

a contracture of the four extremities as it is possible to conceive; the contracture was absolute, persisting night and day, during sleeping and waking, and even resisting the influence of sleep induced by chloroform, or only giving way before the highest dose.

This woman was, therefore, you perceive, condemned to complete confinement in bed; it was impossible for her to use her limbs. Better conditions could not be desired to render surveillance easy. I took care, moreover, to place near her two devoted patients, bed-ridden like herself, who were ready to reveal all if they should discover any trickery. I had there the best possible police, that of women over women, for you are aware that if women enter into any plot among themselves they very seldom succeed. This statement will, I believe, be sufficient to convince you, gentlemen, that, during this first period, simulation was impossible. My friends Professors Brown-Séguard and Rouget, who saw the patient at this epoch, declared themselves satisfied with all the precautions taken.

It now remains for us to show you how, in the midst of conditions so favourable to regular inspection, the phenomenon of ischuria was produced.

The ischuria commenced in the month of April, 1871. Before this a woman employed in the hospital, who catheterized the patient, several times a day, had already noticed that the quantity of urine withdrawn was occasionally very minute, whilst at other times none was yielded for two or three days, or even more, nor were the sheets ever moistened.

In addition to these symptoms, which persisted during May and June, vomiting soon appeared, and proceeded without effort or straining. I pretended, from the outset, to be nowise surprised at these occurrences, confining myself to directing that the patient should be discreetly watched both night and day. She was never, however, for a moment detected in any deception.

Cast your eyes, I pray you, on these diagrams which I place before you and you can follow, in the several phases of their evolution, the accidents which have presented themselves to our observation. The tabulation begins on the 16th July, 1871, when I caused the urines and vomited matter to be collected separately, day by day. It ceased in October of the same year.

From the 16th to the 31st of July the quantity of vomited matter varied from 500 to 1750 centilitres, the daily average being one litre (or $1\frac{3}{4}$ pints nearly). The quantity of urine varied between 0 and 5 grammes; the average in the twenty-four hours being 2.50 grammes (or about $38\frac{1}{2}$ grains). During this period, there was absolute ischuria every second day.

In August, the average amount of urine rendered was 3 grammes (or $46\frac{1}{3}$ grains); that of vomited matter was one litre in the twenty-four hours. During the course of this month there was

on several occasions, complete anuria, lasting for several days. But, note that the total absence of urine never persisted beyond eleven days.

From the 1st to the 30th September, the average amount of vomited matter rose to a litre and a half (say $2\frac{3}{4}$ pints) per day, whilst that of the urine remained at 2.50 grammes.

There is one fact brought into prominence, on examination and comparison of the curves recorded on this table, namely, that the curve of the vomiting generally rises when that of the urine falls, and inversely. Owing to this state of alternate equilibrium there has been a tolerably fair balance maintained between the results of these two phenomena.

What has been the general condition of the patient, as regards health, during this long period of four months which the investigation lasted? At no time have we remarked any disturbance of the general health worth noticing. The alimentation was, as you can readily understand, very limited; the stomach rejected almost immediately, but without fatigue (a characteristic of hysterical vomiting justly noted by Dr. H. Salter¹), the greater portion of the food swallowed by the patient. Yet, notwithstanding these adverse conditions, nutrition scarcely suffered. This, indeed, is a fact well known, apart from anuria, in cases of uncontrollable hysterical vomiting.

I had believed from the outset that the matter vomited by our patient must contain urea. The first investigations undertaken with a view to detect its presence were, however, fruitless; then I requested the assistance of M. Gréhant, whose competency in such matters is beyond a doubt. He most obligingly placed himself at our disposal.

Twenty-two cubic centimetres of urine collected on the 20th of October, and representing the whole amount of urine rendered that day, gave, on analysis, 0.179 gramme (nearly $2\frac{3}{4}$ grains). On the 11th October the total vomited matter amounting to 1460 cubic centimetres, gave 3699 grammes (or $26\frac{1}{2}$ grains) of urea.

In order to determine if our patient's blood contained a greater proportion of urea than in the normal state, we decided to abstract a little of the venous fluid. In order to accomplish this operation it was necessary to induce sleep, on account of the obstacles presented by the contraction of the members. The operation having been accomplished, M. Gréhant found that in the blood taken from Etch—the urea amounted to 0.036 gramme per hundred grammes of blood; whilst in that taken for comparative examination from a healthy individual there existed 0.034 gramme per cent. You see that the results of the two analyses are (almost) identical.

