

cases of hysteria; but the peculiarity of it, and the circumstance which led to my being consulted, were as follows:—There was a particular spot near the ensiform cartilage, which she believed to be in some way or another connected with her complaint. Nothing could be discovered in this part different from what is usual, by the most strict examination; but the pressure of the finger on it never failed to induce one of the paroxysms which I have just described. When these paroxysms were most severe, they were always attended with an abundant flow of limpid urine. These symptoms had existed in a greater or less degree for ten or twelve years, and had supervened on a state of exhaustion, occasioned by an attack of typhus fever.

A young married lady, who was liable to ordinary attacks of hysteria, complained of a tender spot on the anterior part of the abdomen, a little below the ensiform cartilage. The slightest pressure of the finger on it caused excessive pain, and was followed by violent agitation of the whole person, bearing a more near resemblance to the convulsive motions of *chorea* than to anything else, and continuing for several minutes.

## LECTURE XXIX.

### PATHOLOGY OF HYSTERIA.—TREATMENT OF LOCAL HYSTERICAL AFFECTIONS.

ALTHOUGH the examples of local hysterical affections which I have adduced in the two preceding lectures form only a part of those which you will meet with in practice, they are probably sufficient to answer the purpose of rendering you less liable than you would have been otherwise, to fall into the very common error of confounding cases of this description with those of real local disease. This is the principal object which I have had in view, in directing your attention to this subject; but it is one of much interest, and I am unwilling that you should leave it without proceeding somewhat further in the inquiries to which it leads. In the present lecture, then, I propose to offer some observations on the pathology of these cases, and on the treatment which should be employed for their relief.

Probably the following question has already presented itself to your minds. Is there any sufficient evidence that symptoms so various and dissimilar as some of those which have been described, depend on one and the same cause? Are there good grounds for the hypothesis that a pain in the knee in one case, retention of urine in a second, tympanitis in a third, are only different manifestations of one and the same disease, and that they are connected with the same state of system as that which gives rise to the common fits of hysteria? The same question may arise if you refer to Sydenham's observations on hysteria, in which he has endeavoured to point out

the symptoms which may mislead the medical, as I (following him *haud passibus æquis*) have now endeavoured to point out those which may mislead the surgical practitioner. To this it may be answered, that there is scarcely a single case, such as I have endeavoured to describe, in which, if you have the opportunity of studying its history and progress, you will not find abundant proof of the patient having suffered, in a greater or less degree, from the ordinary and acknowledged symptoms of hysteria; the two orders of symptoms sometimes existing simultaneously; at other times, and more frequently alternating with each other; and thus even a limited experience will enable you to satisfy your minds on the subject. But when you have attained an enlarged experience in your profession, you will find that it affords you evidence of another kind, though of such a nature that one individual cannot well communicate it to another, either in a lecture or writing. You will then find, that while no two of these cases are precisely and in all respects alike, it is by no means difficult to trace a series of cases leading from one to the other by an almost imperceptible gradation, and connecting with each other symptoms which, in the first instance, might be regarded as the most distant and heterogeneous.

Another question cannot fail to arise in the progress of these investigations. What is the real nature of the disease on which these various and anomalous symptoms depend? We cannot doubt that its locality is in the nervous system. This is sufficiently demonstrated by the character of the symptoms themselves. Dissection, which illuminates so many of the darkest regions of pathology, affords us little assistance here; at least we derive from it only negative information. I have, in several instances, examined the parts to which hysterical pains have been referred; and in one very aggravated case of the kind, I made a careful dissection of all the nerves by which they were supplied, but I have never been able to discover in them anything different from what belonged to their natural condition. But every part of the body has its corresponding point in the brain, and the greater number of them have their corresponding points in the spinal cord also. Does the examination of these organs lead to any more satisfactory result? The best proof that it does not do so is furnished by the following circumstance: although so many die of other diseases, who have suffered from hysteria also, and the opportunities of examining the bodies of hysterical patients after death are therefore sufficiently numerous, yet the works of the best morbid anatomists contain no observations whatever on the subject. I have had the opportunity of instituting *post-mortem* examinations in three cases, in which the hysterical affections were of so aggravated a kind as to be, directly or indirectly, the cause of death; and you shall know the result. In one of them, the patient laboured under a very severe hysterical pain in the side, and was liable, among various other hysterical symptoms, to fits, in which she was scarcely conscious of her own actions. It must have been in one of these attacks that a great number of needles were introduced into one of her legs, which afterwards occasioned much inflammation and effu-

