Hysteria.

With reference to its occurrence amongst the English Working Classes.

A Thesis
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by.

Robt. Sieve M.B.C.M.
The Royal Infirmary
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Hysteria

The subject of Hysteria is one of considerable interest and deserves careful study, not only from the clinical point of view, but as an index of the effect which our present state of civilization has upon the mental condition of different classes of people. The disease is probably as old as history; but owing to changes in nomenclature, and the increased accuracy of diagnosis which always accompanies increased knowledge, comparisons of the frequency of it's occurrence in different epochs of time are practically impossible. Even in the present day the name is often improperly applied to cases of malingering, and, on the other hand, some observers seem to include all cases of Hysteria occurring in males under the term Hypochondriasis. In this paper no attempt is made to give a full description of the more complicated and rarer

phenomena of Hysteria; it is simply a record of observations on the disease as it occurs amongst the working classes of a large provincial town.

Aetiology.

Nationality has a well marked effect on the occurrence of hysteria, thus whilst it seems to be unknown amongst savage races, it occurs in some form in every civilized country. But the manifestations of hysteria vary in different countries, owing to differences in the nervous stability of the various races. Thus in France the symptoms are almost always associated with severe convulsive attacks so that French writers have given the disease the name of Hystero-Epilepsy; in England on the other hand, convulsions are not so common nor are they so severe when they do occur.

The Hebrew poor seem to be especially prone to the disease; for amongst the patients who have come under my observation, all members of the working

classes, the proportion of Jews has been far greater than one would expect from the number of Hebrews in the population. But a large number of Hebrews are landed at this port (Hull) every year, and as most of them are almost or quite destitute, and have undergone the privations of a long journey; they are in a condition which renders them especially liable to an attack of Hysteria.

It has often been pointed out that the different strata of society are not all liable to this disease in the same degree. Thus Goblhart[1] expresses the opinion that man's nervous centres are changing, and gradually becoming more and more prone to fatigue and break down; so that men are becoming more liable to be a prey to morbid sensations; and he holds that this change is most marked in the middle classes. But whilst the higher classes

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[1] Commun. Neurais - Goblhart 1894. pp 11

may be rendering themselves liable to nervous breakdown by the high pressure under which they work, or by living in a more luxurious manner than they formerly did, the working classes are by no means free from a liability to neurotic disease; this is in a great measure explained by the fact that a history of chronic alcoholism can almost always be obtained from a male patient who is suffering from hysteria

Sex. Most writers state that hysteria is rare in the male sex, though all agree that it occurs. In my experience hysteria is more common in females than in males, but it is more frequently found in men than most authorities think. Charcot and Pierre Marie[2] say that amongst the working classes hysteria is much more common in males than in females, but this statement refers to French patients. Amongst the cases which have been treated here during

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[2] Art: on Hyst: in Dict: of Physcological Med: Hacke Tuke.

the last five years there have been between five and six females to one male patient.

Causes of the greater frequency of Hysteria in women.

(a) Fundamental differences in the stability of the nervous system. According to Gowers[3] these differences are due to "the physiological preponderance of emotion in females which is essential to the part they play in the continuance of the race". The vast majority of females have a disposition to hysteria, this disposition was held by the older writers to be due to the pelvic organs; we now know that it is a difference in the nervous system.

(b) Training. The home life of girls is often of the kind best calculated to encourage the advent of neurotic disease, more especially in the upper classes. where the young females have no occupation to interest them; and having

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[3] Dis: of Nervous System. Gowers Vol I pp 986

no outlet for their energies, are apt to become moody and brood over all their minor aches and pains. Further a girl comes much more into contact with the mother than does a boy and therefore, if the mother is hysterical, the girl, having in all probability inherited the neurotic temperament, will have more numerous opportunities for the exercise of those powers of mimicry which are always well marked in the hysterical. Moreover the constant care and worry, caused by the necessary attention on such an invalid mother, are likely to have a detrimental effect on her bodily health. Amongst the working classes the girls take a share in earning the livelihood of the family, and so their minds are better able to withstand the onset of hysteria; unless they go to the other extreme and become ill through overwork.

(C) The stress of puberty is much greater in the female than in the male. Before the age of puberty boys are as

often the subjects of hysteria as girls. Menstruation and parturition often strain the mental condition of women, so that neurotic females are worse at the menstrual periods, and frequently hysteria supervenes upon parturition.

Age. The relation of age to hysteria is extremely difficult to determine; for though one may easily construct tables showing the different ages at which patients came under treatment; in the great majority of cases the disease has been in existence for some time, but has not been recognized. Briquet gives figures which show the frequency with which neurotic symptoms first manifest themselves in the different decades of life. He states that 8% of hysterics commence before the age of 10; 50% between the ages of ten and twenty, and that the percentage then gradually decreases, so that only 1% begin after reaching the age of fifty. Hysteria may manifest itself in any form in the young, thus

during the last twelve months children have been treated in the wards of the Hull Infirmary for hysterical paralysis, neurotic vomiting and convulsive attacks.

(c) Heredity. The limits of resistance to mental stress vary widely in different individuals, and the nervous stability of a patient depends to a great extent upon his heredity. The family history of a neurotic patient often shows that one or both of the parents have been hysterical; and the occurrence of other nervous diseases, chiefly chorea, epilepsy and insanity seems to show that there is some connection between hysteria and these diseases. In nearly half the hysterical children I have seen during the last two years there has been a history of chorea or epilepsy either affecting the patient or some other member of the family.

Exciting causes of Hysteria

Most hysterical attacks are traced, by

the patient, to a distinct cause; but whilst it is convenient to speak of the attack being caused by a definite emotion, or traumatism, or whatever it may be; it is important to remember that there is always a morbid predisposition – a certain instability of mental control – which diminishes the normal resistance of the patient, so that a comparative slight cause will have a great effect. The causes are generally stated to be either Physical or Mental or a combination of the two; but while it is easy to understand that the cause may be entirely mental, it appears to me that there must always be a certain superaddition of mental to physical cause.

