called for in household management. There, too, she was at frequent intervals left alone with nobody about her but native servants, and with little to occupy her thoughts.

Treatment has been intermittent and various, and most methods have been tried at one time or another. The lines I am following at present aim at improving the general physical tone by graduated exercises and tonics, and seek to restore a proper balance by repeated systemised suggestions directed towards improving the patient's will-power, diverting her attention into extraneous channels and relegating the disordered functions to their proper sphere. A case of so chronic a nature is not the most favourable for treatment by suggestive methods, and I am unable to speak yet of results, but it seems to me that these methods hold out the only hope of improvement, and it is at least encouraging that the patient is sleeping much better, that for days at a time she has no trouble with her sphincters, that she has taken to reading and needlework with considerable zest, that she has recently written several long and perfectly connected letters (the first for some years), that she can join intelligently in conversation and that she walked up the drive here in eight minutes without assistance, whilst her husband says that it is quite pleasurable again to see her and be in her society. This may be a temporary improvement, and I feel the necessity for caution in expressing an opinion, but at any rate it encourages one to persevere.

(1) A paper read at the Spring Meeting of the South-Western Division held at Bailbrook House, Bath, April 29th, 1910.

Notes on a Case of Hysteria. By J. E. MIDDLEMISS, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Gartloch Mental Hospital.

THE subject of the following notes was admitted to Gartloch Hospital on March 19th, 1910. He was æt. 18 at that time and his physical condition on admission was described as follows: "He was clean, and in 'fair' physical condition. There were old scars to be seen in the right groin and on the inner side of the right thigh, and also a scar on the scalp, near the crown of the head. The pupils were unequal and there was an internal strabismus. The pulse was slow (56 per minute), irregular, and dicrotic. The tendon reflexes were exaggerated. There were no signs of disease otherwise, except a small sinus in the right submaxillary region and an enlarged gland behind the right ear." (These have both disappeared in the interval.)

Mentally, he was fairly bright and intelligent, and able to answer questions and give a rational account of himself. He said that his fits dated from the time of an accident which occurred about a year and a half ago, and in which he injured his head. He described all this in detail—the nature of the accident and the full circumstances of the same. His memory did not seem to be impaired at all, and although he has had several fits since admission, they do not seem to have affected him at all mentally. An interesting fact is that a sister seems to be affected

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by what, from patient's description, appear to be attacks of "petit mal." He also said that he experienced no aura prior to the onset of the fits.

From now onwards until April 23rd (1909) there is nothing noteworthy to record, except that patient had fits which were regarded by those who saw them as typical "grand mal" seizures. About the date mentioned, however, Dr. Parker happened to see him during a fit which struck him as being suspiciously like hysteria in character. About a week later he began to have fits in a rapid series, having as many as twenty to forty fits within three hours or so. Altogether from April 30th to May 5th inclusive (*i.e.*, six days) he had 202 fits, having them in interrupted series, the shortest interval between two successive fits being about five minutes. He was given various medicaments, including chloral and digitalis *per rectum*, morphine hypodermically, and chloroform inhalations, and had intervals of upwards of seven and eight hours between the different series. Between the series of fits he seemed to be sometimes in a state of altered consciousness and sometimes fully conscious; the fits themselves were an excellent imitation of the "grand mal" type of seizure, except that the stages were shortened and telescoped into one another, as it were. Moreover, it struck me that they were influenced in one way or another by the presence of the doctor, sometimes being started, sometimes inhibited, if the doctor happened to be near. Most striking of all were the slight after-effects of the fits, inasmuch as even after six days of them he seemed little the worse, and recovered consciousness enough to sit up in bed and ask for something to eat. This, in conjunction with the fact that on examination he was found to be anæsthetic all over the body except for two small areas of skin, led us to conclude that the fits were probably hysterical in character. Since then and up to the present time (March, 1910) he has been treated on ordinary hygienic lines, and has had practically no medicine. For the last ten months he has averaged about eight or nine fits per month, excepting for one short relapse in February of this year. About September, 1909, I began a series of experiments with the object of ascertaining, in the first place, whether I could influence him hypnotically at all, and if so, whether, in the second place, it could be used as a means of cure. From the first I found him very impressionable. My early experiments were quite simple, and consisted in "sending him to sleep" and ordering him to waken at a certain time, the time chosen being as a rule not the hour or the quarter, but such times as 10.35, 11.27, say, so that he might not be assisted by a clock in the next room. He was sleeping at the time in a side room off the ward, which room contained no clock or watch, and the door of which was closed. He was to get up, go into the ward, and report himself to the nurse in charge, who noted down the time of rising. The latter, it need hardly be said, was never informed as to the time of rising. In the great majority of cases he rose and reported himself exactly to the minute, with an accuracy which was as amusing as it was astounding. Occasionally he was wrong in the time, but he never failed to waken, even when he was incorrect in the time. Later he was given orders during hypnosis which he was to carry out later. The longest period after which he carried out such an order was fourteen days. This order he performed within five minutes of the time arranged, and it is remarkable that the

