

*Lectures on Diseases of the Nervous System, especially in Women.* By S. WEIR MITCHELL, M.D., &c., &c.  
London: Churchill. Oct. 238 pp.

This little work consists of thirteen lectures by a well-known American physician. It deals, as the preface tells us, with some of the rarer maladies, or forms of maladies, of women. Some of the lectures are original studies of well-known diseases; others deal with subjects little known, or almost neglected. The work is almost wholly of a practical character. Single symptoms, not always the most striking, are selected for special examination; and their value in indicating the clinical relations of the diseases where they are found is pointed out. But the part for which Dr. Mitchell himself would claim the greatest importance would, probably, be that on treatment.

The subjects are mostly some of the severer manifestations of hysteria. In speaking of hysterical palsies, the author says that at one time no cases were so much dreaded by him, but that now there are none to which he goes with greater pleasure. He says, "I am sure I treat them with a success I could not once have gained, and I think that what success I have had has been due to more exact ideas as to what is needed, and that unflinching purpose and action which grow out of distinct views." We will again refer to his method of treatment and summarise it.

Some interesting cases of hysterical motor ataxia, which might be mistaken for paralysis, are given. The patient is able to move the limbs well enough when lying down; but on getting up the lack of co-ordinate movement is at once visible. Although there is no loss of power, the body may be swayed from side to side in the effort to maintain equilibrium. Of this phenomenon Dr. Mitchell puts forward a plausible explanation. He ascribes it to a slowness in volitional acts, due to retardation of nerve conduction. This retardation he has proved and measured in some hysterical palsies. The case of a young lady, Miss B., is given in illustration. "While in bed Miss B. moved all her limbs somewhat slowly, but with a great deal of power; the lift of the leg was done in jerks, as by distinct orders of will, but she showed none of the tremor and twitching of face and tearful look so common in hysteric girls called on for an unusual effort. When held up on her knees, she swayed to and fro, always falling if not assisted. When,

somewhat later, she could stand up, the motor disorder showed still better. From head to foot every muscle, used to preserve the upright posture, gave way momentarily, and was braced again by distinct acts of will. The rocking motion, so caused, was curious to see. A slight push was sure to upset her, as if she was unable to provide in time enough of power to resist the shock, and restore the disturbed balance. If I warned her of the coming shock, she did far better. The touch of a hand greatly aided her, and the closing of her eyes made things worse. Nor did Miss B., when standing, appear to have the least idea of her balance being in danger until the sway of her figure became extreme, when she caught herself up, and, with an effort, regained her erect position only to fall to the other side. There seemed to be a lack of appreciation of the failing balance, and a slowness in redressing it when lost or in peril." In this case there was not any loss of tendon-reflex, and the senses of touch, pain, and heat were perfect. It may be added that Miss B., who had been an invalid for years, was after two months' treatment and training able to walk unhelped anywhere, and was free from nervousness.

Some examples, both interesting and amusing, of the mimicry of disease are given. Cases are mentioned where a husband suffered from sickness whenever his wife became pregnant; and in this reference is quoted a curious sentence from Francis Bacon (*Cent. x., Para. 986*): "There is an opinion abroad—whether idle or no I cannot say—that loving and kind husbands have a sense of their wives' breeding child by some accident in their own bodies."

Various disorders of sleep are discussed, especially those marked by a sensation of dread, or by jumping or starting. Their clinical relationships are pointed out, on the one hand, to epilepsy, and, on the other hand, to the startings that frequently occur in healthy people at the moment of falling asleep, or of waking.

Amongst hysterical vaso-motor disturbances, the author records a most extraordinary case of abdominal swelling. The patient was a woman thirty-five years of age. The catamenial flow was irregular. From time to time her thin, but relaxed and pendent belly, swelled within a few hours to the size of about an eight months' pregnancy. The distension continued at its height for some hours, but generally had not quite subsided under a week. "When I saw her the attack was at its worst. The woman's pulse was about 165, and

was a mere thread, at times imperceptible. Her face and limbs were white and cold. The abdomen was tense and red, and could be felt to throb distinctly, while all over it the vessels, veins, and arteries were visibly enlarged. On listening over the belly I could hear a humming noise, a slight thrill. The chest itself was not quite so pale as the neck or face, but the breath was difficult and rapid. It was clear that owing to palsy of all the abdominal vessels, all the available blood of the body of a too bloodless woman was for a time in this cavity and its walls. If, while in this state, she sat up, she instantly fainted, and it was difficult even to lift her hand because of the symptoms thus caused. She herself complained of the tension of the belly, and of the distressing pulsation within it." Years afterwards the author heard that by slow degrees this singular malady disappeared.

Two cases of prolonged fasting are vouched for. One case extended over a month and five days. During the whole of this period the lady took only 24oz. of milk, a daily amount of 12oz. to 14oz. of water, and for the last twenty days from 50 to 80 drops of laudanum. In the second case neither solid nor liquid was swallowed for twenty-seven days. The bowels moved once. Urine was not secreted after the 18th day.

The last and most important lecture is occupied with treatment. The author has little faith in drugs for the treatment of chronic hysterical illness. He bases his treatment on the view that hysteria is finally dependent on physical states or defects. For this reason the small group of women who, with nearly perfect physical health, have obstinate hysteria, are treated in vain. Dr. Mitchell's mode of dealing with chronic hysterical invalids "consists in an effort to lift the health of patients to a higher plane by the use of seclusion, which cuts off excitement and foolish sympathy; by rest, so complete as to excluded all causes of tire; by massage, which substitutes passive exercise for exertion; and by electrical muscular excitation, which acts in a somewhat similar manner to massage, and with it, by depriving rest in bed of its essential evils, leaves only its good. These means enable us to over feed our patients, and to enable them to digest with ease large amounts of food." If the patients are fat and anæmic, the unhealthy fat is reduced by under feeding before the building-up process is begun.

From the extracts we have given, it will be seen that Dr. Mitchell's style is lively and agreeable, though he occasion-

ally employs words that most writers of good English would be slow to use. In conclusion, we may say that the volume is both a pleasant and a useful one; and we commend it to the attention of our readers.

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*Only a Twelvemonth; or, The County Asylum.* Marcus Ward and Co., 1882.

This is a sensational story, purporting to be the actual history, veiled in fiction, of a young lady engaged to be married to a gentleman who, having gone to Ceylon, was incorrectly reported to be dead. Out of health from several causes, Hilda Moran was stunned by the news of her lover's death, and being regarded as insane by the family doctor and the superintendent of a neighbouring asylum, she was sent under her father's order and the certificates of these medical men to the pauper asylum of an adjacent county. Why she was sent to a county asylum does not appear; and the writer does not seem to be aware that as she was a private patient, two certificates would have been required. Anyway, however, no charge is made of illegal incarceration in the asylum. The charge is twofold: first, that she was not insane on admission, and secondly that she was neglected by the medical superintendent, and inhumanly treated by the attendants. The effect of the book, so far as it has any effect at all, is to bring county asylums into disrepute, and is therefore mischievous in its tendency and unjust. The writer alleges in the preface that the story is founded on actual events, and that she has communicated the name of the asylum to the publishers. This, of course, raises a question of fact. Is there a county asylum where the superintendent is fonder of leaving the asylum to engage in hunting, &c., than in attending to his patients, who are consigned to the charge of brutal keepers? If there be, the former patient is bound to expose the management of the institution to the Lunacy Commissioners and the Visiting Justices. If it be said that the testimony of a lunatic will not be believed, we reply that in the present instance, the main charge, that made against the superintendent—notorious negligence of his most ordinary duties—can be substantiated or rebutted, without the evidence of patients.