

and unscientific, until there has been determined a sufficient basis for an accurate scientific nomenclature, rather than to accept now, with our imperfect knowledge, another term which pretends to indicate a solution of the problem of its pathology, and yet may be as much at fault as the old.

While we may willingly concede that this term hysteria is a misnomer, and as applied to this group of symptoms, misleading, we will, I think, all concede that it has served a useful purpose in enabling a distinction to be made between this group and all others which may be simulated by it.

We do then encounter something in nosology, which we can conveniently and profitably designate as hysteria. The conditions, however, of its use, and the nature of its symptom-group, are such that it is very difficult to keep in mind a clear conception of the meaning of the term. This arises from several causes: first, there is no known pathological anatomy; second, the symptoms are in chief part simulative of other disorders with well-defined pathological bases; third, these simulations are so multiform and varied, in both seat and characteristics, that it is quite difficult to recognize anything common to them all; while lastly, the long continued and almost universal custom of practically assuming, because of its simulative characteristics, that when its existence can be determined it means that there is no disease whatever, so disposes the mind of the observer that he ceases further to investigate its nature.

My plea to-day shall be for two concessions: first, that when hysteria is diagnosed it does not mean that there is no disease present; and second, that it is the duty of every physician to study and record its manifestations to the end that our knowledge regarding its nature may be made more complete, and our treatment of its manifestations more successful. It is not alone in its want of a pathological anatomy; chorea, paralysis agitans, and other fully accepted and well-determined diseases have no known pathological basis. The difference between this disorder and those is chiefly in the want of cohesion in the second elements of its symptom-group, and we cannot obtain any clear idea of the thread of similarity which runs throughout these until we have clearly-defined ideas of its pathology. This is a prime necessity in the study of the disorder, and must be satisfactorily settled before we can make any permanent progress.

A slight review of its manifestations may throw some light on this. First, then, these manifestations are fugacious in character. They flit from one tissue to another and from one locality to another with a reckless disregard of all pathological laws. Second, in its manifestations it assumes the garb of nearly every disease with which the animal economy can be afflicted. Where its local evidence appears they resemble, in most particulars,

some other disease having the same habitat and the same local symptoms. Like the cuckoo it builds no nest of its own, but steals into that prepared by every other pathological process, aping the real, and itself evading the knife of the surgeon or the diagnostic investigations of the physician. It puts on the garb of the most serious and fatal maladies as well as of the less dangerous. Paralysis, contractures, convulsions, sensory disorders, ocular and aural diseases, degeneration of the cord, loss of voice, ovarian and uterine disease, diseases of the joints and in fact disease of every organ and of every tissue may be simulated by this protean influence. This diverse character and this proclivity to manifest itself in every conceivable locality, will give us a clue to the seat of its pathology.

I assume that no one will be willing, in this age, to admit that disordered functional activity can exist without some representation in the physical arrangement of the tissue substratum. That we cannot detect it by our present methods of investigation is true many times, but this is no sufficient reason for assuming that function can be so far dissociated from organ that one can be deranged while the other is normal.

Now the structure of every tissue and every organ in the body comprises essentially two parts, the one the elements which go to make up its individual identity, and the other that structure which connects it in function with the other portions of the structure of which it is one of the integral parts. In this disease the absence of visible structural change in the first, and the fitting character of the functional disorder, render improbable any change in the structural arrangement of this part.

In other words the machine itself is probably intact. The mechanism by which its activity is developed, and which comprises the second element in its structural arrangement, if it can be so defined, is that which is at fault. This, it need not be mentioned, is the nervous tissue. This alone, is omnipresent in the organism, and this alone presides over physiological activity of every organ.

This nervous system is a most complex structure. It may be divided, however, for our present purpose, into three portions of tissue subdivisions: terminal organs or tissue developments, conducting lines, and central cellular elements. In what part of these is located the pathological change which gives rise to hysterical manifestations?

The second subdivision may be excluded, first, because there is found no structural change, where its tissue arrangement is comparatively simple, and secondly, because all tests demonstrate that there is in reality no disturbance of its function, these being those of conduction. This leaves the central cell and the terminal structure, in one of which we must look for whatever pathological