sion of serum into the cellular texture. The patient died, and the body was most carefully examined, but no morbid appearance of any kind could be discovered in it, except what belonged to the œdematous state of the leg. Another case is one to which I have referred already, in which, the patient having long laboured under an hysterical retention of urine, the bladder was found enormously distended, of a black colour, the mucous membrane and muscular tunic being at the same time much attenuated. This patient was an unmarried female, twenty-nine years of age. Having been previously indisposed for a considerable time, she was supposed to have sprained her wrist in lifting a heavy saucepan. From this time she was never free from pain, in the situation of the outer part of the lower extremity of the radius. The pain extended up the forearm, and downwards on the side. In November, 1814, about a month after the occurrence of the accident, she was admitted into the hospital. At this time the most careful examination could detect no alteration in the appearance of the limb, but she complained of a constant and intense pain, which extended from the supposed seat of the injury downwards to the fingers, upwards to the shoulder, and again downwards to the spine and sternum. She had great oppression and difficulty of respiration, occasional twitches of the muscles of the face, and any sudden motion of the hand aggravated all these symptoms, and then threw her into a state approaching to that of syncope; in which she was almost unconscious of all that happened, lying with her eyes wide open, and at last recovering with an hysterical sobbing. Her pulse was feeble, beating 120 times in a minute. Forty ounces of urine were drawn off from the bladder, but without any relief as to the other symptoms. The tongue became black and dry; the pulse more feeble; the belly tympanitic; the alvine evacuations being of a dark colour. Then there were hiccough and vomiting; she became weaker and weaker, and died after the lapse of fourteen days from the time of her admission into the hospital. After death, the brain and the thoracic and abdominal viscera were very carefully examined, but no morbid appearances were discovered in any one of them, with the exception of the peculiar condition of the bladder, which was described formerly, and two ulcers of the mucous membrane of the *ileum*, each not more than half an inch in length, but occupying almost the entire circumference of the intestine.

The female who was the subject of the third case had laboured under a paralytic affection of the lower limbs, (*paraplegia*), which Dr. Seymour believed, with good reason, to be connected with, and the consequence of, hysteria. A practitioner whom she consulted, however, thought it advisable to have recourse to repeated blood-letting and other methods of depletion. The result was, the formation of extensive sloughs of the nates and of the soft parts covering the ankles. The patient was now admitted into the hospital, in a state of great exhaustion, and soon afterwards died. The brain and spinal cord were most carefully examined, in the presence of many of you who are now present, but it could not be discovered 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 adducing these facts, however, I by no means intend to assert that the organization of the nervous system, in a person who is liable to aggravated hysterical affections, differs in no respect from that of another. The intimate structure of the brain, spinal cord, and nerves, is on too minute a scale for our senses to be able to perceive and comprehend it, and of course there may be differences in the organization of these organs which our senses are incapable of detecting also. There is, it is true, nothing in the history of hysteria to justify the opinion that it is connected with any morbid growth, or morbid change of structure, such as we find to exist in what are usually termed organic diseases; but it is easy to suppose, without reference to organic disease, that the construction of the nervous system, at the period when growth is concluded, may not be the same in all individuals, and that an imperfect development of it may lay the foundation of all the aggravated hysterical affections. It seems to me that this hypothesis affords a reasonable explanation of the phenomena which those strange diseases present to our observation, and that it is not easy to explain them in any other manner. This being admitted, the connection of hysteria with the habits of early life, while growth is going on, becomes no mystery. We can understand, also, wherefore it is that the disposition is often, to a certain degree, hereditary; that it prevails in particular families, and that having been once established in the system, it is never totally eradicated. Nor is this opinion in any way contradicted by the circumstance of hysterical symptoms alternating with longer or shorter intervals of perfect health. It is the same with many other nervous diseases, some of which are much more formidable than these. The lunatic has intervals in which his delusions vanish. A tumour pressing on the brain may occasion epilepsy: the cause exists always, but after the patient has had one fit, weeks or months may elapse before he has another. In like manner a patient may have a nervous system so constructed as to render her liable to attacks of hysteria. While she is strong and healthy in other respects, no hysterical symptoms arise: but if she be weakened by an attack of fever, by loss of blood, by too great exertion of mind and body, or depressed by anxiety, grief, or disappointment, the disease is rendered manifest, and it assumes one form or another, accordingly as accident directs its influence to one or another part of the system.

