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Hysteria
The term 'Hysteria' derived from the Greek 'náde', 'vórgēa' the womb and 'náde', a disease, although long in use has been employed with a considerable degree of looseness and obscurity by many. The word no doubt originated from the theory it suggests, and in a great measure owes its popularity to the convenience with which it may be used to conceal our ignorance upon the subject.

The French call it, 'Affection Hysterique, Vapours, Mal de la mere'; the Germans 'Mutterkrankheit', 'Mütterbe-schwerden', 'Aufstiegen der Mütter'.—

Seydenharn was the first who a full and satisfactory account of this interesting and obscure disease, additional light was thrown upon this subject by Wyllie and Cullen, and more recently by Dr. Conway.
A disease so obscure as to its true nature, the multifarious varieties which this affection assumes, and modified by such a diversity of circumstances, as age, temperament, constitution, bodily habit, nervous susceptibility, education both moral and physical and society, is exceedingly difficult to arrange or describe.

Hysteria may be defined, as being a nervous affection assuming a variety of forms, chiefly characterized by paroxysms beginning with a flow of very pale colored urine, noises of a humming character in the left side region, a sensation of a ball rising to the throat producing a suffocating feeling, occasionally accompanied with convulsions, principally attacking females.

In order to have some kind of an arrangement to guide us, we shall first speak of its different paroxysms, the disease which it simulates, its diagnosis, Causes, pathology and lastly of its treatment and prevention.

The milder varieties of Hysteria usually commence with an uneasy sensation of a ball or solid body in some part of the abdominal cavity, usually the left side region which seems to move to the stomach and thence to the throat, producing a suffocating feeling, which has been named "Globus Hystericus," there is generally a copious flow of limpid urine which may either precede or attend the attack. The paroxysm in its milder forms may terminate with the globus, causing intense agony. In some cases there
are accessory symptoms giving rise to annoyance to the patient.

As headache, noises in the ears, vertigo, depression, palpitation, facial paresthesia, but rarely nausea or vomiting.

The attack may, however, not terminate with the feeling of constriction about the throat: other symptoms may attend or follow this, as paralysis, lowness of spirits, the extremities feel heavy, cold and cold, which contract suddenly and spasmotically.

These paroxysms may occur at any time during the day without frequent, however, a few hours after meals.

Expulsions of large quantities of air frequently take place after meals, and owing to the impaired state of the digestive functions, these expulsions are as sour as vinegar.

There may be pain in the left side or epigastrium. Sometimes the patient can not articulate although giving evidence of being in great mental distress; the respiration occasionally becomes so long suspended as to cause considerable alarm, and the fit terminates with a profusion of tears, profound sighing sobs, or an uncontrollable laughter.

Hysteria occasionally assumes a convulsive character in consequence of the spasms which are produced by that terrible sensation of threatening suffocation of the Globus Hystericus. In women of a weak frame the convulsions are not so violent as in the more plethoric in whom they assume a titanic character.

When the patient is sitting she rises throwing herself suddenly backwards, struggling with great violence, the trunk is
twisted, the extremities are involuntarily agitated, the breasts
are often repeatedly and violently struck, twists her head
and tears out her hair, laughs, screams, sobs or cries indifferen-
tly and immoderately. The face is flushed, in delicate
women, however, it may be pale. Respiration is slowly, deeply,
laboriously and spasmodically performed. The suffocating
sensation about the throat increases the difficulty of breathing
and the patient endeavours to relieve this obstruction with
her hands, rubs or strikes the epigastrium and amidst all
these convulsions tears her clothes, bites her arms, or those
who may surround her. Sometimes there is a feeling of constric-
tion at the situation of the Diaphragm and occasionally
hiccups. The muscles of the abdomen are tense, irregularly
contracted and the abdomen at the umbilical region is
drawn inwards with firm contraction of the obliques and
The circulation is also disturbed, the hearts act in some
instances being very much increased, while in others it is
but slightly if at all accelerated, it may also be irregular
The veins about the neck become greatly distended, and
the carotids pulsate violently. Commonly at the commence-
ment of the paroxysm the temperature of the body falls and
especially of the lower extremities. As the attack advances
it may, in some cases, however, an alteration what so
can take place.

The duration of an attack is as various as the symptoms
which characterise this peculiar malady; it may occupy

but a few moments, or last several hours.

The patient, when recovering from the fit, complains of numbness or even partial feeling of a limb and sometimes of loss of voice. A discharge of limpid urine, which according to Sydenham is quite pathognomonic may follow the fit especially if it did not precede or occur during the attack. The patient is generally more or less conscious of what has occurred during the paroxysm. Cullen says that loss of consciousness is a symptom of hysteria. Sometimes though rarely, it may occur when hysteria accompanies the epileptic form. The patient are usually much exhausted and express a desire to be left undisturbed, after which they are soon restored to their usual state.

The severer forms of Hysteria vary more in their character than in their intensity, and occasionally resemble an epileptic attack. The attack however, is not so sudden and very seldom there is foaming at the mouth or injury done to the tongue, and the other hysterical symptoms are well marked. The patient generally is unconscious, the face is flushed the neck turgid, hyperemia is so great as to threaten death the limbs are variously agitated whilst the trunk is stiff. Sometimes the patient grinds her teeth, screams and makes most unpleasant noises.

When the attack ceases there is great exhaustion, depriev of spirits, headache, and the whole ends in an explosion of tears Coma and Collapse sometimes occurs, the surface of the body
and the extremities are quite cold. The countenance is pale, and
the individual seems perfectly insensible, which in some
instances have lasted so long that those thus affected have had
to narrow escape of being buried prematurely.
Delirium may also occur during or consequent upon the attack.
The fits may occasionally change their character, as to assume
the form of Somnambulism, Catatonia, and Ectasy.
The voice is frequently lost. "Aphonia Hysterica," and also
Dysphagia is sometimes present. The disease may slip into
Epilepsy or Insanity. The health of these unfortunate
sufferers becomes changed and ruined, the digestive powers
are weakened and destroyed, and matters are made worse by
a morbid desire that exists for all injurious and indigestible
articles of food, as acid fruits, pickles, cheese and occasionally
rich trash as slate pencils, egg shells, sealing wax,
and the like. Generally there is great constipation, sometimes
however the bowels are relaxed, the tongue is slightly, puckered
the pulse, varies exceedingly, being accelerated upon the
least excitement, and the palpitations of the heart are so intense,
that the patient fancies that they must be heart by
those who surround her. The menstrual discharge
may be irregular, deficient or even altogether suppressed
or it may also be excessive.
Nor do they only suffer in body, but also in mind. They
are set to distrust, suspicious, superstitious, fancying that
poison and misfortunes will be their lot. They are without hope.
(1) Sir B. Brodie. Lectures Illustrative of certain Local Hypotonic affections
to joy and become melancholy, capricious and very prone to shed tears.

