ON THE ETIOLOGY OF HYSTERIA.*

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THIS subject is a difficult one, and one which I should have hesitated to take up, had it not been that I was led some time ago, by a sense of my own ignorance or doubt as to what hysteria really meant, to study the question more carefully for my own advantage; and if, under the impression of resolving or simplifying some of its difficulties, I have only added to their number, I look, as it well becomes me, to the present meeting to be set right in the matter.

The want of precision in the use of the term hysteria is a difficulty which meets us at the very outset, and I gladly avail myself of the observation of a distinguished metaphysician, that "there is no greater impediment to the advancement of knowledge than the ambiguity of words", as affording me a convenient and sufficient excuse for attempting at least to advocate a more restricted use of that word. If, as Dr. Reynolds remarks, "the employment of the term hysterical may sometimes be found indicative of the state of the mind of the practitioner rather than that of the patient's health", if hysteria be used occasionally to denote "a vague condition of disordered function which cannot be conveniently placed elsewhere" (Reynolds's *System of Medicine*, vol. ii, page 82), it is obviously desirable that the term be employed in a much more limited sense than it is.

Leaving out of consideration such an indefinite nomenclature as the above, we find that there are two very different kinds of affections included under the term hysteria. Dr. Handfield Jones notices this very pointedly, and gives cases illustrative of the distinction (*On Functional Nervous Disorders*, pp. 519, 520, and 521). The first, where the limbs of the patient could only be straightened under chloroform, and then easily, where she preferred to scald her mouth with boiling water rather than admit the deception she was practising, he would call genuine hysteria. Then of three cases with all the usual symptoms of globus, crying, choking, etc., he says "any practitioner would have called them hysterical, as indeed they called themselves; but it is plain they were not hysterical in the sense in which the first case was"; and these last he proposes not to consider hysteria. But why not rather exclude all cases where it is obviously the intention of the patient to deceive, not where she is deceived herself, really imagining that she feels pain, choking, etc., but those cases of intended deception where numerous plans are devised to simulate real disease? Is not the latter simply malingering: a term which, while it has been most unaccountably withheld from the female sex, has been applied to the very same affection in the male? It may often be difficult, sometimes impossible, to determine how far the patient is deceived herself, or intends to deceive: then let it be an open question between hysteria and malingering. Because we cannot invariably distinguish between two particular diseases, is no reason why they should always be included under one name. We try to diagnose between typhus and enteric fevers, although doubt as to the presence of either is often concealed by the term gastric fever; and so we ought to endeavour to distinguish between hysteria and malingering. There is no connection between the two in their nature, the latter requiring tact and cunning, the former being dependent, as we shall attempt to show, on rather a deficiency of mental power. Indeed, the only reason we can assign for the term hysteria being applied to both is that, under bad treatment, and sometimes under the best, the one leads into the other: the unintentional into the intentional form. There are cases certainly of what might be called real hysteria, where there is in addition a little feigning, in order to secure, perhaps, more attention to what the patient believes to be the real necessities of her case; these might be called "malingering hysteria".

There is yet another class of symptoms which I would propose to eliminate; viz., those characterised by extreme pain, and of which *clavus hystericus* may be taken as a type. As this is, however, merely a matter of opinion, I am for obvious reasons particularly glad to find that so distinguished an authority as the late Dr. Anstie considers that between *clavus hystericus* and hysteria there is no essential connection. In Reynolds's *System of Medicine*, art. Neuralgia, he says:—"The adjective hysterical is an improper and inadequate definition of the circumstances under which *clavus* arises. The truth is, that the subjects of it are usually females who are passing through the trying period of bodily development; but there is no evidence to show that uterine disorders give any special bias towards this complaint." Believing, then,

that the above-mentioned symptoms may be profitably and naturally considered beyond the limits of hysteria, we find that we have, generally speaking, two distinct forms of the disease to consider: 1. The hysterical fit; and 2. The innumerable and varied sensations, usually described as painful, of which the hysterical patient complains. The latter we shall consider first.

