A FEW NOTES ON HYSTERIA.

BY JAMES OLIVER, M.B. (EDIN.), M.R.C.P. (LOND.)

HYSTERIA, like epilepsy, is a functional disease of the nervous system, and since it may affect the whole or any part of the cerebro-spinal tract, the symptoms, irregular and variable, cannot be included under one rigid formula. An exhaustive description of the disorder would be tedious and unprofitable. I shall therefore merely attempt to note a few details regarding its etiology, and pass on to discuss a few of the more characteristic signs. The appellation "hysteria" is at best faulty, conveying, as it always does, misapprehension to the minds of outsiders, and employed, as it too frequently is, as a cloak for our own ignorance, or lack of observation whenever unable to otherwise relegate existing symptoms. Let us ever beware and guard against making this reprehensible error, for many unfortunate sufferers, who have evinced no other manifestations than those of a so-called hysterical type, have ultimately succumbed, with no special or marked alteration of symptoms, the victims of true organic disease. In many cases, if not all, the organic disease has existed from the onset, and is not, as many authors would have us believe, a mere sequel of the functional disturbance. Occasionally I have witnessed autopsies on the bodies of those who, during life, were the supposed victims of hysteria or hypochondriasis, and at which no trace of organic mischief was revealed. The simple fact, therefore, that hysteria, as such, has hitherto eluded all detection is no criterion, and cannot justify the conclusion usually tacitly implied, that it has no other than a mere fanciful existence in the mind of the unfortunate sufferer. That the mental state exercises a mighty influence over the well-being of the body, no one can dispute, and it may be

occasionally the dominating, if not sole factor at work, in producing functional manifestations.

Regarding the essential or fundamental cause of nerve instability, nothing definite is known, and the whole question, still wrapt in obscurity, may yet, we hope, be evolved under the guidance of the scientific mind free from all bias. So far it appears to depend upon some alteration in the relative amounts of the chemical constituents of nerve tissue, and in their mode of union, whereby there results an augmentation of the elasticity or tension, and consequent increased proneness to molecular trepidation. Through the medium of our nervous systems, each organ and every ultimate tissue of the body is made aware of, and acts and re-acts in harmony with, those multifarious changes for ever going on, not only in the organism itself, but its environments. When, however, we remember that higher organisation and greater functional activity are concomitants of lessened structural stability, it is not at all astonishing that a tissue so highly organised and functionally active as that of the brain and spinal cord of man should so readily be deranged. Considering the manifold influences at work in the organism itself and its surroundings, it is, to my mind, more a subject of surprise that deviation from the apparent normal state is not more commonly displayed.

The nervous system of the female is evidently more prone to manifest functional change than that of the male. Yet hysteria is not exclusively a disease of the female sex, for I have frequently witnessed its evolution as a traumatic sequel in the apparently robust and energetic labourer. In the female it usually appears between the period of puberty and the cessation of sexual activity. It is not, however, confined to this age. I have occasionally noted its existence in children, and recently to a most marked extent in a girl of seven. In both sexes it is a most intractable disorder, but is possibly more amenable to treatment in the female than in the male.

In many cases derangement of the nervous system is supposed to result from functional disturbance or true organic disease of the genital organs, and often no other associated or causal disturbance can be elicited. Here the influence may be of a

direct nature, or occur through the agency of the emotions, for, be it remembered, sexual disturbances often prey upon the mind, and may thus indirectly produce prejudicial effects on the whole animal economy. With the approach and appearance of each recurring monthly flow, the whole female frame may, in health, and apart from any resulting emotional state, participate in the change. In some cases of organic disease of the nervous system in the female, menstruation is, I have occasionally noted, anticipated by the development of symptoms, otherwise latent, or the aggravation of symptoms already in existence; a fact strongly presumptive of a close relationship, direct or indirect, between the sexual functions and the cerebro-spinal state. In many cases of hysteria, anomalous sensations are complained of; as, however, the majority of such are vague and indescribable, it would be futile to attempt more than a description of those commonly experienced. Anæsthesia, or loss of sensibility, may affect the lower limbs when it is usually associated with a simple paresis or complete loss of power, and reaches the same level on both extremities. It may partake of the form of hemianæsthesia, in which the whole of one side of the body is more or less completely involved. The loss of sensibility then may or may not coexist with motor manifestations, hemiplegia, hemiparesis, or hemichoreiform movements being at the same time displayed. Under such circumstances, the head and special senses on the anæsthetic side may escape; occasionally, however, they likewise participate in the change. Nor is this to be wondered at when we recall the fact, that the special senses are but highly organised modifications of the tactual. When loss of sensation is confined to one side of the body, it will be noted that a line passing through the middle of the body longitudinally, separates in a most marked manner the healthy from the disordered half. In a few rare instances I have elicited the coexistence of hyperæsthetic patches on the anæsthetic half of the body, more especially in the region of the ovary and breast, and this apart from menstruation. There can be no doubt that the hemianæsthesia is central, and results from functional disturbance of the higher cortical centres in the brain; whilst the simultaneous existence of hyperæsthetic patches depends on a markedly augmented

