Hysteria.

That all nervous affections, more especially those which involve functional derangement, are surrounded with obscurity and beset with difficulties of no ordinary kind, is a fact admitted by all; but Hysteria, the subject of my Thesis, and I might almost say pre-eminent in this respect, whether it be regarded in its countless similitudes of other diseases or contemplated in its thousand glosso and complicated phenomena. — It is, however, satisfying to reflect that however apparently futile and individual efforts may seem, — it is by the accumulation of such efforts alone that much which now appears intricate and perplexing may be long the unravelled and that which is now obscure be
rendered plain. In the investigation of truth, the human mind is per prone to run into one of two errors. In one class of persons, may be observed an unceasing tendency to explore amidst the fluctuating regions of speculation or to the giddy heights of exclusive hypotheses in the vain pursuit of truth. Such inquirers work their favoured schemes in a medium altogether different from that in which their humbler brethren are content to keep, unwarmed by the seething ballast of experience, perplexed by the counter currents of their vagaries theories—tliier very efforts become paralyzed—and sooner or later their flimsy superstructure presents one vast premeditated ruin. A second class of laborers content themselves with the bare observation of isolated facts and effect contempt at piec
effort of generalisation — The safest path — that path which alone can lead to any satisfactory results — is one which has an eye to both principles — Facts are its foundation, but it rejects not the aid of theory — provided that, as Sir J. Herschel has very happily observed — a facility in its execution is attended with an equal facility in laying it aside when it has served its turn and failed to realise or preconceived speculations — Having attended to this materially, an assemblage of rigidly observed phenomena, the self-lying vagaries of thought and regulating principle and thus combining them in one grand comprehensive scheme — one vast harmonious whole — It is my intention first briefly to describe some of the more important
Specious phenomena of Hysteria.

Secondly. To make a few remarks on its supposed and probable causes — and Thirdly. To consider the most efficient plan of treatment.

First. What may be regarded as the most prominent features of an ordinary hysterical paroxysm? — Volition and Sensorium impaired or permitted; consciousness temporarily suspended, accompanied with a highly de-jaunted condition of the emotional feelings — and confusion.

Every hysterical paroxysm is thus characterized, nevertheless we frequently witness these conditions in a pell-mell case — it is to be understood, however, that perfect unconsciousness is rare, and this furnishes us with one satisfactory diagnostic sign in distinguishing a hysterical from an epileptic paroxysm.
The wild, meaningless laugh, the sudden and capricious gush of tears—satisfactorily show the disturbed state of the emotional feelings.

It is altogether impossible within the strict limits of this essay to riper into all the details of hysterical phenomena; it would be a needless repetition of what may be found in the various works upon this subject to portray the strange and capricious workings of this protean malady. At one time it resembles the most violent forms of peritonitis; at another, it imitates the alarming symptoms of typhus—at one time it assumes its unhappy portion of confinement for the ignorance of an indiscriminating practitioner—at another, so faithful is its portrait that under the guise of a dangerous arthritic disease, it is threatened with a formidable
operation— at one time it presents the wonder-working marvels of what Dr. Todd has termed "artificial hysterical coma" — at another it consigns to the wild ravings of an uncontrollable delirium.

Rightly to appreciate and to detect the real nature of these perplexing and alarming symptoms requires an amount of diagnostic skill, which experience and sound judgment can alone enable us to acquire; and when we recollect it with what faithfulness and accuracy, symptoms purely hysterical in their nature simulate affections associated with serious organic lesion, and, unless theched, destructive to the health if not to the life of the individual, it cannot be too forcibly impressed upon the mind of every medical practitioner. The absolute necessity of an accurate acquaintance...
tance with the essential and distinctive features of each—the counterfeit and true—that he may at once detect the real nature of the case and adopt his treat-ment accordingly—An inability thus to analyse and detect, would, in all probability not only hazard his own reputation and skill, but consign his unfortunate patient to years of needless sufferings, if not to an untimely grave.

I shall now proceed to notice some of the more remarkable and peculiar features attendant upon hysterical affections witnessed more especially in

First—Their onset. Secondly Their Continuance. Thirdly Their recurrence. Fourthly Their final departure. and Fifthly the First place Waving for the present all spec-

ulation as to the nature of the Hysterical Diathesis—it may be observed that circumstances at
once trivial and grave will prove effectual in developing hysterical phenomena, clothed, or may be, in the garb of an ordinary paroxysm or the more perplexing and pernicious ministry of organic lesion. Among the barons exciting agents of hysterical arrangement - the Brodiean febrifuga- may be truly regarded as occupying high in the scale of importance and deserving our first and particular consideration.

The depressing bitterness of overwhelming grief - the precipitate excitement of sudden and intense joy - the uncontainable anguish of - hopes. - long cherished - at once and for ever blasted - the mortification of participate affection - of wounded pride of frustrated ambition - too often exerted upon their unhappy victims the piteousness of hysterical thralldom, if not the preparable
miserly of confirmed and hopeless melancholia — (8) Sympathy.
in its mysterious workings — suf-
fers, and unfrequently, (as witnessed in the wards of hospitals) to di-
act a response in concert to the
key note of the originating parox-
ysm — I now proceed to make
a few remarks upon. Secondly.
The Persistence of Hysterical
affections — Fitting and sudden
in their onset — the ordinary par-
oxysm is, as a general rule, eq-
ually sudden and capricious in its departure. No definite
sequence of phenomena is traceable
but every thing means the aspect
of irregularity — uncertainty and
discord — Not unfrequently,
however, it assumes a more stult-
strate and formidable type —
and are the cases — (a) of the girl
who had all spoken for two years.
(b) Where a food was refused
until the cold drink was
up Lancet Dec 21 1852.
appalled and got on her knees. In which case the young lady pretended she could not rise from her bed, but, on being watched, was observed to put on a deliberate manner.