But, before doing so, perhaps it is better at once to state the general view of hysteria which I take as the groundwork of the further observations I intend to make. I believe hysteria to be the result of a certain degree of mental incapacity—the manifestation of a mental weakness or derangement—and shall endeavour to refer the characters of the disease usually designated as nervous to that condition. This alone can, I think, account for the infinite variety of phases which the disease presents; while, if we admit that there is a perversion of the natural and healthy state of the mind, and this indicated by a nervous system preternaturally sensitive to external impressions, we have ample scope for all the whims, and latterly it may be the frauds, with which we are so familiar, the only one cause that will explain phenomena so characteristically protean as we have in hysteria.

Admitting, then, this mental condition for the present, we shall attempt to show how it leads to what is called an excited nervous sensibility by the following considerations. If we direct particular attention to any one part of the body, we are sensible of some impression there, which we might express as coldness, uneasiness, or even pain. For example, may not the very clothes we wear be felt as an incumbrance at any one part, if we only think of that part? or, conversely, do we not often observe that, if our attention be very much engrossed with anything, we may remain in a position, standing or sitting, as the case may be, which has been really painful to us, but of which we were for the time quite unconscious? And here we may remark, in passing, that on this very fact we act every day, when we endeavour to get the patient's mind engaged with something else, in order to discover how far pain is hysterical or not. But, again, suppose we prick our finger with a needle at a dissection or *post mortem* examination, is it not ten to one that we will imagine, perhaps after the day's work is over and we have time to think about it, that we feel an undoubted swelling of the axillary glands, and perhaps a suspicious numbness passing up the arm? It is evident, then, from these illustrations that there are continually impressions being made from without and sensations felt, which we do not recognise or at least retain in our memory, but which may become objects of our notice and consideration, should our attention be by some special circumstance directed to them.

Now, in hysteria with the mental condition which I have assumed as existing, the patient's attention is, as it were, morbidly excited, while judgment and reasoning are impaired; and so impressions, which usually pass by unheeded, are carefully caught up, brooded over, and magnified into all sorts of fancies, but to the patient real ailments or troubles: or, to put it in more scientific language, certain sensations which are to a healthy mind indifferent, *i.e.*, "which require attention to the operations of our mind to become conscious of their existence", become sensations disagreeable, because the necessary attention is given them. This we believe to be, in the main, the explanation of all truly hysterical sensations; but, besides this, there may be, I think, much more positive impressions produced from a purely mental source. Almost every one can testify to the fact that, in some way or other, mental impressions may cause very distinct physical impressions; and, as a means of helping us to admit that the most curious and, at the same time, positive hysterical sensations may have a mental origin, although we cannot understand or explain the process, we gladly avail ourselves, by way of comparison, of more everyday examples. The pain that a sudden start, grief, or disappointment occasions, referable usually to the heart, is well known. The cold creeping sensation that fear causes; the thrill, too, that one feels on witnessing, or even in hearing, of some brave or daring deed; these examples are trite enough, and we admit at once, and without wonder, that such things are; but, were they less common, we would as readily hesitate to believe that such impressions could be purely mental in their origin, as we are apt to doubt that many of the various hysterical phenomena may be similarly brought about.

Turning now to the first of the two classes of symptoms previously referred to, it may be asked how can this theory of mental derangement account for all the variety of spasmodic contractions which characterise the hysterical fit? In the consideration of this question, we find ourselves compelled to refer to the cerebral theory of mental disease, although a discussion of this theory is, we think, quite apart from the subject of this paper. Suffice it to say, that the opinion that all forms of mental derangement depend upon some remote molecular change in the brain-structure has been long entertained, and is now gene-

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rally accepted by the most eminent writers on this subject both at home and on the Continent. If we believe, then, that there is some such morbid change in hysteria, I think we shall be able to find a parallel to the convulsive phenomena referred to in the symptoms of the diseases now to be mentioned.