The diseases which hysteria simulates are exceedingly numerous and various, imitating nearly every malady to which the human frame is liable, and creating symptoms which may, unless the physician possess skill and sagacity, lead to great errors in diagnosis.

Hysteria is very frequently manifested in the joints. Those which are most liable to be attacked are the knee and hip joints, but it has also been met with in the ankle and wrist joints.

Sir Benjamin Bordic in speaking of this affection says: (1) the liability to hysteria is in fact one of the severest penalties of high civilization and that at least four eighths of the female patients of the higher classes of society, who are supposed to labour under diseases of the joints, labour under hysteria and nothing else. In affections of this nature the pain in general is not limited to any one joint, but belongs to the limb, and if the pain be in the limb, the patient winces, and occasionally pours up when pressure is made upon the thigh and leg, or the side as high as the false ribs, or on the thigh and leg as low as the ankle. The motoric sensibility is principally in the integuments, and when these are even slightly pinched, and at the same time lifted from its connexions, the patient complains more than when the head of the bone is firmly pressed against the acetabulum.
In making an examination of the affected part this part, but sensibility will be excited if the attention be directed to the part, but if the mind be directed by conversation, there will scarcely ever at all complain of manipulations which would otherwise have given rise to great suffering. There is no flattening of the nates or wasting of the gluteus muscles, nor painful stirring of the limb at night, accompanied by humble dreams characteristic of hip joint disease. Occasionally there is great swelling of the nates depending upon tenderness of the smaller vessels, or an effusion into the cellular tissue. In some rare instances there is a defined, and in some other swelling without any perceptible fluctuation. Sir B. Brodie says for the satisfaction of others he has some time made a puncture with a grooved needle and which would have detested matter if any existed.

Sometimes great atraction in shape is occasioned by the bulging of the pelvis posteriorly, which becomes also paissed on the side of the disease, destroying the right-angle which is formed by it and the acetabular column, and causing it into an acute angle instead, giving the limb a shortened appearance and in the puch fracture the heel does not touch the ground caused by the action of certain muscles and a long continued indulgence in an unnatural position. When the symptoms are referred to the bone joint, they resemble arguments that which have just described. The patient suffers more pain from puncturing the integuments at or around the joint than
when the articulating surfaces of the tibia and femur are firmly grasped together; if care be taken not to cause any motion of the joint. The leg is generally extended and sedent, as is usual in disease of this joint. Sir Benjamin Brodie says that these symptoms may continue, without any material alteration, for an indefinite period, for weeks, months, or years, the joint retaining its natural size and figure; swelling sometimes takes to a slight degree, particularly over and on each side of the ligamentum patellae.

Coplard says he attended a case in which the tumefaction was considerable; its duration and abatement sudden and recovery took place in a few days. Those who suffer from this form of hysteria are not much above the age of puberty and are generally subject to some disturbance of the menses. The symptoms frequently may be caused by a severe illness and as in nearly all local forms of hysteria by mental emotions or depriving influences in the mind.

Pain below the left mamma, and above the margin of the ribs is not of infrequent occurrence lasting sometimes for weeks or even months. The pain is experienced, commonly accompanied with great susceptibility of disturbance of the heart action, the slightest circumstance causing violent palpitations, which are sometimes so markedly increased as to lead to the suspicion of organic disease, but by attention to the symp- toms elicited by the stethoscope and percussion and other symptoms it may readily be distinguished.
Sir B. Brodie on local nervous affections.

Sydenham Vol II.
Neuritis females are also very frequently affected with pain in the breast. The Mammæ become painful and may even enlarge, the least touch causing intense agony. Sir W. Percivall says, that not infrequently when the part is examined, twitchings and motions are produced bearing no small resemblance to chorea; but if the examinations are made while the patient's attention is diverted, these motions do not only not last, but they scarcely cause any pain. (1) The morbid sensibility is not only confined to the breast but extends to the axilla and down the arm. Patients who suffer from this form of neuritis become generally much alarmed and dread the existence of cancer. It is always connected with a disordered state of the generative organs. Pain in the Stomach and Spleen is very common hysterical affection and which is frequently very acute. The patient leans forward or sits doubled up, and screams with agony. Its access is generally sudden, in some instances lasting only a few moments, in others continuing for an hour or more. Occasionally, a burning sensation is felt in the pharynx or about the epigastrium. The bowels are generally irregular and catarrhal. Sydenham says that when hysterical attacks the stomach it will create continued vomiting, the matters brought up are green, bilious and like bile; sometimes of a more unhealthy colour, and in this case pain is absent. (2) The bowels more particularly the descending Colon and sigmoid flexure, are very commonly the seat of hysterical pain, which is increased by an accumulation of flatus, occasioning
Lepidostoma ocellatum (1) in the text on page 117.
laboratory, preceded by globus hystericus. Sydenham says the pain is well nigh as unbearable as that of the late Papin, that is vomiting of that unhealthy looking matter we have just mentioned, and the skin assumes an active hue.

The tympanitic distension of the intestines is very common in hysterical females, and Sir B. Brodie says that when this exists to a great extent it is often mistaken for ovarian dropsy, and that the majority of cases in which cure have supposed to have been effected by the injection of lodine have been of this nature. The absence of fluctuation, and the sounds produced by percussion, will in most cases readily indicate the cause of the distension. This tympanitic state when it occurs with vascular fullness simulates pregnancy, and gives rise to what is commonly called the "Phantom Swelling." The abdomen gradually enlarges, vesicles occur, and many other signs of an impregnated uterus. The breasts become tunical, pain in the back and the catamenia are suppressed.

Mr. Tate says in what this engorgement consists I am utterly ignorant, that it is not a mere accumulation in the colon I know, and that it is substantial I am equally sure. This condition is easily distinguished from pregnancy by the injection of Chloroform, when the distension rapidly subsides. The bowel wood present, probably the descending colon. The flatus in the intestines sometimes accumulates to such an extent as greatly to embarrass respiration and the heart action. One of the worst diseases most commonly simulated by hysteria.
is Pernicious. The patient complains of extreme tenderness over the liver, the bowels may be inflamed, the faeces is black and the tongue is glossy and the skin hot.