(2) In which case the parents of a girl were surprised by an imaginary disease in one of them. A lady of my own acquaintance, who, for a long period of time, had been convinced she had been poisoned by her family, tried to console herself by the belief in the knee joint and her hand. As such a discovery, she had written herself up to be a celebrated surgeon. She had already decided upon an operation when she was sighted and accurately discriminating Brodie, rapidly inserted the knife and pronounced it a purely nervous affection.

Sir B. C. Brodie on local nervous affections.
years which lasted for some length
of time — The seventh and last case
I shall allude to was one of Hyster.
ical Hip-Joint mentioned by Sir B.C.
Brodie in his work on Local nervous
affections and only disappearing af-
a lapse of two years — Cases of a
similar nature might readily be
multiplied, but the above short suf-
face to prove how tenacious are
some of those affections which are
highly esteemed of a purely hypo-
terical character — I now pass on
to notice a few particulars asso-
ciated with Thirdly. The recurrence
of Hysteria — and in the first place
I shall make a few observations
upon the influence of what should
perhaps be termed (a) "a spontaneous
self-generative effort" — During the
excitement recently abroad in con-
nection with certain phenomena
(termed Electro-Biological — all the
This epithet seems rather to qualify
than to elucidate the subject).
witnessed a group of symptoms, elicited by a mere effort of concentrated attention, and which in their nature were unquestionably hysterical — judging not merely from the highly excited and mobile temperament of the individual — but also from their capricious onset and disappearance — and their other peculiar characteristic features. I do not presume to assert that the phenomena termed electro-biological or hysterical are identical in their nature with the well-known characters of hysteria; nevertheless, I would venture just for one moment to digress, in order that I may carry my belief in a strong family likeness traceable throughout the whole sequence of phenomena, alike memetic and hysterical — characterized at once by a temporary suspension of the higher and intellectual faculties.
of the mind, with a corresponding abnormal exaltation of the inferior emotional feelings – overconsuming and disturbing for an uncertain duration the restraining and regulating influence of volition – falsifying the perceptions of sense – obliterating the records of memory – and prejudging the exercise of reason – the faithful, dictates of comparison – and the verdict of a free and unbiased judgment.

These reminiscences, my dear, appear as a depression – certainly they are somewhat anticipatival of the second division of my subject but I feel unwilling to forego this opportunity of expressing an opinion as to that peculiar condition of mind, which, more or less greatly shadowed forth in the hysterical female, I regard as essentially associated with my view, as the very foundation of that superstructure of wonder.
inspiring phenomena—of late, so speedily erected—so plausibly exhibited—and as suddenly taken down—within the very walls—of our own Society's Hall—

The conviction and expressed opinion of Mr.—who voluntarily induced symptoms clearly hysterical—to the effect, that, had he persisted in concentrating his attention—he would have been thrown, into the most advanced somnambiotic state—seemed to corroborate the views which I have just stated—and to confirm my belief in the strong analogy of hysterica and mesmerism—

(b) Habit increases a special influence in the repetition of hysteria. As an illustration—I will just give the outlines of a case which also presents other interesting features bearing subsequence upon the second division of my essay—A. B. was a
Patient under the care of my friend Mr. M., one of the lecturers in the York School of Medicine. She was 17 years of age—of melancholy temperament—her previous health had been uniformly good. The fits occurred usually boiling regularly, commenced with convulsions and terminated in a kind of epileptic state—during which she remained until the paroxysm ended. (During the fit she was (adds Mr. M.) unconscious—but on recovery was conscious of having had one.)

She was very desirous of being relieved of their constant repetition. Mr. M. was not aware that there existed any derangement of the digestive functions. "But of this," he adds "I speak with some hesitance from the length of time elapsed." About ten days after his first attendance he ascertained that the fits regularly occurred at 7 o'clock in the evening. The treatment,
to be brief, consisted in the exhibition of purgatives—fetect gums—vegetable and mineral本人—with the ordinary antispasmodics: the result being that she fits the "less violent, more by no means less regular." It so happened that the clock was placed exactly opposite the bed (placed for convenience in the family sitting room). Consequently she could observe the hour and minute hands exactly—it was moreover ascertained that she always had her fits in this bed. The following expedient was tried and not without complete success. The girl was later by her another to the house of a neighbor—her mind was agreeably and fully diverted whilst there—and in the mean time the time-piece put on to 8 o’clock. The plan succeeded admirably. And, on the subsequent occasion, had she a return of the malady.
In this case the exact periodicity of each diurnal paroxysm, is doubtless traceable to a mental act or event, in the association of a certain definite hour with each recurring paroxysm. This would self-contain itself and, most probably, by mental habititude — sedentary occupations — and other concurrent predisposing causes — with either perfect observance, or, at most, but a subtle opposition to the pulse of a daily increasing diurnal act — and, only effectually to be overcome by a trial abstention of the immediate exciting cause. Its purpose referring to the circumstances connected with the "serial appearance" (fourthly) of Hypertonia — it has been shown that external injury excites — and, it may also be proved that menstruation will efficiently cure a
hysterical Paroxysm—or affection.