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nurse who was concerned had herself forgotten all about the order in the interval. As his memory was ordinarily not at all reliable, it occurred to me that his daily duties might be more forcibly impressed upon his mind whilst in the hypnotic state, so I gave him instructions to carry out certain ward work every day or every week as the case might be, and he has since performed these duties with uninterrupted regularity. On several occasions, too, it has been suggested to him during "sleep" that he would not want his soup or his porridge, etc., next day, or would miss a meal altogether. This experiment has never failed; moreover, he has given a natural explanation for his abstention, has retained no memory of my share in the business, but has merely said that he was not hungry, even though the particular dish omitted was a favourite one. The nurses on these occasions, not being forewarned, were naturally astonished at his behaviour. More recently I have tried to induce a deep and prolonged "sleep," and on one occasion he slept sixteen hours continuously, and on another seventeen and a half hours, with two slight intermissions which were both according to order. I have remarked that on waking he would generally have no recollection of an order given during sleep until such time as he was to carry it out, but if "put to sleep" again in the interval he was shown to remember it perfectly, the injunction lying latent, as it were, in his mind until wanted. On the whole, however, I have tried to avoid giving the patient any commands of a bizarre or melodramatic nature, partly because I could not do it with conviction, and partly because it served no obvious good and might quite possibly even be harmful. Even the fact that he was suggestible at all was a mere chance discovery, and the ideal to be aimed at in such a case would seem to be the utilising of this suggestibility as an aid to recovery. For instance, it would seem advisable to suggest to such a patient that he would in future control his feelings better, and that he would not be upset by trifling incidents. Then, after he had attained a certain degree of control and mental composure his own intelligence might be enlisted in the service. He might be taught a trade and shown how to employ his mind in wholesome and salutary ways, especially of a routine and unexciting nature. In course of time the excessive emotional reaction to ordinary and every-day stimuli might become lessened, and the emotions themselves come to occupy a less important *rôle* in the mental life of the patient. In such a treatment and in such a training it is obvious that a good deal depends upon the original mental endowment of the patient, and unless he is intelligent enough to have some insight into his own condition, or, at least, to understand and appreciate one's instructions, the degree of improvement must necessarily be limited.

As bearing upon Freud's theory that hysteria is generally the outcome of a suppressed emotion, or an emotional shock which often remains latent, it is interesting to record that this patient, during his states of altered consciousness, almost invariably reverts to some painful incidents which occurred before he came here, and the drama and dialogue of which he re-enacts before one's eyes. What bearing these incidents have upon his present condition I am not in a position to say at present, but the facts are, at least, suggestive.