The patient will generally be found to have had hepatical fits. The urinary functions deranged, the symptoms usually come on suddenly and as rapidly vanish. The pain shifts, the urine instead of being scanty and high colored is copious and limpid, the patient assumes a different position from that which is common in inflammations within the abdomen.

By paying due attention to these symptoms, the diagnosis will be greatly facilitated.

The Region of the liver is occasionally the seat of hepatic pain associated with jaundice, and which is sometimes mistaken for chronic hepatitis, several cases mentioned by different authors, in which urinary, bleeding and purging had been carried to such an extent as to cause preparable mischief.

The urinary functions in these cases are generally out of order, which together with the appearance of the tongue and evacuations, the absence of pain at the upper part of the right shoulder, will determine the nature of this affection.

When hepatitis attacks the kidneys it causes acute suffering which may however not be limited to the kidneys, it may be mistaken for Rheumatic or Calculus. Copland calls it distinguishing it from nephritis that there is no vomiting. Lister, however, mentions vomiting, and says under these circumstances, the diagnosis is difficult. It may be hepatitis or a calculus and
unless there has been some antecedent mental emotion or else the
affray raised from some converting the former may be mistaken for the
latter. (1) There is generally great dyspepsia, and sometimes the
woman is altogether suppurated.

Hysterical. Headache is a very common complaint among
females, the pain though limited to one part, causes intense
suffering, and which the patients liken to a sensation, which they
envisage would be produced by the driving of a nail into the head
and hence called Clavus Hystericus. Occasionally it is situated
above the brow, when it closely resembles brow ache.

The spine is very commonly affected with hystericial pain
Sudorhram, says, that of all the pains this the most certain,
the part is extremely tender to the touch, as if it had been well
heated with sticks, even after the departure of the pain. (2).

Sir R. P. Dickie says that such cases arise many instances quite
true for elevation of the intervertebral substance, and eriess of the
vertebrae, and in consequence of this enfeebled spine known out
a few, but numerous instances of young ladies being condemned
for the horizontal posture, and even to the torture of caustic ipsos
and return for several successive years.

Some surgeons are in the habit of applying a hot-sponge to the
spine, and when the patient experienced any pain upon its applica-
tion, it was a proof of the existence of eriess. The author whom
Shane just quoted, says, that his experience leads him to believe
that a patient when attacked with real disease, will not complain
so much on the application of a hot-sponge, as the one who suffers
from a nervous pain. As to the nature of the pain, different opinions exist. Some ascribe it to inflammation in the spinal cord, its membranes or in some adjacent structures.

Copland imputes the tenderness in the spine associated with this disease, to irritation or excitement originating in the uterine nerves, and conveyed through the agency of the sympathetics to the roots of the spinal nerves and the cord itself.

The pain is frequently not one spot, but frequently changing its situation. This morbid tenderness of the part is keen even when the patient winces more upon the slightest touch, than when firm pressure is made upon the vertebrae. By inquiring into the history of the patient—age, the state of the menses, and other circumstances already mentioned—the diagnosis will be greatly facilitated.

Hysteria may also simulate various spasmodic disorders. The air passages are sometimes thus affected attended with a cough. True Hystericus. The cough is loud and harsh resembling more a bark than a cough. Sometimes it simulates asthma, causing intense dyspnea. Hysterical affection of the trachea is not uncommon, giving rise to unpleasant and troublesome hiccups. It may also attack the esophagus producing dysphagia, which may be supposed to depend upon stricture. This variety of the disease is occasionally accompanied with Globus Hystericus and even a dread of small closing stimuli, to which the name of Hydropoësis Hystericus is given.

Dr. Watson mentions a case of hysterical haematemesis, he says
he had a patient, who vomited such quantities of dark blood which did not coagulate, as he would not have believed if he did not see them, and that during the menstrual period the vomiting was always suspended but reappeared upon the expuls of the discharge.

Hysterical women occasionally have an expectoration streaked with blood, which may be mistaken for haemoptysis. The blood in these cases will generally be found to come from the mouth or fauces. Sometimes Hysteria may manifest itself by spasm of the voluntary muscles simulating Spasms, Ophthalmitis, and Pneumonitis.

Paralysis is sometimes simulated by Hysteria. The attacks may consist of temporary or partial loss of power, or decided hemiplegia. There may be some difficulty in the diagnosis as the hysterical symptoms are generally not well marked. The sudden accession of the paralytic fit and the equally rapid expiration of the symptoms which denote the existence of real disease, and the occurrence of hysterical paralympia will assist in disclosing the nature of the affection.

Attention of urine often arises from a paralytic state of the muscular coats of the bladder or from spasm of the neck caused by irritation of the neighbouring parts.

Dr. Laycock mentions a case, which was under his care while House Surgeon to the York County Hospital, in which there was suppression of urine for a long time. He also gives a case of a female aged 25 who had been urged with meat of one
ride which soon disappeared, and left one knee weak and swollen. Some months after her urine was suppressed for two days and had no inclination to pass her water, in the next attack it became suppressed for four days, and upon a subsequent one for nine days. When the catheter was passed little or no urine was found. The urinary secretion was ultimately suppressed for fifteen months; during which time she could eat once or twice a day, walk and ride. She slept but little, suffered from dyspnoea, and a dry cough. Her catamenia were irregular, the lips, face, abdomen, and limbs were edematous, which were reduced by purgatives, and by spontaneous vomiting which occurred commenced in the third month of the suppuration. She vomited sometimes every day or every third or fourth day, and though, says the expositor, these vomitings came in immediately after drains the fluid ejected seemed to be pure wine, having no post mixed with it. In the thirteenth month the nipples of her breasts became cracked and discharged sometimes a watery humour, sometimes a thick matter streaked with blood, and sometimes a fluid resembling wine in color. All these discharges had a pungent odour and upon their approach the vomiting became less frequent. Her whole body became greatly swollen and she suffered from great dyspnoea. Before the urine returned to its normal state, she felt uncommonly frequent pains, with great heat all down her back and limbs, about the belly and groin. She then voided about three ounces of thick, stony, watery and shortly, after a little

(2) Watson's Text of Physic Vol. I.