The first case (a) I think
advice is one related to me
some time ago by Dr. Guy.

The patient was a student at
Cambridge: He became devotedly
attached to the daughter of his
landlady; unfortunately, however,
either from the opposition of
friends—or the combined in-
ffluence of disappointment
and anxiety and "whatsoever
bitter sweet, Alma Mensus habit."
He became much depressed in
mind, and was seized with
such marked hysterical fits,
which lasted for about three
weeks, when Dr. Guy was called
in, and guessing the real nature
of the case he immediately ap-
plied the cold douche: the
effect was striking:—the patient
soon went to a few sighs and
rapidly recovered—

I believe he has since become
Insane—(3) We frequently may be witness the salutary influence of a mere threat of the chol-...ming an approaching storm of sympathetic hysteria, as witnessed in the ward of hospitals—again the bene-
...spiscial influence of sudden emotional impulse is elsewhere more satisfactorily shown than in cases of a chronic, specific and more ancient nature—

After an effectual resistance it may have been for every conceivable remedial plan—how striking is a hysterical special complaint— is the change from the puerile helplessness of the recumbent posture to the agility and vigor of spontaneous exertion— from the monstrous limits of an intractable hysterical slip to the regularity of a firm step— the sudden discerning of a sound trend—and
such cases may be found in Sir
B. Brodie's post before attended to.
Dr. Martin's a case in which
the young lady suffering from
hysterical meningitis of the hip
and thigh — and rendered incap-
able of either walking or standing
was immediately delivered from
all her symptoms on being taken
from a donkey she was riding.
Again her point was the
Emotional impulse in the case of
Mrs. Fanconit (Chirurgical Observer
for Nov. 1830) who had long
been unable to move on accu-
scence of what was evidently
a hysterical affection similari-
ting disease of the hip-joint —
and who was supposed to have
been miraculously cured under
the influence of the prayers of
her spiritual adviser; leaving
her couch at once, and pulling
down stairs to supper to the asto-
ishment of her family — It may
not be altogether misconducted again to appeal to the phenomena recent by exhibited in one of my fellow students - as furnishing an apt illustration of the point under consideration - being anxious to ascertain whether a counter emotional impulse, might not succeed in neutralising if not abolishing the supposed influence of the operator over the mind of the operator, I asked him to try the following experiment. The operator having succeeded in closing the eyes of F.B. so that in response to the usual authoritative declaration "you can - it open them" the eyes remained closed - I from suddenly and emphatically exclaimed "you can open them" whereupon he instantly opened and opened his eyes; the experiment was repeated and with similar results - the prearranged veracity of the student was attested.
to lead, additional, value to this simple fact. It may, on be stated in concluding my remarks upon this head—in the influence of emotional feeling upon the final disappearance of hysteria—that the sudden and total abolition of the periodic and anticipated emotional impulse, occasionally sufficient, finally to arrest equally recurring paroxysms. This we will by emphatically in the case narrated above—the primary exciting cause being removed—and her mind in the interval appreciably engorged, the spell was broken, and the girl was cured.

(c) Finally, to quote from Sir B. Brodie’s admirable little book—“Hysterical symptoms frequently disappear at once, without any manifest cause for their disappearance”—the case in which a young lady,
Having been confined for more than five years to the recumbent posture for an hydraulic hip-joint affection, recovered suddenly one night while in the act of turning in bed—

Second Division.

Now enter upon the second division of my essay—The consideration of the supposed and probable causes of Hyper-teria. To frame an hypothesis with the express object of ascertaining and harmonizing phenomena other-wise disconnected, incongruous, and perplexing, I held it of essential importance, rigidly to observe them in every phase of their development, in every successive period of their maturity and decline, and carefully to investigate the parish and multiplied circumstances under which they occur. Thus shall we be the better able to trace that habit—
her chain of harmony, to Beantons to
the eye of Inductive Reason, and
in its incontestible evidence of Design
so frequent I wisdom Infinite
and Causa—for the purpose of
facilitating this object, I purpose
splitting up the field of observation
into distinct allotments, carefully
to investigate the specific features
of each, and finally, to generalise
upon the whole—It is my inten-
tion to consider the facts observable
in Hysterical Phenomena as they
present themselves in relation to
First Sex—Secondly Age
Thirdly, temperament—Fourthly, associated functional derangement.
Fifthly, the nature and results of effective
medical agents—and Sixthly the
morbida appearances after death—
First Sex. Hysteria is as
peculiar to woman—Man himself
is occasionally amenable to its
influence—possessed of strong
and vivid, yet unremitting sexual.
passions—exhausted at the same time with mental fatigue and weighed down with anxiety and grief—or, on the other hand, a slave to lust and infatuated by its unbridled gratification. In fact unfrequently degenerates into the sickly and effeminate victim of hysterical derangement. As illustrations I may refer to two interesting cases narrated by Dr. Todd (in his Lumbecian Lectures for 1839) one of which was remarkable for the peculiar feats which the patient exhibited—figuring himself to be dead—and at which Dr. Todd expressed at first great concern—but on threatening to make a post-mortem examination after a day or two and open his head—he was speedily restored to life, and in a fortnight completely recovered. This with considerable weakness—of such a nature, also, were the two cases
related to one by Dr. Gray—one of
which has been detailed above.
The second being that of a Medical
Student, whose mental and physi-
cal powers had been much
influenced by intense anxiety,
consequent upon excessive study,
preparatory to a competition for
a College prize: on hearing of
his success he became so highly
excited that he fell into a well-
marked hysterical paroxysm.

