unfortunately becoming more and more frequent among us, and I have been much struck by the fact that since commencing practice, now a little over a year ago, I have met with a great many patients who have exhibited true hysterical symptoms to a more or less remarkable degree.

This being the case, it is obvious that the subject is one of the greatest importance, and that prompt recognition of the symptoms, and careful energetic treatment of the disease when recognized, should be in the power of every medical practitioner. Prompt recognition of the symptoms because great harm is often done to the patient by harsh and cruel treatment on the one hand, or by too sympathetic and indulgent treatment on the other hand, and energetic treatment of the disease when recognized, because they often make the patient in the head of the family upon whose exertions the rest of the household depend for their daily bread.

I propose to deal with the subject in
Question under four headings.

1. Etiology
2. Symptoms
3. Diagnosis
4. Treatment.

I propose however giving most particular attention to etiology and treatment.

Etiology.

The causes of hysteria in the male are so numerous and varied that it is difficult to classify them under particular headings. We shall treat of them in this essay in two groups, taking what we might call the predisposing causes in the first, and the exciting causes in the second.

Predisposing Causes.

First and foremost we may put down poisoning as playing no inconsiderable part in the production of the disease. By poisoning I mean that the habit is becoming acquired more or less regularly to stimulants and narcotics of various kinds — alcohol, opium.
tobacco etc., that it eats bad food stuffs, and that it is exposed to attacks from many organic poisons such as syphilis and tuberculosis. It is obvious that the children of such people must be born with a system less strong than that of their progenitors, and equally obvious that they being exposed to the same evil influences as their parents begin even more feeble children in their turn.

And when one remembers that during the last fifty years the consumption of tobacco and of spirits has just doubled per head of the population of the United Kingdom, the expression I have used above the same evil influences can hardly be correct, and should rather be rendered evil influences which have increased fifty fold. Add to this poisoning the fact that people do more and more congregate in large towns, and there, in the powerful words of Marx, horde...
is added. The same author goes on to say that one of the great causes of hysteria is the fatigue of the present generation, and he mentions that Felix has convincingly demonstrated that one can change a normal into an hysterical individual simply by tiring him. How to fatigue or depress the vitality the whole of the world has been exposed for half a century. Every condition of life has during this time experienced a revolution unexampled in the history of the world, and things went on very differently fifty years ago to what they do now. In 1840 there were in Europe only 3,000 kilometres of rail- way. In 1871, 28,000 kilometres. In 1840 the number of travellers in England, France, and Germany was 250,000. In 1891, 644,000,000. In 1840 277,000,000 letters were distributed in England. In 1871 1,297,000,000. In 1846 only 551 newspapers were published in England. In 1870 2,255. The whole British merchant navy measured in 1840 320,000 tons in 1870 10,000,000 tons. In 1882 all these figures have multiplied exceedingly. What do these figures mean? They mean that
12,975,000 letters must be written, 2255 newspapers must be read, the numerous journeys must be made, and all these activities involve an effort of the nervous system and a wearing of brain tissue. Even the little shocks of railway travelling, the perpetual noises, and the various lights in the streets of a large town, our exposure pending the sequels of progressing events, the constant expectation of the newspaper, of the postman, of the telegraph or telephone, or of visitors. Our brains wear and tear. "In the last fifty years the population of Europe has not doubled, whereas the sum of its labours has increased tenfold, in part even fifty fold. Every civilized man furnished, at the present time, from five to twenty-five times as much work as was demanded of him half a century ago. The enormous increase in organic expenditure has not, and cannot have, a corresponding increase of supply. Europeans now eat a little more and a little better than they did fifty years ago, but by no means in pro portion to the increase of effort which today
"is required of them. And even if they had the "
choicest food in the greatest abundance, it would "
do nothing towards helping them, for they would "
be incapable of digesting it. Our stomachs "
cannot keep pace with the brain and nervous "
system. The latter demand very much more "

than the former are able to perform. And so "
here follows what always happens if great ex-

