defect arising in this way, especially after early childhood, did not come within the scope of the Act. The new definition makes it quite clear that they are included. The number of cases so arising is undoubtedly very considerable; but as most of the children so affected die in the early years of life, their relative proportion is greatly reduced. If defectives of all ages be considered, cases of this kind, which are termed secondary amentia, probably amount to about one-fourth of the total. I do not propose to discuss these factors in detail. It will be enough to say that they may be conveniently divided into three groups, namely, those incident before, during, and after birth. During birth the chief factor is some form of injury; whilst before and after birth toxic processes of some kind or other predominate.

In conclusion, the essential concept to keep clearly in mind is this: That the legal criterion of mental deficiency is social incapacity of such degree and kind as to necessitate care, supervision and control. If this incapacity is due to any imperfection of mental development, of no matter what kind, so long as it has existed before the age of 18 years, then the individual is a mental defective within the meaning of the Act.

THE "HYSTERICAL" BREAST.

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GENTLEMEN,—I address you to-day on a small part of a very large subject, namely that of hysteria. Hysteria, as you know, is a condition where the body and to a certain extent the will become subordinated to the mind, and if the mind is unsound the body can suffer in various ways.

The relation between hysteria and the organs of generation was recognized of old

and is reflected in the name of the condition. The breasts being organs of sex, naturally sometimes share in the changes which are characteristic of this disease; there has, however, been little importance attached to these manifestations.

As long ago as 1667 Willis noted pain, tenderness, and swelling of the breast accompanying hysterical manifestations. Sir Astley Cooper at the beginning of last century and Sir Benjamin Brodie in the middle of last century drew attention to the condition.

The hysterical condition is seldom limited to the breasts, but is usually part of more general manifestations affecting the whole body. Most patients with well-marked hysteria will be found to have tender breasts; it is only in those patients where the symptoms relating to the breasts overshadow the other symptoms that the term hysterical breasts can be applied.

Hysterical manifestations may be met with in young people of a neurotic tendency if undue attention is suddenly directed to the breasts and a strong impression is made upon their minds; often this is the result of ignorance or fear on their part. What strikes their mind may be a very simple thing, such as inequality in the size of the breasts which has been pointed out to them for the first time, a thing of really no importance. The same thing will happen if these patients come into contact with an older person suffering from cancer of the breast.

The chief characteristics are pain and tenderness in the breast extending to the side, the axilla, and down the arm of the same side.

The patient herself usually considers the breast to be acutely and exquisitely tender, and shrinks from allowing it to be touched or examined in the manner often met with in hysterical people, and yet if her attention is occupied or directed elsewhere the breast can be handled without eliciting any tenderness whatever.

Physical changes have been described such as swelling or changes of colour in the

skin. Gilles de la Tourette, and other French writers have described breasts which have swelled to twice their ordinary size and even more, so that there was no dubiety on their part. The nipple has been described as becoming erect and prominent, the skin as being bluish or even red, inflamed and congested, and these changes have gone on till actual gangrene of the skin.

Féré said that he saw swelling and redness of the skin develop in a breast in quite a short time for no other reason than that the patient had been offended by something that had been said to her. While admitting that some such mild changes can be brought about by the will, it is impossible to credit all these statements.

We know that under this peculiar condition patients will perform actions of which they may be entirely unconscious, in this manner friction, pinching, or other mechanical means can inflict injuries which would bring about these inflammatory changes in the skin, and finding these they would attribute the condition to the underlying breast. Huss described a case :—

A girl, aged 23, who was evidently very emotional and suffered from a hematemesia, and ecchymoses of various parts of her body, who had at these times a discharge of blood from the nipples. She was under close observation for some time, when it was discovered that these phenomena could be induced voluntarily by the girl having a violent quarrel with a neighbour.

We cannot however accept these physical changes in the skin as being due altogether to nervous causes purely sensory in origin. After all it is supposed to be the underlying breast which is at fault and not the overlying skin. The following case illustrates this well :—

Dr. A. H. L. Thomas sent me a tall, fair girl, aged 18, who had marked inequality in the size of her breasts, her right one being normal but the left one was micromasic, being small and quite undeveloped. The right side of her breast was discoloured and bruised, although she said she had had no

injury. It had been in this condition for two to three weeks, but she could account for it in no way. On putting out my hand to examine the breast, her right hand flew up to the spot as if to protect it, and she continually put her hand to the place unconsciously ; she said the breast was very tender. On engaging her in conversation to attract her attention she allowed me to handle the breast freely.

I told her the condition was due to the fact that her attention had been attracted to the condition of her breasts, and that she involuntarily pinched the right breast with her right hand. She said she did not think she did, but promised to be careful. Strapping was applied to protect the breast, and the condition was much improved in a short time. Eventually she recovered.