Unfortunately for the continuance of our investigations, the

¹ The 'Lancet,' Nos. 1 and 2, vol. ii, 1868.

administration of chloroform had the effect of greatly modifying the symptoms which we had been watching with so much interest; incontinence of urine followed, lasting for several days. The vomiting, moreover, was suspended soon after, and the urine gradually returned to the normal standard.

V.

Such, gentlemen, are the results of the first series of studies which decided us to undertake the restoration of hysterical ischuria to a place amongst clinical realities. The same phenomena, indeed, were destined again to present themselves, under a less striking aspect it may be, but one quite as full of interest. In this second phase, no complete anuria occurred, not even temporarily. We noted a simple oliguria. The matter vomited was not thrown off in such abundance. In a word, if the accidents had been a little less marked, and if we had not been enlightened by the foregoing observation, it is incontestable that the supplemental elimination of urea might have altogether escaped attention.

Let us briefly observe what took place during this second period. After a more or less complete remission of symptoms, retention of urine was the first to make its appearance again. This was in January. The following month, after a fit, we noted alternations of oliguria and of polyuria, when there were two litres (or $3\frac{1}{2}$ pints) passed *per diem*. In March, the urinary secretion diminished to a decided extent; and, on the 18th of the same month, vomiting again showed itself. From that date, until the 31st of March, the daily average of vomited matter amounted to 500 grammes. In April, the average was 800 grammes for the vomited matter and 100 grammes (=1543.23 grains) for the urine.

During this new phase, in which the disease offered itself for investigation, we were not under so favourable conditions as on the previous occasion. The patient's right arm had become nearly quite free. Hence it was urgent that we should protect ourselves against every possible cause of error.

In addition to the customary surveillance, which was not relaxed for a moment, we had recourse to the following precautions: the patient's bed was carefully examined from time to time, and neither vessels nor catheters were allowed to remain at her disposal. Finally, I succeeded in persuading her that it might, perhaps, be beneficial on account of the contracture that still persisted in the left arm to make use of a strait jacket. To this she consented. The application of the strait jacket was not, however, absolutely continuous; it was removed at meal times, when the patient was watched by the person who fed her.

At different periods, during the month, M. Gréhant analyzed the urine and the vomited matter rendered in twelve days. During

this lapse of time, the daily average of the urine was 206 grammes, containing 5.09 grammes of urea. The daily average of vomited matter, amounting to 362 grammes, yielded 2.138 grammes of urea. Adding together the two totals of urea rendered, we obtained the low figure of 5.233 grammes. I can show you a specimen of the oxalate of urea which M. Gréhant extracted from the matter vomited during the four and twenty hours. We shall make use of this result in a moment.

We did not discover, any more than on the previous occasion, the existence of a supplemental elimination by the skin or intestines. The patient is habitually constipated, and we did not observe, at either time, any peculiarity in relation to the external tegument. Her general health has not undergone any noteworthy alteration, and the temperature never was above 37° C. (= 98.6° F.) and some tenths.¹

Thus, gentlemen, this new investigation confirms the accuracy of the first, and both concur to establish the existence of *hysterical ischuria*, with *erratic paruria* as a proven pathological phenomenon, utterly beyond the possibility of simulation. If this conclusion be legitimate, it is obvious that some value must be attached to the records of former cases. It is only requisite to separate the truth from what is fictitious, to eliminate, for instance, certain extraordinary phenomena such as the flow of urine from the nose, eyes, &c., and the vomiting of fecal matter. Some of these accounts, indeed, exhibit, in all their details, the characteristics of a truthful statement. We would place in this category the case reported by Dr. Girdlestone (of Yarmouth), and some others besides.

VI.

I desire now, gentlemen, to investigate with you, whether the contradiction we noticed between *ordinary anuria* observed in man, or *experimental anuria* produced in animals, on the one hand, and *hysterical ischuria*, on the other, be quite as absolute as it seemed at first sight.