penses are met by small incomes; first the "
savings are consumed, then comes bankruptcy "
If our new discoveries and progress have "
taken civilized humanity by surprise. It has "
had no time to adapt itself to its changed "
conditions of life. We know that our organs "
acquire by exercise an even greater functional "
capacity, that they develop by their own activity "
and can respond to nearly every demand "
made upon them; but only under one condition "
that this occurs gradually, that time be allowed "
them. If they are obliged to fulfill, without "
transition, a multiple of their usual task, "
they soon give out entirely. No time was "
left to our fathers. Between one day and "
the next, as if were, without preparation, "
with murderous suddenness, they were"
"obliged to change the comforable creeping gait of their former existence for the stormy stride of modern life, and their heart and lungs could not bear it. The strongest could keep up, no doubt, and even now, at the most rapid pace, no longer lose their breath, but the less vigorous soon fell out right and left, and fell today the catchers on the road of pro.
gress. To speak without metaphor, statistics indicate in what measure the sum of work of civilized humanity has increased during the half century. It had not grown quite to the increased effort. It grew fatigued and exhausted, and this fatigue and exhaustion slowed them down in the first generation, under the form of acquired hysterics, in the second, as hereditary hysterics. It has seemed good to me to quote at length the words of Dr. Hinton, because, to my mind, nobody has put the matter so clearly and succinctly as he has done. The more one thinks a.
bout his statements, the more convincing they seem to be, and a careful observer I think cannot but agree with them, as he casts his eye upon the human race.
of the present day, and notice the number of nervous individuals with whom he comes constantly into touch. Fortunately, England has, on the whole, enjoyed peace since the beginning of the century and has been enabled to meet the great discoveries of the day with something like equanimity. While on the other hand France crippled by the tremendous bloodshed of the Napoleonic wars, and by the incidents of the imperial rule, revolutionary and otherwise, considered the said discoveries to be something in the nature of a great shock. The shock rendered the nervous systems of the French and upon them in the condition fell the awful catastrophe of the Franco-Prussian war. It is to wonder that hysteria and nervous diseases of very varied description prevail in France at the present time. As will be seen from the above remarks, heredity plays a largely among the predisposing causes of hysteria in the male, and in the extreme case I have had under my care the family history was very typical, in structure, and remarkable. The father was
on the whole as normal individual, but the mother
was very neurotic, weeping and leaping turn
about for no very apparent reason, possessing
a nature very sensitive and heroes struggling to
the highest pitch. The mother had been a
morphomaniac, and had finally killed herself
by an overdose. Two brothers, whom I saw,
were excitable to a degree, sensitive, un-
stable, unable to sleep, overanxious about
trifles, and morbidly disposed of sympathy.
Of two sisters, I saw, one used to shut herself
up for days in her bedroom, ignoring the
prayers of her distracted husband who
cried for permission to enter and bring in food.

The food was obtained by the lady foraging
in the pantry in the middle of the night
and the other had given her husband a
somewhat similar life of it from time to
time. The only member of the family who
possessed a "near soul in corporal form" was
the youngest brother, and it is a
remarkable fact that he alone of all the
family had been educated away from
home. Heredity acts by endowing the boy
with a nature at once abnormally sensitive.
and incapable of self control. In the vast majority of cases I see, there is a family history that tells of members being afflicted with one or other of the various neuroses. For such a boy there can be no doubt that a home education is the worst he can have. Such an education never or at least very rarely induces the habit of self control and the boy has in addition every whim satisfied, every mope sympathized with, and grows up with an organization to selfish, to self indulgent, so dependent upon other people, that he cannot face the petty cares and worries, let alone the trials of every day life. So often no restraint is put upon him at all, and he has the example of an hysterical mother, live before his eyes. Therefore a faulty education may be included among predisposing causes.

The children of parents afflicted with diseases other than those of the nervous system are more liable to hysteria than the children of healthy parents. Glynn quotes a case where the youth's father was intemperate and had pellagra, and
and his mother was delicate.

Among predisposing causes I would include the fact that business men, as a general rule, have concentrated their entire energies upon their own particular line of business, have worried over it more or less, when times have been bad, have been unable perhaps to sleep while steering a particular course which is to result in great gain if successful, have, in short, thought of nothing else than this business for a great many more hours out of the twenty-four than they should have done, to the detriment of both health and spirit. To such a man, disease, when it comes, is viewed in its worst colours, and hysterical symptoms, more of them than not, intervene to unnecessarily alarm the patient and to worry his medical attendant not a little.

With regard to age, no age is exempt and cases are on record from childhood to past sixty. According to Brooer, boys at puberty are particularly liable to such work race the Latin and the Sinitic races are particularly prone to
to hysteria, and the accompanying symptoms are more severe than in the case among individuals of the Saxon race.

With regard to climate, hysteria is undoubtedly more common in warm climates than it is in the cold and temperate regions of the earth.

Exciting Causes.

To place next to exciting causes there may be enumerated as follows.

1. Moral Emotions, attempts to hypnotise.


3. Certain general diseases, including acute and chronic infectious complaints.

   E.g. Typhoid, pneumonia, scarlatina, acute rheumatism, diabetes, malaria, syphilis, etc.

4. Debilitating pathological conditions such as haemorrhage, physical and mental overwork, neuralgic crepescules, anaemia and chlorosis.

5. Chronic poisonings by lead, alcohol, mercury, arsenic, etc.
In nervous diseases such as locomotor ataxia, disseminated sclerosis, Friedrich's ataxia, progressive muscular atrophy, Potts' disease etc.

1. Among moral causes we may include bad news, a fright, love affairs, grief, loss of money or position, and domestic worries. Of these fright is not a very common cause, but rather love affairs, grief, and domestic worries. Attempts to hypnotize have been often according to Guinon have been followed by attacks of hysteria and in connection with the treatment of the disease by the process I have already something to say further on.

