

psychotherapy. The prognosis of this, however, was quite good if the cause was suppressed.

*Treatment.*—(1) To cease taking drugs, using physical measures to promote rest, sleep and improved nutrition, taking a bland diet. (2) Leave off the leg brace. (3) Reeducate the sensibility of the face and leg. (4) Finally explain the nature and genesis of the condition, and reeducate the patient to a better understanding of herself, and how to prevent a recurrence of her disorder by better planning the somewhat strenuous business life which she led. This Dr. Nichols did, and the sensibility recovered, the paralysis ceased, the dream states no longer occurred, and the patient returned to work a different woman, until alcohol, some months later, produced another breakdown of which I have not the details.

CASE IV. *Hysterical Appendicitis.*—A girl of 20 years was referred by Drs. Watkins and Stavely because of recurrences of right iliac pain, with nausea and vomiting, but normal temperature and pulse, since three months. Two months before, the appendix had been removed for similar symptoms, and was found little changed, though containing a concretion of lime. At that time, the ovaries and gall-bladder were found normal. The pains recurred every few days, and lasted some hours, and were relieved by morphine or the Scotch douche.

She showed only a psychogenic hyperesthesia in the right iliac fossa, controllable by indirect suggestion. Some colonic atonia, a slight retroversion and intestinal sand could not explain a manifestly psychogenic tenderness. So after a few days, Dr. Watkins, armed by conviction derived from the consultation, entered the fray, and after a struggle of nearly two hours convinced the young woman that determination to conquer a longing for the comforting and anodynes which sickness brings would cure her. She went back to Illinois next day, and remains well.

Such rapid success is not common. The following similar case illustrates the need of persistence in persuasion.

CASE V. *Coccygodynic Neurasthenia from Hysteria.*—A girl of 34 years was referred to Dr. Lemon because unbenefited by uterine suspension, amputation of the coccyx and other gynecological measures. She was lying stiffly in bed for fear of hurting the coccyx, with intense right iliac pain and tenderness. I found the latter modifiable by suggestion, as was the stiffness. There was a false, *i.e.*, volitional Kernig's sign, and the reflexes were sluggish. She wore the martyr's smile. She professed anxiety to recover and go to work. The condition was manifestly psychogenetic, but her sister's belief in its organic nature hindered recovery, in spite of the persistency of Dr. Lemon. But at my instigation, he kept persuading, until finally improvement