ON HYSTERIA AND ITS INTERPRETERS.*

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THE multitudinous writers on hysteria may be divided into two groups: a comparatively small number of authors consider the word hysteria to be the miserable misnomer of a nervous affection that has no more to do with the womb than with the liver. This group is chiefly composed of more or less eminent men who have never been in the habit of examining women, and therefore know little about the diseases to which they are subject; who, indeed, freely say so, when we meet them in consultation or elsewhere, and who, nevertheless, with singular want of logic, deny that hysteria often depends on diseases of which they profess to be ignorant. On the other side, an imposing majority of writers do not think the old Hippocratic denomination so bad a name, provided it be well understood that the womb only acts by the power which it derives from the ovaries. These writers admit that hysteria is a nervous affection, but they also hold it to be generally caused by some kind of sexual stimulus, either physiological or morbid. This imposing majority comprises almost all those who have made diseases of women the study of their lives—the obstetric authorities of all countries and of all doctrines; and I think it is a very strong presumption in favour of a doctrine when it is held by two men so utterly opposed to each other on many points of uterine pathology as Dr. Robert Lee and myself. The same view is entertained by a host of men accepted as authorities on diseases of women, and who do not practise midwifery.

It is worth while examining what medical students are now taught by men who own they know nothing about diseases of women; and I will give a few samples from the writings of three writers in deservedly high repute.

For Dr. King Chambers, (*Lectures*, 3rd edition), hysteria is another word for "defective volition"; he tells his pupils that hysteria has no more to do with the organ of reproduction than with any other part of the human body; and that it is no truer to say that women are hysterical because they have wombs, than that men are gouty because they have beads."

Dr. Russell Reynolds, quoting from the best work on hysteria, owns that its author, Landouzy, found marked disease of the generative apparatus in fifty-eight out of sixty-seven cases of hysteria, and that in nineteen cases hysteria subsided so soon as the uterine disease was cured; and Dr. Reynolds adds: "but, so far as my experience extends, it is the exception, and not the rule, to find any definite malady, or, indeed, definite complaint in that direction; while in a vast number of cases, there has been absolute health in all particulars relating to the reproductive organs." (*Article Hysteria, System of Medicine*.) He admits, of course, that a disease of the womb may coincide with hysteria, just as disease of the liver may; but he believes it to be more commonly the effect of hysteria than its cause. I am at a loss to understand what this means, unless it be that the womb can be enlarged and ulcerated by hysteria—a position requiring explanation.

Dr. Handfield Jones (*On Functional Nervous Disorders*) teaches that hysteria is characterised by two factors—(1) mobility and excitability of the nervous system; (2) temper; but, in his chapter on hysteria, and in many parts of his valuable book, the complaint is evidently looked upon as the surrender of the patient's will to temper and deception; and he probably gives us his true opinion in a note at page 669, when he says: "A patient I call hysterical who magnifies her ailments; courts sympathy unduly; is selfish, absorbed in her own fancies and troubles; is unreliable or actually deceitful; and has undergone no serious bodily or mental shock or suffering that might occasion nerve-disorder." It seems to me this definition applies more to insanity than to hysteria, whereas the diseases are distinct, though the two may combine. It is surely wrong to teach medical students that hysteria is usually a more or less elaborate process of deception, to be cured when the patient likes by an effort of volition.

If I rightly understand Mr. De Berdt Hovell, who has paid great attention to the subject, he also considers hysteria to be a form of insanity independent of ovario-uterine causation. My experience has taught me differently; but I quite agree with him when he says that we must not "mistake the helplessness of nervous disease for moral guiltiness, and inflict sufferings on patients we were asked to cure." (*Journal of Mental Science*, vol. xiv, 1869.)

