

In acute mania men do without sedatives better than women; the latter are much more noisy, and sedatives are a great advantage to them.

Dr. PERCEVAL.—If we give an hypnotic for the convenience of others we study the good of the largest number; but if we give it as curative, I heartily agree with Dr. Hitchcock that it is quite unnecessary. The high number of his recovered cases clearly shows that. I think the results of Dr. Hitchcock's method would have been more valuable if he had treated one half of his cases *with* hypnotics, and the other half, or some of them, *without*, as test cases.

Dr. HEARDER.—A great deal depends on the nursing staff. With a good nursing staff—two or three nurses to each maniacal patient if necessary—sedatives are not so much required; but with a comparatively small nursing staff they are practically indispensable, owing to violence of conduct. I think it is better to do without sedatives for these acute cases, and in the large majority I think we do manage them without sedatives to a very great extent. It is the chronic cases that are mostly treated by sedatives in asylum practice; and this is quite right, because they are hopeless from a curative point of view, and must be kept quiet to promote the chances of recovery in the acute insane. I do not think that in asylum practice sedatives are too greatly used in acute cases, for it is generally recognised that they do better without them.

Dr. HITCHCOCK.—What made me take up this subject was the fearful abuse of sedatives at almost every asylum with which I was connected before I went to York. I have seen two 16-ounce bottles made up for the males and females, each 1-ounce dose containing 30 grains of chloral, given night after night to be used at discretion for patients who were noisy. I have seen this most detrimental treatment pushed until many patients have been at death's door, and therefore resolved to adopt other methods even with chronic noisy patients. I cannot blame myself for any patient having failed to recover because no hypnotics had been given, even if sleepless for six or seven nights; but the longer I have gone on the more I have been satisfied of being right in continuing as described. I did not touch on the use of sedatives for chronic noisy patients, yet it has been my practice not to give them sedatives. I found at York certain old cases that had been accustomed to hypnotics. These continued noisy and excited until they died. I have not now any of those noisy, troublesome, violent cases, and believe that they are produced very often by the treatment pursued in the earlier stages of their insanity.

*Hysteria and its Relation to Insanity.* By GEOFFREY HUNGERFORD, L.R.C.P. and L.R.C.S.I.

THE term hysteria among the ancient Greeks had reference to a disease primarily due to some abnormal state of the female generative organs. Even yet we assign a foremost place to the sexual elements in hysteria, but more as a symptom than as a cause of the disease. We find that the greater the number of cases we investigate the more we shall be impressed by the fact that a marked element of sexual perversion generally exists, at times so dominating the reasoning powers of the patient that he becomes firmly convinced that unless his sexual desire is indulged the community will suffer in some inexplicable manner. In a recent case I found this symptom strongly

marked in connection with the habit of masturbation. As a rule the "delusional errors" of these patients are vague. They generally can be brought to admit that their ideas are erroneous; and their ability or otherwise to do this should, I think, bear much weight with regard to prognosis.

The history of the case mentioned is of considerable interest. The patient has lived a very indolent life, had always plenty of money to spend, and his main idea has been to "kill time." Lately he has manifested an intense anxiety regarding his own condition and a morbid fear that any food will disagree with him. He stands before a glass examining his tongue and asking whether he does not look very ill. At times he states that his case is hopeless and that he is a broken-down wretch, but if not noticed he laughs a moment afterwards and seems rather ashamed of his remarks. At other times hard exercise and drastic advice prevail, and he appears in a normal condition quite different from the indolent, helpless being of a few hours before.

The literature of hysteria is very plentiful and teems with different theories and definitions, some of which are directly contradictory to one another, so that much more time than is at my disposal would be occupied in merely glancing at the different and disputed views taken. Rather than enter on that discussion let us realise the necessity of recognising the early stage of this condition as one which often masks more serious underlying symptoms, which, if neglected or wrongly treated, may result in patients entering our hospitals and asylums who need never have gone there if proper precautions had been taken.

As a fundamental principle it may be laid down that the condition of an hysterical patient is always abnormal and occupying the ill-defined and shadowy borderland lying between sanity and insanity. It is a state in which ideas control the body and produce many and unlooked-for changes in its functions. Of two predisposing causes—heredity and education—I would particularly speak. The latter, if properly directed, will gradually eliminate the former and cause it to sink more and more into the background. The early training and mode of life of a great number of hysterics have a direct bearing upon their disordered state. Most of them have been impressionable, emotional children, generally the offspring of

parents with a neurasthenic taint. Their parents, perhaps in their very eagerness for their children's welfare, overshoot the mark, turning over and rendering suitable the soil for those seeds of disease which they are striving to eradicate. In the majority the disease was pre-existent but ignored. It only wanted an opportunity of breaking out. That opportunity is the exciting cause in the individual, but it would, in all probability, no more occasion an attack of hysteria in a healthy person than the mere presence of the specific bacteriæ of any of the fevers would necessarily cause an outbreak of febrile disease, unless a suitable soil had pre-existed together with an inability of the tissues to resist the attack.

The healthy mind takes its colour more or less from its surroundings ; the cases under discussion do so in an abnormal degree. They are open to scientific "suggestion" more readily than their neighbours. It is obvious that the greatest hope of successful and preventative treatment presents itself during childhood. At this period of life the ratio of hysterics to the sexes is about equal ; after the age of twelve the paths of the two sexes widely diverge, and the educational factor comes into full force. The boy goes to school, has to fight his way in his own schoolboy world, and has a spirit of healthy emulation awakened ; the girl, on the other hand, is more restricted, and her surroundings, unless carefully adapted to her disposition, tend to foster inherent seeds of disease, presupposing that an hereditary taint exists.