This view of the origin and nature of hysterical affections derives some confirmation from a circumstance which I have had frequent occasion to observe; although it has not, so far as I know, been noticed by pathological writers. In those who are much disposed to them, there are an evident weakness and laxity of the tissues, independently of what may be supposed to belong to the tissues of the nervous system. Thus there is a peculiar looseness of the joints; sometimes existing to such an extent that they are liable to a kind of subluxation (a slipping in and out, as the patient terms it), without any laceration of the synovial membrane or ligaments. I have

known several cases in which a patient, on making some sudden exertion, has experienced a sensation as if some muscular or ligamentous fibres had given way; and, in some instances, a severe nervous pain, referred to this and the neighbouring parts, has remained for a long time afterwards. It is not unusual for the smaller blood-vessels to burst, so as to occasion slight hemorrhage; although there is no actual disease in the bleeding part. This occurs most frequently with respect to the vessels of the mucous membranes. The disposition to hemorrhage, however, is not peculiar to these textures. In a patient concerning whom I was consulted with Mr. Mawdsley, there had been repeated hemorrhages from the ears.

These things must be regarded as indications of want of physical power in the system, and such is the prevailing character of hysterical disease; most distinctly marked, of course, in the most aggravated cases of the kind. A large proportion of hysterical patients suffer from cold hands and feet, have a feeble contracted pulse, a small appetite for food, and are wearied by very small exertions; they are more liable than other persons to lateral curvature of the spine. In some instances, and more especially in the parts which are most exposed to the external temperature, or at the greatest distance from the vital organs, the point of the nose, for example, and the ankles, the circulation is so weak that they assume at times a purple appearance, followed by vesications, and even by a thin slough. These last-mentioned symptoms are, in themselves, a proof of an insufficient generation of nervous energy; they correspond to what is observed after severe injuries of the spinal cord, as well as to what occurred in the following cases, as the consequence of an injury of a nerve. A young man met with an accident, in which the ulnar nerve was divided behind the inner condyle of the arm. The wound healed readily; but when I was consulted, about three months afterwards, the little finger was cold and deprived of sensation, with purple spots upon it, similar to those which precede the formation of vesication. A girl was admitted some years ago into the hospital after a similar accident. The little finger was cold and benumbed, and occasionally the whole of the integuments covering it assumed a dark purple colour; this was always followed by a broad vesication; then by a superficial sore, which, however, healed by the formation of a new cuticle; and this process was repeated several times while the girl remained in the hospital.

In some instances the disposition to hysteria manifestly depends on an original mal-construction of the nervous system, which probably has been transmitted from the parent to the child; in others it is equally manifest that it is the result of injudicious management in the early part of life. In the latter order of cases, the ill consequences which would otherwise ensue, may be altogether averted by the timely adoption of a better system of education; and in the former, much may be done in the interval between the period of infancy and that of growth being completed, to improve the condition

of the individual, and to render her situation in after life less distressing than it would be otherwise.

