

began; and one day the young woman determined to put it to the proof, went to work, succeeded in the fierce struggle against giving way, and is now more capable than she had ever been before.

Of course the key to each is that the physician have a clear notion of the mechanism of hysterical fixed ideas, of which the idea of pain and tenderness is not the least frequent; and skill in the technique of psychotherapy.

CASE VI. *Hysterical Habit Spasm After Appendicitis*.—A case intermediate as to duration of treatment, was seen in 1911 with Dr. I. S. Stone. She had had a dull pain since an attack of appendicitis six years before but had gone on working in her dairy in spite of it, until it wore her out. After this a spasm of the iliac muscles supervened. She declared herself "nervous because I suffered so intensely." She would start at noises, and could not sleep after excitement, so that she gave up visiting her friends. The only neurological signs were the hyperesthesia and spasmodicity in the right iliac region.

Treatment.—I taught her to inhibit the spasm by drill, and assured her that the hyperesthesia would disappear as a result of the operation which Dr. Stone had performed three weeks before. But as the spasm had become a habit, and gave rise to pain by stretching the muscles, she would have to learn to control it by means of a series of exercises in muscular inhibition which I showed her how to perform. She made quick progress at first, but relapsed on account of a physical depression, which I found to be due to disordered metabolism from the egg and milk diet* which her recumbent position did not enable her to metabolize. When this was removed psychomotor discipline was again persevered with, and she returned home almost well two weeks after I first saw her.

B. CASES IN WHICH THE CAUSATIVE SUGGESTION WAS NOT DISCOVERED BECAUSE OF INSUFFICIENT PSYCHOANALYSIS; BUT IN WHICH THE SECONDARY EFFECTS OF THE UNDISCOVERED SUGGESTION WHICH HAD BECOME A HABIT WERE REMOVED BY PSYCHOMOTOR DISCIPLINE, AND THE TENDENCY TO FURTHER HURTFUL SUGGESTIONS WAS MINIMIZED BY PSYCHOTHERAPEUTIC MEASURES CONSISTING OF THE READJUSTMENT OF THE PATIENT'S POINT OF VIEW.

CASE VII. *Hysterical Hyperesthesia Incapacitating Locomotion*.—A young woman, aged 28 years, whom I saw in the spring of 1911 with Dr. Hardin, to whom she was referred by Dr. Maphis, of Warrenton, Va., in the preceding June, had had a chill, after which she cried. The next day she felt very weak, and the next day she had pain in the knees, she thinks only in the left, with hyperesthesia. There was also, she says, tenderness of the lumbar spine, and later on in the groin and hip. She was treated by massage, and for four months was relieved.

*See Author's Diet in Nervous Disorders, N. Y. Med. Jour., April 6, 1912.