pers, giving the results of treatment at the sanitarium² that some may challenge the results because of the failure to find bacilli in some of the reported cases. I can only say in reply that the patients have been carefully observed and none taken where the symptoms were not such as experience teaches us usually develop the more definite signs. I feel, too, that I can say with justice that although the work accomplished at the sanitarium is comparatively small, yet from that very fact observation of individual cases has been made possible to prove what can be done on a larger scale.

A word as to methods pursued at the sanitarium. Although two or three of the so-called "specifics" have been resorted to occasionally the chief factors in the treatment have been the insistence upon fresh air, judicious exercise, and good, wholesome food, medicines having been used somewhat sparingly, and as mild adjuncts for general treatment only.

What then can we learn from these observations? Not only that a larger percentage of cases of incipient phthisis can be arrested by sanitarium treatment than is possible by treating patients in our offices or in their homes, but that this can be done near all our great cities, and that lasting results can be accomplished when patients are not allowed to go back to former unhealthy conditions.

That I may live to see the day when similar institutions are not the exception, but the rule, near every large city and town throughout the country is my earnest desire.

Massachusetts, I am proud to say, has been the first to take the step in this direction, by establishing the State Hospital (or Sanitarium, as I prefer to call it) for Consumptives, at Rutland, Mass. New York will soon have a similar State institution, and I cannot think that other States will be slow to follow their example.

Clinical Department.

A CASE OF HYSTERIA; RECOVERY AFTER PRAYER.

BY S. G. WEBBER, M.D., BOSTON.

THE following case presented many of the typical symptoms of hysteria. The convulsions were clearly hysterico-epileptic in character; the prodromal stage was short, a mere look or change of expression, with dilatation of the pupil, three to five or rarely ten seconds' duration; the first and second stages of the attack were well marked and characterized by the convulsions described by Richet; the third stage was wanting in all the attacks which I saw; the fourth stage was occasionally present, and sometimes was of long duration. The hemianesthesia was clearly hysterical in character. There was paralysis, due to the hysteria. The vomiting must also be referred to the same.

At no time was there any doubt as to hysteria being the chief element in causing the symptoms; though the long continuance of the paralytic symptoms led me to finally question whether there might not be some organic change concealed by the hysterical symptoms.

The duration of the vomiting and the paralytic symp-

toms, with the sudden and complete recovery add to the interest of the case.

Mrs. S. came under my care in 1893. She was then twenty-seven years old. When an infant she had rather poor health until two years of age; after that she was well until fifteen. There was no marked hereditary tendency, so far as could be learned. From fifteen to twenty she had fainting spells, which would recur at short intervals for two or three months; then for a while she would be free from attacks. In these she suffered from short breath, then became unconscious. Sometimes the attacks would be cut short if water were thrown in her face. At twenty she had a severe fit, which lasted some hours, and was said to have been very violent. After three or four months she had one fit after another during two or three days without recovering consciousness between. Subsequently she had these fits every week or two, not of so long duration. The earlier fainting spells continued to recur. When twenty-three or four years old she lost the use of her left leg; had to use crutches. Nearly a year passed before she could walk unaided. The arm was not affected. After this she had fewer attacks and was pretty well. The earlier faint spells continued.

In June, 1892, she was married. Five weeks later the fits returned with increased frequency and severity. Coitus aggravated the attacks. She was never pregnant. She left her husband and came home to her aunt. October 27th, she had an attack of vomiting, with tinnitus, lost the use of her legs, was delirious most of the time. There was also loss of sensation in the left leg and sometimes in the left hand. She could not raise her head off the pillow until December. The attacks were more frequent during the catamenial periods. The catamenia were regular, flow considerable.

Her aunt described an attack. Her legs were drawn up, she could not straighten them; the arms are thrown about; the hands clenched beat about; face turns purple, and it is in spasm, "works"; the tongue and lips are bitten; the eyes blink and roll up; the head twitches sideways, is thrown back; body bends back in an arch. The back part of the head seems sore. There is no warning, no scream; she may cough before the attack; sometimes before an attack she has a sense of fear. From the beginning to taking the position of opisthotonos is a few seconds. She does not talk during an attack; immediately after she sometimes seems in a dead faint; sometimes will continue a conversation begun previously; sometimes her mind wanders and she talks nonsense; then the convulsions are very likely to be repeated, and after that she comes out all right.

