

Later, twelve drops were taken, night and morning, without inconvenience, this dose being continued twice daily for a year, then dropped to one dose daily for a few following months. Improvement was gradual but progressive. At the expiration of twelve months from the beginning of treatment, the goitre, exophthalmia, and the mental symptoms had disappeared. Bodily weight was then 160 pounds. There has been no relapse.

Liegeois ("London Medical Recorder," August 10, 1889) speaks highly of *veratrum viride* in palpitation of the heart, due to various causes, especially when of functional origin. In palpitation associated with hypertrophy from valvular or peripheral lesions, it gives good results. Indications for the drug are the following:

1. Functional palpitation and arrhythmia, accompanied by heightened arterial pressure.
2. In palpitation and arrhythmia due to organic valvular lesions during the period of hypersystole.
3. In palpitation and arrhythmia during the first of the so-called arterial or vascular heart-disease.

*Veratrine* is irritating and even emeto-cathartic; *veratrum viride* has none of these distressing symptoms, and, like *strophanthus*, may be given for weeks together, if sufficient interval be allowed to elapse between each dose. If the dose be not excessive, no cumulative effect is produced and tolerance is not established.

#### HYPERPYREXIA IN HYSTERIA.

The "Therapeutic Gazette," of Dec. 16, 1889, calls attention to a notice upon this subject, that appeared earlier in a Danish journal, thence assumed a German dress, and then found a place in the "Lancet" of Oct. 12, 1889. The patient, after an attack of hæmoptysis, suffered from severe dyspnœa, cyanosis, and temporary asphyxia, several times during the night; after the attack there was loss of consciousness for some time, anxiety, and inclination to hallucinations. During the next two months the symptoms were repeated without any signs of phthisis. There was retention of urine. The temperature varied for three days from 103° to 104° F.; on the fourth day, at noon, it rose to 113°. The physician, Lorentzen, found the patient with other signs of inflammation; slightly delirious; temperature, one hour later, 108°; in the evening, 106.3°. The next day it rose to 113°, but fell in an hour to 99.5°. It varied in the next few days from 101.3° to 103.1°, and then became normal. Lorentzen considers the rise of temperature and respiratory disturbance as purely neuropathic. The aston-

ishing statement is made that Teale found the temperature in a hysterical patient  $122^{\circ}$ . Wunderlich records a case where it was  $109.4^{\circ}$ .

#### TRAUMATIC HYSTERIA.

The "Gazette des Hôpitaux," for Nov. 23, 1889, contains an admirable paper with the above title, by M.E. Brissaud. Hysteria he considers one and indivisible, whatever the cause that fans it into flame, whether traumatism, intoxication, lightning, terror, or even misplaced love itself. None of these are more than exciting causes, quite incapable of creating distinct forms of hysteria, and occupying, in the nature of things, a subordinate position. Accidents and profound emotions render certain persons hysterical, because they have an hysterical make-up; but the accident or the violent emotion cannot of itself create hysteria. Otherwise almost every one would be a victim, for some accident happens to even the best of us during the course of a lifetime; and it is well known that the men and women of keenest intellect and greatest usefulness are capable of the most profound emotion. "Passions are the most truly creating things in the world, and the want of passion the truest death or unmaking of things." Thus, in the normally constituted human being, profound emotion brings about power, and controlled passion liberty and happiness. Not so with abnormal humans, whether men or women. Emotion or an injury conquers them; and the result may be disturbances of sensation, hemianæsthesia, pharyngeal anæsthesia, disseminated hyperæsthesia, concentric restriction of the field of vision, dyschromatopsia, various paralyses, loss of muscular sense and the power of speech, contractures, laryngeal or œsophageal spasm, nervous crises and physical symptoms,—in a word, manifestations of hysteria. These occur in prisoners, in street-vagrants, in idle, luxurious women, in self-indulgent men, in the overworked of both sexes, in children sometimes, but only among the *hysterical*.

The subject of injury, poison, overwork, or emotion reacts according to its individual mechanism. An exciting cause only is necessary for such reaction. In this resides the specific nature of hysteria, for it is in-itself almost equal to a function, responding to external stimuli. The retina has but one method of reaction to irritations, however they may be produced, whether by pricking, burning, pinching, faradization, etc. The reaction is always a visual sensation. This visual sensation is a physiological constant quantity, while hysteria is the pathological constant quantity. If