tension of the peripheral nerve-endings located in the region manifesting the change. Pain is, in reality, an aggravated pleasure. The finger placed in tepid water may convey to the cerebrum a sensation of pleasure, whilst placed in boiling water it forthwith excites a sensation of intense pain. These two states are essentially the result of like peripheral changes, the one being merely a more intense excitation than the other. Of the special sense-disorders co-existent with hemianæsthesia, that of the visual apparatus demands especial note. The change manifested is not a hemiopia, but crossed amblyopia. There is dimness of sight with the eye on the anæsthetic side, contraction of the field of vision, and loss of appreciation of colour. The opposite eye likewise manifests, although to a much less extent, a diminution of its field of vision.

Hyperæsthesia, apart from anæsthesia and occurring in scattered patches, is a common manifestation of functional disturbance of the nervous system. The merest touch produces a sensation of intense pain, whilst deep and continued pressure is readily borne, a fact strongly in favour of the change being one confined, as a rule, to the nerve-endings. This symptom is not, however, one peculiar to hysteria, for I have seen it associated with true organic disease, and recently to a most marked extent in a female, the subject of disseminated sclerosis of the cord, in whom during life the dress, whenever it impinged against the legs in walking, elicited great tenderness.

The motor manifestations of functional disturbance of the nervous system are most varied and full of interest. Occasionally we witness a peculiar phenomenon, the so-called paradoxical muscular contraction, the result of some change in the muscle state, whether of the nature of a contraction or relaxation is still conjectural, but which allows of the foot or any other part of the body being so posed passively that it will maintain this position for a more or less indefinite length of time. Under favourable circumstances it is avowed this muscle state may be induced by kneading those muscles antagonistic to the attainment volitionally of the new position. By friction and the application of heat to the group of

muscle apparently the seat of change, I have brought about complete relaxation and the cessation of the phenomenon, and this doubtless through a distinct alteration in the relationship of the muscle and nerve molecular state.

During health many muscles of the body act in association, the resulting movements being purely automatic and in reality produced without the intervention of the will. Every one is familiar with the fact, that the will often tends to prevent movements which, if otherwise left to the guidance of the automatic centre, would be performed with the utmost precision, the mere intervention of the influence of the higher nerve-centres determining failure. It is not therefore astonishing that functional disturbance of the cerebrum should occasionally result in a disassociation of movements at other times harmoniously combined. Recently I witnessed the manifestation of this phenomenon in a female. The eyes were constantly closed, and any attempt to open them only resulted in a frown or contraction of the corrugators; whilst any attempt to close them more firmly was equally ineffective, and induced merely a contraction of the frontalis muscle, resulting in corrugation of the forehead. Elevation of the eyelids is a movement associated with contraction of the frontalis muscle, as every one may verify for himself on gazing at an object placed at some height above him. Frowning, on the other hand, is commonly associated with a more or less distinct closure of the palpebral opening. In the case I have just mentioned there was therefore evident lack of harmony in movement, or rather, total reversion.

Paraplegia, complete or incomplete, is a frequent concomitant of functional disorder of the brain and spinal cord, and here it is impossible to say whether the change is really in the cord itself or the cerebrum. Anæsthesia, more or less pronounced, often coexists, and although incontinence of urine is said never to result, yet I believe it may occasionally occur. The legs are invariably rigid, and reveal to a varying extent the phenomena induced by sclerosis of the lateral columns. Ankle-clonus is, as a rule, readily developed, but assumes a peculiar yet withal characteristic constructive type whereby

instead of the regular to-and-fro rhythmical movement of the foot, there are evinced occasionally marked interruptions. In such cases it is also a most inconstant physical sign; whereas when the result of true organic disease, it is most uniform and constant. Hemiplegia is sometimes noted, but one limb is invariably more affected than the other, and there is no affection of the face, a sign of great diagnostic value.