Original Articles.

FEAR NEUROSIS.¹

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THERE is a neurosis which, I believe, has never hitherto been described, and which is, I have learned, very common amongst musicians and others who appear before the public. This neurosis has been overlooked, because it is commonly looked upon as merely the manifestations of timidity or self-consciousness; but I am satisfied that it is more than this, for although it originates in timidity it persists as an automatic physical neurosis long after timidity has ceased to exist, and entirely independent of the original exciting cause. In fact, the characteristic peculiarity of the neurosis is this: that, although the symptoms are the natural physical manifestations of fear, nevertheless they are not accompanied by this emotion, but exist independently of any psychical state as a group of pure physical symptoms. Hence the term phobo-neurosis is more exact than phobo-psychosis.

Two sets of causative factors must be distinguished:

(1) A natural or excessive timidity at the beginning, in consequence of which certain external conditions have repeatedly excited fear and its physiological manifestations (tremor, palpitation, faintness, etc.). By a constant repetition, as would necessarily be the case with a musician, for example, these physical symptoms become welded together into an automatic process which persists as a true habit neurosis. This may be looked upon as a sort of degeneration of nervous processes by which frequently associated actions become grouped together. Physiologically, this is the same principle by which any art (violin playing, fencing, rowing) is learnt; pathologically, it is the basis of many neuroses and psychoses. After a time, as a result of maturer years and experience, the psychical emotion, fear, subsides, but the physiological manifestations persist — an apparent paradox.

(2) After the neurosis has become developed the immediate exciting cause of each individual attack is a primary auto-suggestion in the form of apprehension or expectation that the symptoms will come on under such and such circumstances, such as playing in public, and a secondary direct excitation by the act itself in accordance with the primary auto-suggestion. Such, at least, is the theory which seems to me to best explain the phenomena. But whether or not this is the correct interpretation of the genesis of the neurosis, the existence of the neurosis itself is, it seems to me, unquestionable.

OBSERVATION I. A professional singer, thirty years of age, consulted me for the following symptoms: Whenever he sang in public he was affected with (1) feeling of "goneness" and general trembling; (2) feeling of throbbing in the head; (3) palpitation; (4) perspiration; (5) general weakness. The same group of symptoms always appeared and in the same order. The trembling was objective, so that he could with difficulty hold his music. He had suffered in this way from ten to twelve years. He stated most emphatically that at present he had no lack of confidence in himself but, on the contrary, had a high opinion of his own ability — in fact, as he expressed it, was rather "stuck on himself."

¹ Read before the Medico-Psychological Society, April 16, 1896.

He did not mind the symptoms *per se*, but they interfered so much with his work as to be a serious hindrance. For this reason he sought advice. He knew of no cause for his trouble, and did not ascribe it to shyness or timidity, as he did not feel shy or timid. He thought it might be due to some sort of organic nervous disease, and this idea and the importance of being able to fill a professional engagement led him to seek advice.

If he was to give a concert, during the two or three days preceeding the appointed time these symptoms came on whenever he thought of the concert, that is, the idea of singing, and even practising, brought them on. He also had then a desire to have a movement of the bowels. This circumstance emphasizes the independence of the neurotic process. Careful inquiry elicited the facts that as a boy he was abnormally shy and bashful, and that when he *first began to sing* he had no confidence in himself. At this time these symptoms developed. But since learning to sing his shyness ceased and he has regained thorough confidence in his ability, but the symptoms which were originally excited by timidity have persisted, so that a sort of paradoxical condition exists, — the physiological manifestation of an emotion without the emotion itself. For it will be remarked that the symptoms in this case are only the ordinary manifestations of timidity and lack of confidence in one's self, such as would be excited in a novice by the ordeal of a public performance.

But in this case, by the law of association and by frequent repetition, they have been formed into an automatic process, so associated with the act of singing or idea of singing that either the act or the idea would excite the whole. But this, as the sequel will show, would not take place unless the subject made a suggestion to himself that this would occur. This suggestion was the apprehension or expectation that the neurosis would appear and spoil his performance.