(a) <u>Strong emotions</u> and painful mental impressions are very frequently the determining causes of an hysterical attack, especially in women and children. Amongst the ~~for~~ latter the emotion of fear is very frequently noted as the cause of an hysterical attack.

(b) Pelvic disease was at one time considered to be the chief cause of hysteria; but it has long been recognised that, whilst hysterical symptoms may supervene upon organic pelvic mischief, there is no connection between the two diseases, in the majority of cases of neurotic disease there is no pelvic trouble; and it is a remarkable fact that when hysteria is accompanied by disease of the pelvic organs, the latter is rarely of a serious nature. I can not find a record of a single case of malignant disease of the uterus coexistant with marked neurotic symptoms. Ovarian tenderness has been put forward by some as a cause of hysteria; it certainly often occurs but should be classed as a symptom rather than a cause.

The secondary stage of syphilis is frequently marked by the manifestations of hysterical symptoms; and the neurotic disease is very common amongst prostitutes. Fournier says

this is owing to a specific action of the syphilitic poison upon the nervous system; but it must be remembered that the life a prostitute leads is one of considerable excitement, and that women of this class are often addicted to the abuse of alcohol.

(c) Anaemia was present to a greater or less degree in 90 % of the cases of hysteria I have seen, and probably acts as a predisposing cause, since the nervous system can not be properly nourished when the blood is poor in quality.

(d) Organic disease of the nervous system is fully recognised as a cause of hysterical disease. The presence of organic and functional disease in the same patient at the same time gives rise to great difficulty in diagnosis. I have ~~had~~ under observation a man who has paralysis of the left side including the face, in which the diagnosis of intra-cranial haemorrhage was made, but two days after admission he

lost all sensation and all power of motion in the right leg; the paralysis lasted for ten days and then passed rapidly away, but the anaesthesia returned for a short time, and then passed away again leaving him with the hemiplegia

(5.) Traumatism is a cause of nervous disease which acts more especially in men of the working classes. It is often extremely difficult to diagnose between malingering and hysteria when the symptoms follow an injury

(6.) Poisons. Most slow acting poisons have at one time or another been described as causing hysteria; by far the most common is ~~hysteria~~ Alcohol. Amongst the working classes this is an extremely frequent cause especially in the case of males. A history of alcoholism can be got from the vast majority of men who are hysterical, but it does not seem to be so strong a factor in the case of women, but

in comparing the two sexes in this particular, it is important to bear in mind ~~the fact~~ that a woman will conceal the fact that she is addicted to drink much more carefully, and successfully than a man will.

(g) Sexual excess is said to be a cause, and undoubtedly a considerable number of hysterical patients have been, or are, masturbators. Sexual continence is a doubtful cause; Powers[4] holds that if continence follows excess it may give rise to neurotic disease, while Buzzard[5] says that continence "when not of choice, but enforced by circumstances", is amongst the predisposing causes of hysteria.

(h) Sympathetic imitation is a subject that requires great attention; as if patients who are suffering from marked neurotic symptoms come into contact with others, neurotically

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[4] Diseases of Nervous System Powers Vol I

[5] 'Hysteria' in Quains dictionary of Medicine

inclined, they may injuriously affect them. Further, hysterical patients are often made worse by studying the symptoms of patients suffering from organic disease.

Symptoms

The neurotic patient may refer his symptoms to any part or function of the human body; and several writers have attempted to simplify the study of the phenomena, by more or less elaborate classifications. Perhaps the best of these classifications is that adopted by Powers who divides the symptoms into Continuous and Paroxysmal. The most important of the symptoms is The Mental State which, while it varies in particular neurotics in much the same manner as it does in normal individuals; yet presents certain well marked characteristics. Imperfect self control is a very striking symptom; the patient can not restrain the outward manifestations of his or her emotions, and may break into tears

without any sufficient cause; or
roars of laughter may be produced
by a subject which to the ordinary
mind appears anything but humorous;
but it is by no means rare to
find just the opposite condition, the
ordinary signs of emotion may be
absent, or replaced by some other
hysterical symptom, such as paralysis
or convulsions. The lack of self control
is often shewn in a marked irritability
of temper and sensitiveness to the
small annoyances of life.
The hysterical patient is always very
self conscious; and there is generally
great exaggeration in the description,
given by the patient, of his sufferings;
this exaggeration is some times so
great in degree as to amount to
active deception and dishonesty; it is seen
especially in patients who are given
to the abuse of alcohol.
When mimicry of symptoms is present
it is often very difficult to know
whether the mimicry is intentional or not.

In many cases the fear of certain symptoms — which the patient may have observed in others, or which may have been suggested by the enquiries of the physician — gives rise to the symptoms which are dreaded and therefore thought about. The question of mimicry of symptoms is one of considerable importance with regard to treatment in a general hospital, where the patient can not be completely separated from other invalids.

Cerebral Symptoms.

This is a name applied, for lack of a better, to a group of symptoms which depend either on restrained inhibition or unrestrained activity of the higher nervous centres, just as motor and sensory symptoms are associated with a like change in their respective centres.

Trance, in which the patient passes into a state closely resembling normal sleep, is the most striking of these. The condition rarely

arises spontaneously, but Charcot has shewn that it can easily be induced in hysterical subjects. The method of inducing this state - called Hypnotism or Mesmerism - has been much studied in France but in this country has chiefly been used by rogues and the results obtained by them are largely fraudulent. Catalepsy is also a rare condition in which, in addition to the trance, there is a rigidity of the muscles, which causes the limbs to remain in any position in which they may be placed for an indefinite time. I have only had the opportunity of observing one such case; The patient was a girl aet 16 who passed into the Cataliptic state on being informed of her mothers sudden death; there was complete loss of sensibility the conjunctival reflex being absent. She remained in a condition of lethargy with

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6 See on this subject "The New Mesmerism." E Hart. B.M. Journal. Jan. 7th 1893

marked rigidity of the muscular system for nine days, and then gradually recovered; but a few days later she had several convulsive attacks.