It is due to Dr. Russell Reynolds to state that no one has more forcibly insisted than he has recently done, in the columns of our

JOURNAL, on the present injudicious tendency to depreciate the value of the symptoms that can only be learnt from the record of a patient's inner consciousness, and to only attach importance to objective symptoms. It is, indeed, obvious that to found diagnosis exclusively on objective symptoms, is to treat human beings as if they were dumb animals, and to degrade medicine to the level of veterinary surgery. Could the advance of medicine require this, we should have no right to do so; for the art of healing must ever be partly built on faith, as are all arts that are founded on the relation of human beings one with the other. We must still continue to believe hysterical patients, unless we have strong proof that they are deceiving us or themselves; and when this is not the case, to let the relatives know that we do not believe an hysterical patient, is to sour her temper, damage her character, and perhaps irretrievably blight her future.

Such is the teaching of three of our foremost pathologists; and as a first fruit of their little acquaintance with diseases of women, I beg to remark that they seem ignorant of what is admitted by all gynecologists, that menstrual disorders have a most potent influence to bring on hysteria. They neither deny nor admit this influence; they simply ignore it, as well as own belief in it. The state of menstruation is scarcely ever mentioned in the numerous cases they give, and they do not even seem aware that, by being able to note it as healthy, they would strongly substantiate their own hypothesis.

Neither do these pathologists notice the physiological basis on which rests our belief that diseases of the sexual organs will cause hysteria in women predisposed to it; I allude to the fact that some young women remain healthy until first menstruation; and that although this function be well performed, it brings on an attack of hysteria, because the nervous system is so badly tempered that it is, as it were, poisoned by the healthy stimulus of ovarian influence. They forget that connection has been repeatedly known to cause hysteria in women who had not previously suffered from it; nor do they notice the occurrence of hysteria in young and healthy widows, in whom matrimonial habits have been suddenly suspended, and in prostitutes on their first entering penitentiaries; nor that symptoms similar to the minor forms of hysteria have been noted in men who have given themselves up to masturbation; and also in others who, after having been accustomed to sexual intercourse, have successfully restrained strong desire by a sense of duty during a protracted courtship. They ignore these facts, and seem not aware that, in healthy subjects, the ovaries, like all other viscera, must be fed by their appropriate stimulus, under penalty of disease, sometimes assuming the hysterical type; and as it is thus correct to hold that perfectly healthy ovarian action will evolve hysteria in those predisposed to it, it will be easily conceded that the morbid condition of these organs may likewise do so.

You will ask how it is that some of the best men in the profession should teach such extraordinary pathology; but you will understand it by referring to two long and elaborate clinical lectures on "Hysterical Vomiting", by another most able pathologist, Dr. Hyde Salter, whose death we have now to deplore. In these lectures there was no intimation of the indissoluble connection of vomiting with the physiology and the pathology of the womb, and that vomiting cannot be called hysterical or nervous when it is explained by structural disease of the womb—facts to us so patent, that to attempt to discuss exhaustively hysterical vomiting, and not to mention them, is like omitting the part of Hamlet from the tragedy that bears his name. Nor was it stated that any examination had been made, although the subject of the lectures had many uterine symptoms; and when I wrote to say that this kind of pathology could not bear examination, Dr. Salter admitted, to a certain extent, the correctness of my strictures; and said he had forgotten to mention that he had asked the Physician-Accoucheur of Charing Cross Hospital to examine the patient, omitting to state what kind of examination had been made, for in such a case a digital examination could not be held sufficient.

Here we have a first-rate pathologist seriously at fault, because he lectures on hysteria without knowing anything of uterine pathology; and one of the reasons why he knows nothing of uterine pathology is that, in conformity with the established custom, he asks the obstetric officer of his hospital to examine the patient, instead of examining her himself. It is obvious that, until this form of etiquette is set aside, the men composing the staff of our hospitals have no opportunity of becoming acquainted with diseases of women; and I hope to convince you that this ignorance is a very serious disadvantage to themselves, to their patients, and to the profession.