For three years there had been constipation; micturition was generally easy, sometimes difficult; sometimes the urine dribbled away all the time.

Examination.—She could move her left leg but little, the right somewhat more freely, but not to normal extent. She turned in bed very slowly; she could not stand. Sense of touch and pain were nearly or quite absent in the left leg and lower part of the body; diminished in left arm and left side of the face; diminished in right leg and right side of the body; normal in right arm and right side of the face. Field of vision was limited on the left, left pupil usually large; smell gone on left, ammonia not noticed on left; hearing was always defective on right side, now defective on left too. Knee-jerk stronger on the left,

²Three Years' Experience with Sanitarium Treatment of Pulmonary Diseases, etc., Boston Medical and Surgical Journal, July 12 and 19, 1894; The Treatment of Phthisis in Sanitarium near our Homes, Transactions of the Massachusetts Medical Society, 1896.

plantar reflex stronger on the right. No tenderness over the abdomen; back was tender over the spine and on each side of the spine from neck to lower lumbar region.

I studied her condition and experimented with various sedatives for about a week. The convulsions numbered twenty or twenty-five in twenty-four hours. I then hypnotized her. She readily yielded and was moderately influenced; she came into a cataleptic condition, heard only my voice and answered only me, unless I told her she could hear and answer another, then she readily conversed with any one with whom she was thus put in communication, until told that she could not hear them. On waking she remembered everything I said, nothing said by others with whom she was not in communication. When hypnotized she could move the left leg much more freely than when awake.

It is unnecessary to give in detail the progress in improvement. Gradually the fits diminished in frequency until at one time she was entirely free for more than two months, from February 2, 1894, to April 22, 1894, passing the March catamenia without one, and also the June period without any.

On June 27, 1893, I first saw her in an attack. Without warning she became rigid, arms extended, hand clenched, thumbs in palms, possibly a slight tremor like a shudder ran through the body and limbs, teeth were tightly closed, tongue not protruding, then opisthotonos, forearms at right angles with body, a very slight throwing about of the arms; the contractions were chiefly tonic. She came to with a sigh and was soon herself. Pressure over the ovaries and on back had no effect.

On January 29, 1894, she walked the length of the bed. She had not stood on her feet for fifteen months. After this she sat up part of the day, gained more power over the left leg, was able to walk more. There was less pain at the menstrual periods. I made a vaginal examination and found nothing abnormal except a moderate vaginismus. Dr. Davenport kindly examined her and found nothing abnormal.

In 1895 a tumor appeared in the breast; she went to the City Hospital to have it removed: it proved to be benignant. While at the hospital she had no convulsion.

After leaving the hospital she had much nausea and vomited much. The vomiting increased and was not controlled by any treatment. I expected it to cease after a few days or weeks, but it did not. I did not at any time see her vomit, but was told that whatever she took into her stomach soon returned. This continued until March, 1898. She became much emaciated. The old spasms or fits appeared at each monthly period. They always ceased when I hypnotized her. If I saw her soon after they began she had only a few; if it was one or two days or more before I saw her, she had from fifteen to twenty-five in each twenty-four hours.

During the last year and half of this time she had another kind of spasm, consisting in a contraction of the abdominal recti muscles. This and the vomiting were uninfluenced by hypnotism.

I saw many of the original fits during the nearly three years of vomiting. When I hypnotized her the pupils, at first large, became smaller, and finally the eye closed as she was in the hypnotic sleep. When she was about to have a fit her expression changed; if

partially hypnotized the pupils suddenly dilated, if conversing she stopped talking. There was then a slight motion, much as if one suddenly takes a deep breath or gives a gasp, then a rigid stiffening of the whole body, with tremor, followed by opisthotonos, sometimes extreme, sometimes moderate, with flexion of the legs on the thighs. Consciousness was lost. Recovery was either sudden or gradual, when gradual she seemed dazed for a while, when sudden the muscles relaxed, she opened her eyes, stared around a few seconds, rubbed her eyes and was ready to talk. The whole attack lasted from one to three or four minutes, the dazed condition rarely more than five minutes. After the attack I could hypnotize her as readily as at other times.