The relation of Hysteria to Insanity is a subject of considerable interest, for though it is recognised that "mental disease like the other nervous diseases may be accompanied by symptoms of hysteria, without their association proving any essential relation" sometimes the mental characteristics of a neurotic patient, which have previously been described, may become so pronounced as to raise the question - Is the patient suffering from hysteria or insanity?.

Thus [4] Savage describes several cases of hysteria which ultimately developed into distinct insanity. In this country the mental changes are not often great, but there is always a mental complication in every

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[4] Insanity and Allied Neuroses Savage. 4th Ed: pp 82

case of Hysteria, and at times[8] the mental changes become so marked as to necessitate the placing of the patient in an asylum". In the cases of Hystero-Epilepsy described by French writers, the mental disturbance after an attack is so great that there is no doubt that the patient is insane for the time being; and this occurs in a milder degree amongst English patients who have numerous convulsive attacks. I have noticed that in two cases of this condition, which I have seen the patient developed delusions of suspicion

Insomnia may often be included amongst the cerebral symptoms of Hysteria; for there are many men who habitually sleep very few hours each night, or who wake up several times during the night, and yet keep in perfect health, till their attention is drawn to the fact that they do not sleep as well as the majority of people;

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[8] Mental Diseases Clouston 4th Ed pp 527

whereupon they begin to worry about it, and are kept awake night after night by their anxiety, and rise in the morning unrefreshed. Purely in such cases the insomnia may be looked upon as an hysterical manifestation.

Sensory Symptoms

All sensations, special and general, may be affected in hysteria; the sensibility may be increased or diminished.

A Increased Sensibility. The sensibility to pain touch and heat may be greatly increased, either together or separately, though as a general rule any increase in the sensibility to pain is accompanied by a like change in the sensation of touch and temperature.

Tenderness is very frequently met with, generally accompanied by pain; it is ~~generally~~ often very superficial in its distribution so that the slightest touch of the skin causes acute pain, whereas if considerable pressure be applied, the tenderness is not so marked. The areas of distribution of tenderness and pain,

when both are present, generally coincide. When there is no pain, superficial tenderness is most marked in the scalp, back, and abdomen; tenderness of the scalp occurs in some degree in every patient who is the subject of convulsive attacks of an hysterical nature.

Deep seated tenderness frequently occurs, but is not so widely distributed as the superficial. By far the most common of its seats is the ovarian region; the source of this tenderness has been the subject of much discussion amongst those who have studied the question. [9] Charcot points out that in many cases a small tumour can be felt through the abdominal wall, which coincides in position with the ovary; he also draws attention to the fact that the ovary does not occupy the same position during life, in which it is seen at a.

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9 Dis: of Nervous System New Syd. Soc. Trans: 1877 pp 269

post mortem examination; for if the corpse be frozen and then cut in sections, the ovary will be found in the exact spot which is so tender on pressure.
He goes on "I will add that if you pass a long needle perpendicularly through a corpse laid on the dissecting table, at a spot corresponding with that where hysterical patients complain of iliac pain. You have every chance - as I have frequently found - of transfixing the ovary;" and concludes that the ovary, and the ovary alone, is the cause of this deep seated tenderness.
Briquet[10] on the other hand holds that the tumour which has been felt in the ovarian region is due to a localised contraction of the muscles of the abdominal wall, generally the external oblique, and that the tenderness is simply a muscular pain.
Weir Mitchell states that he has felt

Dis: of Nervous System. Clymer. N. Sydenham Soc. Translation pp 269
Traité clinique et therapeutique de l'hysterie 1859.

felt the swelling in the ovarian region, when he has been able to feel the prolapsed ovary by vaginal examination. In my experience the tenderness is extremely common in hysterical women, but it is only rarely that I have been able to feel a tumour. Further, the anatomists appear to agree that the normal ovary can not be felt by abdominal examination, so that, if the tumour is caused by the ovary, the organ must be enlarged; but Charcot does not mention that he found the ovary enlarged, in any of the numerous examinations he made on the bodies of hysterical women. There are other seats of deep seated tenderness though none is so common as the above. The spine is often the seat of pain and tenderness, as a rule the cervical or dorsal region is pointed out as the affected part. The diagnosis from organ disease is often very difficult but generally

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10 Traité clinique et thérapeutique de l'hystérie Paris 1859

the pain is produced by a much slighter pressure in neurotics, than is the case when the patient has organic disease of the spine. Enquiry into the history of the patient often shows that there have been previous hysterical attacks. The lower part of the spine is seldom the seat of the pain. I have only seen one case in which the patient referred to the sacrum as being the painful part. The patient, an overgrown girl of 16, was admitted suffering from pain in the whole spine, chiefly in the sacral region, with paralysis of both legs. There was superficial tenderness down the spine, and partial anaesthesia of the lower limbs; under treatment she improved rapidly, but a few days after returning home the sacral pain recurred. She was readmitted with pain + tenderness of the sacrum, which was so severe as to prevent her from sitting, the parts were otherwise quite normal. She gradually lost

the pain, but there was tenderness over the sacrum for three months. The side of the chest is frequently the seat of pain and tenderness, this tenderness being more superficial and widespread than in intercostal neuralgia.

Sometimes the symptoms of joint disease are mimicked in hysteria; the knee and hip are most commonly involved. There is pain an stiffness and occasionally swelling, which is the subcutaneous tissue not the joint, and there is no pain on knocking the articular cartilages together.

Other seats of tenderness have been described by Richer who calls them Hysterogenic areas because he could produce manifestations of hysteria by pressing upon them.

