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### *Original Communications.*

#### ON SOME FORMS OF HYSTERIA.

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(Read before the Medico-Chirurgical Society of Montreal.)

We are all fully alive to the freaks and vagaries of that strange disease, *Hysteria*, and, in anomalous cases, should be on the alert for the detection of this underlying element. The usual manifestations of hysteria are so striking, so well understood, and so easily recognized, that when they exist, they give an impress to the symptomatology that cannot escape the medical observer. But when these are wanting, the symptoms may very easily be, and often are, mistaken for those arising either from *organic* disease of the nervous system (central or peripheral), or from disease of very various organs and structures. It is, too, a matter of common observation that persons suffering from the graver forms of hysteria may never have presented any of the common manifestations just alluded to, and this valuable aid to diagnosis is frequently wanting. This point is worth establishing, because it is within my experience that the absence of a history of globus, or of convulsions or fainting attacks, or retention of urine, etc., is often brought forward as an argument against the hysterical hypothesis in a doubtful case. To reach a satisfactory diagnosis in these cases, it is of special value to consider the whole of the symptoms together, taking in the entire picture made by these, and studying them from the standpoint

of their possible explanation as a whole—for the anomalous character of the entire group of symptoms often forms the strongest argument in favor of hysteria; and mistakes are often made by want of due consideration of this procedure, where any two or three of the symptoms, taken apart from others, might readily indicate an entirely erroneous conclusion.

As hysteria is pre-eminently a disease of the female sex, it is mainly amongst girls and women that we are so apt to suspect its existence. That it occurs amongst boys and men will be admitted by any medical man to whom you put the question; but you will generally find that the cases they have seen are limited to perhaps one or two in which the common phenomena—emotional fits, or globus, or palpitation—have occurred. So rare is it to observe hysteria gravior in the male. But it does show itself sometimes, and may then be the source of grave alarm on the part of both friends and medical attendants. I have met with several examples of the kind within the past year, and to illustrate this point, select two cases from the hospital record:

CASE I.—E. P., aged 31, telegraph operator, admitted 27th September, 1886, complaining of spitting blood, severe vomiting, and diarrhoea. Family history good. Patient has always enjoyed good health until 4th July, 1884, when, whilst on a sea voyage, was suddenly thrown from his berth, striking his head against a marble wash-stand. Remained unconscious for half-an-hour, and no bad effects followed until twenty days after the accident, when he had a fit, described as follows: Unconscious; frothing at the mouth; tongue