(3) Whytt. Observations on Brainous suspension dialis or hipotonic disease.
worse accompanied with considerable pain. The affection then became re-established, but frequently had suppression for a few days, and usually did not make half a pint of water in the twenty-four hours. (1)

Aphonia is an other not uncommon symptom of hysteria occasionally attended with symptoms indicative of laryngeal disease, and has been called mock laryngitis.

Dr. Watson relates a case of a patient under the care of Sir Ch. Bell, who heard stridulous noises peculiar to inflammation of the larynx. She had twice before had tracheotomy performed for similar attacks, the same recurued under suitable treatment. (2)

Hysteria sometimes, though rarely, simulates coma; the patient falls into a comatose state, with a flushed face, with calm and profound respiration which may last for several hours. Dr. Cullen says these cases resemble apoplexy and cases are on record in which they have ended in it. Occasionally, the attack is more terrific in character.

Wright says many hysterical women are liable to be seized with paroxysms during which they lie in a deep sleep, their respiration so slow as scarcely to be perceptible. (3)

The function of the heart and lungs may be apparently so suspended, and the coldness of the body so great as to prevent the image of death. Pliny mentions a case, in which this lasted several days.

Lancisi relates a case in which a young woman recurred
during the performance of the funeral service. A case is given by
Tasalius, who began to depict a body supposed to be dead, which
recovered from this state upon the first application of the scalpel.
The case of a lady Arpett whose funeral had been postponed,
afforded time for his recovery, which took place while the bells
were ringing for prayer; the supposed dead explaining that
it was time to go to church, is probably of the same nature.
Disordered states of mental emotions and faculties are occasion-
ally met with in hypnotised women. Not infrequently in such
patients the desire becomes excited giving rise to certain states
of monomania, sometimes they suffer from great excitement
of the sexual passion amounting to amalgamation
The mental emotions are also occasionally excited causing delirium
of different character, mostly however of a religious nature.
Lupanophobia is by no means infrequent. Many have
sleepless nights, and if they do fall asleep have most disturbed
dreams. They are also subject to hallucinations and hallucinations
sometimes in hypnotised patients malinger as a
device endeavouring to feign a variety of complaints.
Dr. Condally says we have undoubted instances, in which, a
temporary loss of muscular power, a singular diminution of the
action of the heart and an inability to speak, but without loss of
consciousness originated in the desire of a self will to disturb
the spectator to overcome opposition to some wayward desire
as if the wish to feign an attack brought on a real paralysis
Hypotysis in its anomalous forms may not only simulate
any of these states, but may occasionally consist of a combination or a succession of any of them. It may also modify some diseases in a marked degree.

This is particularly the case with fever. Balloon Fréville and Morgagni believed in the existence of a distinct hysterical fever, but Villermay says that these cases were merely instances of irregular symptoms of fever.

Although hysteria is generally suspended during pregnancy, it sometimes however does occur.

The duration of an hysterical attack is exceedingly variable. Sometimes lasting but a few moments whilst in other cases as many hours. How long the disorder may continue is equally uncertain, occasionally, though rarely, it may disappear after a single attack. When it has once occurred there is a liability to reappearance in some of its various characters.

It may attack the patient at intervals varying in duration or may continue in some form or other for the major part of the time between pregnancy and the cessation of the menstrual discharge. The occurrence of it after this period is exceedingly rare even in those subject to it.

Dr. Edlaund says that he witnessed its occurrence at a much later period of life caused by mental emotion.

Hysteria may terminate in mere or life complete recovery of health, and sometimes patients suddenly and unexpectedly recover from states which at first appeared entirely hopeless. It may also terminate in Epilepsy, Imbidity, Paralyis and...
(1) Traité des Maladies nerveuses p. 78.

(2) Lydentham Vol II p. 94.
Insanity. It very seldom occurs in itself. Occasionally it leads to inflammation of the membranes and congestion of the brain, which may cause death. Halley mentions a case of a young woman of fifteen in whom a most violent hysterical attack resulted from the sudden stoppage of the menstrual discharges caused by extreme fear. The fit lasted more than two days, during which time nothing was done for her relief, and expired on the third day (i).

The persons most liable to hysteria are undoubtedly females and it was supposed to be peculiar to this sex, but it occasionally occurs in males and several cases are recorded to that effect. Sydenham relates the following case. A gentleman, to whom I was called, equally favoured by nature and fortune, and who, under the direction of a fervent attendant, had, but a few days before, recovered from fever, after having been ill for six months, and for bidden animal food, was found by me out of bed, and talking reasonably. Upon asking why I was sent for I was told by one of his friends that I should come to see, to sit down and began to converse with him. In a short time, sober, and that he found his lower lip, moved his head backwards forwards just like a forward child, and finally burst out in such a flood of tears, accompanied with sobs and groans almost convulsive, as I had never seen before. (2)

Another case of great interest and which rather factually [sic] occurs in the male sex is related by Mr. Watson. A strong and healthy man 36 years of age complained of
(2) Medicina Rautira. Vol II.

headache and giddiness in the morning. In the forenoon he was attacked with convulsions, the facial muscles were much
distorted, and he had a frothy dischage from the mouth,
the pulse was quick and full. After a short time he gradually
recovered his senses and complained of an uneasy sensation.
At six in the evening the above symptoms returned, attended
with alternate laughing and crying. Dr. Watson says he
was much stricken, when he enquired as to how he felt, at not
receiving a reply, and upon repeating his enquiries, he found
from the patient pointing to his throat, which did not appear
swollen, and by his shaking his head that he could not articulate.
The next day he was sensibled. The muscles were tense,
and both sides of the throat affected with catarrh which prevented
his speaking, and experienced great difficulty in swallowing
any solid food, the muscles of the left side of the abdomen felt
a little tense. He recovered his speech in the following day at
3 o'clock and said he was prevented from speaking by a
constriction about his throat (1)
Dr. Trotter mentions similar cases, and other authors likewise
as Wright, Sorrier Marshall Hall Connolly, &c.
Dr. Copland, however seems to doubt its occurrence in the male
sex. (2)
The age at which this affection is most liable to attack female
is according to Copland from 15 to 60 and once especially
from 20 to 30 and again 40 to 48 Dr. Watson from 15 to 40
public from the age of puberty to 35. Though in some cases before
(1) Traité des Maladies Nervues vol 1. p. 117.