You can render no more essential service to the more affluent classes of society, than by availing yourselves of every opportunity of explaining to those among them who are parents, how much the ordinary system of education tends to engender the disposition to these diseases among their female children. If you would go further, so as to make them understand in what their error consists; what they ought to do, and what they ought to leave undone, you need only point out the difference between the plans usually pursued in the bringing up of the two sexes. The boys are sent at an early age to school, where a large portion of their time is passed in taking exercise in the open air; while their sisters are confined to heated rooms, taking little exercise out of doors, and often none at all except in a carriage. Then, for the most part, the latter spend much more of their time in actual study than the former. The mind is over-educated at the expense of the physical structure, and, after all, with little advantage to the mind itself; for who can doubt that the principal object of this part of education ought to be, not so much to fill the mind with knowledge, as to train it to a right exercise of its intellectual and moral faculties, or that, other things being the same, this is more easily accomplished in those whose animal functions are preserved in a healthy state, than it is in others?

But these observations relate only to measures of prevention; whereas, in practice, you will have to deal with cases in which the hysterical construction of the nervous system already exists.

The medical treatment of hysteria is in the department of the physician: and as this subject is treated of at length in the lectures on the practice of medicine, I shall only offer a few observations as to the principles in which it should be conducted.

In those in whom the liability to hysterical diseases exists, as I have already had occasion to observe, the symptoms of hysteria are not always present, and much may be done by art towards rendering their occurrence less frequent, and their character less severe, than would be the case otherwise. These symptoms are especially called into existence whenever, from any cause, the bodily powers are reduced below the ordinary standard; and it is reasonable to suppose that an opposite effect will be produced by whatever tends to elevate these powers, and maintain the general health. The whole class of tonic remedies, especially steel, quinine, sulphate of zinc, and ammonia may, under certain circumstances, be employed with advantage. So also, it is of importance that the patient should live on a generous diet; that she should take exercise out of doors; that she should live in the pure air of the country rather than in that of a crowded city; and that her mind should be agreeably occupied, without being exhausted by great exertions. Nothing tends more to aggravate the disposition to hysteria than the tedium and *ennui* of a life without occupation; when the mind is, as it were, thrown back upon itself, brooding over imaginary misfortunes, and creating for itself objects of anxiety.

The use of what are usually called antispasmodic remedies, especially valerian and assafetida, is indicated, not where there is merely a liability to hysterical symptoms, but where these symptoms are actually present. Those tonics which are useful in preventing these symptoms, are useful in the removal of them also, especially where the disease assumes a chronic form, as it generally does in the cases which fall under the observation of the surgeon. Here, also, I have, in several instances, known much advantage to arise from a long-continued course of sulphate of copper administered in pills, in small doses. Nor must we overlook another important rule of practice. There is often some particular circumstance in the state of the system at the time, which operates as the immediate exciting cause of the hysterical symptoms, and which medicine may remove. For example, in one individual there may be a furred tongue, and a costive state of the bowels; in another, deficient menstruation; and purgatives and emmenagogues may be administered with advantage, either separately or in combination. Again, it is not unusual in aggravated cases of hysteria to find the urine depositing a large quantity of lithic acid, in the form of sand; or the urine may be voided high-coloured, depositing a pink amorphous sediment, abounding in the lithate of ammonia; and in either of these cases the exhibition of alkalies, combined with alterative doses of mercury, purgatives and a regulated diet, will contribute to produce a cure, the unhealthy quality of the urine seeming to be the cause, rather than the effect of the hysterical affection.

On all these points I refer you to the instructions which you will receive from some of your other teachers; but there are some questions connected with the surgical treatment of local hysterical affections, into the consideration of which I shall feel it my duty to enter more fully; although, in so doing, the advice which I shall have to give you will be, for the most part, of a negative kind, relating not so much to what you ought to do, as to what you ought to leave undone.

Hysterical pains are sometimes relieved by friction with a stimulating liniment; such, for example, as the compound camphor liniment, which may also be used in combination with the tincture of opium. The application of the belladonna plaster is occasionally useful, although it certainly does not produce those remarkable effects which not unfrequently follow its use in other cases of neuralgia.

Hysterical pains are sometimes palliated by bathing the affected part with the following lotion, applied tepid: R.—Misturæ camphoræ ℥iiss; spiritus rosmarini ℥iiss.—M. Fiat lotio.