On a Sunday towards the last of March, 1898, she vomited much blood and could eat nothing for three days. She felt that her condition was worse than previously. Then she had a feeling "as if God would help her," and sent for her pastor to come and pray with her. He complied with her request, not expecting anything unusual. While he was putting on his overcoat to leave, she rose from her bed and walked two or three times across the room. She felt as if "the blood was coursing all through her." She ate a good supper, did not vomit. She gained in flesh and strength afterwards, and after four weeks came to my office to see me.

At that time, April 21st, the pupils were sluggish to the light; no limitation of field of vision, sensation to prick was rather exaggerated on face, hands and legs, and to pinching on arm and leg.

To a moderately strong tap on ligamentum patellæ there was a strong jerk, especially on left; a light tap caused a distinct flexion of the leg on the thigh.

The progress of the patient was steadily towards recovery until after the operation, after which hypnotism seemed to relieve the original spasms as fully as at any time previous to taking ether, but the other symptoms were not influenced, that is, the patient expected the old symptom to be relieved; the newer symptoms were outside of her previous experience and were not relieved. One disturbing element needs to be noted: after the vomiting had continued some weeks her aunt often expressed doubt as to recovery. This doubt was expressed while the patient was in hypnotic sleep. She may have expressed the same doubt to the patient when I was not present. However that may have been, the patient though apparently not hearing her aunt, may have received an impression in the hypnotic state, which may have had the stronger influence because not coming to the surface in consciousness. I think I made a mistake in not giving the aunt stronger assurances of the patient's recovery at those times.

The recovery, I think, is easily explained. I have not mentioned that an additional reason for recovery developed. The aunt's husband had been ill some time, having had a slight attack of apoplexy. He had become nervous, querulous, and my patient had become tired of him and was much annoyed; she desired to get away into the country for the summer. Here was a very strong reason for getting well. I do not mean to say the patient was conscious of its influence, but I believe it had an influence.

I had for a long time once in four weeks or so suggested recovery from all the unpleasant symptoms; finally the patient was possessed with the conviction

that she would recover under certain conditions — if her pastor prayed with and for her. The recovery was due to auto-suggestion. The repeated suggestion during hypnotic sleep finally had its influence in enabling her to formulate for herself a conditional suggestion. Her pastor's prayer was a help to her and by its aid the recovery became a fact. The same result would have followed the use of any other agency upon which she might have rested her faith and by means of which the auto-suggestion could have been made effective — a Christian Science séance — a visit to one of the shrines in Europe noted for healing power — the use of water of Lourdes, any of these or many other agencies would doubtless have had the same result.

During her long illness she had heard much about being healed in answer to prayer. This doubtless increased the efficiency of the condition under which the auto-suggestion became operative.

Medical Progress.

RECENT PROGRESS IN GENITO-URINARY SURGERY.

BY F. S. WATSON, M.D., AND PAUL THORNDIKE, M.D., BOSTON.

SARCOMA OF THE TESTICLE.

GEORGE MARTIN KOBER¹ quotes the statistics of Professor Gurlt of tumors of all sorts observed in Vienna from 1855 to 1878, the total number being 16,637. Of this number there were 64 carcinomas and 45 sarcomas which involved the testicle, the total number of carcinomas being 11,131, and of sarcomas 848. To these Kober adds a collection of all cases of sarcoma of the testis that he could find reported in German and English literature during the past eighteen years, the number of which is 114, which he has tabulated and analyzes as follows:

In 32 of the 114 there is a distinct history of traumatism. In 18 the disease occurred in retained testicles, or those of delayed descent; in one of the former the testicle had been subjected to the pressure of a truss. Two patients were syphilitic. In one case mumps had occurred involving a non-descended testis. Four cases were complicated with hernia.

Attention is called to the history of traumatism, or retained testicle in 43 per cent. of the whole number of cases.