In the first group of cases, death is nearly certain to happen within a brief space; in the second, the general health is kept up

¹ Etch— has presented, during the present year (1875), a new period of hysterical ischuria. On examining the table, which represents the quantity of urine rendered each day, and the results of 112 chemical analyses made by M. P. Regnard, we notice that, during three months, the patient rendered from fifteen to twenty grammes of urine daily, containing from three to four decigrammes of urea. Some days, however, in the midst of painful fits, the patient in a few hours emitted up to four litres of urine, containing 27 grammes of urea. During this period, Etch— had no vomiting, by which urea might have been evacuated, as happened on the occasions specified in the lecture. (See in reference to this communication which we made in conjunction with M. P. Regnard to the 'Société de Biologie,' 3 Juillet, 1875). We shall have occasion, further on, to mention under what circumstances this ischuria suddenly ceased. (See Lecture XII.)

in a tolerably perfect state for an indefinite period. The opposition is therefore extremely marked. Is it not, however, possible by a careful scrutiny of all the circumstances, to arrive at the reason of this discordance? I am far from being in a position to solve the problem in a decided manner. Hence, I must content myself with stating an hypothesis which, perhaps, may seem plausible to you, but which I request you, in any case, to take only for what it is worth.

That animals should always succumb after nephrotomy, or permanent ligature of the ureters, is very natural. But we have a right to ask what would happen if an experiment could be made in which, for instance, the obstruction of the ureters, instead of being permanent, was intermittent? Would existence be prolonged if, in such conditions, a regular alternation were established between the renal and the supplemental elimination? In spite of the interest which would attach to the solution of this problem, I put it aside in order to come to the question of human pathology.

Let us then resume the consideration of calculous obstruction of the ureters, to which we referred above.

The first remark which suggests itself to the mind is the following: In our patient, complete anuresis never lasted longer than a period of ten days. Now, according to what we have mentioned, that is not the extreme limit at which, in obstruction of the ureters, the symptoms of uræmic poisoning necessarily appear, since, in Paget's case, the patient preserved his general health and functional integrity till the fourteenth day. No doubt the quantity of urine secreted by Etch—on alternate days was very minute, but small as it was, it is of real importance; for every author, since Halford, has recognized the great relief and improvement which ensues in the ureter-ischuria of calculous patients, on the emission of the smallest quantity of urine.

Again, we have another peculiarity:—calculous patients are suddenly seized, surprised as it were, in the very midst of good health, whilst, to judge from my own observations, hysterical ischuria only arrives gradually at its apogee. Perhaps, there is a question of *habit* here, of which it is well to take heed. Far be it from me, however, to suppose that hysterical patients enjoy a peculiar immunity, a kind of Mithridatism, with respect to uræmic intoxication. The resistance they present, in the conditions we are considering, is most probably due to another cause—the question here is rather one of doses. Let me explain.

The insignificant quantity of urea eliminated by our patient, both in the urine and the vomited matter, must have caught your attention. During a period of twelve days, we have said, she only got rid of five grammes of urea daily. This amount is you are aware, far below what Schéerer found in the case of an insane man, who had been fasting for three weeks—from nine to ten grammes

of urea was the quantity found in that instance.¹ We have also seen that there was no reason for believing that, in our patient, there was any elimination of urea by the perspiration² or the stools. Now, in every case of poisoning, and uræmia is probably no exception to the rule, we must take the *dose* as an element to be considered.

Is it not, then, most likely that this very diminution of the amount of urea—which doubtless corresponded to a correlative diminution of extractive matters—should account, in our patient, for the absence of every symptom of uræmic intoxication? We are thus induced to admit that in this case of Etch—there was, so long as the ischuria lasted, a decrease of activity in the phenomena of disassimilation, manifesting itself by an absolute diminution of excrementitious matter.

This condition, besides, is probably common to a group of hysterical cases. In fact, it has been long remarked that some of these patients when subject to *uncontrollable vomiting*, bear up wonderfully against the influence of a restricted and insufficient alimentation, without losing their plumpness or suffering any disturbance in their health worth noticing.³ It would certainly be of interest, under such circumstances, to make comparative analyses day by day, of the blood and urine, in order to ascertain the amounts of urea and extractive matters present. We might, possibly, by this means obtain the solution of the problem which I can only indicate here.

VII.