Epilepsy, alcoholism, and chorea, may be taken as familiar examples of diseases which are believed on fairly tenable grounds to depend upon some nerve-lesion. Now these, like hysteria, are characterised by spasmodic movements, differing very considerably, however, in quality and degree in each of the three affections; and the first two at least are very generally admitted to predispose to, or to be associated with, both hysteria and other recognised mental affections; and all may, therefore, be considered closely allied to one another apart from any theory as to their origin. May it not be, then, that the healthy brain exerts a kind of inhibitory influence on such movements (reflex they may be) which in a diseased condition, as in the affections referred to, it is unable to do? We do know, indeed, that, if the communication between the brain and (e.g.) the lower limbs be interfered with or destroyed, as in paraplegia, we have reflex movements developed with the slightest stimulus, or with no appreciable stimulus at all, quite beyond the control of the patient. I once saw a paraplegic patient under Dr. Gairdner's care, in the Royal Infirmary, whose legs were continually getting over the edge of the bed, and he was utterly unable to prevent them, or to move them in the slightest. From these considerations, have we not good grounds for believing that all these spasmodic movements depend on the brain not exercising its normal influence on the nervous system: in the first-named affections, including hysteria, because it is diseased itself, and, in the last, the paraplegia, because its communication with other parts of the body is cut off? While we might infer from this alone that hysteria depends on some morbid change in the brain, we have at least shown how, admitting a mental derangement and adopting the cerebral theory, we may account for the convulsive movements which characterise the disease. And, as in the more permanent forms of mental disorder, there may be a diseased condition of the brain from which there is no recovery, the hysterical fit or paroxysm may depend on an exacerbation, if we may so speak, of the morbid change that soon passes away, however, just as we may suppose that the delirium of typhus fever is caused by a temporary, but none the less real change in the brain, which disappears when the specific poison is eliminated.

In the foregoing remarks, I have assumed that hysteria is a form of mental derangement; I shall now give my reasons for that opinion.

The fact that one hysterical patient may, by her example, set others into a similar condition points to a mental origin. The late Mr. Skey of London states that he has seen nine females so affected in a ward of twelve. One takes it, and then not the patient occupying the next bed, but perhaps another at the far end of the room, and here and there "in the order of their constitutional liability"; and then he declares his adherence to this theory in the following terms. "There can be no doubt, then, that a malady spreading by sympathy and cured by fear has its origin in the mind."

If hysteria depended on a morbid condition of any particular organ (we except, of course, the brain), or even on some remote change of structure in a nerve, as is believed to take place in what are still called functional nervous diseases, we should surely have a far more definite train of symptoms, and a more particular habit or condition of body, associated with, or the result of, the disease. The very reverse of this we know to be the case with regard to the symptoms; and, as for an hysterical diathesis, very opposite conditions have been given by different writers, simply because there is no special condition.

Again, if any such lesion were the cause, we should certainly expect that direct treatment would be serviceable. Now, we know that this, and notoriously local treatment, rather aggravates the disease. Handfield Jones brings this forward as an argument against the reflex theory of Romberg and others; but we think it only points to a particular mental condition as the primary cause, without proving that the exciting cause may not be of a reflex nature.

The influence that education—that is to say, mental training—has on hysteria is so paramount, that I think it may fairly be adduced as evidence of the disease itself being a mental one. Hysterical patients usually have been what are called "spoiled children", and the comparative want of the exercise of self-denial and self-control is a condition naturally affecting the mind, at least in the first instance. With regard to occupation, too, which ranks almost as high as a secondary cause, we know it is not so much overwork which predisposes to hysteria, as we should rather expect if the disease were dependent on some physical lesion, but the want of work, the want of mental employment. But, on the other hand, if hysteria depended essentially on some uterine affection, we should surely be able to make out the lesion

in most instances, or, given the lesion, find hysteria a more usual symptom; but we know that this is not the case, and, for my own part, I have rather been struck with the total absence of anything like hysteria in genuine uterine complaints, and in the majority of hysterical cases with the complete absence of any disorder of the generative organs. Dr. Thomas K. Chambers states that, of two women he has examined without any uterus, one was hysterical (*Renewal of Life*, 2nd edition, page 245).