In the first place, this ignorance of uterine pathology on the part of hospital men in good repute, tends not unfrequently to their misunderstanding the cases they meet with; and I confidently appeal to those who are engaged in consulting practice, whether they do not far too often meet with cases, in which serious uterine disease has been over

* Read before the Midwifery Section at the Annual Meeting of the British Medical Association in Plymouth, August 1871.

looked by men in high position, the symptoms being ascribed to hysteria; drugs being given when surgery was wanted; walking recommended when rest was required; and exertion enforced, instead of placid endurance of the inevitable. I shall merely mention a bad case of chronic inflammation of the body of the womb, with spongy softening of the cervix, frequent menorrhagic or purulent discharges, and a host of hysterical symptoms. This case had been attended for three years by several hospital men, who called it hysteria—spinal irritation; and for a well-known orthopaedist, now dead, it was a case of hysterical back; he had repeatedly blistered it, but no examination had ever been made.

It is obviously desirable that lecturers in public schools should be well grounded in knowledge of diseases of women, or they will not be able to interpret rightly the cases they meet with. For instance, Dr. King Chambers, in the work from which I have quoted, thinks he has triumphantly answered those who admit the womb to have part in the induction of hysteria, by stating that he had met with the disease in a woman who had no womb. He does not seem to know what we all admit: that the womb derives its power from the ovaries; that, the womb missing, the ovaries may be present; and that the presence of one of them is quite enough, in our hypothesis, to account for hysteria in anyone predisposed to it.

To be good leaders of our profession, men should certainly be well acquainted with uterine pathology, or they will be unable to correctly estimate the contending views held by gynaecologists. While in France, a Trousseau, a Chomel, and a Nélaton could give as good an opinion on an uterine case as Paul Dubois, I doubt whether any of our leading men would undertake to do so: indeed, with most commendable modesty, they always own to us their ignorance of uterine pathology, when we meet with them in consultation and in friendly intercourse. The public will not, however, believe in their ignorance, and insists on being guided by them. Their patients insist on their deciding respecting the relative merits, in their particular case, of applying leeches, caustics, and pessaries to the womb, or of leaving it without any surgical treatment whatever. Thus our leading men have to direct their patients as to where they can get most of one or the other of these modes of treatment, without sufficiently understanding their value in uterine disease, and without any knowledge of their adaptability to the case in point. Nothing would contribute more to the advance of all that relates to our branch of the profession than a good acquaintance with its pathology by our leading men; standing on neutral ground as umpires between us, they would exert a healthy control over extreme views, and put an early extinguisher on crotchets that menace to become too rapidly offensive.

Another great evil of hospital men observing the etiquette to which I have alluded, is that, by their example, they teach medical students that it is not possible or proper that the same man should know uterine affections as well as other diseases; and thus it happens that the men who sometimes preach most eloquently against specialism, teach the innocent students confided to their care that it will be impossible for them to embrace the whole range of medical science.

Without in the least undervaluing the part that we accoucheurs have taken in raising that already imposing structure that we now call gynaecology for want of a better name, we must remember that it was founded some fifty years ago by Paris hospital men unconnected with midwifery, of which Gendrin is now the only surviving link between the illustrious dead and a new generation of hospital men, who, like Huguier, Richet, Nonat, Bernutz, and many others, have never confined a woman since they were medical students. Such being the case in a neighbouring country, we may well look forward to the time when, in our own, hospital men will have a thorough knowledge of diseases of women, although they may not practise midwifery.

Is it not absurd that Mr. Jonathan Hutchinson, writing on Surgical Diseases of Women in Holmes's *System of Surgery*, should feel bound by etiquette to omit all that relates to cervical stricture, uterine ulceration, and a host of purely surgical diseases, upon which the judgment of a neutral and an accomplished surgeon, viewing them in the full light of comparative surgery, would have been invaluable? He might have imitated the late Dr. Addison, who wrote an excellent paper on Uterine Irritation; and who was led, by the study of uterine disease, to recognise it as the cause of hysteria. In a late number of our valuable JOURNAL will be found a striking instance of the advantage it is to an alienist to be well up in uterine pathology; for, in a lecture on Hysterical Mania, Dr. Crichton Browne does not hesitate to say: "As the result of large experience, I am satisfied that it is, without exception, preceded or accompanied by some derangement of the reproductive system, the existence of which is most frequently indicated by alteration and obstruction of the menses." (BRITISH MEDICAL JOURNAL, July 29th, 1871.)