This expectation was always present in his mind before a performance, and must be distinguished as something very distinct from timidity, which did not exist, as he thought. But I think it is open to question how far any one can analyze and state with precision the nature of his own state of consciousness at any particular moment. Nevertheless little more than traces of timidity was probably present. In other respects his health was good, excepting that he was a poor sleeper, but he was of a nervous temperament. Five or six years ago his health had temporarily broken down from overwork. After this he was worse.

This patient consulted me on a Thursday. He said that on the following Sunday he was to sing in an important concert given by a well-known musical organization. Much depended upon his success, as he hoped, if he sang satisfactorily, to obtain a permanent appointment. I explained to him at length the nature of his psychosis, and the mode of action of the proposed treatment. The following was then written on a piece of paper and given him to learn by heart and to keep constantly in mind:

I know my symptoms are only a group of nervous processes which a long while ago were associated together by a lack of confidence in my ability to sing. But having now this confidence and knowing the nature of the habit, I know this association will be broken and there is no need to apprehend a return of the symptoms.

He entered heartily into co-operation with me in carrying out the plan.

On the following day (Friday) he returned and reported that, after having conscientiously done as directed, the neurosis had not returned, although he had practised as was customary with him. This occasioned him much surprise. On this day it was thought desirable, considering the importance of the test to which he was to be submitted, to emphasize the suggestion by repeating it in the hypnotic state. Whether he was hypnotized or not is probably a question of terms. At most he was in what is called the first stage, — which means that he was quiet, passive, without desire to open his eyes, although he could easily do so.

On Saturday he again returned with the same favorable report, having practised without any return of the symptoms. The treatment was repeated and the whole matter impressed upon him again. Sunday he sang. On Monday he reported that he had sung better (as he thought) than he had ever done before, without being disturbed in the slightest degree by his neurosis. There had been, he thought, a slight tremor of the hands while singing, but he did not consider it of any consequence, and was not incommoded thereby. He was in high spirits over what he considered his remarkable cure.

He wrote me as follows a month later, May 1st, in reply to an inquiry of mine regarding his condition:

MORTON PRINCE, Esq., M.D.,

Dear Sir: In reply to your favor of yesterday. I intended to call, etc. . . .

Now regarding your wonderful cure, for such I regard it: Since I sang for the Handel and Hadyn Society there have been no concerts of any importance only such as had engaged their principals previously, so I have not had a chance to try my newly acquired "nerve" on a large audience, but such singing as I have done has been done with the utmost calmness and fearlessness. I almost felt like saying of myself as is said of a conceited tenor of St. Paul's Cathedral. Being asked at the beginning of the big performance if he was "nervous," he said "yes" — he was nervous for fear his singing would work up the feelings of the audience too much! but not on his own account.

The very feeling regarding a performance is changed — formerly even the sight of a stage or platform would send terror to my heart. Now I can view the performance with perfect composure and I do not think it would bother me much to be suddenly called on to preach or sing or anything else of a public nature. . . .

I am exceedingly grateful to you, Doctor, and if I can add anything of interest to this would be delighted to call at any time and see you.

Yours sincerely,

This letter would imply that he had had real subjective fear, but he evidently referred to the physical manifestations, as I had previously made very careful inquiry into this point. As to the permanency of the cure, I cannot add further information.

OBSERVATION II. Musician, well known and of high reputation.

The symptoms of the neurosis in this case begin about ten minutes before playing, and continue with exacerbations and remissions during the whole time while playing. When they develop they do so with a rush. The symptoms develop in the following order: (1) dryness of the throat; (2) feeling like that of indigestion; (3) hands cold and moist; (4) palpitation; (5) a sort of ataxia or clumsiness of the hands,

so that he fails to have complete control over his instrument, in consequence of which he is much hampered in the practice of his art. This is the main reason for asking advice.

In consequence of this ataxia or clumsiness in the movement of his fingers he cannot play as well in public as in private. Upon these symptoms follow certain mental disturbances, which are described as a lack of confidence in his ability to do himself justice, a consciousness of himself and an irritability of temper.

The first time he experienced this neurosis was about fifteen years ago, when he began to be spoken of in public as possessing talent. Before that he had no symptoms whatever, but, on the other hand, had great confidence in himself. Later, when he was the subject of public esteem, he began to think about himself and came to the conclusion that he was not as skilled a player as the public thought. He at once lost confidence, apparently as the result of his own cogitations, and immediately the neurosis developed.