If this kind of affection were a primary cause, would we not expect to find it exerting something like an hereditary influence? But who would ever dream of saying that "Mrs. So-and-so is hysterical, but it is in the family; her mother and aunt were the subjects of prolapsus uteri and dysmenorrhoea respectively"? yet we would not be surprised to hear that one suffered from epilepsy and the other from occasional attacks of mania.

Further, it is said that at puberty the liability to hysteria begins; but this is no proof of its being of uterine origin. With the exception of idiocy, we can say almost as much of any form of mental disorder. It is simply because the mind, no longer undeveloped or immature, begins then to assume its distinctive characters, and, in the female sex, that peculiar susceptibility which is so favourable to hysteria. And, while in a child we want the mental conditions favourable to the development of hysteria, we have such conditions as are actually incompatible with its complete development. A child is easily amused; its mind is readily occupied with any trifle that comes in its way, and, if it have any cares, they are only for the moment. At the same time, I think we have in children the counterpart of hysteria, what would be styled hysterical in the adult: I refer to the long-drawn sob or continued sighing observed in nervous sensitive children after being reprimanded or chastised. I have before my mind more than one case where this has, in girls, developed into true hysteria after puberty, and in boys has quite disappeared. An abrupt hesitating way of speaking, also one of the occasional symptoms of hysteria, and a peculiar blinking or spasmodic closure of the eyelids, are conditions that I have observed both in hysterical patients and in children such as I have described.

Two children of one family with which I am acquainted, both girls, were at different times brought home in a state of great nervous excitement after prolonged and active exercise at some kind of game. In the first case, which I saw myself, there was great flushing of the face, the direct effect of the exercise, followed by severe headache, great agitation, and the most marked paroxysms of crying; in the other, by an inability to speak coherently, a peculiarity of manner and expression; the latter described by the mother as a "vacant look", and some tendency to crying also. It is several years since this happened, and there has been no recurrence of the attacks, nor is there anything in the habits or temperament of either that could at all be considered as pointing to an hysterical tendency. Many will question if this could be considered even the counterpart of hysteria; but, in view of what I have stated, I think it as near an approach to adult hysteria as we could possibly have in a child.

While claiming for the hysterical paroxysm, and all the various sensations peculiar to hysteria, a mental derangement, and that alone, as a primary cause, there is no doubt, on the other hand, that the exciting causes of either are practically innumerable. Any shock to the nervous system, the sudden recollection of some incident that powerfully excites the feelings, or a comparatively trifling disorder of some of the internal viscera, may be the exciting cause of the most violent hysterical seizure. Accidental changes in any organ of the body may form the basis of all the numerous painful sensations which characterise hysteria; for the patient will only fancy something wrong in the absence of any real abnormality. Sir Benjamin Brodie mentions the case of a gentleman, in whom acidity of the stomach was associated with severe pain in the foot (*Works*, vol. iii, p. 140). In an hysterical lady, this would have been a rare opportunity of inaugurating a new train of symptoms, which would not have been arrested, as in the case referred to, by the administration of some alkaline medicine. We know, too, that any functional disorder of the more important viscera may in its turn react powerfully on the mind. Dr. William Murray gives several interesting examples of great mental anxiety and depression being entirely dependent on gastric derangement, which a mild aperient invariably removed (*On Emotional Disorders*, etc., pp. 60, 61).

It is in this way, then, that disorders of the uterus and sexual system generally may become a most powerful exciting cause of hysteria; for the patient will find in the all-engrossing uterine complaint a ready object on which to build her fancies or multiply her fears. But to give this kind of affection a place, above all others, as the essential cause, I have endeavoured to prove to be unwarrantable. How far I have succeeded, or if at all, I leave with all deference for you to determine.