Whatever may be the outcome of these suggestions, I trust, at all

events, it will be admitted that, no matter how deservedly eminent pathologists may be in other ways, if they claim ignorance of diseases of women, they are thereby placed out of court in all that relates to hysteria; and when they tell us that the disease does not more frequently coincide with uterine affections than with diseases of any other part of the body, the assertion has not the value of the paper on which it is written.

Turning now from pathologists who write of hysteria in ignorance of diseases of women, to those who are acknowledged to know them well and likewise diseases of the nervous system, I find certain interpretations of hysterical phenomena from which I decidedly dissent. For instance, there are men for whom hysteria is equivalent to lust. They lose sight of the twofold action of the sexual organs on the system. One mode of action, that begins at puberty to end with the ménopause, is incessantly progressing, although it may be modified by disease, as in chlorosis; whereas the mode of ovarian action productive of erotic desire is intermittent, and depends on many incidental influences. I have already admitted that the denial of their legitimate satisfaction to organs ripe for action in healthy women is a well known cause of hysteria for those who understand the nature of woman. Still hysteria is often observed when sexual desires are moderate; and I have met with it in women who loathe the connexion, and in girls before sexual instinct had awoken.

Again, I have met in consultation men who call hysterical the actual symptoms of ovario-uterine affections, whereas every form and degree of these affections may be made apparent by their own specific symptoms, without ever bringing on hysteria, and can never do so without a special predisposition on the part of the nervous system.

Lastly, there are others who go on the principle of *omne ignotum pro hystero*, and who call hysterical all symptoms and pain met with in women, when they cannot be accounted for by some definite local lesion. I think the term should be restricted to cases in which neuralgia or unaccountable phenomena coexist with, or intermit with, evident signs of hysteria, such as extreme nervous excitability, rapid or motiveless passage from tears to laughter and globus hystericus—the best single sign of the hysterical state.

After doling out criticism, right and left, pretty freely, it is fair that I should allow my friends like opportunity; so I will mention in a few words my views of hysteria. I think it requires two factors for its production—1. A predisposing nervous state; 2. The stimulus of some determining cause.

Of the predisposing cause, we may safely say that it must depend on that modification of the nervous system which makes the nervous system of woman more prone to emotion than her mate; or otherwise how is it that the disease is in the main feminine, and only met with in men whose nervous systems are built on the feminine type? We moreover know that, although a disease of every climate and social condition, hysteria is most frequent in women of the upper classes of the civilised races, in whom emotionalism is intensified, at the expense of reason and self-control, by injudicious training in childhood, and the subsequent pampering that ill fits them for the trials of life. We can go no further than say that this undue action of the brain is the predisposing cause of hysteria. It may be that, in severe cases, this predisposing cause may be so strong as to be of itself sufficient to bring on the disease. At all events, we know that there are various degrees of intensity in this predisposition, and that the slightest determining cause will make some women hysterical. In a family with which I am intimate there are ten healthy children, whose parents are not in the least nervous; but a paternal uncle is insane; two maternal uncles died of delirium tremens; one brother has been epileptic from childhood; and a sister died of meningitis. Out of these ten children, two little girls—one seven, the other eight years old—burst into tears if they are looked at, if they are not placed as they like at table, and are not helped in their right turn. They pass rapidly from laughter to tears, which will flow for hours and very abundantly. They have sometimes globus hystericus. These symptoms have been repeatedly quelled by preparations of iron; but they occasionally return, and must be taken as evidences of the hysterical state, very likely to be followed by the worst manifestations of the disease on slight provocation.

With regard to the determining causes of hysteria, I must first mention those that intensify all nervous affections—debilitating influences like loss of blood, diseases, physical shocks, mental and emotional shocks, prolonged worry, and want of sleep. Neither should I omit the contagion of one hysterical nervous system on another predisposed to become so.

Coming to the most important causes of hysteria—those originating in the viscera—I will first remark that, as with our mental acts, so with our emotions, they are conceived in the brain; and that old physiology and the poetry of all times have erred in placing the actual

origin of our passions in our abdominal organs. Still universal consent shows how strongly they are acted on by emotion—that, in fact, in the viscera are the reflex centres of emotion that stimulate the nervous system to emotional acts.

