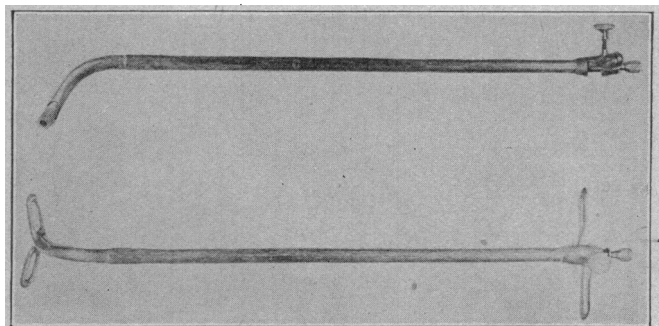


base of the gland. They will act as a guide to direct the passage of a small, pointed, electric thermocautery until as much tissue as desired has been destroyed. Up to the present, no discomfort or ill effects have followed this procedure. If the first operation has for any reason been unsuccessful, it may be repeated. Also, it is possible to cauterize the glands without passing a wire for a guide.

A NEW PROSTATIC TRACTOR *

A. J. CROWELL, M.D., CHARLOTTE, N. C.

While performing a seminal vesiculectomy some time ago, it occurred to me that the operation could be greatly facilitated by the use of a tractor inserted into the bladder, through



Prostatic Tractor.

the urethra, which has the same curve as that of a sound. For this purpose I therefore designed the one shown in the accompanying illustration.

It consists of two fenestrated blades attached to shafts, the inner one of which has a cable in the curved portion which allows one of the blades to revolve around the other. There are two handles at the outer end of the shaft which regulate the rotation of the blades after insertion into the bladder through the urethra. When inserted, the handles are rotated from each other to open the blades within the bladder. The gland is thus pulled into the operative field and at the same time the handle of the instrument is out of the way of the operator.

A glance will show the superior advantage of the curve in any operation on the perineum when a guide is needed to locate the urethra, prostate, seminal vesicles or bladder. We use it as a routine in perineal prostatectomies and find that by its use it is much easier to expose the prostate, and the danger of getting into the rectum is greatly diminished.

After the tractor is inserted and the blades opened, slight pressure on the handle by an assistant will pull the gland well into the operative field. It is a better guide than the sound ordinarily used for this purpose. It gives not only a urethral guide that is fixed but also a definite location of the prostate gland and membranous urethra, which are firmly held in one position while the gland is exposed.

* From the Crowell Urological Clinic.

Elimination of Inhaled Dust.—In a paper read before the Institute of Mining Engineers on dust inhalation and the health of miners, J. S. Haldane, F. R. S., among other things said that investigations had shown that coal and shale dust were rapidly eliminated from the air passages by special dust collecting cells which phagocyted the dust particles and then carried them away. This, however, does not occur to the same extent with quartz dust, and whereas miners in coal and shale suffer practically no injury from the dust itself, quartz mining results in serious respiratory difficulties, both on account of the sharpness of the dust particles and because of their defective elimination in the manner described. The widespread introduction into coal mines of stone dusting as a means of preventing coal dust explosions has directed attention to the possibility of injury from this cause.

Military Medicine and Surgery

THE TREATMENT OF HYSTERIA

SUCCESSFUL RESULTS OF A RAPID REEDUCATION METHOD

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(SAN FRANCISCO)

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The world war has provoked such an immense number of the various types of hysterical disorders that the conception of hysteria can now be studied more easily from every aspect. It has taught us to look on what we ordinarily designate "hysteria" as merely the outward sign, the symptom, of the fundamental causative factor—the hysterical psychic background. So, when we speak of the treatment and cure of these patients, we wrongly say we have cured the hysteria; we have cured only the hysterical symptom. What most physicians in their ardor have left untouched and untreated is the hysterical psyche which gave rise to the symptom which has incapacitated the patient. This is important to remember when the question arises of returning a hysterical subject to the same environment that originally caused the hysterical symptom.

The war has also shown us that hysteria seldom, if ever, occurs during violent emotion, but rather during the contemplative stage succeeding the emotion; also that there is no essential difference, except perhaps in the number and in the intensity of the emotion produced, between the hysteria of warfare and that of civilian life.