(2) Sydenham. Vol II.
Diagnosis. The diagnosis of hypotonic in its milder forms is generally pretty easy, but in some cases this disease simulates such important affections and assumes such a variety of characters, that it becomes exceedingly difficult and obscure. In the most important affections in which great care should be used to distinguish it, and upon which all authorities express themselves very strongly, is Epilepsy. The ravenous forms of hypotonic is very apt to be mistaken for Epilepsy, and it is therefore of the utmost moment, that a careful and correct distinction should be made between these diseases. To inform parents that their child is suffering from Epilepsy instead of hypotonia must be a painful communication to make because epilepsy is attended with far more serious results than hypotonia.

Dr. Langue Villenoy says that Dr. Pinel, on examining the patients detained in the Salpêtrière as epileptic, found a great number of women, several of them young women, who were only hypotonic, and yet who were separated from their families and society (1).

Sydenham says it was his habit always to enquire when he was consulted by women, whether they were not worse suffers when troubled, the spirits so any disturbance of the mind takes hold of them (2).

The hypotonic fit usually commences gradually, the eye lids are partially closed and trembling and on opening them the eyes are fixed and bright, the muscles of the face are not convulsed.
red, although the patient may laugh, sob or cry indiscriminately, very rarely becomes completely unconscious, and generally recollects none or little that occurred during the fit, and if this advantage may be sometimes taken by pretending some comedy, the patient would dissemble, the more mention of which will occasionally check the farce. The patient always voids a large quantity of clear and pale urine, has transient in the left side or in the epigastrium and the attack is either preceded or accompanied by the Globus hystericus. When the attack has ended, the patient of left quiet falls aslant, which is a sort of such a deep sleep as soporific character as in Epilepsy, except in the convulsive form of hysteric.

Epilepsy differs from hysteric in its mode of attack, the patient gives a scream and suddenly and violently drops down into a perfect state of unconsciousness and on recovery does not remember anything which took place during the fit. The muscles of the face and eyes are convulsed, the eyes are half open, which are dull and roll about, and the pupils are insensitive to light; the face is livid; the expirations of which is horrid to witness; the mouth is drawn to one side, the patient grinds her teeth and bites the tongue which protrudes and a frothy saliva mixed with blood flows from the mouth. There is no globus hystericus.

Dr. Watson says the convulsions thus present some distinctive characters. In Epilepsy they are more regular, quickly repeated limited to one side of the body, and accompanied
strangling noise in the breathing. In 
epilepsy, the movements of the
limbs and of the trunk are capricious and more sudden, and
a deep and sighing breathing accompanied by slow respirations and
laughter.

After an epileptic attack the patient falls into a deep, heavy sleep
from which she awakens unrefreshed, and complains of headache
and low spirits.

Almost every author mentions different symptoms by which
the nature of the attack is most easily decided.

Thus George, in determining the existence of epilepsy, places
most reliance on three following characters of epilepsy: the
absence of those symptoms which precede an
hysterical attack; the entire loss of consciousness; and the trismus
of the mouth and eyes. He says when the patient rigged into epilepsy.

...that the patient commences a rise to the right and a turning
of the eye.

Rydenham says that in hysterical mania in males and hypo-
ten in females, the immense quantity of lempid urine
clouds water from a rock is a pathognomonic sign.

Dr. Marshall Hall attaches great importance to the closure of
the larynx in discriminating epilepsy from hysteria.

He says in hysteria the larynx is never closed, however so much
it may be affected, whilst the very reverse is the case in epilepsy.

Blow with whom Dr. Watson agrees, states that the disease
is epilepsy and not hysteria, when the loss of consciousness is
sudden and complete, attended with convulsions, which are
unmarked on one side, with a livid countenance, and foaming at the mouth.

Cullen says that these two diseases have symptoms in common but for the most part vary exceedingly. Hemorrhagic affections occur to a greater degree in hysteric or patients. The two disorders are readily discriminated by the temperament, sex age of the individual attacked.

Predisposing causes. Persons of a very nervous, lax, weak, and delicate constitution are very liable to affected with hysteric. Whether this disease may hereditary is doubtful. Children born of aged parents and especially of those of weak and that tend constitution will in many cases inherit a bad constitution, which may predispose them to become affected with this malady. Cullen says, that this disease is most liable to occur at the menstural period, and in women of a highly conjunctive and lethargic habit, that barren women are more subject to it, than those who frequently keep their trust and with pledges of their affection, this may perhaps be accounted for by the influence which is produced on the mind by a continual desire and longing to have an offspring. Widows frequently also, and those women who suffer from nervousness which has been named by some Hysteric Debil disease.

Nothing seems to act more powerfully as a predisposing cause than education, both Physical and Moral, and especially during childhood and early life. The mode of living, luxury, constant enjoyment and gratifications, even exer.
lack of the mind, long and continued grief, too great love for
books which cause great mental emotions and which excite
the imaginations and nervous susceptibility. Neglect and
want of the due amount of exercise in the open air, late hours,
and excessive and long indulgence in sleep, all circumstances
which excite the nervous susceptibility, passions, enthusiasms
affections and desires, all predispose to this disease.
A highly fashionable education, by which the petition
faculties are developed at the expense of the mental ability
and moral principles.

Deprivation and circumstances which cause excitement of the astral
organ are very frequent predisposing causes. The relapses and
suffering, resulting from celibacy, and chastity are believed by wise
men in a similar manner. By excessive indulgence in coffee and
less particularly green tea is considered by some to predispose to
hypochondria. It is said that climatologists predispose to this malady.
Some inhaling temperate and changeable climates, show a greater
tendency to this disorder, than those who live in warm or cold
climates, considering the differences in the mode of living in the dif-
ferent climates, we can easily imagine that war the customs and
habits are such a nature which tend to the development of nervous
affections, hypochondria will be prevalent. Depressions, by the partial and
squeezing important organs, from the ingenious practice of tight
living, predispose to this malady.
Previous disease is a very powerful predisposing cause it is well
known that the debility caused by long protracted illness, may
induce the phenomenon of hysteric. A sickenous and unhealthy state of the alimentary canal very frequently predisposes to hysteric, and this state may when he natural or the result of this case, bad nourishment, irregular living, extreme towe, affection of the kidneys. His deprived condition of the stomach and intestines doest not merely depend upon their enfeebled state, but principally in the augmented nervous sensibility. Mr. Boyle relates a case of a person who emetics violently when he took coffee than when he took powerful emetics, and when he drank a coffee house the very smell occasioned nausea, although at one time he partook of this beverage with impunity.

