In addition to these conditions, hysteria requires for its development cerebral cortical cells of a certain type. The disease can be developed only in tissues of certain pecularities of structure, and like all other structural characteristics these are very prone to be transmitted from generation to generation. Strictly speaking, these inherited organic peculiarities are not elements in the pathology, but they are usually so marked and dominant in this affection that they must be considered defects, and consequently pathological. Such influences, then, as civilization and race are powerful factors in its development. Sex, also, exerts an influence. It is much more frequent among women than men, and among boys then men. The cause for this is probably in the peculiarities of the structure of the central nervous tissues of women and boys, rather than in the presence or condition of any sexual organs. We must admit, however, that these peculiarities are closely connected in some obscure manner with the states of the reproductive functions.

As to age Briquet and Landozy give the percentages of hysterical cases as follows: 8 per cent. under ten years, 50 per cent. between ten and twenty, 28 per cent. between twenty and thirty, 10 per cent. between thirty and forty, 3 per cent. between forty and fifty, and 1 per cent. between fifty and sixty years of age.

Among exciting causes, moral causes are very prominent. Injudicious training, indulgence and license, fright, love affairs, domestic difficulties and financial reverses may be named as the most frequent.

Among women their co-exists in about one half the cases some form of disorder of the sexual organs: ovarian tenderness is very frequent. Among boys and men, masturbation, sexual excesses or extreme continence are not unfrequent causes.

The diseases which it may accompany and complicate are so numerous and diverse, and it is so important to recognize the fact that because of its presence it does not mean that other forms of organic disease may not co-exist, that I feel like urging a most careful study of this point. Such diseases as typhoid fever, tuberculosis, rheumatism, the secondary stage of syphilis, and local inflammations of almost every form, may be disguised by hysterical symptoms. Arthritis may cause a hysterical joint, laryngitis may cause hysterical aphonia, bronchitis may cause hysterical dyspnœa, and blows or falls may develop hysterical pains, anæsthesia and contracture. Cerebral tumor, infantile paralysis as the child approaches puberty, epilepsy, diphtheritic paralysis, and hemiplegia of embolic origin (Growers) may all be accompanied by hysterical manifestations which more or less obscure them and cast doubt on their true character.

Upon cortical brain cells with such a susceptibility, all local pathological conditions act as irritants and produce symptoms directed to the locality of the actual local disease, which are altogether out of proportion to this disease, or sometimes even antagonistic and misleading. Here, just as in cases where there is no local irritant, the central perceptive elements are at fault, misinterpreting and misusing the stimuli which they receive.

Remember in every case of hysteria, whatever be the condition of the locality giving rise to the special symptoms, that there is a pathological condition of the central cortical cells, and that to these you must address your attention if you hope for success in the treatment. You cannot afford to scout the idea of disease simply because the peripheral lesion does not correspond to the symptoms existing. Disease just as important and far more troublesome is present and will require the skill of the most expert for its mastery.

The treatment cannot be prescribed on any hard or fast lines. As has already been stated, the principal element in the development of the disorder is the structural peculiarities or defects in the cortical cells, and this necessarily influences the treatment. It must be prophylatic and hygenic rather than directly curative. Two objects must be kept in view—the first to remove or diminish the abnormal, susceptibility of the central cells by proper environmental, educational and tonic regulations, and the second to remove all local irritants which tend to develop or intensify this susceptibility. Moral means are usually mentioned as those which are to be used for this purpose, but I strongly object to such use of this word and such designation of the treatment to be used. It is not that we should not use what may be called moral influences, but because we should not concede that we treat mind in any sense as separate and apart from physical structure. We must keep the particular organs in mind, the functions of which we desire to correct, and as far as possible, when this is known keep distinctly before us a clear conception of the pathology, the tendencies of the pathological changes and the most rational means of combating these. With our present knowledge of the influence of over-excitation of the cortical cells, especially when this is coupled with abnormal irritability of tissue, and the series of pathological changes, which result from this overstimulation, we need have no difficulty in outlining suitable remedial measures. These changes are intimately connected with nutrition, and show themselves in pervisions of the circulatory and lymph conducting systems. In these the first evidences of pathological changes are seen as hysterical conditions pass, as they often and readily do, into states of more pronounced mental disturbance.