Secondly. Age. Another inter-
esting fact at once arrests the
attention, and it is this—that in
the vast majority of hysterical
afflictions—the period of life
during which they occur—is that
corresponding to an interval
limited by the two extremes of
patriety and Middle age—
that hysteria rarely develops itself
prior to the former or subsequent
to the latter epoch; and, that
this subsequent period is char-
characterised by a periodical Graspin
surfaces and mptvus—with
the Pveslösung of a matured ovum
susceptible of conception—by a phthisic
of the phrenes and ovaries with a
regular catamenial discharge—

It may be further observed
that, when Hysteria appears in
the male—it is at a period of
life subsequent to that of youth
and characterised by the de
development of those highly excitable
and, not infrequently unreasonath
emotional feelings so closely and
mysteriously associated with the
development of the generative organs.

Thirdly. Temperament. —

shall include under this head
(a) the inherent and characteristic
mental endowments of the Individual
and (b) the effects, more particularly
attributable to the customs and
usages of Society; and for these
reasons, because it appears to me
an undeniable fact, that the pro-
gressive development of the mind, and of individual temperament, is materially affected by the habits - the fashions and the fashions of daily life - as too often exemplified in the condition of refined society. The mental and physical organization of woman is cast in a mold of defined and graceful delicacy whereas the mind of man is bold and harmonious. His frame athletic, and dignified. Man's fort is in the vigor of sustained intellectual exertion. The boldness of enterprise, the indomitable will, the undaunted fearlessness of danger - the poison to conquer or to die - the attributes of woman if less majestic shine with a lustre yet more beautiful. It is in the uncomplaining endurance of woman - her faith and gentle perseverance - her vigilant and persevering activity...
When overwhelming affliction falls on the energies and prostrates the body, her lordly companion, man, he beholds those qualities that constitute her exclusive prerogative and render her in truth a "help meet" for man.

It is an undisputed fact that the majority of hysterical patients are to be found among the higher classes of society.

Let us interrogate their education—what is its nature—physical, moral, intellectual?

During the earlier years of life—unless precocious nature is but little interfered with—true the permiscuous effects of occasional exertion; if early gifted, the youthful and plastic mind instead of being gradually prepared for the investigation and acception of truth is hampered and enfeebled by the warlike anxiety—the mistaken
Zeal of fond and anxious parents.

The child has grown up into girlhood — and she is already settled down in a fashionable boarding school — The greater part of her time is solemnly devoted — Not to the cultivation of her mind — Not to that wholesome self-culture and discipline — So essential as the very groundwork of intellectual vigour, but to the acquisition of barren accomplishments, with which the mind is bogged and blanked up in constant and rapid succession — French — German — Italian — Music — with a host of minor accomplishments. regarded of course, as indispensable and crowded into a mind as yet immature and incapable of exertions, so varied, perpetual and multiplied — Why morbid? — it may be launched in the period of life when the mind
is flexible and tenacious of forming impressions, hence it is not the most desirable to lay by a store of intellectual acquirements.

But, independent of the limitation of mental power at this early period of life, it is to be remembered that mental energy is closely associated with physical activity and vigour. The grand rule is, I believe, to be found in an overwhelming conviction to affect too much in too short a period and, at the same time, to deprive the scholar of those long conditions so essential to mental improvement. Let me now consider what may be the nature of these conditions and by what extent they are fulfilled.

The most important requisite is the foundation, if I may so speak, of mental advancement.
be found in a groundwork of sound bodily health and constitutional vigor. That splendid intellect is often ensnared in a weak and sickly frame — is a fact too obvious to be called in question; but this I regard as an exception, rather than as a general rule — too frequently it must be admitted in the case under consideration — that physical exercise is restricted to the monstrous inactivity of a two and two file — on the other hand, many an aspiring hour is spent at the piano to achieve an elaborate composition — or at the harp to accomplish a brilliant fantasia — or, perhaps, the body may be trained to a yet more constrained and formal posture to execute a highly finished drawing — can we doubt the pernicious
tendency I seek a life, and when we reflect upon the antipathies so truly and so variously fostered and indulged among school girls — and贝特敏, I doubt not, by the continuance, allow it may be unappreciable influence of music.