Errors in diet, thus certain vegetable substances, as cabbage, onions, leeks etc. may cause disarrangement of the digestive powers in persons who previously experienced inconvenience from them. Disarrangement of the uterine organs may change the digestive powers sympathetically, and thus predispose to hysteric. That the stomach may be affected by changes in the uterine organs is well illustrated by the sympathetic working which occurs during, especially the earlier months of pregnancy. It is said by some that females born of stout ancestors are more liable to hysteric than others.

Predisposing cause, when these become unobserved, unmanifested may act as exciting cause. Disarrangement of the uterine function may be a predisposing cause, but under certain conditions may be come an exciting cause. Disturbance of the uterine affects regularity, diminution and suppression of the menses.
congestions of the organs of generation, lesions, tumours or polypi of the
uterus and leukorrhoea may often produce hysteria. This malady
may also be excited by any circumstances which give rise to irrita-
tion of the mucous membrane of the stomach and intestines, as
the introduction of substances of a stimulating and irritating
nature, more especially those which act upon the colon and rectum
as large doses of aloes and colchicum, unwholesome victuals, the
accumulation of feculent matter in the large intestines, irritant
produced by worms, more especially by ascariasis in the rectum
which Savage has termed Hysteric Verminalis; haemorrhage
often causes it. Haemorrhage particularly uterine, diarrhoea
and sometimes cutting of the wisdom teeth may also do so.
Violent affections and excitement of the mind. Thus dolorous
stones, horrible diaphania and unexpected sights, great grief,
jealousy, anger, terror of the dead. Other violent passions, such
as melancholy dispositions, or an agitating description sud-
denly announced are the most frequent causes of hysteria.
Premature marriages which are physically unsuitable, longings
and desires which have been excited, but not satisfied, children
often excite this disorder. Hysterical paroxysms may be excited
in females by seeing others similarly affected, and this has
been ascribed to imitation; but it may be attributed in a great
measure to fear. Excessive laughter occasioned by humour
and silly incidents or crying produced from annoyances
occasionally assume an hysterical character.
Dr.Copland says he has no doubt that the hysterical fit is capable
of being renewed at pleasure, by recalling or adverting to various
feelings, emotions or circumstances, and has been several instances
of the kind. Indulgence in vinous or spirituous liquors are
also exciting causes. The various states of the atmosphere, especi-
ally the warm and electrical states, are said to do so, by some
it is also caused by the impure and confined air in crowded
rooms and assemblies, especially in those who have already
had an attack.

Certain odours are considered capable of producing it. Seighens
says it has been frequently caused by the odour of musty.

Pathology. The ancient writers as Plato, Pythagoras and
Hipocrates, were of opinion, that the uterus was an animal, and
the phenomena of hysteric were produced by this animal wan-
dering to the head, throat and other parts of the body.

Subsequent writers upset the idea of the wandering movements
of the uterus, but still maintained, that the seat of the disease
was in the womb and from which it has derived its name.

Cullen considered the uterus and its appendages and nerves the
true source of this disease, and says the enervation which the nervous
so often have with the menstrual discharge and other disorders
which depend upon state of the genitals, show that Physicians have
been right in ascribing this disease as an affection of the uterus and
other parts of the reproductive system, Pinel, Vellumay and Feville
consider Hystoria as purely nervous or arising from a morbid
state of the nerves of the generative system.

Pujo considered the complaint due to chronic inflammations
of the uterus. Pitcairn ascribed it to a morbid state of the blood affecting the brain. Stegman, attributed it to congestion of the lungs and heart. Some have supposed it originated in disorders of the stomach and impairment of the digestive powers, giving rise to acid juices. Willis, George, Brechet &c. thought it depended upon a disordered condition of the brain or central nerves. Tate refers it to a morbid condition of the spinal cord, with irregularity of the menstrual flux.

Pomme, Whist, Giot, and Boekhaar consider it a disease of the nerves in general, and that it has its seat in the system and is a nervous disorder. Sydenham says it is a disorder of atrophy of the animal spirits. Conolly states in all hysterical affections there is a disordered state of one part or whole of the nervous system, and that although this morbid condition may be and very frequently is, induced by uterine irritation, it may also evidently arise in other instances from causes productive of irritation in other parts of the body, and also from causes acting upon the mind.

Copland is of opinion that hysteria originates in a morbid condition of the nerves of the generative organs, on committants with a congested state of the uterus, and disorder of the menstrual discharge, and says it is proved by the fact, that it never occurs, because these nerves have attained their full development, nor after their principal functions have ceased. But considering how frequently the uterus and its appendages are affected with serious diseases, without causing hysteria or any of its phenomena, it must be evident that this can not be the true explanation of
Hysteria. A fact which unquestionably proves the fallacy of the uterine theory is that hysteria is known to have occurred in males. Napoleon is said to have had an hysterical attack in his boyhood from wounded pride. As hysteria very seldom proves fatal when unassociated with malignant disease, we have no verification of the different doctrines promulgated as to its true nature, and such as have been advanced are more or less vague.

It now proceeds to the consider of the treatment of hysteria. We can easily imagine that diseases are capable of assuming such a variety of forms and simulating so many affection and subjects to such a variety of complications, and the pathology of which is still but little understood, must occasion great perplexity in its treatment. Few diseases present more opposition to medical treatment, and with which practitioners usually deal with greater reluctance than hysteria. Patients and their friends are apt to fancy that when the physician is consulted that rapid amendment ensue, and when their expectations are not realized, they become alarmed, and very frequently attribute it to the insufficiency of his skill. It will therefore be useful to acquaint such patients, that the disease generally originates in causes which may be persistent, and whilst these remain in operation great difficulty is experienced in overcoming the malady.

Each case will acquire some peculiarity in its treatment, and occasionally some are met with peculiarly complicated.
I shall just speak of the treatment during the paroxysm. 2ndly, in reference to the susceptibility and the irritability of the nervous system. 3rdly, in connexion with Ophthalmia, anemia and debility. 4thly, when dependent upon uterine disease. 5thly, as to states intestinal arraignment and lastly, of the present true treatment.