In some instances the patients derive advantage from the exposure of the part to the vapour of hot water. This is especially useful in the cases of that peculiar affection of the wrist and hand which I described in the last lecture.

In those cases in which the limb to which the symptoms are referred is affected alternately with heat and cold, I have known the following plan of treatment to be attended with excellent effects. During what may be termed the hot fit, let a compress be applied,

wet with a cold spirituous lotion; and when the heat has subsided, and the limb has become cold, let a thick woollen stocking be drawn over it, and then an oiled silk covering over the worsted stocking, so as to confine the heat and perspiration. When the cold fit has subsided, the oiled silk covering may be removed. This local treatment, however, should be combined with the exhibition of the sulphate of quinine, the use of which seems to be especially indicated by the intermitting character of the symptoms.

In some cases of hysterical neuralgia the patient is supposed to derive benefit from the abstraction of blood by leeches, or cupping, or even by venesection. Indeed, I have no doubt that the loss of blood is occasionally followed by a real alleviation of pain. But the relief is never otherwise than temporary; and wherever I have known this kind of treatment to be frequently resorted to, the ultimate result has been, certainly, not only not beneficial, but absolutely injurious to the patient. In fact, we may lay it down as a general rule, that whatever lessens the physical powers tends to prolong the duration of hysterical diseases of all kinds; and nothing produces this effect in a more marked manner than repeated blood-letting. Those who are subjected to this treatment, according to my experience, become almost invariably invalids for life; and I have no doubt that not unfrequently their lives are materially shortened by it.

Blisters, issues, and the whole class of counter-irritants, in the majority of cases increase the patient's sufferings; and there is one objection that may be urged against all local remedies, which applies especially to these, namely, that they prevent the attention being abstracted from the local symptoms. I may take this opportunity of observing, that nothing is more essential to the patient's recovery than that her mind should not be constantly occupied with the subject of her ailments. The treatment employed should be such as will involve as little as possible deviation from the ordinary habits of life. Thus in a case of hysterical neuralgia of the knee or hip, it seldom happens that any real amendment takes place while the patient remains confined as an invalid to her sofa. The pain may abate, but a sense of weakness follows, which disables her from walking more than the pain itself, and which, for obvious reasons, goes on increasing in proportion as the confinement is of longer duration. The first step towards a cure is, that she should have sufficient strength of mind to begin to use the limb in spite of present suffering.

Another question connected with surgical practice remains to be considered. In hysterical diseases affecting the extremities, will any advantage arise from the division of the nerves which supply the affected part, so as to destroy the communication between it and the sensorium? or from the entire removal of the part itself, by excision or amputation? If the view which I have been led to take of these affections, namely, that they belong to the nervous system generally, and not to the part to which the symptoms are referred, has any foundation in reality, it cannot be expected that such operations will lead to any good result: and the notorious failure of similar operations, when performed in cases of *tic douloureux* of the face, and

*tetanus*, undoubtedly tends to confirm this opinion as to their utter inutility. Pathological science, however, is not so far advanced as to authorize us in any instance to disregard the lessons of experience; and it is well, before we arrive at a positive conclusion on the subject, that we should refer to this higher source of instruction.

In a case which I have already mentioned, of a young lady who had a train of most severe hysterical symptoms following the accidental prick of her finger, I was induced (many years ago) to divide the digital nerves. This was effected by a circular incision, carefully performed, extending through the whole of the nerves, integuments, vessels, and cellular texture, to the bones laterally, and to the aponeuroses of the tendons, anteriorly and posteriorly. The result was, that the patient's sufferings were aggravated rather than relieved.