What is the mechanism on which hysterical ischuria depends?
What is the seat of the obstacle which hinders the secretion of

¹ It is proper to mention that the difference of sex and condition may have contributed somewhat to this disparity of results. With respect to sex, Beigel taking an average of 58 analyses, found that 35.6 grammes of urea were yielded by a male in the twenty-four hours, whilst a female yielded only 27.6, in the same time. It must also be remembered that Etch—was in enforced inaction, during the investigation; and that she seems to have been unable to receive much nutritious food. Lehmann, who found 53.19 grammes of urea in the urine rendered on the eighth day of a strictly nitrogenous diet, was able to reduce the amount to 15.41 grammes, by living for eight days on non-azotized food. These facts go to support Professor Charcot's views. (S.)

² According to the researches of M. Favre there are in the normal state only 0.43 gr. of urea in 10,000 grammes of perspiration. (S.)

³ A singular case of this kind is mentioned by Sir T. Watson ('Lectures on the Principles and Practice of Physic,' vol. i, art. 1, p. 704, London, 1857). "A romantic girl," he says, "was for some months under my care in the hospital with that complaint (hysterical hæmatemesis). She vomited such quantities of dark blood (which did not coagulate, however), as I would not have believed if I had not seen them. Day after day there were potsfuls of this stuff, yet she did not lose flesh, and she menstruated regularly; and what was very curious, the vomiting was always suspended during the menstrual period and recurred again so soon as the natural discharge ceased. . . . At last I sent her away just as bad as when she entered the hospital." She recovered afterwards on getting married. The alternation here may be compared with that pointed out by M. Charcot. (S.)

urine from being effected? The urethra and the bladder are evidently not incriminated. Is the obstacle in the ureter, or in the kidney itself? No reason exists for suspecting the existence of phlegmasia of the renal glands or the ureters; the composition of the urine, and the other symptoms, likewise, are opposed to such an hypothesis. It is more allowable to consider that we have here to deal with some action of the nervous system. The influence of the nervous system on the secretion of urine is not a doubtful matter. It may suffice to remind you, by way of illustration, that temporary suppression of urine may be produced in dogs by the mere fact of laying open the abdomen, as M. Claude Bernard has observed; and that, in the operation for vesico-vaginal fistula, it also occasionally happens (as Jobert de Lamballe remarked) that the urine may be suppressed for a certain period.

May it not be that, in the case of our patient, there existed a spasmodic obliteration of the ureters? That these conduits possess very marked contractile properties is an admitted fact: thus, Mulder observed them contracting energetically in a patient suffering from ecstrophy of the bladder, and Valentin reports having noticed a very decided contraction supervening under the influence of irritation of the nervous centres.¹ This supposition appears to be supported by analogical reasoning, for in hysterical patients we frequently find long-continued contraction of the tongue, the œsophagus, &c. Hysterical ischuria should, consequently, be paralleled with calculous obliteration of the ureters. Unfortunately, there are objections of some weight to be alleged against this view.

The experimental researches of Herr Max Hermann demonstrate, you are aware, that the proportion of urea to the quantity of urine voided, diminishes when there is counter-pressure of the ureter. If the pressure reach 0.060 millimètres of mercury no more urea is found.

Mr. Roberts (of Manchester)² confirmed the accuracy of this

¹ Donders' 'Physiologie.'

² "The Pathology of Suppression of Urine," in 'The Lancet,' 1868, May 23 and 30,—1870, June 18; 'Mouvement Médicale,' 1871, pp. 22, 32, 128.

Since this Lecture was delivered by M. Charcot, M. Ch. Fernet has communicated to the Société Médicale des Hôpitaux a note entitled "De l'oligurie et de l'anurie hystériques et des vomissements qui les accompagnent" ('Union Médicale,' 17 Avril, 1873, p. 566). After having stated M. Charcot's opinions, M. Ch. Fernet reports an interesting case, of which the following is a summary:—

Marie L—, aged 19 years, chloro-anæmic, menstruated at sixteen years. Her menstruation has always been very irregular. A sister of the patient is subject to frequent hysterical seizures. In January, 1871, Marie L— got a fright, which threw her into an hysterical fit. In May, extreme debility, uneasiness, pains in the limbs (strengthening regimen, bark, iron, sea-bathing). At the end of the month of August, after a sea-bath, Marie L— was taken for the first time with vomiting. "She began by throwing up the solid food, then, after a few days, she vomited all she took. . . . These repeated vomitings continued, without intermission, till the month of October, then subsided for a fortnight, when they recom-

statement in its relation to man. In a case of calculous obstruction of the ureter, there escaped a small quantity of clear urine, con-

menced with their original intensity and persisted without respite. . . . In March, 1872, she was admitted to the Hôtel-Dieu (under M. Moissenet's charge).