During the paroxysm apistants should restrain the patient from inflicting injury upon herself as her struggles are sometimes severe generally. However, she retains sufficient conscious resp to avoid such danger. A napkin or a belt between the teeth to prevent any injury done by them. The patient should be removed to an airy apartment, and the clothes about the neck and round the waist and chest loosen'd. Various means have been used to endeavour to shorten the fit.

When the patient is more or less conscious, aids are made to induce the patient to make an attempt to use her self control. The influence of fear has been worked to with success in many instances, but it has occasionally produced very unfort, ward results. The proposal of some disagreeable odour has also had the of arresting the paroxysm. If the patient is able to swallow a draught of cold or iced water, may have similar effects. When the paroxysm is severe, accompanied by cerebral plethora, cold affusion to the head and neck should be employed, wet clothes or evaporating lotions placed round the head, and warmth at the same time applied to the feet, in cases of a severe nature threatening complete coma anæsthesia.
and cupping at the roots of the neck is advised. When there is no phlethora and patient is capable of swallowing, vermilion in moderation are scoreable. Other, ammoniac and anti-sensitivies as Valarian and apericoida
sometimes in milder cases sprinkling cold water in the face and on the chest and the application of common soothing
salts to the nostrils will suffice. The smoke of burnt feathery
the odour of apericoida and aromatic vinegar are the com-
mon domestic remedies. O'Conolly says he has witnessed
singular effects in some cases of slight concussions from spraying
common mint. Occasionally spasm of a troublesome man-
face occur in the attack requiring cayenne powder, turmeric
and hydrocyanic acid.
In the severer form the muscles of the face and jaws are
sympathetically affected, and a suffocating sensation produ-
ced at the throat by the Globus hystericus preventing deglut-
ition. In these cases enemata are usually given, and those
which have been found of greatest efficacy are album cochinchine,
apericoida and camphor.
Svedie says that the spasm of the jaws may be overcome by
firmly compressing the muscles attached to the hyoid bone.
He further states, should this method fail, the same effect may
occasionally be obtained by forcibly overcoming the titanic
fugue of the forearm and fingers, by first relaxing the muscles
of the jaw an opportunity is given for administering antispas-
modics. A great deal however will depend upon the patient
W. Conolly. Eye of Pearl Inlet. Vol II
herself. If she gives way to her feelings, as this is most apt to be, the attacks will be more frequent and of longer duration, than if she endeavors to control these feelings, and this should always be encouraged, and attempts should be made to control them. Dr. Connolly recommends this of Pilus Scaevola, promptly administered to prevent the paroxysms, and found it especially useful in the cerebral form.

In reference to the nervous susceptibility and irritability of the nervous system.

In hysteria, these states are greatly excited and are mostly dependent upon debility; it may also be associated with congestion of the uterus or general plethora. The remedies which are best suited in cases dependent upon debility are those which restore the patient's strength and health, and tonics are generally most serviceable. Such patients most frequently, however, among those remedies produce, head ache and feverishness, and more particularly the bitter and Charlockate tonics. Dr. Connolly in such cases recommends a tinct. Sulphuric acid. Aque. visn. Infusi Rosae Co. with Sinet. Cortex Cardamomi Inphi. 3j. twice or thrice daily, and to allay the nervous irritation he adds Sinet. Hypo-cranium. But if there does not exist the objection to the bitter tonics, we may find great benefit derived from Cinchona, Coca, allevia, columbus & gentian. The mineral tonics are also very useful and are administered with greatest benefit in small doses, as one grain of the Sulphate of iron with extract of gentian.
(1) Lydenbaum's works vol. II p. 105.
in the form of Hill. Sydenham placed great reliance on the milk diet, and wine at night. He says the whole body becomes invigorated, and patients who formerly were pale and cachetic, became healthy looking and lovely.

While antimonials of copper and nitrate of silver may also be beneficial in some cases. The general health can be improved by regular exercise in the open air, and home exercise, if possible and upon which Sydenham lays great stress. The patients should rise early and bath frequently, either the tepid shower bath or salt water, or sea water bath, and if the patient be strong enough, sea bathing should be recommended. Change of climate has also been recommended, such as are not liable to sudden alterations and extremes of temperature. The benefits derived from it may be in a great measure accounted for, by considering that in such a climate the scenery is not only very fine, but allows of a great deal of exercise in the open air, and while such patients take exercise they are more or less exposed to incidents which on the various impressions on the mind. For the same reason sea voyages have been attended with good results.

Cases are recorded of officers wines, who were subject to hysteria while quartered at certain stations, and who did not suffer during a march accompanied with danger and fatigue.

It is said that during the French revolution the Parisian ladies forgot their hysterical affections. Cullen observed the same effect on the ladies of Scotland during the civil war of
1745-46. D. Rush in a paper on The Influence of the American Revolution on the human body, says many hypochondriacal women, who took a great interest in the struggle as to its success, terminated were restored to perfect health by the events of the time change of the place and occupation. Franks says the wives of merchants become hypochondriacal when their husbands flourish, but have no time to be ill when the reverse is the case.

I treatment in connexion with Plethora. Cullen says blood letting should only be employed in entirely plethoric cases and in a first attack as it is a precious remedy. Conolly recommends one full bleeding. Elphand advises less bleeding as cupping on the vacuum or the application of two or twelve leeches to the groin.

In general attention to the cattumence and the regulation of the bowels, and a sufficient amount of exercise are the best remedies in these cases. When this state is accompanied by great irritability of the nerves, Valerian, and aspiraedada are very useful, and quinm, either in doses powder or mixture of nitr. phia will allay the restless restless sleep, and watch of the night.

When there is much excitement or irritability of the uterus acrid, prurient, and rest in the horizontal position are the most useful remedies, and all irritating purgatives should be avoided. If the menstrual discharge be excessive, astrin gente are very useful, and Nolita is caused by the excessive dis charge, tonics are very beneficial.
Dictionnaire de médecine ancienne.

Mysteria.
of the French writers, lay some stress upon certain articles of diet as well as incriminate in causing uterine disturbance and hysteria.

Villermay says that this may be produced by Crabs, cherries, pears, prunes, truffles, chocolate, vanilla and perhaps Strawberries and cherries, but more certainly by nourishing and stimulating diet. He also mentions pastilles into the composition of which enter the toner of Castor oil.

