

self to the generative system, because the genital system, more than any other, exerts emotional power over the individual, power also in morals, power in social questions. In these respects the stomach, or even the heart, have comparatively little influence. Though the womb cannot travel through the body and produce diseases, yet in the hysterical state any part of the body may be affected, and many diseases may be mimicked more or less imperfectly; or novel combinations of symptoms may arise. When the word "mimic" is used, it does not always imply conscious imitation by the patient, nor does it always imply close resemblance to the disease imitated. Sometimes the so-called mimicry is very imperfect; sometimes so complete as to mislead, for a time, the most experienced and careful observer.

There is, as I have said, alliance between hysteria and insanity; and in most cases you can find a morbid desire of attention and sympathy—a kind of selfishness. Many cases are indeed fully explained by this, but there are also many where it is difficult to trace it. On the one hand, you have women whose hysterics are never seen except in a suitable presence and on suitable occasions; on the other, you have many cases where the women do not doubt the reality, as it is called, of their complaints. Before the days of anæsthetics, cases occurred where women attested the sincerity of their convictions by enduring the agony of a great amputation for mere hysterical disease. Cases of the former kind are often classed, and often unjustly, as "humbug." Cases of the latter kind are often classed, and often erroneously, as "real." The former class is often cured by wholesome neglect—always aggravated by indiscreet attention or sympathy. It is this class which has brought the name "hysteria" into disrepute, so that it is extensively regarded as a sneer or an insult to label a woman with it. But the name is still very useful, and I think its use may be with advantage rehabilitated. Much evil has, indeed, arisen from giving it up, the result being to conceal an important character of disease, invaluable in guiding the practitioner. For example, the common hysterical retention of urine has been often treated as if it were "real," not "hysterical"; and, unfortunately, this is now done under the ægis of a great author.

Here let me refer to recent observation and operative experiments which may seem to you to traverse the views I have been inculcating. Certainly they are founded on the belief that the genital system, especially the ovaries, are sometimes the seat or origin of epilepsy and some of its hysterical modifications. Oöphorectomy has been often performed for the cure of so-called ovarian epilepsy—epilepsy connected with the menstrual function. Some forms of epilepsy and hysterical convulsions and hystero-epilepsy are not pathologically remote from one another. Now, that epilepsy

may own an ovarian origin no one will deny. But the cases operated on do as yet offer no support to the view. The epilepsy has not been subdued as was expected; and I believe this kind of operative treatment is given up. Only two days ago we had in "Martha" a case in which oöphorectomy for epilepsy had been performed in vain. The operation was by a surgeon eminent in the department, yet it is not a good test, for menstruation is regular now, years after the ovaries were, as it is believed, taken out. Again, curious hysterical convulsions or tetanic phenomena—hystero-epilepsy—have been declared to be governed by pressure on the ovary by the practitioner's hand applied over it, the phenomena disappearing when the pressure is exerted vigorously, and recurring when it is taken off, much as water from the tap is stopped or flows as you turn the cock this way or that. These observations I merely mention. They are so unsatisfactory and so badly controlled as to be worthless. Directions are given to find the ovary by the intersection of lines on the abdomen; they also are worthless. Pressure over the supposed position of the ovary is made while the abdominal muscles are in tetanus, and such pressure is worthless. The observations are, indeed, poor exhibitions of the power of a clever doctor to educate a woman into a hysterical "humbug."

But though the particular observations and experiments, of which I have been speaking, have given us little instruction, the restless work of many neurologists has not been without result. The observed grouping of symptoms and consequent ranging of affections into categories is a sure step to farther progress. Already we seem to have reached a great clinical distinction between hysteria and neurasthenia; and we have also made out the anorexia nervosa of Gull—an interesting malady, and rare, at least in its highest degree. The meaning of this recently introduced term, neurasthenia, lies on the surface: its exact definition is a difficult matter. It is a common and therefore an important disease, and it is of great practical or clinical interest to distinguish it from hysteria. I have said that its definition is a difficult matter, and this arises greatly from the fact that it is used indiscriminately, or has been so used that it is only gradually crystallising into any kind of definition. It has been and is much used as an alternative word for hysteria, to avoid using that often offensive term. But hysteria maintains its place, and neurasthenia has to find—or has found—its own. Confusion often arises from the two conditions being combined. A woman may exhibit no hysterical symptoms until she has become neurasthenic. Her neurasthenia cured, the hysteria disappears. To see clearly the distinction between the two diseases, you must take characteristic uncomplicated examples of each. Hysteria may affect strong, robust, vigorous women,