On the point, Mr. J. H. Street, asks, "Whether it be probable that to fold an existent of that of music can be daily appealing for many hours to the sensitive system of female youth, without producing extraordinary effects? is it not likely to inflame the imagination, and disorder the nerves?" And adds, with great truth, that "the stimulus of music is of a very subtle and diffuse nature, and the excitement which it produces in the nervous system is of a peculiar character by no means generally understood." is it not a natural sequence, from the above considerations, that the temporal passions...
should gain an ascendency over
the restraints of emotion and
self-control—already in
obeyance for want of culture
and rigid discipline—to cut
the equilibrizing of mental bar-
riers thus disturbed and
induced to be collecting itself,
on the application of an appro-
priate concurrent stimulus,
(1) The Nature of Which More Respects)
its temporary subversion is effectual.
Her education completed,
she returns home—a capricious,
fitful, wayward girl—the
world with its allure and seduc-
tive charms allure and fasci-
nate her: intellectual employments
are laid aside for the pencil
of a richly romance—fancy is
indulged—the imagination is
inflamed—the flabby faculties
are stagnant until, at length,
they degenerate into the piling
flames of most emotional impulse.
Luxurious habits are indulged—excess and stimulating food—late hours of rising—sumptuous avoidance of physical exertion—a drive in the Park—the opera—or the dance—late hours of rest.

Thus the day is spent—Thus life vegetates—Thus is the body weakened and Thus is the Mind enfeebled—Funstians are desired.

And now to acute and scattered are the emotional feelings—or diligent are the restrictions of Volition—that sooner or later be it from the modification of wounded pride—the outburst of passion—or the disappointment of hope—the influx in the ears of Hypocrisy—This, it will be said, is a highly drawn picture—

like, to my much fear, that in the majority of cases, it will be found but too faithful a portraiture—It may therefore safely regarded as an extreme
Of the scale — And, I at one
burst, to observe, that the most
naturally gifted and intellectual
whose emotional impulses have
been corrected by the efforts of
reason, and restrained by the
dictates of sound moral or religious
principle — are not unfrequently
subject to hysteria — in one or
other of its diversified forms.

It is highly probable that
beyond certain limits, an unco-
drate development of any special
mental function, be it emotional
or non-emotional, intellectual — would

effectually disturb the harmony
essential to the integrity of
the mind as a whole, and thus
for a reason would its normal
operation be interfered with:
— to define with precision that
limit and accurately to measure
the qualifying influences of Individ-
ual Temperament and of Mental
peculiarities — is a point utterly
unsustainable in our present imperfect knowledge of Psychological Phenomena. It is interesting to observe (death 1676 - Dec 21, 1750) that the proportion of female servants - who are subjected to much work - admitted into the London hospitals - is certainly small. The features of the life and education of country servants present an aspect diametrically opposite to the picture I have drawn as illustrated by the opposite extremes of the scale - Physical early to hard labour, their emotional and intellectual powers pretty accurately balanced. They are purely subject to hysterical. Nevertheless we need statistical evidence on this point. Between these two extremes, there are, of course, many gradations, characterized as we enter the scale of hysterical predisposition by an increasingly exalted and uncontrollable emotional affectability.
a corresponding depression of vital energy — together with sedentary employment and habitual bodily inactivity — as an apt illustration of this middle class we may quote the unfortunate London symptoms and here the thing gets thicker as passing. The moral into so frequently attendant upon the crowding together of young women in daily and habitual employment and intercourse.

Finally it may be observed that even Prostitutes are occasionally subject to hysterical affections —

I now enter upon the

FOURTH RELATIONSHIP — viz. that of associated functional derangement.

I have not specially referred to organic lesions prompt as hysteria can scarcely ever be regarded as connected with organic disease (altho' they may be co-existent) as the evidence described is to be addressed with caution.

In cases — particular arising by severe local pain — the X - appearance of the
Malady after the removal of the affected limb—evidently shows that the disorder is central—independent of any peripheral condition—and mainly, if not altogether, attributable to abnormal somatic sensibility. The most vivid apparent was remarked after death are such as effectively to negative the desposition of any appreciable organic lesion peripheral or central. We will consider in the first place the changes immediately associated with (a) The nervous system. Much has already been written upon this point. A few observations Ammon's Relation to Hysterical Delirium, Paralysis and Epilepsy. I shall content myself with one case of hysterical Delirium occurring in King's College Hospital during my Clinical Clerkship under Dr. Todd. The patient was a Ship Walker—a hard worked and the fairest master's girl—the would sit for hours together at her needle daily—seemingly ever engaging pure and healthful
Excused as wholesome food—"She is a Roman Catholic" continued Dr. Todd, "and an enthusiast in religion. And has been led by her religious views. To practice a considerable amount of asceticism—she was continually sighing and seemed always in a melancholy mood. Sometimes reciting hymns to the Virgin, at other times praying fervently—imagining herself in chapel. Joes in the last case and most violent attack of delirium—she had a very profuse discharge of blood which rendered her considerably ill gradually improved. Other cases of hysterical delirium are narrated by Dr. Todd in his "Lampli's" lectures for 1828—occurring in the male as well as in the female. But it will be superfluous to enter into their particulars—(3) Hysterical Coma. I never witnessed a case. There are some very interesting observations in the lectures just alluded to upon this affection—Dr. T.
observes that "it rarely, if ever, is perfect" - "that the patient may fall into this error suddenly and that she may come out of it with equal rapidity." Thus from the very earliestfaculty of the recovery, negativing the supposition of any lesions organic central lesion -

(c) **Hysterical Paralysis**. May be partial - constituting ... or Phrenitis - or it may be more general - as in the case of a lady attended by Dr. Todd and first seen by him about one month after her first parturition. "She was possessed of great intellectual powers, and yet highly hysterical." She was unable to raise her fingers to turn herself in bed - her head fell forward - and she had no power of erecting the neck or spine.