Though the consensus of opinion in the English school of medicine is that hysteria is far more common among women than among men, yet Charcot and other French observers hold a diametrically opposite opinion. The explanation suggests itself. This is a racial defect due to the early training and education of the French boy, which entirely differs from that of the English boy. The French system is not calculated to improve moral fibre, but rather panders to an already hysterical temperament.

Among hysterics the imitative faculty seems to be abnormally developed. They are highly impressionable. They closely, though often secretly, observe those about them, seeking for a kindred spirit to foster their deluded ideas and sympathise with their imaginary woes. If they succeed their symptoms will become more pronounced, their delusions will become

fixed, and they can no longer be included in the category of sane individuals.

The generally accepted view is that hysteria is an affection of the layers of the cerebral centres immediately below the highest, and therefore more or less under control. Insanity, on the other hand, is a disorder of the functionally highest layers of the cerebral centres, the activities of which are accompanied by intellectual processes; thus control is impossible. It was a common error to regard hysterical disorders as a deliberate sham, and thus limit its sphere to the extent of rendering the subject unintelligible. Leaving this obsolete view behind, it would seem that most success can be looked for by following a course of treatment having as its basis a discouragement of the "ego" in all its departments, together with a strenuous opposition to the indolence which lies at the root of the nature of every hysterical person, and which affords countless opportunities for the growth and manifestation of those very peculiarities which it is desired to overcome. A "watchful neglect," to use a paradoxical expression, coupled with a quiet but assured firmness, would seem to be at the root of all successful treatment; for, as a hysteric will quickly notice a want of confidence and self-reliance in those about him, so conversely will his condition improve when he can see nothing which will pander to his weaknesses, or give countenance to his distorted fancies.

#### DISCUSSION

At the Autumn Meeting of the South-western Division of the Medico-Psychological Association.

Dr. WOOD said he had treated a few cases by suggestion. Some he found very easy and some very difficult to deal with.

Dr. BENHAM related a striking instance of difference of opinion as to the mental condition of a case he had lately seen. He had lately visited a house where a lady was keeping certain patients. One of these at the time of his visit was lying in bed in a wretched bodily condition. He was informed that for three days she had taken no food, and that she then was about to be forcibly fed for the first time. She appeared from her past history to be in a condition of acute melancholia, and a case for treatment in an asylum.

The legal case broke down, the lady having pleaded guilty to keeping lunatics without certificates; but he was informed that there was an eminent gentleman in court prepared to swear that it was simply a case of hysteria, in contradiction to Dr. Benham's evidence. It was most important that they should understand what was meant by hysteria in such a case, where medical men came to absolutely opposed conclusions. With regard to the treatment of these patients, he was in complete accord with Dr. Hungerford.

Dr. DAVIS instanced a remarkable case of hysteria in a boy at Plymouth, who, some time ago, gave his parents a great deal of trouble. He voluntarily came

into the asylum, where he remained for some time. He was very extraordinary in his conduct on many occasions, and seemed to have some attraction for other patients. He was rather effeminate in appearance and manner, and they had a difficulty in keeping him separated from the others. He was discharged and returned home. There he shaved, dressed himself as a woman, and met several soldiers and sailors in Plymouth. Eventually it appeared that he and a soldier were found together and apprehended. He was not dealt with by the Criminal Court, having said that he was insane, but was returned to the asylum. Dr. Davis did not believe that he was insane; it was very difficult to draw the line in such a case.

Dr. DEAS said that when they had to form an opinion as to border-line cases they always found that it was very difficult to say whether it was one of hysteria or insanity. Was it worth while, therefore, to keep up this distinction between these disorders. He claimed that the essentials of unsoundness of mind existed just as much in hysteria as in insanity. For the purposes of discussion, the essentials of insanity were want of self-control and the too great proneness of the nervous system to respond to stimuli. These two essentials covered the ground of insanity and hysteria. If this were the case, was it worth while to retain the term of hysteria as a distinct disease? It seemed to him that the so-called cases of hysteria were really cases of moral depravity and mental impairment. In his opinion it would contribute very much to the elucidation of early cases of insanity if they could sweep away all idea of their being merely cases of hysteria. He did not know that he had seen a case of hysteria in which he would not come to it with a more open mind and be more able to get to the heart of the trouble by simply viewing it as one of impairment of mental power. All the principles used in the treatment of hysteria were exactly the same as those used in cases of insanity, and he could not help thinking that it would be a distinct advance if they heard less of hysteria and more of the early symptoms ending in and tending towards insanity.

Dr. MACDONALD said that, while agreeing with much in Dr. Hungerford's paper, he was inclined to support Dr. Deas when he suggested that the term hysteria might with advantage be dispensed with. He was inclined to agree with Dr. Deas that it might be hysteria, but that it might be a great deal more.

Dr. HUNGERFORD, in replying on the discussion, said the manifestations of hysteria were so diverse, that it would be rather hard to classify all as insanity.

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*The Evolution of Asylum Architecture, and the Principles which ought to control Modern Construction.*

By R. H. STEEN, M.D.Lond., Senior Assistant Medical Officer, West Sussex County Asylum, Chichester.

"The recovery of the curable, the improvement of the incurable, the comfort and happiness of all the patients, should steadily be kept in view by the architect from the moment in which he commences his plan."—Conolly, *Construction and Government of Lunatic Asylums*, p. 1.

IN the present day the great increase in the number of certified lunatics has raised the question of asylum architecture to one of primary importance. New asylums are being built and planned in all parts of the country, and the managing authorities are keen to provide the best possible accommodation for the suffering ones under their care.