Treatment.—Cold lotions, ice and champagne, blister with morphia, to the epigastrium. The vomitings gradually diminished, and only appeared again at intervals: the patient left the hospital on the fifteenth of April, the vomitings having ceased. During the months of May and June, rare vomitings. They returned in July, after some vexations, and again stopped, owing probably to the influence of bromide of potassium. At the end of July, another emotional disturbance set them again in action with their former frequency and persistence.

Marie L— was admitted a second time to the Hôtel-Dieu, on the 18th of August, 1872. She then came under M. Ch. Fernet's observation, when she presented the following symptoms: excessive debility; anæmia very marked, characterized especially by discoloration of the skin and mucous membranes; intercostal neuralgia; ovarian sensibility developed on the left side, painful on pressure; anæsthesia existing on different points of the skin; complete plantar anæsthesia; profound analgesia of the superior extremities; achromatopsia of the left eye, which cannot distinguish yellow tints; vomitings. The patient alleges that, since their appearance, she only voided a very minute quantity of urine, that she often remains for several days without voiding even a drop.

September 4.—Milk-diet, exclusively. From the 4th to the 9th September, there was but one emission of urine (about 150 grammes). From this epoch, M. Ch. Fernet caused to be exactly weighed, 1st the quantity of food taken, and 2d the amount of urine voided and of matters vomited, and, after recording these quantities day by day, he says: "The examination of this table allows us to establish a close connection between the state of the urinary function and the vomitings. In a first period, comprised between the ninth and sixteenth September, that is to say, eight entire days, the urine was completely suppressed during the first six days, and its quantity was very scanty during the last two; now, in this period, the patient, being on a milk-diet, vomited a quantity of liquid matter, at first equivalent to one-half or three-fourths of the fluids swallowed during the first four days, then a quantity perceptibly equal to the quantity of milk taken during the last four days.

"In a second period, comprising nine days (from the 18th to the 26th Sept.), the quantity of vomited matters seems to have diminished; but this is not exactly the case, as we see on comparing it with the quantity of food taken. The diet having been changed, and being now composed of cold soup (*bouillon*), of raw beef, and of lemonade, the vomited matter still represents almost the whole of the ingesta. Now, during this time, there was a little urine the first two days (15 grammes and 250 gr.), but its emission was suspended during the seven days following.

"Finally, in a third period, lasting four days (from the 27th to 30th Sept.), we see the urinary function re-established, and the amount of urine reaching the normal standard (1000 grammes, 500 gr., 1100 gr. the last two days): at the same time, the vomitings diminished on the second day and subsided on the third and fourth."

Desirous of ascertaining whether, as indicated by M. Charcot, the vomiting might not be attributable to the supplemental elimination of urea by the stomach, M. Ch. Fernet requested M. E. Hardy to analyze the urine and the vomited matter. From a summarized table of these analyses, it appears that "the urea was always present to a noteworthy amount (from 0.55 gr. to 1.87 grammes) in the vomited matter; also, when the secretion of urine was suppressed, the quantity of urea contained in the vomited matter was gradually increased during that space of time. From the 17th to the 27th Sept., the quantity rose from 0.62 to 1.08 grammes. Finally, from the day when the urine issuing from the bladder reached what might be considered a normal amount, the urea diminished in the gastric secretion, disappearing doubtless at the same time as the vomiting."

A moral influence—the administration of the pills termed "*fulminantes*" (*mica*

taining only 50 centigrammes of urea per 1000 grammes. Now, in the case of our patient, the urine contained 15 grammes of urea per 1000 grammes,—an amount approximating to the normal standard.

Judging from this, gentlemen, the obstacle in hysterical ischuria would not lie in the ureters. Where then does it reside? Should we invoke an influence of the nervous system analogous to that which Ludwig discovered in the case of the salivary gland? In the absence of all information on this point, we are compelled to leave the question in suspense.

LECTURE X.

HYSTERICAL HEMIANÆSTHESIA.