Nevertheless there was no great wasting of the muscles - her intellect was perfect - sparing the loss of them. -

Willing influence of education one.
Motion — She had no difficulty in passing her water — diverse were her symptoms, in short, I any organic lesion — This lady had not perfectly recovered when the lecture (when I have drawn the above case) was delivered (March 12, 1830) Hence the desirability of a “second Mr. Favorable prognosis” — A Mysterious Spinal affections are attended with “voluntary spasm — weakness and even paralysis of the lower Extremities — difficulty of writing the prints” But our diagnoses Mr. be seem by spinal tenderness is tendered comparatively easy — by the superficial nature of the pain — “The Mortal Insanity is chiefly in the skin And shifts from one part to another — The patient shivers more when the skin is even slightly pinched — Than when pressure is made upon the tibbies themselves”

II. Locomotive System. (a) Motor...
affections of the joints resemble those attributable to organic lesions. Sir B. Brodie has this strong expression: "I do not hesitate to declare that among the higher classes of society at least four-fifths of the female patients who are commonly supposed to labour under diseases of the joints, labour under hysteria and nothing else"—The Stupor and Pain suffer most frequently in this complaint. The symptoms and diagnoses of these affections are most admirably set forth in Sir B. C. Brodie's work on Local Nervous Affections.

Pleurisy of a purely hysterical nature may be here not infrequently attended to—must not hastily to considerate and only to enumerate the remaining hysterical affections not already specified. In the III. Respiratory System, we have Asthma—Laryngitis and Hysterical Cough—in the IV. Circulatory System—"Three who labour..."
Under habitual coldness of the hands, have a weak moist pulse, and other indications of faulty circulation, are more liable than others to suffer in this manner—5 (v) Digestive System
(a) Dysphagia—(b) depraved or capricious appetite—(c) Hysteria.
(As observed by Mr. Watson of London during the inter-menstrual periods—(d) Obstinate Constipation.
Is not an unfrequent occurrence as attendant upon the Hysterical deathesis—(vi) Glandular System.
The "Hysterical Breast" of authors naturally comes under this head.
"It becomes painful, tender to the touch, but if we can succeed in otherwise engaging the patient's attention, she appears certainly insensible of pain"—S (vii) Genito-Urinary System
of all the deranged functions associated with Hysteria—those connected with the Genito-Urinary System are at once the most Local Nervous affright P. 41 Sdem. p. 52.
Frequent and the most interesting.
The catamenia may be profuse or scanty—or altered in quality—
their recurrence may be very rapid, at very short or very distant intervals—or the patient may be blanched and prostrated by an excessive
Leucorrhoea or Menorrhagia itself.
again the intake of further
or Suppression of Menstruation.
Fifthly. Nature and final
results of effective remedial agents.
It may be very briefly summed
upon this head, how utterly futile
for a great majority of cases, an
Medicinal agent is in modifying or
arresting hysterical affections—
The ordinary effective care
is the immediately applicable to an
Emotional impulse—it is not infrequently
deemed that the benefit it best of
a temporary character—but it is
equally certain that the effect
in many cases is altogether gradual.
Proofs of this statement abound.
on the cases already described.

Sir B. Brodie, in his book on local nervous affections, thus writes: "I have, in several instances, examined the parts to which hypochondrial pains had been referred; and in one very aggravated case of the kind, I made a careful dissection of the region by which they were suffered, but I have never been able to discover in them any thing different from what belonged to their natural condition."—Sir B. Brodie instituted post-mortem examination in three cases, in which the hysterical affections were also associated a character as bore, distinctly or indistinctly. The cause of death—"in the first case—"no morbid appearances of any kind could be discovered in the body, except what belonged to the alimentary state of the的积极性.

In the third case the patient
that leftward under hypnic equal paras
-plegia — after death "The Brain and
Spinal cord were most carefully
examined, but it could not be discerned
that they differed in the smallest
degree from their natural condition;
" nor were there any signs of disease in
the thoracic or abdominal viscera."

In Dr. Todd's annual lectures for 1850.
The post-mortem appearances observed in
the body of a "young lady who died
after five weeks of prolonged delirium
are thus described: "it looked somewhat
shriveled. The convolutions were all the intersynaptic
affirm increased in quantity. The grey
matter of the convolutions was slightly
softened, but not more so than might be
expected from its lying in contact
with flesh for twenty-eight hours
after death. Some of the smaller arteries
penetrating the surface of the Brain at
the fissure of Sylvius seemed some-
what dilated; and some extremely
made of true arteries, less or large than
in life. Had I taken place in the
"
"General Practice: Dr. Todd considers that the appearances above described merely show that the "general irritative condition of the brain had been disturbed," but that "any special lesion had occurred during life.""

In another case — that of a young lady aged 22 years — who died after ten days, delirium of a hysterical nature — (and the details of which are given at page 9 of the lecture) Dr. Todd makes the following remark: "The brain itself was as perfect a specimen of that organ, as I ever beheld."