I have already alluded to education as a predisposing cause of hysteria. It is also an exciting cause. "Il ne faut d'abord les mauvais traitements matériels, les corps" says Guinon and there is truth in his remarks. There would be no danger, given a normal boy, but in the case of one hereditarily disposed to hysteria, there is a grave risk attendant upon this custom. Fatiguing and repeated
religious practices in monasteries and schools are, if carried to excess, harmful, and cases have been reported where a student by reason of his fear of the Devil, has finished by actually seeing him every night in his room. This is a wholly bad form of education, particularly of young children that I refer to the habit of frightening children who have been naughty, and in all probability very naturally naughty, by stories of imaginary monsters, of ghosts, of magicians and of: "He's going to bite you!" "He's coming to eat you up!" are common sayings enough. This treatment usually brings tears and an unquiet mind, and repeated incessantly, may make the child timid, if it does no further harm. It is not too much to say, I think, that nearly every individual in the world has been guilty of this mistake. Numerous particularly but I think that during the past few years matters have considerably improved, as far as they are concerned. Again nothing is more favourable to the development of hysteria than fantastic
stories of the supernatural, and no less an authority than Charcot says that this belief in the marvellous is a cause of hysteria, particularly in the case of boys. Sarotoux mentions an epidemic of hysteria, which broke out in a family of six children, whose minds were saturated with ghost stories. Cramming for examinations, and the close confinement in schoolrooms during the time of puberty when the vital energies are particularly interested in the growth of the body, too often results in a clever boy, but a boy whose body is fragile, and whose mind reacts abnormally to the ordinary stimulus of life. Unhealthy literature, which is read by the lower classes to an extent I believe unrealized by physicians, often acts as a cause of hysteria. The lustings of such geniuses or what we may "degenerates," in emulation of fear Jordan, as Lola Tooleti, Sven, Sonturnus, and the like, to name but that they influence the minds of men in an eminently unhealthy manner.

II. Hysteria may follow a nervous shock, for
instance in a railway train. It is not necessary that the shock should be a bodily one; a profound mental impression is enough. Without going carefully, or into lengthy discussion regarding the condition known as “railway shock” or “railway brain,” it is sufficient to state in this thesis that such a shock is often followed by marked hysterical symptoms. Manicure, which may be anything from a slight blow to a bad crushing of body or limbs, may be followed by hysteria. It has been observed that the same result may follow operation. Earthquakes are also responsible as it is reported by Forrer and Guenter. A thunderstorm caused a curious attack of hysteria as, for example, in the classical case read by Tebey at a meeting of the Brit. med. Ass. A violent shock has also been followed by hysteria.

Two cases have been reported by Charcot, Gresier, Decker, Landouzy etc. in which hysterical symptoms developed during convalescence after typhoid, scarlatina, pneumonia, and
acute rheumatism; also during the course of diabetes, malaria, and syphilis. In particular this last-named affection is responsible for such symptoms.

Ty Lynenham has noted in earlier times the fact that considerable blood letting had brought about hysterical symptoms; many large hemorrhages may do the same thing. Physical and intellectual overwork are common causes. Masturbation and sexual excess are given by many authors as a cause. I am inclined to think that they either produce, or are produced by, nervous tremors, a disease which is still very often confounded with hysteria, and which often occurs along with it. Arsenia may be a cause.

Chronic lead poisoning though it frequently leads to definite paralysis and other symptoms, is undoubtedly a cause of hysteria, as are also the chronic poisonings by alcohol, mercury, arsenic, etc.

Organic nervous diseases can be the cause
of hysteria and cases have been reported by various authors in which locomotor ataxia, progressive muscular atrophy, disseminated sclerosis, Friedrich's ataxia and Poto disease have undoubtedly produced and been complicated by hysterical symptoms. But not forget, however, that the real disease may simulate hysteria, as is well pointed out by Bizzard in his work upon the subject.

Finally, in my opinion, any disease whether it be a serious cardiac affection or a simple chill, whether it be chronic gout or an injured finger, may produce hysteria, or at least hysterical symptoms in a patient predisposed in any way, by heredity, by education or by occupation. Under so insipid a condition I would include especially those men who lead anxious, hurried, worried, business lives, and also those men who lead an indolent, luxurious, aimless existence, though this is more frequently a cause of neurasthenia. Hysteria in the male is not a disease of the rich only, but essentially a disease of the poor.
who are predisposed to the disease from their surroundings, from heredity, and too often from their occupations, and mode of life. It has struck me as a very remarkable fact that people suffering from phthisis and general tubercular affections are very free indeed from the disease in question, and it is on the whole a rare occurrence to meet a phthisical patient who does not possess that wonderful arise phthisis, which makes the fell disease so much less terrible to see and treat, than if otherwise would be.

Symptoms.

I have remarked, in this essay, that prompt recognition of the symptoms of hysteria is essential for successful treatment of the disease. Even now-a-days, although Charcot and his pupils have drawn particular attention to the disease, much confusion exists in the minds of the general body of British medical men as to the real characteristics of hysteria. This is due to the fact that, laying aside any suspicion...
of malingering, hysteria is very frequently associated with neurasthenia, or with hereditary mental degeneration. To the hysterical symptoms proper are therefore added the peculiarities of these other two disorders. Hysteric associated with neurasthenia is very commonly found in the case of man, and indeed it is somewhat rare to find a genuinely pure case of hysteria in the male.