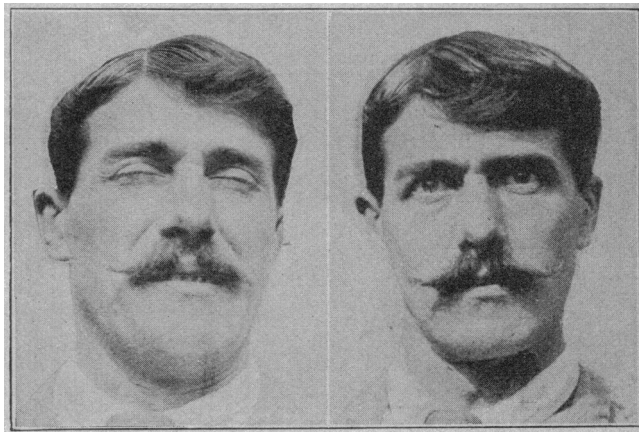


Fig. 1.—Patient before and after treatment for hysterical blepharospasm.

Babinski has so far offered the clearest and most concise definition of hysteria: "Hysteria is a pathologic state manifested by disorders which it is possible to reproduce exactly by suggestion in certain subjects and can be made to disappear by the influence of persuasion alone." Instead of "hysteria," which is obviously a misnomer, he has substituted "pithiatism," which means the possibility of being cured by the influence of persuasion.

There have been published volumes on the classification of hysterical disabilities, but very little on their treatment. In Babinski's book on hysteria, for exam-

ple, eight pages are devoted to the treatment and 252 to other desiderata on the subject.

It is with the idea, therefore, of presenting to the American physician, especially to him who is going into active service, the results of my studies on this subject in British and American hospitals in England during the past year, and to give the outstanding features I have learned for the successful and rapid cure of this class of case, which accounts for an important percentage of the discharges from the fighting armies, that this paper is published.

This paper is based on 573 cases of hysteria treated by me in British and American hospitals; in the former are included those hysterics largely due to "shell shock," in the latter those found in ordinary civilian life. Of these, 550 patients, or 95 per cent., were cured of their disabling symptoms completely.

I shall not deal with the causes or analysis of the different types of hysteria, nor consider the subject of relapses, of which I am now collecting full data. The symptoms included in the 573 cases are given in the accompanying tabulation.

Occasionally more than one hysterical symptom would be found in the same patient. This has swelled the actual number of symptoms treated to 605.

Only twelve of the 550 patients had external wounds complicating the picture. In only two patients were there any concomitant organic nerve changes noted.

In more than 90 per cent. of the cases the cure was accomplished within the first twenty-four hours. The extremes varied from five seconds in some of the aphonics to more than seventy-two hours in some of the dysbasias of long standing.

The most important part of the treatment is the confidence of the physician in the correctness of his diagnosis and in his ability to produce a cure. This air of assurance spells immediate success. No one can convince others who himself is unconvinced.

SYMPTOMS INCLUDED IN FIVE HUNDRED AND SEVENTY-THREE CASES

Cases		Cases	
Mutism	84	Tics	8
Deafness	30	Astasia abasia	4
Aphonia	175	Stasobasophobia	20
Stammering	118	Dancing gait	9
Blepharospasm	2	Hemiplegias	40
Blindness	6	Tremors	2
Monoplegias	46	Photophobia	1
Paraplegias	54	Double platysma spasm	1

One can divide the various kinds of treatment of hysteria into two groups, the slow and the rapid. Among the former are:

1. The purely reeducative methods, for example, breathing exercises and singing in the stammering cases, and the use of mechanical machines, massage, etc., in the paralyses. I have watched stammerers thus treated for as long as three months and paralytics given electrical treatments for six months by "kindly" nurses and sympathetic teachers with very gradual improvement, if any, and have repeatedly cured these patients of their symptoms in one sitting of from one-half to one hour.

2. Psychotherapy, consisting of psychoanalysis. This is impracticable for the hysterics of warfare at this time. It often accomplishes much in the psychoneuroses, in which the emotive processes are in the ascendancy, but there are not enough psychoanalysts to deal with the cases of one large hospital for this form of disease. The method is too slow to be of practical use when dealing with such large numbers of patients. One must have recourse to rapid methods by which the patient is quickly cured of his symptoms after a short preliminary psychologic survey. After his cure, the patient is more willing to discuss causes and he often tells things surprisingly pertinent when the confidence in his physician is supreme.

