

Young girls, old-maids, widows and childless married women are the most frequent subjects of the complaint. Hysterical fits are much more common about the menstrual period and may be due to malpositions of the uterus, undue sexual excitement, venereal excess or disordered menses, such as amenorrhœa, dysmenorrhœa, menorrhagia or ovarian hyperæsthesia.

Hystero-epilepsy in some instances is distinctively traceable to some digestive disturbance, especially that of long-continued constipation; the mode of living and general habits in young girls aid materially in its production, such as indolent and luxurious habits, over-petting and spoiling, subjection to the petty worries of fashionable life, cramming for examinations, keeping late hours or reading trashy novels, long-continued anxiety and grief, disappointed affection, bad feeding and improper hygienic surroundings, or some sudden emotional disturbance or fright, to a person possessing an irritable and feeble nervous system.

Nationality is a potent factor in hystero-epilepsy. For instance, the severer forms of hystero-epilepsy are decidedly more frequent in France than in Germany, and the Jewish race are particularly subject to the disease. "Sometimes there is a peculiar reaction implanted in the system from birth, at others it is caused by an abnormal quality of the nutritive fluid; again it is the consequence of irritants which operate through the sensory nerves on the sensory organs, or finally it results from the so-called psychical stimuli (Jolly)." Briquet says or writes that out of 1,000 cases only 50 were males, and out of 204 cases only 11 were men—showing that hysteria occurs twenty times in the female sex to once in the male sex.

Hystero-epilepsy may be produced or arise from the following: (1) Congenital peculiarities, (2) acquired conditions, (3) hereditary liability.

Briquet obtained particulars concerning the parents, brothers and sisters of 351 hysterical persons, and found that of these (in all numbering 1,103) 214 suffered from hysteria, and 58 from other diseases of the nervous system, and further states that of hysterical women who bear daughters rather more than the half transmit the disease to one or more of these, and again rather more than half of the daughters of the latter (*i.e.*, granddaughters) also become hysterical. In all, then, rather more than one-fourth part of the female descendants of the hysterical suffer in their turn from hysteria. Primary anæmia progresses almost as a rule to hysterical symptoms. Persistent mental emotions, especially those of a depressing nature, have a tendency to develop or aggravate the hysterical condition.