Hence we infer the non-existence of any appreciable abnormal condition of the cerebral spinal centres or of the peripheral organs and surfaces to which the hysterical symptoms were referred during life.

Such it is possible that slight at present indefinable, certain changes may occur in the intimate structure of nervous centres, in virtue
of which their functions may become
more or less deranged —

The proposed
field of research has for long
been
some measure carefully investi-
gated — in its 


Temperament. — Fourthly. Associated facts.

local derangement — Fifthly. Nature and

final results of effective remedial agent.

and lastly. in its relation to the appear-

ances presented after death,

Hysteria has been carefully and

rigidly investigated — And I

facts in hand, I will endeavour
to generalise, that I may eliminate
if possible, some satisfactory expla-

nation as to the nature and cause
of hysterical phenomena — It has

been observed that Hysteria is

not limited to the female sex.

Man is amenable to its

influence — It has, however, at the
same time been shown that it rarely
constitute the vast majority of hyste-
sick patients; that Hysteria selects the periods of puberty and adol-
escence for the exhibition of its
 Countless phenomena; that it is
 not restricted to unmarried
 females, but may be observed
 in the married woman—also
 that may be regarded as acci-
 dent cases—This remark
 applies also to man—It has
 been shown that the Temperament
 most favourable for its growth
 and development, is one characterized
 by a spontaneous susceptibility
 of impression alike mental and
 physical—a vivid perception
 an acute sensibility—and on the
 other hand one balancing the highly-
gifted and intellectual—the self-
disciplined and restricts—The epithet
 and grave— alike amenable to its
 influence—Between these two obvi-
 ous extremes, Hysteria numbers but
 a few—from the health-worked
 and ill—Furnished Needle-women
to the thoughtless, and pampered countenance.

It has also been clearly estab-
lshed, that uterine dearrangement
is far more frequent than any
other derisive function in cases
of Hysteria, and first in point of
frequency, dearrangement of the Digestive
functions; that the ordinary case
of Hysteria is of a mental character
and associated with the continial
functions— and, finally, that the
evidence furnished by Post-Mortem
appearances is altogether unsatisfac-
tory and vague— imparting no
ray so much as utterly to fail
in cluing the轨道 of our
researches. In an affection specialiy distinguished by a train of
symptoms clearly referrible to par-
niclar organ or organs— may we not
venture to describe a structural
or functional dearrangement of those
organs as the immedicate cause
of the Malady— and surely
these cannot be a doubt but
that all the phenomena of hysterical affective are distinctly and invariably referrible to an abnormal condition of the cerebral-spinal system. The absence of sensation proves this—the perception of sensation in its countless varieties—the uncontrollable propensity of emotional fruitful as the prove this—the convulsions of hysteria testify to the same truth—Interferes with the normal connection of the brain and spinal cord (as in a case of laceration of atlas by Dr. Dool) and the cannot of motion cease to be executed—The perception of sensation fail to be altered—But the mind is the active—Motion is not annihilated—but its executive powers are abolished: Common sensation (peripheral) is abolished not as to the sense of vision and of taste—The sense of hearing and of smell—But as the emotional
Johnson's death - His boy the beloved
the fruits of anger - or the book of love - the spirit of hope as the
agony of despair - Hence must
the Brain be regarded as the
organ thro' the instrumentality
of which, the mind has plays its
monstrosities and mysterious workings.
But if - with a perfect mind -
a perfect Brain and Spirit cost,
individually, and in their mutual
relationship, are essential to the
maintenance of life, in acknowledging
and executing the mandates of
the Will - in conveying and receiv-
ing the impressions of sensation -
if a perfect Brain - the mind
Instrument, so essential to the
normal development of intellectual
power and of sentimental impulses
necessities, are abnormal relation deri-
vation in the individuality and
mutual relationship of the
elements of the Mind itself - hence
perfect be the Brain and Spirit.
Cord — would, a fortiori, effectively interfere with the integrity of its elaborate machinery — however carefully and accurately adjusted. The minute pins which I a latch — however admirably adapted to respond and give expression to the originating force — is that good! — if the main spring itself be damaged — would it all either forth irreparably — or falsely — or preclude step altogether —

Again — in brain and spinal cord — in fact — and the mind bound — let the brain be injured by a shock — by inflammation — by pressure — and how quickly does the mind respond to the injury — it may be, in delirium — falsely — or come —

From the above consideration, I would venture to deduce this general conclusion — that, although mental goodness is closely
associated with, if not inseparable from organic central lesion (hereditary or acquired) brain, that, notwithstanding a perfectly normal brain—a temporary or permanent deviation in the mutual harmony of the combining elements of the mind under whatsoever circumstances produced—may be regarded as the immediate and essential cause of hysterical phenomena.