Thus an early accessibility to the patient through a rapid cure is accomplished by any of the following methods, which include:

1. Hypnotism. This was used extensively, especially at the beginning of the war, but its use has been discontinued by most physicians on account of the frequent relapses and otherwise indefinite results. However, hypnotism is very valuable in treating insomnia, and I have used it successfully in combating terrifying dreams and hysterical convulsions.

2. General anesthesia with ether, combined with strong suggestion in the excitement stage. This is still

frequently used, but I believe that on account of the discomfort to the patient, simpler methods should be employed first. The method finds its most successful use in the intractable cases of hysterical deafness.

3. The continuous bath. This is reputed to have been quite successful in the treatment of certain algias and motor disturbances of hysterical origin.

4. Suggestion. The best of all treatments in my hands has been strong suggestion, reinforced by some mechanical agent which will assist in relieving at least some of the disturbed functions. This is easily administered with the aid of faradism or galvanism, and the results are quick and complete. Thus Yealland has aptly described the three principles he employs. (A) Suggestion, in which the patient is made to believe he is curable and from this springs the belief that he will be cured. This is briefly done and is followed by (B) Reeducation, which is continued without pause until the disordered functions are brought back to normal. (C) Discipline, in the form of demanding a military atmosphere and regular duties. This breaks down the unconscious resistance of the patient to the idea of recovery. The last is the real preventive of fixed ideas and is a most constructive policy.

SPECIAL TREATMENT FOR THE VARIOUS DISORDERS

Hysterical Mutism.—All of the eighty-four patients treated were cured within an hour, some requiring only a few minutes. In the uncomplicated cases of mutism, strong suggestion combined with faradic stimulation of the sides of the neck in increasing strength, the patient at the same time being shown how to produce the vocal sounds "e," "ah," "a," etc., usually suffices

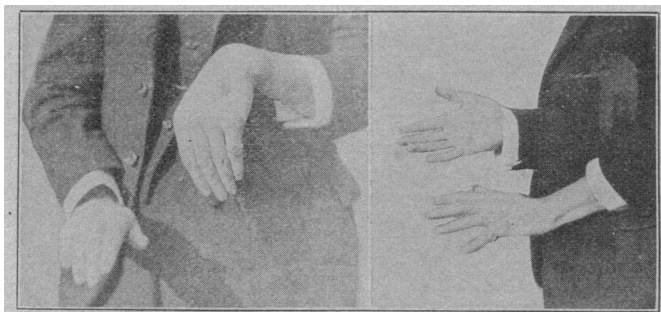


Fig. 2.—Functional flaccid wrist drop in a case of hysterical monoplegia of ten months' duration cured in ten minutes.

to produce articulation quickly. The patient then learns how to adjust his tongue to utter a squeak, which, as a rule, is rapidly followed by letters, especially the labials and dentals, then numbers, the months of the year, and finally sentences. If a hypesthesia or anesthesia over the trachea is found before treatment, it is used as a lever for further suggestion because the disturbed sensation can be easily removed by the faradic brush.

CASE 1.—J. J. L., rifleman, who had hysterical mutism ten months, was cured in one minute by suggestion, combined with faradism to the sides of the neck. During an air raid in July, 1917, an aerial torpedo burst 50 yards away from the patient. He was rendered unconscious and cannot remember how long he remained so. He had been mute since then and could not even protrude his tongue. He was treated in several hospitals without success.

These patients with mutism (and this is true for all hysterical symptoms) who have passed from hospital to hospital, receiving suggestion after suggestion, who have seen many physicians or who have had the most varied and unsuccessful treatment, are the most difficult to cure on account of the fixation of the idea of incurability. The physician has to have an ever-ready plausible answer for myriads of questions, and especially to statements that the sufferer has had all these treatments before.

Hysterical Deafness and Deafmutism.—If deafness is associated with mutism, it is well to treat the deafness first. The mutism often disappears soon after the return of hearing. Sixteen of the thirty cases of deafness were accompanied by mutism. In only one was there failure to cure, and this was undoubtedly due to interruption of the treatment, and its continuation by a third party.

It is well at first to write down the orders for the patient, so that he will understand and pay attention to them. The deaf hysteric can usually hear very high-pitched and shrill sounds which he is unable to interpret.