SUMMARY.—Hemianæsthesia and ovarian hyperæsthesia in hysteria. Frequent association of these two symptoms. Frequency of hemianæsthesia in hysterical patients; its varieties, complete or incomplete. Characters of hysterical hemianæsthesia. Ischæmia and the "Convulsionnaires." Lesions of special senses. Achromatopsia. Relations between hemianæsthesia, ovarian hyperæsthesia, paresis and contracture. Variation of symptoms in hysteria. Diagnostic value of hysterical hemianæsthesia; necessary restrictions.

Hemianæsthesia depending on certain encephalic lesions. Its analogies with hysterical hemianæsthesia. Cases in which encephalic hemianæsthesia resembles hysterical hemianæsthesia. Seat of the encephalic lesions capable of producing hemianæsthesia. Functions of the optic thalamus; British theory; French theory. Criticism. German nomenclature of different parts of the encephalon. Its advantages as regards the circumscription of lesions. Cases of hemianæsthesia recorded by Türck; special seat of the encephalic lesions in these cases. Observation of M. Magnan. Alteration of special senses.

GENTLEMEN,—There are two points in the history of hysteria, upon which I wish to lay particular emphasis, in this and the following lectures. These are, on the one hand, *hysterical hemianæsthesia*, and on the other, *ovarian hyperæsthesia*. If I set these two

panis)—caused a sudden change in the condition of Marie L—, dating from the 17th September. The vomiting ceased, the secretion of urine resumed its course. Finally, the patient left the hospital, in very fair health, in the course of November. M. Ch. Fernet, in concluding his note, points out the numerous analogies between this case and that of M. Charcot's patient.

We may mention also a thesis of M. Secouet, 'Des vomissements urémiques chez les femmes hystériques,' (Paris, Avril, 1873), which contains the report of a case that, though imperfect in some respects, should apparently be classed in the category of hysterical ischuria. (B.)

phenomena side by side, it is because they are generally found associated together in the same patients. With reference to ovarian hyperæsthesia, I hope to render evident to you the influence of *pressure on the ovarian region*—an influence formerly acknowledged, but afterwards denied—over the production of the phenomena of the hysterical seizure. I shall show you that this operation determines, either the premonitory symptoms merely of the hysterical fit, or, in a certain number of cases, the complete seizure. You will thus be enabled to verify the accuracy of the assertion formerly made by Professor Schutzenberger, with respect to this phenomenon, in spite of the contradictions offered by certain observers.

I shall likewise show you a method which I have discovered, or rather re-discovered, which, in the case of some patients, enables us to arrest the course of even the most intense hysterical fit.—I refer to the *systematic compression of the ovarian region*. M. Briquet denies that this compression has any real effect. That is an opinion which I cannot share, and this leads me to make a general remark in reference to M. Briquet's book.¹ The work is an excellent one, the result of minute observation and patient industry, but it has perhaps one weak side; all that relates to the ovary and the uterus is treated in a spirit which seems very singular in a physician. It exhibits a kind of prudery, an unaccountable sentimentality. It appears as though, in reference to these questions, the author's mind were always preoccupied by one dominant idea: "In attempting to attribute everything to the ovary and uterus," he says for instance, somewhere, "hysteria is made a disorder of lubricity, a shameful affection, which is calculated to render hysterical patients objects of loathing and pity."

Really, gentlemen, that is not the question. For my own part, I am far from believing that lubricity is always at work in hysteria; I am even convinced of the contrary. Nor am I either a strict partisan of the old doctrine which taught that the source of all hysteria resides in the genital organs; but, with Schutzenberger, I believe it to be absolutely demonstrated that in a special form of hysteria,—which I shall term, if you please, the *ovarian form*,—the ovary does play an important part.² Five patients whom I shall present to you in succession are, if I mistake not, manifest examples of this form of hysteria; you can verify the accuracy of the description I am about to give, by personal examination.

¹ Briquet, 'Traité clinique et thérapeutique de l'hystérie,' Paris, 1859.

² Grisolle ('Traité de Pathologie Interne,' 9e édit., t. ii, p. 844) mentions the case of a girl, aged 22, who had neither vagina nor uterus, and yet was subject to most violent fits of hysteria. On autopsy, MM. Chassaiguac and Prévost could discover no trace of a uterus, but found, in the ovarian regions, two bodies which were apparently the ovaries. The patient had, every month, exhibited all the symptoms of pre-catamenial congestion. (S.)