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As regards the particular method employed to induce hypnosis in the case of our patient, on the first occasion he was asked to gaze at my two fingers held a little in front of and above his eye-level. Soon his eyes tired and began to water. I then closed his eyes and told him to think of sleep; I meanwhile continued to stroke the forehead and press the temples until the breathing became regular and he appeared to be in a condition resembling sleep. After speaking to him a little I ordered him to open his eyes and to waken up, which he did, merely remarking in response to questions that he had felt sleepy and was now feeling a little dizzy. From this time onwards much the same method was employed, except that I told him to close his eyes almost immediately. At this stage of the proceedings he seemed to be merely in a natural sleep, so much so that if spoken to by name he opened his eyes and appeared to wake. To prevent this he was told "to stop asleep" and merely to pay attention to what I said. Moreover, before he could be brought "*en rapport*" with me, there was a distinctly perceptible start, as if he were emerging from one state of consciousness and passing into another, the first one being more like a natural sleep and the second being the true hypnoid state, or, at least, state of heightened suggestibility. As a rule there was complete amnesia during the "sleep," and he was unable to narrate what had occurred during the time, and this applied whether he had been ordered to forget or not. Usually, however, he was told that he would not have any recollection of the events which had taken place during sleep. On the occasions when he was given a post-hypnotic command to carry out, he was repeatedly tested in the interim to see whether he had any recollection of the same, and whereas he could not remember anything of it in the waking state, he had no difficulty whatever in recalling it during the hypnotic state. Then, when the time arrived to carry out such a post-hypnotic command, which was always arranged for some definite time, there was a perceptible change in his demeanour, and although he might not at the moment be within reach of a clock, he would exhibit a certain amount of uneasiness, and in a manner a little hurried and "*égaré*" and as though his memory had had a sudden jolt, he would proceed to carry out the order, as if conscious of an important commission which must be performed immediately. In order to avoid as far as possible all voluntary deceit on the part of the patient as well as complicity on the part of observers I have performed these experiments over and over again; I have also employed numerous assistants whose *bonâ fides* were unquestionable, and have purposely laid traps in order to test whether I was myself being deceived, all this partly because of the very obvious fallacies which might arise in a case of this description, and partly in obedience to that principle of scientific scepticism which should regulate all observations, however matter-of-fact and plain-sailing they may appear to be. Meanwhile the patient's mental health has improved considerably during the last five months, and he has gradually come to be the most useful and reliable patient in the ward. His fits are now few and far between and are treated very lightly. There has, however, been one break-back, referred to above, during which he had a number of fits and was quite inaccessible for the time being to any purely mental treatment. This relapse I attribute to a

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public performance which he gave in the asylum recreation hall and which excited him very much. When he recovered he had no recollection of what had transpired during the breakdown, but later on whilst in the hypnotic state he recalled the circumstances. Finally, I would like to take this opportunity of thanking Dr. W. G. Parker for permission to publish these notes, and for his kindness and help during their compilation.

Notes on Four Cases of Huntington's Chorea.

By RICHARD EAGER, M.B., Ch.B.Aberd., Senior Assistant Medical Officer, and J. R. PERDRAU, M.B., B.S.Lond., Junior Assistant Medical Officer, Devon County Asylum.

OWING to the comparative rarity of this disease a short account of the following cases admitted into the Devon County Asylum might prove interesting.

CASE I.—W. C—, male, æt. 35 on admission in 1882. Mother suffered from chorea accompanied by mental derangement during the latter part of her life. A brother, who died recently, also showed the same symptoms for several years before death at the age of 61.

On admission the most prominent symptoms were partial loss of memory and general mental inactivity with auditory hallucinations. The speech was slow, and was described as characteristic of general paralysis of the insane. The pupils were unequal, and he had fibrillary tremors of tongue and facial muscles. Gait unsteady. Heart-sounds normal.

The notes in the case-books until 1892 only record increasing dementia. In 1892 there is a note to the effect that his facial muscles were always twitching, and that he was very obstinate. In 1899 the notes are: "Very demented and obstinate, shows loss of attention and memory, and is inclined to be very irritable at times." Four months before death, which occurred last February, he was found to be always twisting himself about and constantly passing his hands in front of his face the movements being involuntary, irregular, slow, of small range and affecting the whole body. Knee-jerks exaggerated. Mental condition was one of profound dementia. No other signs or symptoms beyond those recorded above. He developed lobar pneumonia last February and died.

A *post-mortem* examination was held. The skull was thin and soft, and the membranes much thickened and adherent to each other. The pia was firmly adherent to the cortex, especially along the upper and anterior part of the margins of the great longitudinal fissure, where marked decortication was present. No further notes were made of the gross lesions of the brain, as it was kept whole for microscopical examination, as were the spinal cord and portions of various nerves. The general external appearance of the brain was very suggestive of general paralysis of the insane. The lower lobe of the left lung was in a stage of grey hepatisation, and the lower and middle lobes on the

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