Very severe pain in the head often occurs in hysteria, and has received the name Clavus Hystericus, but this pain is not confined to neurotics it is often complained of by patients

who are otherwise quite healthy.
In nearly all hysterical cases in which pain in the head is a prominent symptom, there is well marked anaemia; and the pain is relieved by treating the anaemia..
Cases are described in which the whole body is hyperaesthetic, when and a prick in one part may cause sharp pain darting all over the body, and giving rise to globus hystericus or other manifestations.
The diagnosis of hysterical pain can only be satisfactorily arrived at by excluding any organic disease which might cause a similar pain. Thus the pulse and temperature have to be examined, to exclude inflammation.
Hysterical pain generally varies from time to time, often ceasing suddenly to come on again as soon as the patients attention is drawn to the part.

"System of Surgery. Pyes. 1895 Vol I pp 380

Decreased Sensation. Sensibility is probably as often lessened as increased, but, as the anaesthesia does not cause the patient any inconvenience, it may not be noticed, until the patient's attention is drawn to the condition by the enquiries of the physician.

The sensory paralysis is generally complete to touch pain and heat, but often the sense of touch remains when the others are lost, or perverted; in rare cases there is loss of the sense of pain and touch whilst that of temperature remains normal.

The anaesthesia may be superficial, but as a rule pins can be driven into the deeper structures without causing any pain. If the anaesthesia is accompanied by motor paralysis the two are generally, but not invariably, distributed over the same area; but sensory paralysis often occurs without any corresponding change in the motor functions, and the whole body may be involved, this however is rare.

The loss of sensation is more commonly confined to one half of the body, and nearly always the left side is the affected one. I do not remember having ever seen a case of complete right-sided hemianaesthesia, although such cases are on record. In most cases of hemianaesthesia the mucous membranes are affected, and in some cases the conjunctiva can be touched or even rubbed without any reflex being obtained, but it is more general for the sensation of the conjunctiva to be decreased without being quite lost.

Often the paralysis is not so complete as this, and there may be only small patches of anaesthesia scattered over the body, or one arm, or leg may be alone affected. As regards diagnosis the existence of disease of the nerves may be excluded as there are no trophic changes and no muscular tenderness. Organic hemianaesthesia can generally be excluded if the reflexes are examined and the history

carefully enquired into. Hysterical hemianaesthesia is generally very transient, and is always accompanied by ovarian tenderness on the affected side.

Loss of feeling in the mucous membranes often occurs apart altogether from Hemianaesthesia.[12] Anstie was the first to point out that it is very common in the back of the pharynx; according to him "whenever a person who has not been taking tincture can without retching let one pass the finger down to the epiglottis, the diagnosis of hysteria is probably correct." I have found this observation of considerable aid to diagnosis, and have been able to satisfy myself that there is always more or less anaesthesia of the pharynx in hysterical patients.[13] Dr. McBride states that this may be observed at times in perfectly healthy patients, but if the anaesthesia does occur in normal individuals it is very slight in degree.

Cases in which there has been anaesthesia of other mucous membranes without other symptoms are recorded.
[14] Reynolds reports several cases of complete anaesthesia of vulva and vagina, in healthy women who were still bearing children. In many cases of anaesthesia the symptoms can be made to change from one side of the body to the other. This was first pointed out by Charcot, who Enumerated several agents which might cause the transfer. Burq and Dumontpallier have worked at the subject in French patients, and found that certain metals had the power of causing the transfer; and stated that each patient could be cured if treated with the metal which caused the transfer in his or her case. These observations have not been confirmed by other workers; doubtless the results they obtained

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[12] Auste. Lancet 1878. Vol. 2.

[13] Diseases of Eye Throat. Noe.

[14] Principles & Practice of Med. Hagge. Pye Smith 1891 Vol pp 801

were due to the power of suggestion over the patients mind.

Motor Symptoms.

Paralysis is very common in hysterical patients; the immediate cause is generally emotion, or it may supervene upon an convulsive attack. The paralysis is often very transient, and different parts of the muscular system may be attacked in rapid succession or, if the patient is subject to convulsive attacks, a different form of paralysis may follow each convulsion. This is well illustrated in the following case of which I have notes. A man act 21 was admitted suffering from hemiplegia which was diagnosed as hysterical; in three days the arm had recovered, but both legs were affected so that he presented the symptoms of paraplegia. Motor paralysis generally takes the form of paraplegia, but hemiplegia is not uncommon, and cases are recorded in which the paralysis was

general in its distribution. The onset is often sudden; but, as the paralysis may be slight in extent at first and gradually increase in area, the patient frequently gives a history of a slowly increasing loss of power. In pure cases of hysteria the diagnosis is generally easy, as there is not complete loss of power, and the power which remains is put into action in an irregular manner, so that when one attempts to lift or bend the limb, one can often feel the muscles contracting in a jerky manner, causing a resistance to passive movement which varies in intensity from time to time. In hysterical paralysis there is no interference with the trophic function of the nerves, and the electric irritability of the muscles is not altered from the normal. When hysterical paralysis is added to that caused by organic disease the diagnosis may be extremely difficult and require prolonged

observation of the symptoms and cause of the disease.
Hemiplegia, like hemianaesthesia, nearly always affects the left side, but the sensory paralysis is generally more widely distributed than the motor, since hysterical paralysis never affects the muscles of the face.
The hysterical patients walk is often characteristic, he shuffles the feet, or one foot, along the floor but does not catch his toes against obstacles, nor does he stamp.
Ataxia has been described as a symptom of hysteria and is said to be due to irregular contractions of the muscles, it is stated that patients who exhibit this symptom can stand perfectly well when their eyes are open, but fall when they close their eyes.
I have observed that some patients sway from side to side when told to stand with their feet together, but as this symptom is always more marked after the patient has

been examined several times, it seems to me that the enquiries of the physician are often responsible for the appearance of the phenomenon

The Reflexes in Hysteria.