The following is an account of a really malevolent type of hysteria :—

A girl, aged 25, rather flashily dressed, came to hospital with a curious rash upon both breasts, which were swollen and red. The rash looked like innumerable small pin-points, which did not fade on pressure, and the history she gave was that the breasts had suddenly become affected in one night. The condition was very puzzling ; no diagnosis was made, and some simple application applied. She was seen again in a few days, and the left breast was much worse, the rash more intensely marked and closer set, the right breast being rather better. The third time she was seen, distinct patterns and circles were visible, about the size of a penny, marked out with these points. Two of these circles were above the nipple, and the diagnosis was suddenly cleared up, for in the middle of the circles the letters K.I. were seen distinctly tattooed ; the letters were upside down, as one would naturally write them oneself on one's own skin. The whole thing was self-inflicted with the points of needles in consequence of some conversation, or after reading some objectionable literature. On taxing her with it she admitted the truth, and the whole thing disappeared.

It is difficult in this case to follow the workings of a mind which will inflict an injury, and then take the trouble to go and deceive the doctor, follow his treatment, and

at last own up that it is all a plot. A plot in the true sense of the word, it is not, it is a disease.

We have, I suppose, all seen hysteria in children, whose mind is so impressed with disease in others that they imagine they have it themselves and begin to ape the signs of the disease. A writer once wrote that after looking through a medical book, he imagined he had every disease he read of except housemaid's knee, and children are often more imaginative and less reasoning beings than adults. In most cases it is a chronic disease that the child imitates because she sees the patient constantly. I have seen children brought to the hospital with every symptom of tuberculous knee or tuberculous hip, and great difficulty has been experienced in detecting such cases with certainty. It is quite extraordinary the accuracy with which children will imitate the real sufferer.

In some cases they will imitate acute diseases if a fuss has been made before them and their minds have been sufficiently impressed. A good illustration of this in the case of the breast is reported by Charon and Courbel :—

In an institution for children at Amiens was a girl, aged 13½, who was subject to hysterical convulsions and attacks of sleeplessness. She had only menstruated twice, but her breasts were highly developed for her age. The sister of the ward in which she was had an abscess in her right breast, which had been opened. Secondary hæmorrhage had taken place, and greatly alarmed the whole establishment. The girl was particularly upset, as her mother had died one and a half years before from cancer of the breast, for which she had twice been operated upon. The girl lay quite sleepless all that night, and in the morning felt sharp pains in her right breast, and found it red and swollen. Later in the day this was discovered, and the doctor examined her. The breast was swollen, immobile, of a bluish-red colour, tender but not really painful. On the doctor reassuring her, the breast rapidly returned to normal. The

authors state their belief that there was no trickery, and ascribe the condition to "vaso-affection" due to auto-suggestion.

Although the doctors expressed this opinion, one cannot help thinking that the child had rubbed, pinched, or kneaded her breast constantly and severely, although unconsciously, all through that sleepless night.

A very curious hysterical manifestation with a physical reason at the back of it was reported by Le Gendre :—

A girl, aged 20, without any hysterical antecedents, suddenly developed marked hysteria. She had inability to swallow her food, was given to tears, and her nature was completely changed. She complained also of pain in the left breast, and from time to time there was an actual escape of blood from the nipple, which the doctor saw himself. After examining her thoroughly, segments of a tape-worm were found in the stools. On treating this with a vermifuge the whole condition suddenly passed off.

There seems to be no doubt that the hysterical condition can be brought about by physical causes, and that these causes may affect the individual not through the senses but in a less obvious way by damaging the function of an organ. These have all been illustrated above.

We all know that underlying many mental diseases is a definite pathological cause. It may be sepsis, it may be a tumour, it may be a disease like tubercle affecting perhaps a suprarenal capsule or an ovary, and that if this cause can be removed the patient may return to normal.

I remember operating once in an asylum upon a patient who had a cystic kidney; whenever the kidney cyst became tense she had delusions and had to be shut up. She improved after the operation, but in her case the habit had been allowed to go on for some twenty years, and a cure could not be expected.

What we do not realize perhaps is the power that mental impressions or the will, call it anything you like, have over the

organs and functions of the organs of the body. This is most important, for if they have power to upset function and to produce disease, they must logically have power for the restoration of function and the cure of disease.

I remember a radiologist telling the Medical Society of London of a patient whom he was treating with deep X-rays for secondary nodules of carcinoma after a removal of the breast. As the patient did not respond to the treatment he sent her away for six months. She returned at the end of that time, and, to his astonishment, the nodules had all disappeared; he pressed her to say what she had done, and she refused to tell him or to give any hint of what had taken place. It was, the husband admitted, that she had gone to Lourdes.

The following case is an illustration of the opposite condition. A woman was admitted to an asylum with delusions, one of which was that she had cancer of the left breast. Her left breast was normal. She stayed in the asylum for many months, and gradually became normal. Within a year of her discharge from the institution her left breast had to be removed for cancer.