As long ago as the year 1818, I was requested to visit a lady in the country on account of a disease of the knee. I was led to believe that she had laboured under an inflammation of the synovial membrane, which had in a great degree subsided, but that the harder textures had suffered in consequence, and that the cartilages were in danger of being ulcerated, and I recommended a plan of treatment accordingly. Whether, with my present experience on the subject, I should have taken the same view of her case, I will not undertake to say, but the result was, that a material improvement took place in the first instance. After some time, however, there was a manifest aggravation of all her symptoms. She suffered more than ever; so that she became anxious to undergo the amputation of the limb. I was now again consulted respecting her, but from the written accounts which I received, I concluded, that the pain did not indicate the existence of any serious disease, and that the circumstances of the case did not justify so violent a measure as had been proposed. However, her wishes remained unaltered, and two surgeons of eminence in the country yielding to her entreaties, performed the operation. On dissection of the amputated joint, they were surprised to find that there was no collection of matter in its cavity; that the cartilages had disappeared in one spot, of very limited extent; and that there was no other mischief. The stump healed readily enough, but she obtained no relief. I had the opportunity of seeing her some months after the operation, suffering more than ever, with intense pain in the stump, and violent convulsive action of the muscles which move the thigh bone on the pelvis.

Mr. Soden, of Bath, informed me of another of these cases, which fell under his observation, in which also the limb was amputated above the knee, but with no better result than in the case last mentioned. The symptoms attacked the stump, and the patient suffered as much after the operation as she had done before.

The history of a third case of the same kind has been published by Mr. Mayo, in his *Outlines of Pathology*. The knee was amputated, and the stump healed. Soon after the stump was accidentally struck, and this slight accident was followed by pain in the part exactly similar to that which had been referred formerly to the knee. Amputation was then performed a second time; but as the wound

healed, the pain recurred, being again referred to the stump. Mr. Mayo then divided the sciatic nerve, below the edge of the *glutæus maximus* muscle. At first the pain was supposed to have been relieved, as after the former operations; but it returned on the wound being healed. At this period I had the opportunity of seeing the patient, the pain which she endured being as severe as ever. In short, she had undergone these various operations, without having derived the smallest advantage from any one of them.

It must be acknowledged that these, and other similar cases which might be enumerated, seem to be quite conclusive against all attempts to relieve these hysterical affections by an operation. Some evidence, however, may be, and has been, adduced on the other side of the question.

A young woman was bled in the arm, in July, 1820. The wound healed as usual, but on the 7th of August she was admitted into St. George's Hospital, labouring under hysterical pain, referred chiefly to the cicatrix, but extending also downwards to the hand, upwards to the axilla, and again downwards on the side to the leg and foot, the latter being at the same time in a great degree benumbed. The whole of the arm was cold, and of a purple colour, and the skin was exquisitely sensible when pinched. On the 25th of August I excised the cicatrix. She was supposed to be immediately relieved; and when the wound made in the operation was healed, she left the hospital as cured. So far, then, it appeared as if the operation had been successful. But observe what happened afterwards. At the expiration of two months, she was re-admitted, not on account of a recurrence of the pain in the arm; but with other symptoms depending on the same state of the general system. The nose was cold, and of a purple colour, and there was a similar condition of the integuments of the ankle. On the latter there was a broad vesication; and both of these parts seemed as if on the point of becoming gangrenous. This result, however, did not take place, and I lost sight of the patient some time afterwards.

In Mr. Mayo's patient,\* whose case I have already mentioned, we are informed that he afterwards was induced to perform a further operation; removing the head of the thigh-bone from the acetabulum: and I have a letter from Mr. Mayo, in which he states that this last measure has been followed by a relief from pain up to the present time. We are also informed that Sir Astley Cooper† amputated the arm at the shoulder joint, on account of a neuralgic affection of a stump, and that the patient was permanently cured; and that a similar operation was performed successfully by Mr. Bransby Cooper. However, until we know more of these cases than is now recorded, it is impossible for us to determine whether they did or did not belong to the class of hysterical affections. Even if they did, the question still remains: how long did the patients remain under the observation of the surgeons afterwards? and was a cure really obtained, or was there simply a commutation of one hysterical affection for another?

\* Medical Gazette, May 7, 1836.

† Op. cit.