(a) Organic - Incontinence of urine and faeces never occurs in hysteria; but I have seen an hysterical girl who had such great frequency of micturition as to closely resemble incontinence of urine. Retention of urine on the other hand is met with comparatively often

(b) Inorganic - The knee jerks are generally normal, but sometimes slightly increased. In a few cases I have noticed absence of the knee jerk; but if the hamstring muscles can not be felt to be in a state of contraction, in such a case, there is almost always some organic disease which may be masked by neurotic symptoms.

Ankle clonus if strongly marked is a valuable symptom of organic

spinal disease, though a form of ankle clonus is often present in hysteria. Gowers describes this clonus as varying in intensity from time to time; it may be absent at one moment, and very lusk the next. It appears to be due to the voluntary contraction of the leg muscles.

The plantar reflex has been shown by Buzzard[15] to be always absent or very feebly expressed when in hysteria, whilst it is genually present in insular sclerosis. In comparatively rare cases of hysteria the plantar reflex may be lost for a short time, but in such cases it always returns after a few days treatment.

The superficial reflexes are almost always normal, or they only vary from the normal in a very slight degree. I have seen one case in which the abdominal and epigastric reflexes were greatly exaggerated for a short time

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[15] Insular Sclerosis and Hysteria' Lancet. Jan 2. 1894.

Hysterical manifestations in the organs of Special Sense.

Ptosis occurs at times, it is in no sense a paralysis, but is due to spasm of the orbicularis muscle, which by its contractions prevents the levator from acting. The ptosis may be unilateral or bilateral.

Myosis[16] is stated to occur at the commencement of hysterical convulsions, it is also seen in epileptic attacks.

Hyperaesthesia of the Retina causing photophobia and lacrymation, is very common in hysterical patients. If not actually induced, it is often made worse by well meaning friends, who keep the windows blinds down, so that the patient spends his whole day in a dim light.

Retinal Anaesthesia in which the acuteness of vision is diminished, and there is a rapid disappearance of objects from view when looked

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16 Wecker Graefe und Salmusches Handbuch IV Strongy pp 310

at for a few seconds; together with a contraction of the field of vision is a rare affection. But modified forms of this condition, in which there is more or less contraction of the field of vision are very common.

The contraction of the field is generally concentric, but may take any form, and if the examination be slightly prolonged, the field of vision will gradually get smaller and smaller, forming what is known as the corkscrew field.[14] It has been shown that in these cases the field is larger if the bright spot is moved from the periphery to the centre than when it is brought from the centre to the periphery.

Amblyopia is stated to occur in all degrees, and cases are on record in which there was complete loss of vision so that there was no perception of light, but I have never seen such a case,

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[14] Wilhand. Archives of Ophthomology V XII pp 408.

though I have met with several in which there was defective vision, which varied in degree from day to day.

The Ear.

Deafness, which may be unilateral or bilateral, is by no means a rare symptom in hysteria; it is not often found by itself, being generally accompanied by hemianaesthesia. and Baltin has shown that the degree of deafness is in direct proportion to the amount of anaesthesia. The deafness is frequently absolute, there being loss of power of hearing sounds conducted through the bone as well as by the ordinary channels. Spontaneous transfer is often seen in patients suffering from neurotic deafness, and the phenomenon is said to be easily induced.

The Throat is a frequent seat of hysterical manifestations; the occurrence of anaesthesia of the pharynx has been previously referred to. There may be a condition of paraesthesia in which the

patient complains of a feeling of heat, pain and prickling, and says there is a foreign body lodged in the throat. Paralysis of the Larynx is perhaps the most frequently met with of all hysterical symptoms. It causes loss of power of phonation, so that the patient always speaks in a whisper. This is sometimes due to a state of general hyperaesthesia, in which the sound of the voice causes distress to the patient; but it is generally the result of an actual inability to produce vocal sounds. The condition is due to paralysis of the adductors of the vocal cords, examination with the laryngoscope shows that the cords are wider apart than in the normal, both being affected, and when the patient attempts to say 'ah', the cords come rather nearer to the middle line, and then separate again. In many cases the effect produced by the examination is sufficient to cure

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[18] Dis: of Ear Throat + Nose McBride pp 632.

the patient for the time being; if this fails faradism, applied outside the larynx, will often produce the desired effect.

Laryngeal Spasm is sometimes a symptom of hysteria; there are two distinct forms (a) The spasm may come on when the patient attempts to speak; owing to the closure of the larynx by the glottis. If the closure is complete there is dyspnoea, if incomplete a change in the voice.

(b) Inspiration may set up spasm, when the laryngoscope shows that the cords tend to come together, instead of separating, during the act of inspiration. The diagnosis of this condition from organic paralysis of the abductors of the cord is often difficult. During sleep the hysterical spasm disappears, whilst that due to organic disease remains.

The senses of Taste and Smell may be perverted or lost in hysteria either together or separately.

Spasmodic Affections

Spasms are frequently met with in hysteria, they may be either tonic, if persistent, giving rise to contracture if the last for a sufficiently long time; or paroxysmal when they are described as clonic.

Globus hystericus is a form of hysterical spasm which is very common. The patient complains of a lump which rises from the epigastric region, & travels up into the throat, causing a sensation of choking and often leading to a burst of tears. This symptom is often caused by slight emotion, or by the application of pressure to a tender spot.

Tonic spasm or Contracture

Tonic spasm of the muscles of a limb cause it to become fixed in a certain position, either for a few minutes, or a much longer time. The muscles are generally attacked in groups according to their functions, but no muscle, or part of a muscle,

may be affected by itself.
Tonic spasm may arise spontaneously but generally there is some immediate Cause, generally pain in the muscles affected or injury, in many cases it is preceded by a convulsive attack.
The arm alone may be affected, or one arm and leg, or both legs. The arm is perhaps the most frequently attacked, and is always fixed in the flexed position, the elbow is flexed to a right angle, the wrist slightly bent and the fingers doubled up so that the tips ~~of the~~ press against the palm of the hand.
When the leg is the seat of contraction it is fixed in the extended position, and in marked cases the heel may be so drawn up that the dorsum of the foot is in the same line as the front of the leg; the knee and hip joints being rendered almost immoveable by the muscular spasm. In most cases the foot is inverted and the toes slightly flexed.