Inserting a stethoscope into the ears of the patient, different tuning forks of various vibration lengths are quickly and successively held at the bell of the stethoscope and the patient told to nod when he hears something and to reproduce the sound heard. When he can finally do this for low notes, the voice of the operator is then substituted for the tuning forks and, beginning with a loud voice, the distance between the patient and operator is gradually increased. Then the loudness and pitch of the voices are diminished. Finally the stethoscope is removed and one ear is blocked. The patient is told to repeat quickly the things he hears while the operator rapidly changes his voice from loud to soft and then to a whisper, while he gradually increases the distance from the patient until the latter can hear the whispered voice from 10 to 20 feet away. If one tests the bone conduction by applying a tuning fork over the mastoid region, the patient receives some intimation that he is not completely deaf. This is used

as an auxiliary suggestion, however, and is followed by the treatment outlined above.

CASE 2.—Private H. H., aged 26, who had hysterical deafness four months, was cured in fifteen minutes. He was in a dugout when a high explosive shell burst outside. He was knocked unconscious and remained so until he awoke the next day in a casualty clearing station and found that he was deaf and dumb. Several days later he regained his speech but not his hearing. He had considerable temporal headache, but there were no objective signs of injury to the auditory apparatus. He had been treated in three hospitals in France and England without improvement. Examination revealed bone conduction to high pitched notes only. No air conduction could be elicited. The treatment was carried out as outlined above, and the patient could hear the whispered voice at 15 feet in fifteen minutes.

Hysterical Aphonia.—One hundred and seventy-five aphonics were treated with 98 per cent. of cures. In many of these cases the symptoms followed gassing, with its subsequent laryngitis and aphonia. After the inflammation has subsided, the aphonia continues, sometimes indefinitely. Often a shock or sudden emotion, such as a terrifying dream, falling out of bed, or even a severe reprimand may suffice to bring about a "cure."

The vocal cords of an aphonic should always be carefully examined prior to treatment. If these look normal other than failing to approximate equally on attempted phonation, it is well to tell the patient that he is about to get his voice back immediately. Then, very often, simply gargling with a 10 per cent. salt solution is sufficient for the patient to be able to make an articulate "ah." He is then quickly re-educated in mutism. Sometimes tickling the soft palate with the tongue held protruded will produce the same result, but these failing, faradic stimulation of the sides of the



Fig. 3.—Patient with rigid hysterical paraplegia of nine months' duration cured in forty minutes.

neck, as in mutism, practically always cures in a few minutes.

CASE 3.—Private B., aged 19, who had hysterical aphonia ten months, was cured in three minutes. The patient lost his voice in May, 1917, following gassing and a cold. He had not spoken above a whisper since. He had not been worse or better since the onset. He suffered from easy fatigue and frontal headaches, and trembled in air raids. He feared dark places and heights. His concentration was poor. He always possessed a nervous temperament and had two or three bad frights in childhood. He was a total abstainer and suffered from depression of spirits. This patient was treated with the roller faradic current.

Hysterical Stammering.—In some cases, as in mutism, the patient is cured of his original hysterical symptom either spontaneously or by incomplete treatment, and then lapses into another and worse condition—stammering. In fact, the usual sequence of events is unconsciousness, mutism, aphonia and stammering, although any of these may occur without the others having been present first.

One hundred and eighteen cases of stammering were treated. While most of these patients (90 per cent.) were cured at the first or at the most at the second

sitting, some were not cured till the third or fourth—especially those with marked tremors or fear reaction, or those who were easily startled or had other signs of emotivity. About 50 per cent. of these cases stammer a little for some months afterward when they become embarrassed or excited; in other words, so long as there is any emotivity left. In letters I am receiving from patients treated, they tell me this symptom gradually wears off and that they are regaining their self-possession.

CASE 4.—Private B., aged 23, who had hysterical stammering fourteen months, was cured in ten minutes. Jan. 15, 1917, the patient was blown up. He was unconscious for two or three days, followed by mutism for several days, which was relieved spontaneously and was succeeded by marked stammering, which persisted in spite of many attempts at cure by various methods. The family and personal histories were negative. He was cured by suggestion and faradism.