Later, as the result of prolonged work and study, he acquired the desired skill, and with it absolute confidence in his own ability as a musician, but with the return of confidence the neurosis did not subside but persisted. At present the subject is perfectly confident, as he stoutly maintains, of his skill, and insists that he is devoid of any sensation which approximates shyness or timidity.

Now it will be noticed that the symptoms constituting this neurosis in this case also are little more or less than the physiological manifestations of timidity, and yet, as in the preceding case, this patient claims to be absolutely without timidity; hence again we have the paradox of physical manifestations of emotion without the emotion itself.

The genesis of the neurosis in this case would seem, then, to be as follows: Real timidity in the early years of his profession excited the physical manifestations thereof. These by constant repetition and association have become segmented into a neurosis.

This is constantly re-excited by auto-suggestion. Although this is difficult to prove, my reasons for believing it to be the case are as follows: In consequence of the fact that this neurosis has come on so many times in the past and marred his performance, he states that, although he knows as an intellectual fact that he has skill of a high order, he has lost confidence in his ability to play in public as well as he can in private. His performance has been injured so many times that he is always apprehensive it will be injured again. He insists upon this distinction with considerable critical keenness. Consequently for a day before a concert this patient becomes irritable and at times apprehensive, and even when not apprehensive for so long a period before the concert, he is conscious, during a definite period of time before the appearance of the symptoms, of having a strong apprehension or expectation that these symptoms will come on. He always has a definite consciousness or idea that his playing will be hampered at each concert as it has been in the past. Now this is nothing more nor less than a suggestion to himself which may be put in the following words: When I begin to play I shall have such and such symptoms. He begins to play and the symptoms develop at once. This is similar in every way to such a suggestion as might be given to a hypnotized subject, such as, when the clock strikes ten you will arise and go to bed. And just as such a hypnotic subject on

the given signal of the clock striking would carry out what he was ordered to do, so the person affected with neurosis, now being described, experiences just such physical disturbances as he suggests to himself that he will feel at such times and under such circumstances.

This patient, who is intellectually clever aside from his art, tells me that to his personal knowledge, based on conversations with numerous musicians, this neurosis is very common with members of his craft. Many musicians have their performances marred by the affection, and even some of the great violin and piano players of the world are sufferers from it. He instanced to me some whom he knew, who might rise to considerable fame were it not for it, and he insists that they usually state they are not conscious of any feeling like fear or shyness. How far this is true, of course, I can not of my own knowledge say. I am inclined to believe, however, that co-operative immediate excitant is a sort of self-consciousness or egotism which causes such people to become apprehensive of non-success, and the emotion caused thereby helps to excite the symptoms.

OBSERVATION III. Another case, residing in the suburbs of Boston, is not that of a musician, but one belonging to another craft.

This person in every other way is perfectly normal, but he has suffered from this affection to such a degree that he has been extremely hampered in the practice of his profession, and to a certain extent in his everyday life. It became, in consequence, a matter of great practical concern as well as suffering. In this case there was present the apparent paradox of all the physical manifestations of shyness without the presence of shyness itself. This person has absolute confidence in himself, recognizes his own ability, but when brought in contact with people under certain circumstances used to be overwhelmed by a neurosis which made it difficult for him either to carry on his profession or to do his part socially in the world.

In the practice of his craft he is obliged to give instruction to classes of students, as well as to lecture before audiences, and particularly to practise his art in the presence of others.

It was at such times in particular that the neurosis developed, although it also appeared under other circumstances. He described it as follows: While in any one of these public situations he would become conscious that people were looking at him; that is, his first sensation would be a marked state of self-consciousness, then with a rush the individual symptoms of the neurosis would overwhelm him. These symptoms would develop in the following order: first, a feeling of *faintness*; then *perspiration* would break out all over him; then he would, as he thought, *change color*; and finally, he would have *confusion of thought*. This confusion of thought would be of sufficient intensity to interfere with the work he was engaged in to a degree almost to amount to prohibition. It should be noted that these symptoms always appeared in this combination and in this order. A point to be emphasized is that these symptoms would come of a sudden, while he was perfectly composed and self-possessed, in the midst of a lecture or while practising his art. The continuance of what he was doing was then a matter of great difficulty and required the exercise of all his will power, which in turn was extremely exhaustive. To these symptoms various secondary symptoms now added themselves. Although the latter were distressing

and psychologically interesting they need not detain us here, as they were not essential. Depression was one of them. They were important, as they served to redouble his self-consciousness, and thus again, as a consequence, the neurosis increased in intensity. This became actual suffering — not so much from the physical disturbances, for which he insisted he did not care, but because of the false position in which he was placed; that is, because of being thought to be timid and to lack self-confidence, when this was not the case.