As already stated the contracture may be either Hemiplegic or Paraplegic in distribution.

When one side of the body is affected there is generally anaesthesia, as well as loss of power, associated with the spasm; the loss of sensibility may be confined to the most affected limb, or it may be more widespread than the contracture, involving the side of the face.

Contracture of both legs is rare, as previously stated, it almost invariably, if not always fixes the limbs in the extended position.

[19] Powers mentions that all four limbs may be affected by tonic spasm but such cases are rare.

Contracture does not pass off during sleep, and it is stated, that it only disappears under chloroform when the narcosis is very deep.

Faradism will cure the spasm for

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[19] Dis. Nerv. System 2 Ed. pp 1000

for the time being, by exhausting the muscles, but in the majority of cases the spasm returns so that the treatment requires to be repeated several times.

Severe forms of contracture which last for years, are frequently met with in France, though they are rare in this country. In these cases trophic changes may take place in the muscles, so that they become altered in structure and consequently permanently shortened, and Charcot has expressed the opinion that in very prolonged cases a similar change takes place in the spinal cord so that sclerosis may develop.

Several cases have been described by Weir Mitchell in which a part of a muscle passed into a state of tonic spasm causing a tumour, and Buzzard[20] mentions that he has seen cases in which such a tumour in the abdominal

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[20] Quains Dict. of Med: 2nd Ed Buzzard on Hysteria

walls, had the aortic pulsations transmitted to it, so that it resembled an aneurysm.

Clonic Spasm or Tremor.

Clonic spasm is very commonly met with, either alone or accompanying contracture and paralysis. The tremor is a fine and quick one, which varies in intensity from time to time. It is often very difficult to diagnose an hysterical tremor from that which occurs in disseminated sclerosis, but in the neurotic disease the tremor does not generally come on when a muscular movement first takes place, but appears after the muscle has been in a state of contraction for some time; or it may occur quite independently of muscular movement.

Local clonic spasms often occur, but as a rule are not persistent. The muscles of the neck are amongst those most frequently affected, causing a jerky movement of the head from side to side. The name of Hysterical chorea has been given to certain forms of widely

distributed clonic spasm. But as the cases classed under this name vary much in their characteristics, it is perhaps best to avoid the use of the term Chorea in this connection.

Convulsive Seizures.

In this country hysterical convulsions are often seen but they are generally short and not very severe

In France the convulsions are more prolonged and more intense than in England, and Richer[21] has given minute descriptions of the phenomena observed in the different stages of an hysteroid convulsion; but in this paper we shall only deal with the attacks as they are most frequently seen in this country.

In the simplest form of hysterical convulsion, the chief symptoms are exaggerations of the muscular movements which are naturally used in expressing emotions. The arms and legs may

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be dashed about with considerable violence, and the head thrown from side to side, whilst the back may become slightly arched by the contraction of the spinal muscles These motor symptoms are not accompanied by any loss of consciousness. The more severe forms are sometimes preceded for some hours by a feeling of malaise and headache, and in many cases there is some form of warning, immediately before the convulsion. The warnings vary much in character, the most common are globus, vertigo and palpitation, more rarely there is some abnormal sensation in the limbs. If there is a cry it is easily recognised from the peculiar wailing shriek which precedes an epileptic convulsion. After the cry there is generally an interval during which the patient appears to be struggling against the attack; and then the patient falls (if she is sitting or standing) although the patient may

appear to fall with considerable violence, there is never any severe injury received. The patient then passes into a stage of tonic spasm, generally affecting the arms. There is often a certain amount of opisthotonic spasm causing some arching of the back, but the severe contraction which raises the patient's body, till she is resting only on the head and heels, is rare. This stage is rapidly followed by an attack of coordinate movements of a wild character, and these movements are always increased by attempts to restrain them. and they gradually subside leaving the limbs in a state of clonic spasms which lasts for a few minutes, and then ceases suddenly.

In the majority of cases all the phenomena mentioned above are not seen; thus the patient often falls and begins to throw the limbs about, without there being any tonic spasm.

In many cases a patients consciousness is partially lost during a convulsive attack, but in my experience it is never completely absent; though patients nearly always state that they can not remember any thing about the seizure. Occasionally there is delirious mental disturbance, and the patient may appear to be in great terror, or may talk in a very irresponsible manner to some bystander. The most usual termination of a convulsive attack is the passage of a large quantity of almost colourless urine of low specific gravity.

The chief points in which an hysterical convulsion differs from an epileptic one are (a) The onset is always more gradual in hysteria than it is in epilepsy (b) The aura is generally unilateral in epilepsy, bilateral in hysteria. (c) The jerking in epilepsy is generally more shock like in character than in hysteria, and it gradually passes off, whereas in the latter disease the clonic spasm ceases suddenly.

(d) Patients frequently talk during an hysterical attack, never during an epileptic one.

The chief characteristic of the hysterical convulsion is that the patient never suffers any severe injury, and never bites the tongue, though the lips may be slightly cut by the teeth.

As a rule epilepsy can be diagnosed from hysteria without much difficulty, but it is important to remember that an epileptic patient may be neurotic, and pass from an epileptic convulsion into an hysterical one.

Visceral Symptoms

Hysterical manifestations may take place in any of the visceral systems

Circulatory System

Neurotic patients often have a string of complaints which they refer to their heart; in the words of Goodhart[22] the patient is "a conscious possessor of a heart". Many of these patients

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[22] Common Neuroses. Goodhart

have attacks of syncope, which are generally ushered in by precordial pain; the face becomes pale and the pulse feeble, and the patient slips quietly down on to the floor, and for some minutes seems to be in a very serious condition, but recovery rapidly takes place.