With regard to age, out of 107 cases of this series in which the age was mentioned, 9.3 per cent. only occurred under ten years of age, none between ten and fifteen; 5.6 per cent. occurred between the ages of sixteen and twenty; 71 per cent. between twenty and fifty, and about 14 per cent. after the age of fifty. In five cases the disease involved both testicles.

The following table gives the time of development or duration of the disease in 99 cases in which it was noted :

Congenital origin	.	.	.	.	5 cases
From a few weeks to 6 months	.	.	.	.	28 "
From 7 months to 11 months	.	.	.	.	14 "
From 1 year to 2 years	.	.	.	.	21 "
From 2 years to 5 years	.	.	.	.	18 "
Of 6 years' duration	.	.	.	.	2 "
Of 15 "	.	.	.	.	2 "
Of 16 "	.	.	.	.	1 "
Of 20 "	.	.	.	.	3 "
Of 23 "	.	.	.	.	1 "
Of 26 "	.	.	.	.	1 "
Total	.	.	.	.	99 cases

Total.	99 cases
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¹ *American Journal of Medical Sciences*, May, 1899, p. 535.

Symptoms.—There is usually a history of a slow and painless development of the tumor for a considerable time, then a sudden increase in size, often with lancinating pains. The tumor retains the shape of the normal testicle. The misleading apparent diminution in size in the tumor sometimes is noted as being due to the periodic absorption of fluid extravasations.

Ulceration and fungus growth occurred in only one of the 114 cases. With growth of the tumor there is enlargement of the spermatic vessels and scrotal veins. Secondary deposits in the cord are rare. Implication of the iliac and lumbar glands is more common. The differentiation in diagnosis between sarcoma and orchitis is not easy. Sometimes it is difficult to distinguish the disease from old hydrocele or hematocele. The prognosis is grave in all varieties of the condition.

Ultimate results of 113 cases: 37 not noted; 41 died from within a few days to three years after being operated upon. In 23 of the fatal cases death occurred from secondary tumors in various organs. Eleven patients lived from seven to twelve months after the operation, five patients from sixteen to twenty-four months, and two for three years, but these last also perished from secondary growths. In 35 cases still living the time elapsing after operation was as follows: 18 from one to twelve months, 6 from thirteen to twenty-six months, 2 for four years, 6 between six and ten years, and two from ten to fifteen years.

In one case there was recurrence of the disease six years after operation, but the patient was reported well seven months after second operation.

A CASE OF URETERAL CALCULUS DIAGNOSTICATED BY RÖNTGEN RAY.

Longard² reports a case where a patient who had previously had removed from the bladder a stone which had been detected by the Röntgen ray returned for treatment on account of symptoms of hydro-pyonephrosis of the left kidney. Another examination with the Röntgen ray gave a dark, well-defined shadow about the size of a hazel-nut, eight centimetres to the left of the symphysis pubis. Upon operation (nature of which is not noted) nothing was found in the bladder but a hard body the size of a hazel-nut; it was felt behind the bladder near the orifice of the left ureter. An attempt to crush this stone did not succeed. Further details are not noted.

THE VALUE OF RÖNTGEN RAY DEMONSTRATED
IN A CASE OF KIDNEY STONE.

Alsberg⁸ reports that a renal calculus, which was clearly shown by skiagraph, was found in the lower half of the kidney by nephrolithotomy in the exact place in which the Röntgen ray had shown it to be. It weighed eight grammes and was a conglomeration of small oxalate calculi.

ON SKIAGRAPH IN CASES OF KIDNEY STONE.

Wagner,⁴ with regard to the detection of kidney stones by the x-ray and photographs of them, speaks of the uncertainty. Upon this point he refers to the work of Von Ringel, who states that it is impossible to obtain photographs of phosphatic renal calculi. On account of the hitherto declared unsatisfactory results the writer reports a contrary experience in two cases of renal calculus. In the first the Röntgen photo-

² Centralblatt für Chirurgie, February 11, 1899.

³ *Loc. cit.*, February 25, 1899.

⁴ Loc. cit., February 25, 1899.