Let us turn our attention to these characteristics of hysteria. Readily recognizable symptoms as they are, and discuss them under two headings, psychical and somatic etiguats.

1. Psychical Stigmata.

The mental condition of an hysterical man, even in mild cases, shows some little alteration. Disposition and manner change, as also do the feelings of the patient towards relatives and friends. He becomes forgetful, suffering from gaps in memory which make him appear untruthful or vicious, and which are frequently the cause of that common remark, that one can never believe the word of an hysterical, restless at night,
very wakful, or she troubled with vivid dreams, which very often take the form of seeing animals—cats, horses, serpents and the like—and which may be erotic. He is changeable, most emotional, and may feel very unlike himself, and may exhibit the whole gamut of hysterical ailments from hysterical cough to hysterical aphonia, from hysterical retention of urine to hysterical joint. He may suffer from hallucinations which may be so vivid, that the memory of them persists as an illusion.

In consequence, he persists that he has been the victim, or the witness of events, that have only been the creation of his brain. In one case I saw, the patient dreamed that he had paid several painful visits to the dentist, and so vivid was the impression created, that it was impossible to persuade him that he had been in his bed all night. This subject is of importance medicolegally, as grave charges made by hysterical subjects have before now led to grave judicial errors. These symptoms taken by themselves are not
pathognomonic of hysteria, because they may also occur in neurasthenia. We get more help however from a history of convulsive disorders, the so-called hysteria, epilepsy or hysterical fits. These are much more common in hysterical women than men, but they do occur in the case of the latter, and deserve notice here. They differ in degree. In the mild variety the fits are preceded by a headache, or by a feeling that something is going to happen. They commence with pain under the left breast, palpitation, globus hystericus, giddiness, trembling, twitching of eyelids, grimaces of lips, etc. and end with tears or laughter. In the more violent types, the patient falls suddenly, very often into a comfortable position, with out changing colour, becomes rigid, with arms abducted, (the cruciform position) hands clenched tight, and eyelids clenched tight too resisting all attempts to open them. The eyeballs are turned upwards. After the rigid stage, comes one of a fine tremor, which may pass on to the violent paroxysm in which the grand movements occur, the patient rolling over, and banging his head
on the floor, getting himself into the position of opisthotonus, making grimaces, and squinting. Consequently, (Divergent Strabismus does not occur), pushing away the people who try to restrain the movements, and biting them, and then after a scream, or a period of quietude, suddenly recovering. The tongue is never bitten, though lips and hands may be; the urine is not voided involuntarily, the pupils react to light, and the Conjugate-look reflex is usually retained. The sudden recovery is very characteristic. Consciousness in the highest centres seems to be undoubt-
edly lost, and the patient has no recollection, after the attack is over, of the ferocious movements he may have made.

The popular idea, however, that Convulsive attacks are the chief manifestations of hystera is not correct, as is shown by Peters. Convulsive attacks are conspicuous by their absence in some of the worst cases reported. We may just mention as rare conditions associated with hysteria, the Hypnotic and the Cataleptic Conditions (Vite & Care. Cited by Beloof.)
Finally, impressimability is the characteristic
Par Excellence, of the hysterical brain, and
the author, Colen, remarks with a singular
happiness of expression, that the brain of
an hysterie resembles soft wax in which
all impressions are deeply imprinted.

The impressimability gives rise to all the
'weird mental, motor, and sensory manifesta-
tions of hysteria, make its victims very
ready to adopt suggestions from without, or
from within, and make them mimic symp-
tom of diseases, they have seen or read
about. In a case under my care, the patient
had been with his father, who suffered from
an enlarged prostate, to see a Doctor, and
had returned some days after to the same
practitioner, and asked him what the symp-
toms were. To such an extent had the im-
pression sunk into his mind, that, one morn-
ing, on his visiting him, he complained that
he was unable to urinate, and in con-
sequence was suffering in his own words
"intense agony." He managed to pass
27 oz. after a little coaxing, this was an-
doubtedly a case of hysterical retention.
And may have been an example of what Charcot calls "l'état d'opportunité de contracture" to which Lebail refers later. Im-
propriety makes the hysterical emotional,
turn them from laughter to weeping, from
aversion to enthusiasm, and accounts for
epileptics of real disease disorders, that occur
from time to time.

II Somatic etiopatho.

By far the most important condition, under
this heading, is that sensory disturbance
known as anaesthesia. It occurred in 95
percent of the saltpeter cases, and Char.
cot says it very rarely indeed absent in
hysteric of the male.

Hysterical anaesthesia may be total, that is
to say it affects touch, sensibility to pain,
heat, cold, and electric sensibility. It may be incomplete when it is called hypo-
aesthesia. This is a more common condition.