We all know the person who is going to get over an operation, no doubt enters the mind, she is the quiet, placid, determined type. On the other hand, we know the shrinking, nervous, suspicious person who queries everything said to her, how one dreads anything going wrong with her, and how often are our fears realized.

A degree worse even is the patient who asserts he is sure he is going to die, and very often they do so for no accountable reason.

As a house surgeon a patient from the Northern Isles came under my care. She was a thin, nervous woman who asserted she would surely die if operated upon. She had her operation and composed herself to die and such was her determination that without apparent cause she died quite peacefully. Post-mortem examination discovered no cause for her death.

She had said she was going to die and die she did. Many practitioners could tell similar tales.

We say, where there is a will there is a way, which means that the strong and determined will, will rule circumstances while the weak will is ruled by them. Napoleon determined where the Ulm campaign would determinate before he set out on it. Mussolini has destroyed the Mafia, a society which has terrorized Sicily for more than two hundred years and defied every edict issued by the Government. If will can influence distant things in this manner, how much more possible it is that it can rule the organs in close relation to it.

Perhaps I am treading on delicate ground when I say that all the underlying truths of Christian Science are based upon this fact, and that while the medical world as a whole ignores them the Christian Scientist recognizes them. It is true they exaggerate them and distort them into saying that fractures and toothache do not exist, but you must remember that it was this belief that has buoyed up the martyr, the fanatic, and even the criminal through the ages and enabled them to rise superior to their sufferings, to laugh at the efforts of the most inhuman torturer, and prompted them to offer offending parts of their bodies first to the flames.

Here the mind rises superior to the most acute feelings and rides triumphant over them. To leave the sublime and return once more to the ridiculous, it is this power of the mind over suffering which may be so distorted that the patient may inflict pain upon herself as a sort of habit. The commonest example in connection with the breast is to make the breast a sort of pin-cushion into which needles are introduced, pins having heads are seldom inserted.

Otto mentions a hysterical young woman from whom as many as 273 needles were removed at different times, and of these twenty-two were removed from the left breast. It is easier for the ordinary right

handed individual to insert needles into the left than into the right breast.

This number is surpassed in the case reported in the *Iowa Medical Journal* :—

A girl, aged 19, had the misfortune accidentally to run two needles in her left arm. These were extracted. The impression made upon her was such that during the next few weeks more than forty needles were extracted from the left arm and five from the left breast. The habit continued, so that in the end 132 needles were removed from her body, including thirty-five from the left breast and thirteen from the right breast.

A needle is not a very deadly instrument and few accidents have been recorded from their insertion in this manner but the following case reported by Untiedt is of interest :—

A hysterical girl, aged 19, thrust a needle into her left breast. Soon after this a pulsating tumour formed under the breast and the patient died. At the post-mortem examination an abscess containing about a pint of brown pus was found, in which lay a sewing needle one and a half inches long. The abscess communicated with the pericardium.

This is the only case of such a nature that I know recorded.

PRACTICAL HINTS IN MEDICINE (PSYCHOLOGICAL).

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In an address delivered last month, Sir Farquhar Buzzard stated: "There can be little doubt that more than half the ills to which man is prone originate in disturbances of the mind. There can be no doubt that they are more difficult to recognize, to

classify, and to treat than those of purely bodily origin, and that the dangers attached to unskilled practice in that department of medicine are at least equal to those associated with ignorant interference in any other." With this authoritative pronouncement, my experiences as a physician accord fully. Therefore, as on the last occasion on which I had the honour to address this audience, I dealt with some emergencies of organic neurology, it may prove useful to some of you to deal to-day with that mighty subject, "the powers of mind over matter," or the effects of the mind upon bodily functioning, and to be as practical and helpful as an hour will permit. I shall avoid touching upon the vast domain of conventional insanity, or upon the physiological disturbances, such as of the vegetative nervous and endocrine systems, which intervene between the mind and the ultimate symptoms it can manifest in bodily guise. So I shall deal with what are more appropriately called psycho-neuroses than neuroses, in that the former term emphasizes the lead of the mental element. My scheme is to categorize (rather than classify) some patients that we all meet, to give what can be nothing more exhaustive than a list of psychoneurotic manifestations arranged according to the functional systems they affect, and to intersperse some practical generalizations. Most of my remarks and examples will relate to the psychoneurosis called hysteria, or more usually, anxiety-hysteria.

CATEGORIES.

(1) Some illness or trauma occurring, the subjective symptoms of which persist long after recovery, as judged by physical signs. Frequently it is one symptom that dominates persistently. Common examples are aphonia after laryngitis; prostration after influenza; pain after appendicectomy; headache, or pain and stiffness of the back, after an injury.

(2) Some physical abnormality (insignificant in itself in that the same condition