If I have, therefore, been correct in ascribing hysteria to undue action of the brain as an organ of emotion, a potent cause of hysteria must be found in undue action of one or other of our viscera. It is, no doubt, wonderful that bodies shared by us with the lower animals should not only support the bodily structure, but, by their healthy action on the brain, give lucidity to the mind and warmth to the feelings, making genius more admirable and charity more godlike. This sounds like poetry, but becomes plain matter of fact when we remember how often anger has caused jaundice, and how frequently a host of distressing mental and emotional sensations are due to that state of liver and stomach derangement that we call biliousness, and which doubtless acts by deranging the functions of the neighbouring great ganglia. I have likewise seen repeated attacks of hysteria brought on by biliousness, and their recurrence prevented by such measures as are best calculated to prevent biliary derangement. Such cases are, however, very rare, when compared with those in which the determining cause of hysteria is an ovarian or uterine ailment. The statistics of Landouzy, Brierre de Boismont, and Dubois d'Amiens, as well as the recent assertions of Dr. Crichton Browne, show this to be the case; and those who deny it must bring forward similar masses of equally well digested facts.

What, then, are the diseases of the sexual system that cause hysteria? Not those in which the structure of the ovary and womb are almost destroyed—acutely, as in abscess of the ovary, slowly, as in ovarian tumours and uterine cancer—but, as a rule, the mildest forms of anæmic ovarian uterine disease; showing that it is not the intensity of the disease that causes hysteria, but the fact of its coincidence with a nervous system prone to become hysterical. Thus hysteria is most frequently caused by those limited ovarian lesions that I have described as sub-acute ovaritis, lesions depending on morbid ovulation, and that frequently pass unrecognised under the disguise of diseases of menstruation. Of uterine affections, it is chiefly the milder sort—that are mucous membrane deep—which cause hysteria; and sometimes, by applying nitrate of silver to an ulcerated cervix, we most unwittingly bring on an attack of hysteria, in patients who presented no signs of its being likely to come on, and thus experimentally prove that the two complaints may stand in relation as cause and effect. On one occasion, I thus brought on an attack in a lady, who had never before had one.

How is the brain, laden with emotion, to be brought into contact with the viscera, the reflex centres of our emotions? The late Dr. Todd thought that hysterical delirium and other hysterical phenomena might be explained by toxæmia resulting from retained menstrual blood; but hysterical phenomena frequently arise before there is any menstrual blood to be retained; and Dr. Handfield Jones agrees with me, that with hysteria, as with other neuroses, there is no blood-poisoning. The distance between the brain and the viscera, between mind and appetite, is bridged by the ganglionic nervous system, which unites the viscera by a federal bond of union, and places this federation in intimate connection with the cerebro-spinal system. When the ganglionic nerves transmit healthy impressions to the brain, they pass unnoticed; but a hysterical fit shows how differently nerves and ganglia act when visceral action is more or less diseased.

In many hysterical fits, after a period of incubation, in which the system seems to become more and more charged with excitement, the attack begins by pain in the womb and ovaries. Soon the hysterical aura passes to the epigastric ganglia, and, concentrating there, gives rise to the suffocation and distress characteristic of the disease. Ascending still higher, the hysterical aura reaches the cervical ganglia, producing the sense of strangulation; it then attacks the brain, deranging its functions in ways too numerous to be mentioned, and, at the same time, deranging more or less the functions of the spinal cord, according to the degree of tension of the hysterical aura. For a time pain will thus concentrate—sometimes in the brain, sometimes in the visceral ganglia—and the patient collapses into prostration when the system has been sufficiently relieved by convulsions and by critical discharges. It has been possible, in cases published by Romberg and Schulzenberger, to produce the succession of phenomena just described by simply pressing on the ovaries; and I have repeatedly brought on unconsciousness in a nervous patient of mine by pressing the left ovary.

