

## Selected Articles.

### CLINICAL LECTURE ON HYSTERIA, NEURASTHENIA, AND ANOREXIA NERVOSA.

BY J. MATTHEWS DUNCAN, M.D.

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GENTLEMEN,—I feel self-convicted of audacity and almost of folly in encountering in a single clinical lecture a subject so vast, so difficult and so little known. In your practice in this department scientific attainments will not be of so much avail as in others. It is kindness of heart, wisdom and firmness that are the specially useful talents. No doubt these qualities are in all circumstances valuable in practice as well as for their own sakes, but their application is at least less direct in the treatment of a uterine catarrh or in an ovariectomy than in the management of a hysterical or of a neurasthenic patient. They are not to be taught or learned in a lecture room, but it is my duty to point out their supreme importance in this great department of practice. If your patient thinks you are not sympathetic, she soon becomes alienated from you; if you are not wise in your proceedings and resolute in adhering to them, you will probably do harm rather than good.

Hysteria has alliance with insanity: it perverts the patient's judgment. It is ill-defined, and for this and other reasons patients dislike such affections in a sense in which they do not dislike many other tangible, easily intelligible diseases. If a patient is hysterical, and is told that she is hysterical by one physician, while another does not tell her this, but that she has some slight displacement of the womb, be sure she will prefer the latter. Yet the one is wise, the other perhaps more than foolish. In practice you have firmly, yet without the appearance of sternness, to do your duty with simplicity, and at the same time maintain the confidence of your patient. Firmness and simplicity are the surest means of preserving your patient's confidence; but know and remember this, that in the class of cases now under consideration you will certainly lose your patient occasionally if you do your duty, and such loss is to be met quietly and even with joy. It is easy, and unfortunately common, to educate a patient into hysterical disease with its attendant misery to herself and family, and very difficult to educate out of it; and the process of cure is to a great extent one of education. Consider the wisdom and tact required in a new and untried physician to successfully educate a patient out of injurious notions instilled by an old and respected friend and physician. Some vaunted and successful modes of so-called cure are

in themselves of no power directly, but are efficient by eradicating from the patient's mind former bad medical education. A patient with an endless string of complaints may be quickly cured by a pessary for a displacement which does not exist, or by a dose of electricity, or by the last new fad, or by being forced or shamed into good habits. Do not condescend to cure patients in such ways. Be kind, wise and firm; be direct and simple. This is the best because the most successful plan. It involves no untruth, no feint; it prevents and cures tens for the units cured by roundabout proceedings.

A story may impress this lesson. More than a year ago a patient came to me with aphonia. She had had it more than once previously, she said, and it had been hard to cure. Electrical shocks had been used. I said it would soon go away and refused any kind of treatment. More than once I had letters of lamentation at the persisting aphonia. Then she went to Brighton to reside with her relatives, who compelled her to press for treatment, which I again declined. Then a consultation was insisted on with a specialist. To this I yielded. The specialist found no disease, and suggested electrical treatment after a fortnight of further waiting. At the end of a fortnight I was again appealed to, and adhered to my original plan—no treatment, electrical or other. She went back to Brighton not well pleased. In a day or two she wrote to me that her voice was now as good as ever, and it remains so. She will not again have aphonia—as long, at least, as she continues to be under my care.

The name "hysteria" is much and often objected to, because the Greek root of it is "the womb." But it is not in anyone's power to make the profession give up its use or adopt another. Nor is it desirable that change should be made, otherwise than as the result of scientific progress. Many terms remain, not cavilled at, whose original meaning is lost or forgotten. Time has clothed them with a new meaning; and it so is with hysteria. I shall not even attempt to define hysteria. Old authors defined it and described it, and they made a horrid and amusing mess of it. The womb was represented as almost a distinct being, having *imperium in imperio*, travelling through the body or sending out spirits to various parts, creating disturbance wherever it or they went. Now it is well known that hysteria is essentially not a womb disease—not truly hysteria. It may occur before the womb is potent, and after its potency is past; and it occurs in men. But it may be said to have alliance with the womb, or with the generative organs generally, because it is far more common and more severe in women than in men, and it prevails chiefly during the period of activity of the genital system of organs. It is a gynecological disease in this sense, and it especially attaches it-