Undoubtedly, hysteria presents itself to patients in whom no functional or organic derangement of the generative organs is appreciable—in whom the primary and secondary assimilative digestive processes offer no evidence of derangement—and whose past and subsequent mental attainments—negative for the bare suspicion of central derangement—may, in such a case, be very nature of the symptoms.
themselves, (independent I will not
mention hallucinations) are utterly
irreconcilable with the idea
of organic lesion—But it
must be remembered, that the
Brain— and here the Brain, the
Mund is intimately connected with
sympathy with "far distant, if
closely associated organs"—
Abounding facts attest
the truth of this statement—Witness
the excitable susceptibility of the
sexual faculties corresponding with
uterine phthisis—a confirmed
evry— an extended ovum—may
witness the convulsions ascribed
to the irritation of these organs
And here I pause to notice
a remarkable fact, that in the
vast majority of cases there
is some disturbance of the
generative organs—Again, the
Brain, and here this organ, the
Mind is with to be disturbed
and deranged. thru the influence
Of the Blood — as for each instance when that fluid is charged with the deleterious materials of non-fermenting debris, witness the consequent influence of case in actual Epilepsy — of Carbonic Acid in chronic asthmatic Bronchitis or Typhoid pneumonia — the stimulating effect of Typhoid (as) and typhoidal poisons — but there are no substantial facts to support the demoral origin of hysteria — no precedent abnormal element has been found in the Blood during this affection — in some diseases we pretty suspect the Blood as the main agent in excitation and continuing the disease — and why? — because we can observe its altered physical qualities, and prove its abnormal chemical constitution; and, as cases multiplied — we observe the same sequence of phenomena — the same symptoms — the same peculiarities in the Blood —
and our hypothesis at length ripens into the more positive certainty of a legitimate deduction — specific.

It is true that a "matrice

dorse" may exist in the blood, and yet evade the most careful attempts at detection, and one's ability to discern it does not therefore disprove its possible presence. But why ask refuge under the cover of a hypo-
thesis poofening that we ask in vain for one single fact as our very foundation stone.

It is true that a diseased uterus, that its close sympathy with the stomach may intervene, with emaciation, and, probably, with sec-
ary deflection — the blood may

and be robbed of its ordinary nutritive elements, and deficient of an excrated debris. The glandular

system may participate in the general malady, by this may occur, and may, in its results, be regarded
as a concurrent predisposing cause.
suffering, in a sense, to determine the complete (temporary) subserviency of an already disturbed mental harmony, induced by causes immediately affecting some one or other element of the mind itself, and of which I would venture to regard as the most common — an inordinate indulgence of one or other special faculty or faculty or feeling to the complete neglect of the rest.

It may be fairly shown as an effectual barrier to the practice of any hypothesis associating hysteria and uterine derangement as inseparable, that many cases of well-marked hysteria are unaccompanied by the slightest appreciable derangement of the generative organs, whether functional or organic — and on the other hand, that the most severe disorders of both uterus and ovaries, implying
organism. This is also accompanied by a single hysterical phenomenon. Moreover, we have shown that hysteria is occasionally observed in the male sex— I would then, finally regard as the fundamental element in many hysterical phenomena, a temporary disarrangement in the adjustment and mutual harmony of the mind itself (regarded in its aggregate of intellectual, volitional, emotional, and emotional elements) induced by the excessive indulgence of intellectual power or emotional impulse. I would further regard the convulsions of hysteria as traceable to the same Psychosomatic discord, the restraining and co-ordinating influence of the mind through it, of certain cerebral centres over the polar state of the cord being temporarily suspended.
its accompanying emotional excitement at the period of menstruation, or its aggravated derangement as in amenorrhea and menorrhagia and its attendant evils of dyspeptic mal-accommodation—debility—combined with a probably deteriorated blood—that all these conditions together with previous other circumstances enumerated under the first division of any essay—here fill up the sequence of causation—Further, that when the prevailing and essential condition referred to above is strongly developed its equilibrium may be destroyed independent of any apparent exciting cause—and in the midst of perfect health; and that, finally, when the hypothetical predisposition is but fairly developed—the sequence of causation—ultimate derangement—and the constitution debility &c. (at supra) with sufficie

To determine a hysterical process.
Having already extended this Essay beyond the limits which I originally marked out, I must briefly discuss the last Division of any subject—III. The Treatment of hysteria—generally.

This resolves itself into two parts—First. Preventive—Secondly. Curative—First.

The Prevention of the ensuing mental condition—which I have endeavoured to show—as inseparable from hysterical maladies—I shall restrict myself to the consideration of Mental Educations and Training.

This should resolve itself into the combined influence of intellectual labor and repose—blended with the amusement of instructive Anecdote—

The cultivation of temperate enjoyment—The refinement of poetic literature—And the pleasures of social intercourse—The great part in early youth—should be left to force upon the mind super-
Thus we arrange — let carefnlly and
diligently to watch over it — during
g its progressive development — to
watch its gradual advancement; but
so it may be the better fitted for
the investigation and reception
of truth — Daily and regular
exercise, during which the body and
mind should alike be free and un
restrained, ought to form an essen-
tial part of the education —

It is thus that the mind will
become invigurated — each faculty
will bear a healthful relation
to the rest — its stores of gratification
will be cherished and multiplied,
and the life of its happy possessor
enhanced. If not materially protracted.

But should the education
have been already neglected a
wasted — and the historical prede-
position developed — we should
endeavor gradually to remodel
the system of education — at
the same time more especially.
Avoiding all known exciting causes and correcting any existing functional derangement—

Edward Simpson.

'73 George St. Edinburgh,

March 17th 1831.