Hysterical Blepharospasm.—Both of the patients with blepharospasm were cured within a minute each by the application of a faradic current over the supra-orbital notch first on one side and then on the other, immediately after strong suggestion. The blepharospasm was the result of gassing and photophobia. In one case (Fig. 1) the blepharospasm had been present seven months and was cured in ten seconds.

Hysterical Blindness.—Of hysterical blindness, seven cases were treated and cured at one séance each. In these cases the intelligence and cooperation of the patient are essential for the rapid cure.

CASE 5.—Sergeant L., aged 28, who had hysterical blindness four months, was cured in two hours. A letter to his nurse explains the treatment tersely and lucidly.

Dec. 3, 1917, I was blown up by a German 11-inch shell while bringing ammunition out of the line, and within a few days I completely lost my sight. I was treated at the — Hospital for two months. I had electric treatments for about ten days. I was forbidden to smoke and had both eyes bandaged for some days. No good results were obtained, and I was sent to — Hospital, Feb. 15, 1918. Here I was examined by three or four doctors and remained there for three weeks. My sight was no better and in consequence I was sent to — Hospital. I was again treated by four or five doctors with the electric apparatus for about a month, but no improvement. I had lost confidence and was beginning to lose hope of ever being able to see again. Then Captain W. visited me and after explaining what was the matter with me and the reason I could not see, he treated me with the electric power for about an hour, leaving me just before 2 o'clock; but being interested in my case, he came back, explaining to me that he felt sure he could benefit me that afternoon. He gave me electric treatment again and after about half an hour I gradually was able to see first a light, and then his hand moving in front of my eyes. Further treatment and I was then able to see out through the window in my ward and plainly see a house and describe it in detail. I was, in fact, able to see quite well after his treatment that afternoon. Although the treatment was a little painful, I had every confidence that the doctor was doing his utmost for me, and getting back my sight was worth ten times the pain and discomfort.

This patient from complete blindness had 20% vision at the end of two hours' treatment. There was no resulting constriction of the color fields. Three months later, a letter from the sergeant says his eyesight is as good as it ever was.

The hysterical paralyses of the motor apparatus treated include forty-six monoplegias, fifty-four paraplegias, and nine hemiplegias. The treatment was practically the same in each of these cases, although it was found that the longer the duration of the paralysis, the more difficult was the cure. If, on the other hand, sensory disturbances, such as anesthesia or dysesthesia (which is always associated in the lay mind with the loss of power) were found, it was easy to remove the sensory disturbance by suggestion or by the faradic brush, or by both, and then resort to rapid reeducation. As a rule, the sufferer from a hysterical

paralysis, sensory or motor, gives a history of its onset shortly after a slight wound or having been blown into the air, or even landing against the wall of the trench, experiencing a pain in the back or numbness in the affected extremity.

CASE 6.—Lieutenant B., aged 26, who had hysterical hemiplegia eighteen months, was completely cured in forty minutes. In September, 1916, he was knocked on the right side of the head and was unconscious for ten days. On regaining consciousness he was paralyzed on the left side of the body. There were no sphincter disturbances. Speech was normal. He felt as if the whole side of his body were dead and did not belong to him. He could not move the muscles of the left arm or leg. Practically no improvement occurred until June, 1917, when he was knocked over by a tram and was unconscious for two hours. On the following day he regained some of the power in the muscles of the left side of the body, but the numbness remained. On examination, loss of superficial and deep sensibility of the left half of the body to the midline was found. The deep and superficial reflexes were normal on both sides. The fields of vision were normal. The patient was treated by electrical suggestion. This patient is a professional musician and the same day, after the cure, practiced his violin for five hours, the first time in eighteen months.

CASE 7.—Gunner J. W., aged 25, who had hysterical paraplegia five months, was cured in forty-five minutes. The onset occurred in October, 1917, while the patient was in a bivouac. An aeroplane dropped a bomb just behind him. After the explosion he found his friend with his head half severed from the body and he remembers no more. He slept badly, had continual frontal headache, and when he thought of the unfortunate episode he went into a general shaking convulsion. He had not been able to stand for six months. Neurologic examination revealed both legs very rigid, and any attempt at voluntary movement resulted in marked coarse general tremor. The reflexes were increased throughout. The Babinski reflex was negative on right and left. There were no sensory nor sphincter disturbances. After continuous treatment for three quarters of an hour the patient was able to walk normally.