The loss of sensibility may be partial,
afflicting certain sensations only, and giving
rise to the conditions respectively known as
analgesia, thermocanaesthesia, electric anaesthesia
et.
Analgesia and hypesthesia are more common than complete anaesthesia. The left side of the body is affected in the way more commonly than the right, in the proportion of 3 to 1. It is noted that the hysterical patient does not a rule complain of any subjective sensation of the sensory nervous system, as in organic disease patients do, and as a rule, he is greatly surprised when the condition is discovered. With regard to the mode of distribution of the skin anaesthesia, he recognizes general anaesthesia, hemi anaesthesia, [the commonest of all] anaesthesia in islets, and anaesthesia in geometrical areas.

A complete anaesthesia of any limb, joint, muscle, and tendon are affected, and the arm or leg may be twisted or stretched without any pain being felt. The patient may lose his muscular sense, and fail to recognize the limb's position in space also the affected limb may frequently show a diminution of voluntary motor power. Such a case is ripe for a traumatic hysterical paralysis, Charcot states.
that hysterical anaesthenias do not follow
the distribution of nerves to the anaesthetic
areas, but are arranged in geometrical
patches, bounded by circular lines, in a
plane perpendicular to the axis of the
limb. As a rule the superficial reflexes
in the area of anaesthesia are abolished.
In general anaesthesia of the lower limbs
the plantar reflexes are absent, as a rule.
The knee jerk are very often exaggerated,
and one may always be justified in
suspecting hysteria in a case such as
this. Hysterical anaesthenias of
the mucous membrane are found, those
of the conjunctiva, tongue, fauces, glottis,
hostrils, and ear being fairly frequent,
while those of the anus, rectum, glans,
prepuce, and bladder are probably very
rare. Anomalies of the special
senses are found in hysteria, particularly
restriction of the field of vision, which
, according to Charcot, is almost invariably
present. Blindness may be present, and
exist for many years. Color blindness
is rare in hysterical men. The visual
field for red is usually outside, instead of inside, that for blue. Glynne found that in some cases there was blindness to every colour but red. He remarks that the order in which colour perception is lost, violet and blue disappearing first, is almost peculiar to hysteria. Smell, taste, and hearing may be affected in hysteria.

With regard to hysterical defects of sight, both sides are always affected, and it is important to regard this as a rare form of amnesia. He says that the man afflicted with hysterical amnesia, knows as little about his condition, as does the victim of hysterical analgesia.

Next we come to the hyperaesthesia of hysteria. It may be general, unilateral, (which is rare,) or geometrical areas, such as about a joint, giving rise to hysterical arthritis or irritable, as is shewn by the accompanying diagram from Charcot. It may also affect mucous membranes, and visceræ, and may simulate, depending upon its distribution, meningitis, pleurisy, angina.
prostheses, gastric ulcer, dental caries, nephritis, locomotor ataxia, arthritis, and other conditions too numerous to mention. In both the mild and severe forms of hysteria, pressure upon the area of hyperesthesia, is either hysterogenic, or hysterogenic. Various hysterical affection of the extrinsic and intrinsic mus.cles of the eye are found. Hysterical visceral symptoms include rapid respiration, laryngeal spasm, barking cough, and persistent hiccup.

Hysterical hyperpyrexia is occasionally met with. "Fainting men" and fakers who undertake painful religious exercises, are enabled to do so under the influence of hysteria.

Finally let us touch upon those disturbance which are motor in character.

First of all comes Charcot's "dilatation of contraction." Which betrays itself in an abnormal irritability of the muscles, contraction on tapping, exaggerated knee jerks, ankle clonus, and rigidity follow its muscular effort. This contracture
May involve the involuntary muscles.

Secondly, we have amyotonia, or unfruitful
ment of voluntary muscular power. This
may differ in degree from a slight weak-
ness to a complete paralysis, and give
rise to hysterical hemi- or para-plegia.

Thirdly, terrors of various description oc-
cur, which resemble those terrors found in
other diseases, and which are usually in-
creased on voluntary or intentional move-
ment.

These motor symptoms are not so con-
stantly present in hysteria as the sensory
affection, and have not quite the same
value as regarded diagnosis, since they
are met with in many other nervous
diseases. They are however often
found together, and it is noticeable that
these motor phenomena are most developed
in the anaesthetic limbs. Glyn says
he has frequently been led to suspect
hysteria on noticing some tremor, or
weakness of grip.
Diagnosis

Having discussed at some length the symptoms of hysteria, let us now turn our attention to the diagnosis of the complaint. The disease is most commonly confused with neurasthenia, or with hereditary mental degeneration, and I propose to notice here the chief characteristics of these two diseases.

In neurasthenia, which usually affects males from 20 to 50, the symptoms may be cerebral, or spinal. In the former we have, headache, with fulness or constriction about the head, aggravated by mental effort, and worse by day, stiffness at back of neck, intellectual asthenia, poor memory, tinnitus, nausea, solitaria, photophobia, defective accommodation, and hystico.

In the latter we find pain and stiffness in the legs, palpitation, anorexia, dysphagia, flatulence, constipation, frequent hiccough, seminal emissions, and loss of sexual power.

