

CASE II. *Hysterical Neuralgia Relapsing Obstinate After Suggestive Treatment.*—A man of 78 years was referred by Dr. Sterling Ruffin on account of intractable neuralgia in the right side of the head and neck. It was said to occur paroxysmally after swallowing or eating and to be relieved by pushing the thumb into the neck below the ear and pressing with the fingers along the zygoma and temple. Two years before he was upset from a mowing machine on to his head and rendered unconscious for an hour and a half. In consequence, he had to remain nine weeks in the hospital in great pain, and was speechless for seven. Speech had suddenly returned. He has had pain ever since, except for three months, during which Dr. Wells removed it by intrapharyngeal medication.

On examination, no abnormalities were found; but the patient complained of great tenderness on the right side half way up to the vertex, especially along the temporal artery. This sometimes reached the parietal eminence. There was also tenderness in the neck behind the ear; but I could not satisfy myself that it was confined to the distribution of the posterior auricular nerve. The examination, however, was unsatisfactory, as the patient shrank so violently that I could not exclude an actual neuralgia of peripheral origin, which, however, seemed inconsistent with the history of its removal by medication of the pharynx. Before I had reached a conclusion, the patient ceased attendance, and has been lost trace of. But I include the case as a very probable hysteria induced by bodily injury, and cite it to illustrate the tenacity of a false idea fixed by previous appeal to direct medication by the suggestive influence of which it has been relieved. Nothing is more unfortunate for a patient's future than the suggestive therapeutics which uses as a vehicle some physical agency. This masquerade only intensifies a patient's false belief that his disease is physical, which much increases the difficulty of future treatment. The failure in this case was attributed to my own uncertainty as to the genesis of the condition.

CASE III. A woman of 41 years was seen with Dr. Nichols because of "*severe neuralgia of the left face, left hemiparesis, peculiar dream-like crisis, hysteria and nervous breakdown.*" An osteomyelitis had been present since infancy; she was supposed to have had gall-stones ten years before, since when she had been constipated, until relieved by agar prescribed by Dr. Nichols. The neuralgia had occurred from a chill at a funeral three years ago. It had lately been accompanied by headache on the left side, during which the face burns, actually feeling hotter to the touch. Emesis does not occur, and there is no family history of migraine. Six months before, she had fallen on her right hand in an elevator, and next day the left arm was paralyzed.