CASE 8.—Private S., aged 22, who had hysterical monoplegia five months, was cured in five hours. In December, 1917, he had cerebrospinal meningitis, for which many lumbar punctures were performed. During one of the punctures he felt a numbness in the left leg. He was able to perform his regular duties until March, 1918, when, during a march, he felt dizzy and fell unconscious to the ground. On recovering consciousness two hours later, he was unable to move a muscle in the left leg below the groin. It felt "as if it did not belong to him." On admission to the hospital, he walked with the aid of two crutches and dragged the left leg as if it were stuck to flypaper. Deep and superficial sensibility were profoundly disturbed below the level of the umbilicus front and back, to the left of the midline. Articular sensibility and likewise vibration sense in the same area were not perceived. The knee jerk, Achilles jerk and superficial abdominal reflexes on both sides were normal. The Babinski reflex was negative on both sides. There was complete inability to move a single muscle of the left leg below the groin. The patient was treated by suggestion and faradism for five consecutive hours, at the end of which time all sensory disturbance and muscle weakness had disappeared. He now walks normally.

Sometimes a true hysteria follows a severe wound. In this case the hysterical symptoms are superimposed on the organic but do not disappear *pari passu* with the healing of the wound. It is here that the greatest difficulties in diagnosis try the physician.

CASE 9.—Captain W., aged 28, who had an organic lesion of the brachial plexus with hysterical paralysis of the upper extremity, after healing of the wound, for twenty-four months, was cured in twenty-five minutes. He had received a gunshot wound through the left infraclavicular space, the bullet

emerging through the scapula behind. An aneurysm of the left subclavian artery resulted, which was later ligated. The brachial plexus was also injured, but the torn nerves were sutured. The whole left arm was paralyzed, but the patient gradually became able to move his arm so that with great effort the fingers could be made to twitch. Similar movements of the forearm were possible, after effort. Examination of the left arm revealed practically no radial pulse, and a slight general atrophy. The reflexes were all normal. There was marked general muscular weakness. Sensibility was impaired for touch and pain below the shoulder girdle. In twenty minutes the patient was practically cured, except for a slight weakness of his little finger, which remained in slight abduction. He was returned to his command on his urgent request in two weeks.

Hysterical Disturbances of Gait.—Various authors have described and given names to different types of disordered gaits. So far as treatment is concerned, it is the same in each case, namely, strong suggestion with or without faradism, followed by rapid reeducation. In this series there were thirty cases, including four by astasia abasia, twenty of stasobasophobia, and six of dancing gait.

CASE 10.—Private J. P., aged 20, who for five months had stasobasophobia, with relapse after violent emotion, was cured in seven minutes. In September, 1917, he was blown up and was unconscious for twenty-four hours. He awoke in a casualty clearing station. He was unable to speak, had tremors, walked in his sleep, had terrifying dreams and suffered from severe occipital and frontal headaches. A few days later he recovered his speech, but talked with a stammer. He was treated by hypnotism and electricity and was sent back to his unit in December, 1917. On his journey back, which occupied six days, he was spending the night in a rest camp when a bomb dropped and exploded within a few feet of the patient while he was in bed. He was extricated from the wreckage, but was unable to walk. He was dazed, stammered, and complained of pains in the head and in the base of the spine. His legs felt numb and cold. He said he received "very harsh treatment with electricity and very little improvement" in two hospitals. He cured himself of stammering by reading aloud. Examination was negative except for inability to maintain the erect posture, and fear of falling unless he had two crutches to aid him to stand. All muscular movements were executed fairly well in bed. A five minute "straight talk" and two minute treatment with the faradic tetanic current sufficed to enable the patient to walk and to run in a perfectly normal manner. That day the patient took a 2 mile walk after lunch.

CASE 11.—Private G. A., aged 21, who had dancing gait nine months, was cured in twenty minutes. The patient was blown up and was subsequently unable to stand for several weeks. Since then he had great difficulty in maintaining his balance even with the aid of a cane. He staggered a few steps to the right and as many to the left. At times he would halt suddenly and take a double shuffle to the front. When he lay on his bed he could execute all movements of the lower extremities very well. There were no neurologic disturbances of note. With the faradic current and strong suggestion the patient was able to get on his feet in ten minutes, and in ten more minutes of reeducative exercise he was walking.