In both the patient is morose, timid, and irritable; he is also introspective, and gives a written report of his symptoms last he
should forget any. This, as Glynn points out, is most characteristic. The pure neurotic is markedly introspective, the pure hysterical never. In hereditary mental degeneration the symptoms are physical, or psychical.

Among the former we include malformations,  
voes of development, smallness of stature,  
cranial deformities, asymmetry of face or  
skull, stammering, strabismus, hystagmus,  
irregular pigmentation etc of fundus oculi,  
Dallomus, hare lip, irregularity of teeth,  
salate too high or too low, Ear depressed and  
irregularly placed, lobes absent or adherent, extra fingers and toes, union of  
fingers or toes, deformity of genital organs  
etc. etc.

Among the latter inevitability, idiocy, mental  
aneurysms, defective equilibrium of intellect  
maladies, defects in judgment, moral  
insanity, episodical impulses, delirium  
phobia, agoraphobia, toposphobia, blisko.  
mania, pyromania, pyrophobia, kleptomania  
mania, oino mania, onomatomania, arithmomania  
mania, echolalia, coprolalia, perversion  
of appetite, mancinismus, sterility, homicidial
and suicidal impulses have their place.

Hysteria proper is very often mistaken for malingering. No mistake could be more unjustified. The male hysterical is hopelessly diseased, because his disease is so frequently complicated by neurasthenia. He is really un
fit for work, and, if poor, wander from hospital to hospital rejected by all, and ends his days in the workhouse or asylum. Hyp
teria in the male one must remember is a disease of the poor and the over-worked, and is also distinctly a disease of the subconscious mind of unconscious suggestion, and it is in the very fact of its unconscious nature, that it differs from all forms of malingering, which always imply conscious fraud.

Finally, organic nervous diseases simulate hysteria as has already been pointed out. The diagnosis can usually be made by look
ing for hysterical stigmata, and if these cannot be found, by observing the result of treatment.
Treatment.

It is interesting to note that Howard thinks the present age of nervousness, of hysteria, and of degeneracy will improve, not by any care of those people who are feeble, hysterical, or degenerate, for these, he says, must go to the wall and perish, but by the strong and healthy, who remain behind, adapting them selves to the acquisitions of civilization.

People will, in other words, recover from their present fatigue. Howard hopes accelerated the process by having all healthy minds ed men join together to enlighten people who are inexperienced, and head in judgment, and to protect, and save those who are not already too deeply diseased. To hysterics, ego-manics, realists, and pornographers, he would show no mercy, and he knew can doubt what he is right, because by their doings these people - clever and brilliant as many of them undoubtedly are - create an unhealthiness in the minds of men. So much for treatment. Considered in a general way, let us now turn our attention to the treatment, prophylactic, and otherwise,
that one is called upon to undertake in a case of hysteria in the male.

First of all, a few words upon the advisability of marriage in the case of people afflicted by nervous disease of any description, or by any other kinds of disease, and, in connection with this subject, a word or two also upon the advisability of the marriage of cousins. With regard to the latter I hold that provided both parties be strong and healthy there is no risk of their children being hysterical or nervous in any way. I can point to many cases among my own acquaintances in which cousins have married, even unto the third and fourth generation, where descendants show no trace of any degeneration. That is in my opinion, due to the fact that the cousins who have thus married have been in an excellent state of health. But if they show any sign of disease whatsoever, organic or functional — then I say they should not marry; for such unions are, if not actually sterile, productive in many cases of children hereditarily unfitted to stand the
every day worry of life. In no smaller degree are the marriages of people, who have no tie of consanguinity, but who are, one, or the other, or both of them, deficient more or less in health, produce offspring heterogeneously unfitted in a similar way, and it has often seemed to me aptly that these people who object to cousins marrying, because they are cousins, do not exert their energies to prevent the union of, say a man who is known to think a little too much, and a woman who has shown some symptoms of malignant disease. In a case known to me in which such a union did take place, of three children born of the marriage, the eldest died at two years from meningitis, the second is somewhat neurasthenic, and the third has slight vascular disease, rich nephrosis to a considerable extent, and a very fair tremor. Intelectually, these two boys have done well. It is another a very difficult matter to prevent such marriages taking place, and until government take the matter in hand, and pass some resolution, whereby, at least, the marriage of people with incurable ailments be prevented,
one can do nothing, save by personal influence, which should be exerted by every doctor or layman who has the physical welfare of the nation at heart. But if the doctor cannot prevent the marriage, he can at least see to it, that the health of the contracting parties is a satisfactory one, possible, particularly during the period immediately preceding the union. When children are being born. In connection with this time, he can guide and counsel, if he be given an opportunity, though it is a matter of great delicacy and which requires considerable tact, with regard to the use and abuse of the sexual function, the latter of which I am convinced is a very common occurrence. It stands to reason that the child of a man, who is exhausted by reason of sexual exercise, and a. I have said, many men are exhausted in such way, cannot be born as the child of a man, who uses the function in a natural way. I think it right at this point to make a strong protest against the employment of checks to conception, whether used by man
or woman; they can only do harm. I would equateize as no true men these doctors and clergymen, who do not hesitate to advise their use, as a cure for the lasting ailments of the poor; this soon turns into abuse, in cases such as these. Let us next suppose that conception has taken place; then it becomes a duty to do all in our power to see that the pregnancy runs as smooth a course as possible, that the mother's health be kept in as high a state of efficiency as possible, and that she be subjected to as few worries as need be from her husband — and I am sorry to say that there are a great many husbands who either thoughtlessly, or criminally, do harm to their wives, while in this condition and from other people.