In estimating the value, not only of such operations, but of various other modes of treatment which have been supposed at one time or another to be useful in cases of aggravated hysteria, we are never to lose sight of the following circumstances:—1. *Hysterical symptoms frequently disappear at once, without any manifest cause for their disappearance.* Examples of this fact may be found among the cases to which I have had occasion to refer in the preceding lectures. A young lady who had been for more than two years confined to the recumbent posture on account of an hysterical affection simulating disease of the hip-joint, recovered suddenly one night while in the act of turning in bed. Another young lady in whom a long train of most severe hysterical symptoms followed an accidental prick of one of her fingers, after the disease had existed for a great length of time (if I am not much mistaken, for more than two years), recovered also. 2. *It still more frequently happens that recovery from hysterical symptoms immediately follows a forcible impression of any kind made on the nervous system.* Hence it is that anything may obtain the credit of having effected a cure in these cases. Moral and physical agents are alike in this respect. Sometimes one remedy may appear to be successful, sometimes another: and that which is supposed to be productive of the greatest benefit in one case, may never be useful afterwards.

I have already mentioned the case of a young lady who, having long laboured under an hysterical neuralgia of the hip and thigh, rendering her unable to stand, or even to walk, immediately lost all her symptoms on being thrown from a donkey which she was riding: and the following are only a few among many other cases, which might be adduced in confirmation of what has been just stated.

In the eighth volume of the Transactions of the Royal Medical and Chirurgical Society, Mr. Pearson has described the case of a lady who laboured under a nervous affection of the hand and forearm, showing itself in the form of severe pain and spasms of the muscles, and she immediately recovered on the application of a stimulating liniment, which, containing oil of turpentine, produced a vesicular eruption over the whole person.

I was informed, on good authority, of the case of a young lady who had long laboured under a severe hysterical affection, attended with spasmodic contraction of the muscles of one of the lower limbs, and which symptoms left her suddenly, on the extraction of a molar tooth.

Many years ago, I attended a young lady on account of a painful affection of the instep, which I certainly did not understand at the time, but of which, with my present experience on these subjects, I am satisfied that it was hysterical neuralgia, and nothing else. She was attended by other surgeons afterwards, who, I believe, were as much perplexed as I was, as to the nature of the disease, and who, at all events, gave her no relief. At last, while suffering as much as ever, she was informed of some remarkable cures obtained by the use of the vapour bath and champoing, and she immediately went to Brighton, that she might make a trial of these remedies. The

first champoing gave her great relief; the second completed the cure. I was consulted respecting her afterwards, labouring under a nervous affection of the arm and forearm.

In the "Christian Observer" for November, 1830, we find recorded the case of Miss Fancourt who had long been unable to move in consequence of what was evidently an hysterical affection, simulating disease of the hip-joint, and was supposed to have been miraculously cured under the influence of the prayers of her spiritual adviser leaving her couch at once, and walking down stairs to supper, to the astonishment of her family.

We need not pursue this part of our inquiries further. To you who will soon be engaged in the practice of your profession, what I have now stated will be sufficient to impress your minds with a proper degree of skepticism, and to prevent you being misled by the caprices of these strange disorders. With respect to the great majority of society, whose minds are not accustomed to these investigations, and who do not know the difficulty of obtaining exact evidence as to the operation even of the remedies in common use, I feel that it will be almost a waste of time to endeavour to enlighten their minds on the subject. They will always be disposed to listen to, and to believe, the histories of the marvelous cures of hysterical affections; and with them conjurors of all kinds, from Prince Hohenlohe and the professors of animal magnetism, down to the most vulgar impostors, will always be the successful rivals of those practitioners who have studied their profession as a science.

Before I quit the subject, I shall trouble you with one further piece of advice. I have told you that it is most important that you should not mistake cases of nervous affection for those of real local disease. It is equally important that you should not mistake the latter for the former; whenever you are in doubt, be careful that you do not employ any kind of treatment which would be injurious, if local disease existed. A short delay will always enable you to understand the exact nature of the case, so that you can no longer hesitate as to the remedies which are required for its relief.

### LECTURE XXX.

#### ON DISEASES OF THE HIP-JOINT.

THERE are several cases at present in the hospital of diseased joints, and among these some of disease of the hip; and I do not know that I can offer any subject to your consideration better than this. It is one of great interest, and it is very important that you should understand it as far as the actual state of our knowledge will enable you to do so.