Hysterical Tics, Tremors and Convulsions.—The forty cases of hysterical tics and tremors represented all the stages from a slight, coarse tremor which occurred during excitement or effort to the involuntary

coarse jerking of the greater part of the body, worse on effort and even persisting at rest, but disappearing during sleep. Since emotivity is largely an accompaniment of these disorders, rest, strict isolation and continued suggestion must be employed to a great extent in the treatment. I have always considered stammering merely a form of functional tremor, for here also emotivity plays a leading rôle in its production, much more so than in the functional paralyses without tremor. In most cases the coarse tremor can be removed in a short time; but it is always necessary to study the patient psychologically for a shorter or longer period before treatment. The use of suggestion alone is very potent as a cure, but it is greatly enhanced by explaining to the patient in a terse, simple way, the rationale of the disability. As a prophylactic against relapses, physical exercises are indulged in for several successive weeks.

The tics are the most difficult of all the hysterical disorders to treat, as suggestion or even faradism rarely succeed rapidly in abolishing the disorder. In these cases, isolation, forced feeding and oft repeated corrective exercises before a mirror, together with strong suggestion, help naturally to cure this aggravating symptom. As the emotion subsides, the tic diminishes.

Sometimes, as in the following cases, one of double platysma spasm, the patient was cured after a very brief treatment.

CASE 12.—Private C., aged 44, who had double platysma spasm four months, was cured in three hours of continuous treatment. He was buried in a dugout and was being extricated when another shell burst nearby. This unnerved him, and he began to shake all over. He was carried to a shell hole and remained there for several hours until the barrage cleared. He was shaking so badly that he could not walk without the aid of two men. On the way to the hospital that day, he was knocked unconscious again, and when he regained his senses his head began to twitch and had continued to do so since.

The patient was depressed, and had terrifying dreams, continual headache and difficulty in getting to sleep. When he did get to sleep it was fitful. The feet and hands were cold and clammy, the pupils were dilated, the reflexes increased. There was a continual jerking of the chin and neck in a forward movement, about forty times a minute. Slamming of a door or sudden noise sent the patient into a long continued spasm with contortion of the face and mouth. After several days of complete isolation, during which he was given strong suggestion and many reassurances as to his imminent cure, he was finally treated with a mild faradic current and cured after three hours of treatment.

RULES OF TREATMENT

Having thus detailed the treatment, I have been led, through my experience, to lay down the following general rules for the efficient, rapid, and complete cure of hysterical symptoms:

1. Study each case fully. Take a complete family and personal history, especially for previous nervousness or similar attacks, even though the character of the affection appears evident.
2. Study each case psychologically, before instituting treatment. This can take the form of a psychoanalysis in the cases in which emotivity plays a prominent part. Encourage



Fig. 4 (Case 11).—Patient with dancing gait before and after treatment.

the patient to talk of himself and thus gage his mental condition.

3. Produce an atmosphere of cure in the wards or office. This is best accomplished by contact with cured patients. A confident, optimistic atmosphere has helped to cure more hysterical symptoms than all the mechanical appliances.

4. The patient must seek the cure.

5. When the patient resists the cure, this must be broken down by strong persuasion, long continued, or by faradism.

6. The physician must, at all times, be master of the situation. He must have a ready response to all questions put to him by the patient.

7. Do not discontinue the treatment until the cure is accomplished.

8. Let the patient into your confidence, and explain to him in simple terms how his symptom is caused and how you propose to cure it immediately.

9. Be absolutely sure of your diagnosis before beginning treatment.

10. A quiet, firm sympathy, together with an air of supreme confidence, is essential for the "air of recovery" in the treatment room.

11. Hysteria is often promoted in the ward by mental contagion. If a severely affected patient is admitted it is best to isolate him for a short while and thus prevent this contagion.

12. The earlier the treatment is instituted after the occurrence of the symptom, the easier and more complete the cure. The fixation of the idea is thus prevented.

13. During the treatment of a paralyzed member, watch for the slightest voluntary movement of the limb on the part of the patient and use that for the point for further suggestion.

14. The method of treatment varies with the mentality of the patient, the desire for recovery, the degree of education and his social level.

(a) To the cultivated and intelligent, frankness should be the keynote. Suggestion often suffices for the cure.

