

often causing the patient to loosen her corsets. The rising and falling of a ball in the larynx; this is called the "globus hystericus" or "hysterical ball." It produces a sense of suffocation, and is so real that the patient often places the fingers in the back of the throat in the hope of removing the "ball"; the face gets pale and red by turns. Some cases do not advance beyond this, but others go a step further, when paroxysms of a spasmodic character, both clonic and tonic occur. When a severe attack is about to take place, while many of the symptoms I have given are present, in addition, the jaws are fixed, the face retracted, the teeth grinding, the hands clenched, the limbs drawn up and rigid. Such is a tonic convulsion. The attack may only last a few minutes—it may continue an hour or two. A flood of tears is the first symptom of subsidence, a large quantity of pale limpid urine is passed, and the patient falls asleep exhausted. Other cases have irregular clonic convulsions, the patient screams, throws her limbs about, or throws herself on the floor. tears at her hair and throat, the abdomen is full of gas and gives out a loud rumbling sound, like distant thunder. This is called *Borborygmi*. Consciousness is not lost, the eyelids, though closed, are in a constant state of trembling, and no matter how wildly the patient tosses about, they very seldom ever injure themselves. The attack passes off as do the others by subsidence of the paroxysms, the passing of a very large amount of pale urine, followed by deep sleep. The duration of the attack may be a few hours, or only a few minutes. Hysterical patients are very sensitive of sound and of odors; the appetite is perverted, and they have a strong predilection for chalk, slate pencils, sealing-wax; others again for vinegar and pickles. They also suffer from headache, and hyperæsthesia of the scalp. This latter is sometimes so great as to render combing of the hair impossible. Neuralgic pains in the *mammæ* are common, and they are tender to the touch. Abdominal tenderness is often complained of. The slightest touch is painful to the patient, but if attention be diverted, deep pressure is painless. There is tenderness over the spinous process of a few vertebræ, and pain in the knee is often complained of. A common symptom is paralysis of the bladder, from over-distension, requiring the use of the catheter. Temporary paralysis of muscular groups occur, lasting variable periods, spasmodic flexion of the fingers, hand or fore-arm may occur, so, also, may spasmodic extension of

hip, knee and ankle joint. The heart is often weak, there is at times epistaxis, hæmoptysis and hæmatemesis. Amenorrhœa and dysmennorrhœa are common. Great care must be taken not to sympathise with your patient—nothing is more injurious than to do so. It is extraordinary with what ingenuity and perseverance an hysterical patient will attempt deception of her friends and medical attendant. A little care and thought will prevent any error in diagnosis.

Treatment. When the case is well developed, moral and hygienic means are the most useful, change of scene and travel, with a view of constant mental occupation is very beneficial. Early hours and plain food must be insisted on. Exciting novels, must not be read, especially such as appeal to the sexual passions. This is preliminary treatment, when an inherited influence exists. If, in spite of this, the hysterical condition develops, medicines are necessary. Iron must be given, if there is anæmia, and the best iron preparations are those which are most readily assimilated, such as the dialysed iron of Wyeth & Son of Philadelphia, the sulphate of iron, reduced iron, or *ferri redactum*, the carbonate of iron, the ammoniacate of iron and arseniate of iron. When possible, it is well to give iron in pill form, so as to prevent its acting on the teeth. If it has to be given liquid it should be taken through a quill. Strychnia and phosphorus are useful, they help to build up the tone of the nervous system. If the patient is plethoric a few leeches over the ovaries will be useful, while internally give the bromides, gelsemium and *cimicifuga*. For the hysterical feeling without convulsions, the ammoniated tincture of Valerian, in ʒss to ʒi doses every 4 hours, or the same quantity of Hoffman's anodyne, *i.e.*, Spt. Ether Sulph. Co. In the convulsive form, inhalation of nitrite of amyl or chloroform, dashing cold water over the face, rectal injections of turpentine or tincture of *ascosafatida*, this latter may be given internally or in the form of pill. In very bad cases morphia in $\frac{1}{4}$ gr. dose may be hypodermically injected. The paralysis should be treated by faradic electricity. Sometimes hysterical subjects are so bad that they become bedridden, *i.e.*, they cannot be induced to leave their bed. I knew a lady who was for years bedridden, from what she termed spinal disease. It was pure hysteria. The house took fire, when she rapidly left her bed, and never returned to it unless for her night's rest. She transmitted the same nervousness to her daughter.