With reference to Gastro-intestinal irritation. In flatulent distension of the bowels is best remedied by Aque Menthae, with ordinate Magnesia, small doses of hydrochloric acid gives great relief in painful dyspepsia, the dose, and aspirin tincture is also useful, and if there be much acidity, alkalis give most relief. If the bowels are constipated, Castor oil, the compound Rheubarb Powder, and should they be very obstinately constipated, I mu, with mixture of gentian will be generally to answer.

The diet must be mild and moderate when there is much irritation of the stomach, and articles of food which cause flatulence should be avoided.

Sphygmatik headache is best remedied by antispasmodics, camminutics, and remedies, attention to the bowels and caresserias.

Pain in the Mamma will always be found associated with disarrangement of uterine functions and these should have their due attention, according as they are excruciating, or suppressed, a Belladonna plaster applied over Mamma will give great relief.
(1) Local hysterical affections.
The treatment of hysterical affections of the joints is frequently very difficult in its management. The health of the patient should be improved by tonics. Antispasmodics prove of great service in many cases, as calomel and aperientia, as also quinum hydrocyanicum belladonna. Sir Benjamin Brodie says he has seen decided advantages from a long continued course of the sulphate of antimonial pills in small doses. He recommends that the affected joint should be rubbed with a lotion composed of distilled Camphor 32 graines Romanica 40, and when the affected limb is affected alternately with heat and cold; during the hot fit, a compress is to be applied with cold spirituous lotion; and when the heat subsides, draw a thick caulked stocking over the limb and an oil silk covering over the stocking to confine the heat and perspiration. When the cold fit has subsided, the oil silk covering may be removed. This local treatment however should be combined with quinine (1).

When the hip and knee joints are affected, the patient should by every endeavour possible be persuaded to use the limbs. Sir B. Brodie gives many instances in which spontaneous cures occurred, and also of cases in which recovery followed a forcible suggestion of any kind upon the nervous system.

In the Christian Observer for November 1830, a case of a Hysterical affecting the hip joint, and who, in consequence used not to move and was supposed to have unaccountably cured by the influence of prayers of her Spiritual adviser, leaving her cough suddenly and walking...
down stairs to supper to the astonishment of her family. The pain in the spine Tammell Tate, Griffin & Brown who has
mentioned it. Spinal irritation have recommended for it local
depletions and atonal instants.
In cases where there is much debility, tonics will be very useful
and when the bowels are regular as well as the menstrual dis-
charge especially when scanty, the sulphate of iron and aloes pill
will prove most effective. enema of castor oil will sometimes also
do good. When there is reason to believe that the membranes of the
cord are the seat of inflammation leashus and counter irritation
or cupping along the spinal column will do good.
Hyphatic spasms and simulacra various spasmodic affections as
cough, hiccups asthma etc. they are best treated by antispasmodic.

Hyphatic Palsy is sometimes very troublesome. The bowels
should be regulated by appropriate means, and the system of
weaks should be strengthened by tonics and proper diet. Endeavors
should be made by the patient to use the affected limbs. We
have seen Dr. Corfe at the Middlesex Hospital generally
succeed in convincing such patients, that they could walk
if they would make the effort. Several cases are on record of patients
suddenly recovering from this state under some strong mental excite-
ment and some without any apparent cause. Sothley in one of his letters
speaking of his mother. Says while she was a mere child she had a
paralytic affection which deadened me side from topship downwards
and surplide her about twelve months. Some person advised that
Handwritten text:

111 Gravely, A treatise of the hypochondriacal and hypertochical diseases.
She should be placed as much as possible out of doors in the sun, and one day when she had been carried out as usual onto the court in her little arm chair and left near her brothers at play, she rose from her seat to the astonishment of the family and walked into the house. The recovery from that time was complete.

Frequent and warm undisturbed baths are very useful. When paralytic is chiefly limited to the bladder and alimentary canal, an emulsion of warm benzotheinat or epithalam applied over the abdomen greatly benefits, and when the bladder is tender, it should be relieved by catheter.

Preventive treatment. Patients who have had or who are subject to an attack of hysteria should endeavour as much as possible to overcome the tendency by avoiding all circumstances which may induce such an attack. They should take sufficient, moderate and regular exercise. Their sleeping as well as sitting apartments should be moderately cool and well aired.

Grandville's advice was to rise early, before six, to take half an hours exercise in the swinging chair, then take breakfast, after which a ride on horse back, immediately after which to be unhitched and dry rubbed for a considerable time, till the skin looks red, and the flesh glows all over. (1)

Nothing is more to be blamed than the education of young ladies in introducing them to this malady. The time which ought to be spent in increasing their strength, by out of door exercise, is devoted to cram them with knowledge and accomplishments, they undergo a fictitious training to render them fit for a life unconnected with their eternal happiness. (2)
such a sphere, they must consequently remain unskilled in accomplishments of a higher kind.

Cold bathing, the shower bath, or sea bathing for those who can stand it, will be found very useful. In delicate females, it is better to commence with a tepid shower bath, or warm salt bath. The temperature being gradually reduced. The use of mineral waters will generally be found of great service. Those of Welwyn Barques, Earlsbad, Spa, Harzgell, Ens, Lunbridge are recommended. The diet should be carefully regulated, too stimulating food should be avoided. Some have said that fish should not be taken in consequence of its favouring uterine tumours. All tight lacing should strictly be prohibited or any article of dress compressing the waist. The minds of such patients should be suitably occupied. They should read books which inform and strengthen the mind, instead of loose, superficial and exciting novels. Tranquility of the mind should as much as possible be tried to be maintained, and grief, fear and anxiety avoided. Great difference of opinion exists as to the advising such patients, whether they should marry or not. A physician will infrequently be asked his advice in this matter and must be very cautious in regard to this, for if he advised marriage, and the disease still remains, or in the other hand if he denounced marriage, and the parties in spite of his advice marry and the disease disappears, he may injure his reputation, for there are people ignorant enough to suppose, that a medical man should be capable of foretelling such circumstances. Mundelaye says. In the
first place it may fail and there are two people made unhappy instead of one, secondly it may but half cure the female, who may have a dozen children that shall inherit it.

Hysteric women are in general bad nurses, on account of their milk being either nutritive or deficient in quantity, and in consequence of their extreme nervous susceptibility very apt to be of bad quality, in these cases it would be advisable, that such mothers do not suckle their children, but healthy and strong nurses be procured. In the majority of not in every case, hysteric

eed women will marry in spite of the physicians advice and it will therefore be as well to abstain from giving your advice.

John Philip von Landsberg