(b) To the uneducated, simple suggestion plus a material method is usually necessary.

15. To avoid the distraction of the patient during treatment, all extraneous noises and movement should be eliminated.

16. The physician must possess a strong will power. He cannot convince unless he himself is convinced. He must display kindness, but his commands must be full of authority.

17. Results of treatment depend on the physician who plays the leading part. The patients are cured when they find their master.

18. Do not lose your temper. Have patience.

19. Select the best time for treatment, and if not successful after a time, cease, and recommence at a more favorable opportunity, explaining to the patient that rest is the cause for stopping. Meanwhile he should be completely isolated.

20. Do not give fresh suggestion to the patient or threaten him unless he is known to be a malingerer.

21. The ease of curability is largely dependent on the duration of the symptoms and the nature and number of previous treatments.

22. Contractures are more persistent than paralyses.

23. Strict military discipline and regular outdoor work are the necessary after-cure of these patients.

24. Make the disease an unprofitable one for the patient.

25. The cure of a hysterical symptom is a mental combat between the physician and the patient, in which the victory is on the side of the physician. This is the secret of psychotherapy.

26. The patient should be observed for a few weeks after the cure.

27. The most potent causes of failure to cure are ill will of the patient, unfavorable surroundings, and mistakes in diagnosis.

With these considerations as working hypotheses, any physician should be able to treat hysterical disorders successfully; but without them, failure stares him in the face.

American Red Cross Military Hospital No. 4.

THE SURGICAL TREATMENT OF EMPYEMA BY A CLOSED METHOD*

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The death rate from many hundred cases of empyema occurring in the United States Army during the winter of 1917-1918 was very high. The average mortality reported from the various camps was 30.2 per cent. Many camps reported between 45 and 60 per

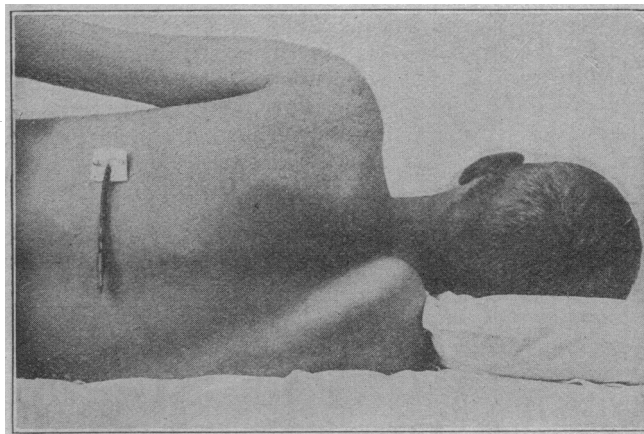


Fig. 1.—Tube inserted and fastened in place.

cent., and one camp reported a mortality of 84 per cent. in eighty-five cases.¹ Most of the deaths reported followed virulent *Streptococcus hemolyticus* infection. Whether or not this high death rate was due to the virulence of the infection or the treatment, it is evident that there are great possibilities for improvement in methods of treatment.

During the past seven months I have had the opportunity to observe seventy cases of empyema in the Walter Reed General Hospital, Washington, D. C., and as a result of this experience have adopted a method of treatment that is submitted as an improvement on the usual procedures. The chief features of this method are:

1. A single, early, minor operation without danger of shock or collapse of the lung.

2. Intermittent removal of secretion and antiseptic treatment given through a small rubber tube, with a bulb syringe.

3. Rapid partial sterilization with neutral solution of chlorinated soda (Dakin solution) followed by complete sterilization with a 2 per cent. dilution of liquor formaldehydi in glycerin.

4. Maintenance of negative pressure in the empyemic cavity, tending to early obliteration of the cavity.

5. One dressing which will last several days and no skin irritation.

6. Emphasis on simple physical principles rather than on major operative surgery.

DETAILS OF METHOD

If fluid in the pleural cavity is suspected, a diagnostic puncture should be made at once. If a smear from the fluid is negative, and the patient's condition per-

* Read before the staff of Walter Reed General Hospital, Oct. 16, 1918.

1. Cases of Empyema at Camp Lee, Va., Preliminary Report, by the Empyema Commission, THE JOURNAL A. M. A., Aug. 3, 1918, p. 366. Review of War Surgery and Medicine, August, 1918.