Again, Ballantyne, in the able paper in which he pleaded for the establishment of Maternity Hospitals, seems to me to make suggestions of a most valuable nature, which it is to be hoped may be carried out in the future. Here can be no doubt that treatment of abnormal pregnancies, in such a way, will greatly benefit
the child expected, when it first come into the world. Having done what we can for the child before his birth, it is our duty how to employ all means whereby we can give him a mind and a body capable of battling with the toil and trouble, which must infallibly come in after life. It is of course essential to see that he that is available, that he gets plenty of good air and exercise, and particularly that he gets a abundance of good sleep, under the best hygienic conditions. The choice of a nurse is all important, and the selection of a bright, healthy, healthy, cheerful girl, who possesses common sense, and a pride in her toilet, should be made, if it be possible. Among the poor, a great deal can be done towards ameliorating the conditions under which their children live, or rather exist, by advising the daily bath, by preventing overcrowding, by inculcating regular habits, and by suggesting good and wholesome foodstuff. As the child grows up, any little tendency towards hysteria should be quietly and
gently, but firmly, checked, he should be taught the habit of self control, as far as possible, and if he be strong in other ways, let him be sent to school at the age of 7 or 8. During this period, let him never be punished save by one person in authority (and I recommend as Dr. John Brown did before me, the old-fashioned remedy of chastising the integer region as a good form of punishment) and in some less severe cases, let him not be punished in this way at all. Let all threats, stories, and threats of hardship, etc. be conspicuous by their absence.

Education at home is not to be thought of except in some special cases, when the boy is utterly unaccustomed to stand the strain of school life. At school he will be compelled to shift for himself, and with careful guidance from parents at home, and masters or his teachers at school he should turn out well enough. If it can be afforded, he should be sent at the age of 12 or 13 to a good boarding school, or to any of our great public schools.
There, if anywhere, the habit of self-control will be impressed upon him by the action of his schoolmates—perhaps without many unhappy hours spent in learning it, he will be compelled to fight his own way, and in time will be imbued with a healthy ambition to gain the same distinctions, intellectual or athletic, as his fellows have gained before him. Such a boy when he leaves the school at 16 is infinitely more fitted to face the world, than the lad who has been brought up at home, with every wish satisfied, every vice banished, with the example of an hysterical mother, and perhaps hysterical father, ever before his eyes. Also, in his article upon Hysteria, says, that the successful treatment of the disease demands qualities possessed by few physicians; it is equally true that training of youth demands qualities which few schoolmasters are endowed with, especially if the youth be inclined to hysteria, and that a boy leaves school as nervous as he entered it is,
I think, very often, due to the lack of foresight, and of sympathetic management, displayed by the master in particular charge of the boy. I have mentioned that some specially bad cases should not be sent to school; in short, every case must be dealt with on its own merits, requiring considerable care and thought on the part of the parents, and their medical advisers. The responsibility of deciding upon the right course to take in these matters is a serious one indeed. When the boy has left school, as far as is possible, his occupation should be of a congenial nature, and as such chosen by himself. If the parents be wise, his choice will lie in the direction they themselves would wish.

Having now discussed the prophylactic treatment at some length, let us turn our attention to the active measures which must be taken, when a man suffering from hysteria comes under our care. That doctors should have found it necessary to make the
remark I have quoted above seems to me to be somewhat of a reflection upon the medical profession, as he proceeds to state that the first element of success is a true appreciation of the nature of the disease on the part of the physician and his friends. "It is pitiable," he says, "to think of the history which has been inflicted on these unhappy victims by the harsh and unjust treatment which has resulted from false views of the nature of the trouble; on the other hand, worry and ill-health of the mind, body, and estate, are entailed upon the near relatives in the nursing of a protracted case of hysteria." I am convinced that so far as the physician is concerned, the chief condition of success in treatment is sympathy, and the chief cause of failure is want of it. His sympathy need not necessarily be frequently shown, but if it be really felt by a physician who believes in the reality of the patient's suffering, and dismisses from his mind and thought of malingerer, the conviction mind of the patient will feel it, he will
repose confidence in his doctor, and feel that
his case is understood. A great matter when
she thinks of the number of times the hysterics
complains, "You do not understand my case."
Allied to sympathy is patience; patience
to put up with the trying nature of the sufferer,
and his many irritating and often
seemingly incurable ailments. If this pa-
tience were exercised somewhat more freely,
says Schofield, health records abroad
would not be quite so largely patronized
by new patients, as they are now.
Next comes perseverance; perseverance
that conquers the impatience of the patient,
the scepticism of the relative, and the want
of signs of improvement, it may be for
weeks or months. Perseverance in the
case, quoted by the author named above,
caused a patient who had defied many
and various cures tried beforehand; the
patient was kept in bed for five months
by a doctor, who would not be beaten.
Absolute firmness is called for in
all matters essential to a cure, but it
is not necessary and even harmful.
I applied to non-essential details.