It seems to me I have shown the following points in this paper. 1. To be efficient leaders of the profession and lecturers in our public schools, our hospital men should be thoroughly acquainted with diseases of women. 2. Whenever a patient is hysterical, the state of menstruation should be carefully ascertained, and the sexual organs should be

accurately examined if they present signs of disease. 3. The best way for neurologists to disperse the clouds that still overhang our knowledge of hysteria and its allies, catalepsy and epilepsy, is for them to study the diseases of the ganglionic nervous system.

ON A NEW FORM OF ELEVATOR FOR DEPRESSED CRANIUM IN CHILDHOOD.

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IT is a fact well known to us all that, in childhood, irritation of the nerve-centres, proceeding merely from the periphery, often incites severe functional disturbance, whereas direct traumatic violence to the brain may be sustained without much perceptible derangement. To this pathological paradox our treatment of cranial injuries by non-interference is chiefly owing. Except in punctured fractures, we seldom proceed to operative measures, unless the most urgent symptoms demand them; and although there seems to be a gradual reaction setting in, after the period of non-intervention, brought about by the vigorous opposition of John Bell, Abernethy, Liston, and others, to the absurd system of perpetual trepanning, the injury which we inflict by the use of our present instruments often renders our interference unjustifiable.

In reference to the effects of injuries of the head, one fact seems to thrust itself prominently forward, as claiming more consideration from us, as surgeons, than it appears to have hitherto received. We cannot look over a work on psychological medicine without being struck with the number of cases, where the cause of various cerebral disorders, from epilepsy to insanity, is referred to cranial injury received at a period often long antecedent. Mr. Solly, twenty years ago, delivered a very instructive lecture on this subject at St. Thomas's Hospital. An interesting paper, read by Mr. Anthony Bell at the meeting of the Association in Newcastle, bears upon this point. Bucknill and Tuke, and Forbes Winslow, all recognise the gravity of these injuries in their ultimate effects. Indeed the latter, at page 563 of his work on *Obscure Diseases of the Brain and Mind*, says:—"Do we estimate in a manner commensurate with its grave and vital importance, the necessity of watching, with the most scrupulous care, the cerebral symptoms that follow all mechanical injuries of the head? I am satisfied that a vast amount of organic, chronic, incurable disease of the brain and disorder of the mind, can be directly traced to this cause." And again, he says that, after an injury to the head, "the patient recovers without any apparent inconveniences from the injury; but subsequently, head-symptoms exhibit themselves, clearly the consequence of the injury which the brain has sustained many years previously. I am satisfied that the importance of this subject cannot be exaggerated. Repeatedly have I had under my care, cases of epilepsy bidding defiance to all treatment, tumours, abscesses, cancer, softening of the brain, as well as insanity in its most formidable types, whose origin could unquestionably be traced back for varying periods of one, two, five, eight, ten, fifteen, and even twenty years, to damage done to the delicate structure of the brain by injuries inflicted mechanically upon the head."

The character of these injuries, then, being much more grave than we as surgeons are led to suppose, their method of treatment claims proportionate consideration at our hands. Let us briefly take in review—

1. The various forms of depression to which the cranium is liable; and
2. The different instruments which we possess for their remedy.

Depression of any part of the vault of the skull may occur at all ages, but there are peculiar features or conditions which can be presented only at certain periods. 1. In early childhood we often meet with depression without fracture, or the skull is simply bent in. 2. As age proceeds, the bending in cannot occur without fracture; the bone is not detached, but fissured or fractured, depressed or curved in. 3. At maturity there can be no bending; but, if there be depression, there is detachment of fractured bone.

It is to the character of the depression of the second period in particular that I wish now to draw your attention, as being the period during which injuries of the head are, I believe, not only most common, but during which the class of cases mostly occur to which this instrument is best adapted. It extends from the fourth to the fifteenth year, varying of course in different parts of the skull. The variety of fracture accompanying the depression may range from a mere straight fissure to a stellate fracture, in which each triangular piece of bone is depressed at its apex, and still undetached from the sound bone at its base. Splintering of the inner table, which would doubtless be the re-