Palpitation is easily induced in many persons who are by no means hysterical; but in nervous persons an attack is often brought on by the slightest emotions. In some of these cases there is an irregular action of the heart, without any complaint of palpitation, which generally lasts for a short time, so that if the chest be reexamined in a few minutes, the heart's action may be found to be perfectly normal.

The arteries sometimes pulsate more powerfully than in the normal, generally the abdominal aorta is affected, and most frequently in the male sex.

The appearances produced bear some resemblance to those resulting from abdominal aneurysm. This symptom is of comparatively frequent occurrence amongst the patients who come to this hospital for treatment, and, as aneurysm is common amongst the working classes here, it is possible that the dread of the disease is enough to induce this symptom in a nervous patient.

Respiratory System

Dyspnoea has previously been referred to as accompanying laryngeal spasm, but there is a different condition to which the name Hysterical Dyspnoea has been given, in which there is very rapid breathing without any of the other signs of dyspnoea, the chest being normal, and the pulse full and quiet.

Persistent cough often occurs, but careful examination is required before diagnosing the cough as hysterical, for slight inflammation or enlargement of the

tonsil or uvula often cause a prolonged cough.
Hiccough may be very severe.
I have under observation a girl who was admitted to the Surgical wards for advanced Lupus of the face involving the nostrils, and which had destroyed one eye.
About ten days after admission she commenced to have hiccough which lasted for about four hours, with short intervals during which she was cry crying from pain in the side. The patient states that two years ago she had a similar attack, which lasted for thirty six hours and was cured by the application of a blister.
In the present instance firm pressure was applied over the phrenic nerves, and in a few minutes the hiccough ceased and has not since returned.
At times hysterical patients suffer from prolonged sneezing attacks.

Digestive System.

Pharyngeal spasm may occur in such a marked degree as to prevent the patient swallowing anything; and in some cases the oesophagus is the seat of spasm causing regurgitation of food, but both these symptoms are rare.

Dyspepsia occurs in every form and degree, causing a feeling of sinking, with palpitation, breathlessness and pain, whilst flatulence is almost never absent and the constipation which is so common in women is generally excessive.

Vomiting occurs with great frequency sometimes, but not often, preceded by nausea. It generally comes on from ten to twenty minutes after taking food, and in many cases is not accompanied by pain.

It is a remarkable fact that there are many hysterical patients who always vomit after taking food, and yet do not decrease in body weight.

This is probably explained by the fact that the whole of the food taken is not returned, and – as the patient is not engaged in any active exercise – the amount of food necessary for the due nourishment of the body is not as great as in health.
In many cases hysterical dyspepsia is caused by an attack of real gastric disturbance, which has produced a low diet necessary, and therefore made the patients more liable to an attack of hysteria than when they are in more robust health.
Anorexia is a symptom which is often very troublesome to treat. The patients as a rule take only the smallest quantity of nourishment and as a result emaciate very rapidly; but sometimes one sees a patient who refuses to eat at meal times / and yet does not decrease in body weight, because ~~she eats~~ she has been eating in the sly.
These cases of anorexia are not

common, though they occur from time to time. most of the so called fasting girls, who are exhibited in public, are examples of this condition; but in these cases there is probably always a large amount of deceit. Constipation is present in the vast majority of hysterical patients, but every now and again a patient will complain of diarrhoea which comes on after the slightest emotion.

Phantom Tumours

These tumours of the abdomen generally affect it in its lower half, causing a protrusion. These are largely due to the abnormal relaxation of the muscles of the abdominal walls; and contraction of the diaphragm; but, as there is always some distension of the intestinal canals, they have been placed in this division of our subject. Sometimes the enlargement of the abdomen is general and the liver dulness may be much decreased. Phantom tumours always disappear

when the patient is put under the influence of chloroform.

The urinary System

Retention and incontinence of urine have already been referred to.

Frequency of Micturition is a symptom which I have met with chiefly in the male sex. It is said to be due to the irritating qualities of the pale urine which is secreted by neurotics when they are under the influence of any emotion.

Hysterical Dochuria, in which there is a great decrease in the amount of urine passed, may be either Transient or Permanent.

The transient variety in which the decrease lasts for from twelve to twenty four hours, is not very rare: though the symptom often escapes notice. It is said to occur chiefly at the menstrual periods.

[23] Laycock was the first to describe

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[23] Edinb: Med + Surgical Journal 1838 - Nerv. Dis. in Women 1840

cases of suppression of urine in hysterical subjects, which lasted for several days without there being any symptoms of uraemic poisoning; and Charcot[24] has worked at the subject, and says that a patient suffering from hysterical suppression of urine always vomits, and that the vomited matter contains a certain amount of urea.
This cases are rare and I have never had the opportunity of observing one.

Vaso-motor Symptoms

Remote disturbances of the vaso-motor system are generally slight in degree but are very frequent in their occurrence.
The heart action as already mentioned may be accelerated or become irregular after slight emotion, and sometimes there are attacks of pain, with pallor and dyspnoea, which closely resemble

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[24] Dis: of Nervous System. New Syd: Soc's Translation 1877. pp 229.

angina pectoris

Flushing of the face is an extremely common symptom, it may come on after a trivial emotion, or arise spontaneously and may be followed by pallor. Sometimes the patient complains of flushing and heat in the feet.

Vaso-motor Spasm is a condition in which a prick through the skin does not bleed, it is sometimes observed in hysteria; but it is also stated that there are certain parts of the skin of normal individuals which do not bleed when they are pricked.

Local swellings may be formed by Effusion of serum into the cellular tissue, in consequence of severe vaso motor spasm, but they are rare.

Haemorrhage into the cellular tissue or from the stomach is always of artificial production, if not due to organic disease which is masked by the hysterical symptoms.