"Fact" is all important, and by this I mean the faculty of judging immediately by the state of the patient's mind, whether one of his numerous imaginary ailments should be treated with levity or gravity.

Attention to details—seeing that one's orders are being carried out as directed, and that nothing occurs to worry the patient, often turns failure to success in the treatment of a case.

Above all let the doctor be honest to himself and his patient, and turn a deaf ear to the counsels of friends and relatives, who would fain turn him from a course of treatment he instinctively knows to be right. The fact that the patient has tried some "cure" already and has failed to be cured, is a complication very difficult to deal with. The patient's personal factor should be closely studied by the physician in charge of the case. It is valuable to recognize that in two people suffering from the same hysterical symptoms, the treatment may differ greatly.
in each case. It is well always, even in cases in which no such causes are suspected, to inquire carefully into sexual matters.

It is unadvisable to order a ready-made cure for all hysterical patients; rather should the system of treatment be made to suit the patient, than the patient be made to suit the treatment. No method can be called trivial, which succeeds in curing the patient and that plan is best which does this with least time, trouble, and expense. Often the treatment is rendered inoperative by the failure of the nurse chosen, to recognize the true nature of the case committed to her charge. I have suffered personally in this way, for it is difficult to find a good nurse for hysterical cases. The plan I endeavored to secure the services of a bright, an intelligent, and an sympathetic a woman as possible.

The true hysterical case requires isolation, some form of warm hothouse cure with massage, perhaps electricity (wars balsamic, cold anesthetic and cautery may often do good), and a large
amount of suggestion. Rest in bed is not uniformly desirable, but should be tried in all cases of hysterical malnutrition, as well as in all cases complicated in any way by cardiac symptoms. In all cases, however, it is as well to begin with at any rate a week or two in bed. Massage is always very useful, helping the digestive, circulatory, and excretory systems, curing stiff joints and often greatly diminishing pain. If possible friends and relatives should be kept away, if this can be done without causing irritation to the patient, but one should not be too dogmatic upon this point. In a case under my care, which was complicated by considerable cardiac disease, the patient declared that he could not lie down, on account of the "turbine anguish" in his heart, and for nearly 36 hours he remained all the craving of myself, his nurse, and his wife. Finally, in desperation, his sister was sent for, and gradually, that is to say in about two hours, he was induced to lie down.
by - a. I afterwards told him "the sympathy that passed from soul to soul." To this day he thinks his sister saved his life, and I am inclined to agree with him.

Suggestion is valuable, but should be given bit by bit. I remember a case in the Queen's Square Hospital for Paralysis, in which there was complete hysterical paralysia affecting the whole of the left side of the body. The physician in charge suggested to her when I was clerking there, that we might use the warm bath with success, and we must have been overheard by the patient, because the next day when we were about to carry out the treatment proposed we discovered that the anaesthesia had completely disappeared. In another case, I began by suggesting that the man should go into a house, and try the late Mr. Mitchell's cure. On my first mentioning this, he burst into floods of tears, and loudly bewailed the cruelty of the man, who would separate him from his wife. A week later on the suggestion being again made, he showed more interest, especially
When he was told that massage was an integral part of the treatment, finally he began to keen upon the treatment, that he set out for the house, freed upon, before arrangements for his reception had been completed. In making suggestions the physician should appeal to the patient's reason as far as possible, and if he be in full sympathy with, and have the confidence of, his patient, he should point out to him a friend, the folly of that character of mind that feeds upon itself, and persuade to draw on that mind to other thoughts. Let him manage hæmorrhage, trimal or chloroform I have found to succeed excellently, 

(y. (Shakespeares being a very constant and worrying symptom) Aesculapius, Con. shakatine, flatulence, restlessness and depression, avoiding stimulants as far as possible. Melicenter and acu.


fortuna often act well in mild cases of hysteria. Hypnotism should only be tried in cases of very low mental calibre.

To ensure a permanency in the cure
of any case of hysteria the patient should, if possible, not return to the surroundings connect-
et with his diseased state. Rather having discovered his tastes, with regard to place, occupation, and amusement, we should endeavour to send him there, and give definite directions for his after life, coinciding with the natural bent of the patient's interests. Cycling and golf are much to be recommended. I have de-
scribed much help a regard active treatment of my cases from an able paper, read by Schofield at the last meeting of the British Medical Association, and have in my prac-
tice used the methods detailed above with 
upon the whole, considerable success.

One need, I think, come to the conclusion, that in most cases success can only be brought about by the sympathy, tact, common sense, and personal influence of the medical men in attendance.

Andrew Cresell Brown.
Feb. 24th. 1862.
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