Haemoptysis never occurs except

an actual disease of the lungs though it is often closely simulated by patients who spit out a mixture of blood, obtained by sucking the gums, and mucus. In cases of severe laryngeal spasm, the straining may rupture small vessels in the throat, so that bits of blood clot are coughed up. When an hysterical patient is very emaciated trophic changes may take place in the skin causing the epidermis to scale off, but these changes never produce skin eruptions; they are always due to the use of irritants by the patient.

The temperature of neurotic patients is almost always normal, sometimes there is a daily rise of about one degree, and I have charts of four cases in which the temperature remained subnormal for several days.

Excessively high temperatures are often produced by the patient using friction or shaking the thermometer.

Prognosis

The prognosis as regards life is good, though death sometimes occurs from spasm of the larynx.

As regards recovery the prognosis is very doubtful, for though patients often recover from an attack in a few days, they are almost certain to have a return of the disease; often with very different symptoms from those the previously manifested.

However long hysteria lasts, it always remains a functional disease, except in the rare cases recorded by Charcot in which spinal sclerosis followed in prolonged contracture.

Recovery from any given hysterical symptom is often sudden; but from the disease, is probably always gradual.

Diagnosis

The general condition of hysteria is not often difficult to diagnose, if attention is given to the mental condition of the patient, and the changeable

nature of the symptoms observed. The special symptoms, on the other hand, are often very difficult to differentiate from those due to organic disease, especially when hysteria is added to other disease.

The only safe method of diagnosis is to search for recognised symptoms of organic disease, and if these be absent there is a strong probability of the disease being neurotic. The probability does not however amount to a certainty; since the symptoms of organic disease may be in themselves equivocal. Many cases of disseminated sclerosis closely resemble hysteria, in certain stages of the disease, and sometimes the diagnosis can only be made after prolonged observation.

Buzzard has published a most instructive work which illustrates the close resemblance between the symptoms of hysteria and other nervous diseases. _____

Pathology

Our knowledge of the pathology of hysteria is practically nil. No anatomical change has ever been described, except such as are accidentally associated. What little is known concerning the pathology has been alluded to under the different symptoms.

Treatment

The predisposing causes of hysteria are to a certain extent avoidable; and many patients might be saved from becoming the subjects of the disease, if their training could be improved or their surroundings changed.

Once the disease has developed, the treatment should be chiefly directed to the general condition of the patient, though special symptoms may call for special treatment.

In the mildest cases it is sufficient to find the patient some employment

which will keep him interested, without fatiguing him too greatly. This with a change of scene and a tonic pill probably soon bring the patient back to perfect health. The treatment applied in this hospital to all but the mildest cases is founded upon that devised by Weir Mitchell[25], which briefly consists of keeping the patient in seclusion, and completely in bed and giving a daily course of massage and electricity, whilst the patient is made to take plenty of easily digested nourishment.

This method is too expensive to be applied to the working classes, in the form described by Mitchell; and consequently we have had to modify the treatment slightly. Seclusion is of great importance, as it removes the patients from her surroundings, and from the harmful

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[25] Fat + Blood. Mitchell 4th Ed. 1888

sympathy of kind friends.
Weir Mitchell places each patient in a separate room, and only allows them to receive visits from the medical man and nurses. In this hospital we have to treat hysteria in the ordinary medical wards; but care is taken to separate the different neurotic patients from each other as much as possible. The patient is not allowed to see any visitors, nor to write or receive any letters.
Rest in bed is held by Mitchell to be very important. I keep all neurotic patients completely in bed for one week (at least), if there is no great emaciation, they are encouraged to be out of bed as soon after as possible, and to take open air exercise when the weather is fine.
Massage is perhaps the most powerful means of treatment we have. It is especially important if the patient is confined to bed, as it prevents the muscles from losing tone.

If massage is not applied ~~by~~ by properly trained attendants; it is worse than useless; and owing to the difficulty of obtaining trained masseurs, it is often impossible to give our male patients the benefit of this treatment.

Electricity is generally strongly advised, but in my experience seems to be of secondary importance when skilled massage can be obtained. I generally restrict the use of Faradism to the treatment of certain symptoms, or of male patients.

Care should be taken in selecting the attendants as they will probably have a great moral influence over the patient. They should be kind but firm, and capable of encouraging the patient to withstand the onset of any symptoms she may be liable to.

Of drugs perhaps valerian and asafoetida are ~~perhaps~~ the most frequently used. I have found the valerianate of zinc of decided benefit if given in doses of from 1 to 2 drms of the Tinct. Valerianae Ammoniata

Turpentine has been strongly recommended, and recently extracts of brain and nerve tissue have been given hypo-[25]-dermically, it is said with good results; which I should think are probably due to the effect on the patients mind.

Tonics of all kinds are very useful, generally they require to be combined with purgatives

Treatment of Special Symptoms

Anaesthesia and local tenderness generally disappear under general treatment, but counter irritation will hasten the desired effect.

Aphonia, paralysis and contracture call for the exhibition of faradism

Anorexia requires great firmness, and it is often best to begin by feeding with the nasal tube, if the threat of the stomach pump is not enough.

Anaemia must be treated by one of the numerous preparations of iron

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[25] Mathews Jour de Hôp 8 Ap. 1893.

Constipation often requires enemata, as well as laxatives; but the best treatment is massage of the abdomen.
Vomiting requires firmness and careful selection of food, if persistent the stomach tube may do good.
Convulsive attacks may sometimes be arrested by a shock such as dashing cold water in the face or pressure in the ovarian region.
When patients are discharged from hospital they should be advised to find some light employment at once, and if possible they should be prevented from returning to their own family for some time.
The question of marriage of hysterical patients is often extremely difficult to decide. [26] Donkin holds that it does harm in as many cases as it does good whilst Powers says the effect is good in mild cases of hysteria

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[26] Brit J Psychol: Med Hack Tuke. 1892.

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