The extent to which this subject was hampered is shown by his saying one day that he "would do anything, have his arm cut off if necessary," to be relieved. This patient had fought against his trouble with great pluck, but without success. Without warning, in the midst of a state of well-being, they would come upon him so suddenly that before he had time to think the neurosis would be developed.

Two well-known physicians, an alienist and neurologist, were consulted, but he was told he was only overworked (neurasthenia) and needed rest. But when he returned after a vacation his condition was as bad as ever.

The symptoms of this neurosis may now be recapitulated as follows: (1) consciousness of being looked at; (2) faintness; (3) perspiration; (4) flushing of face; (5) confusion of thought; (6) depression, etc.

It will be observed that the first five symptoms are the physiological manifestation of emotion.

A careful physical and mental examination of this patient revealed to me the following condition of affairs: Physically he was in the prime of health, well-developed and nourished; strong in every way. Probably no one of his friends or associates have ever suspected the existence of his trouble, as in social life he appeared mentally and physically as vigorous as a man could well be. It must not be imagined that he was hypochondriacal or in any way degenerate.

The genesis of the trouble was probably as follows: During boyhood he had been sensitive to ridicule, lacked confidence, and was shy. Or, in other words, at this time the perception of the fact that he was the object of observation by others caused in him the feeling of self-consciousness and lack of self-confidence.

With the emotional state thus produced there then developed the somatic symptoms, or physiological manifestation of emotion as above described. With increasing years and experience, complete confidence in his own ability was gained, and he lost all shyness in the true sense of the word; but, nevertheless, whenever at any time the thought came upon him that he was the object of observation, as in early days, all these symptoms developed at once with a rush, perfectly automatically, without any corresponding emotion. The fact that he felt these disagreeable symptoms made him naturally infer they were observable by others. Consequently he was still further disturbed, as he insisted over and over again, by the thought that others should think him to be lacking in self-confidence when he really possessed it. It was this last idea that produced the secondary symptoms.

It must not be overlooked that the original source of evil, namely, shyness and lack of confidence in his own ability, had long since subsided, and that the emotional-complex had been transferred to the associated idea or fear of other people's belief.

One more consequence should be noted: It finally came about that the fear that these symptoms would

develop in public was sufficient to excite them. This apparently capped the climax and rendered further work exceedingly difficult. As an exciting cause, auto-suggestion in the form of apprehension undoubtedly played a part, as I believe. He was in constant apprehension that when he was placed in certain positions the neurosis would strike him. As already explained in the previous cases, this is equivalent to an auto-suggestion, such as, "When I am acting under such circumstances and such a thing happens, I shall feel so and so." This thing does happen and the neurosis is exploded as an automatic process. When overtired his condition was distinctly worse.

The treatment in this case was based upon the above analysis. The idea of neurasthenia was rejected, and the pathology as above outlined was explained at great length to the patient, who recognized its correctness and lent himself heartily to the new plan of treatment. Without this co-operation I believe this would have been a failure.

My idea was to artificially create in the patient's mind a fixed idea which should comport with the truth on the one hand, and which should be antagonistic to and therefore would inhibit the morbid idea and its consequences. To this end the following was written on a piece of paper:

"These symptoms are only physical processes which by habit have become associated together by a previous pathological mental state. This mental state having subsided, the association will subside and I have nothing to apprehend."

This was later changed to:

"I know I am the equal of the others. These symptoms are only physical processes which by habit have become associated together by a previous lack of confidence in my ability. Having now regained this confidence and knowing that I am the equal of others, this association will subside."

This he was told to learn by heart, and to repeat it constantly to himself on every possible occasion—when he was by himself, and as he walked the streets, the last thing before going to sleep, and especially before undertaking his professional work in public.

The result was decidedly favorable. The psychosis steadily grew less and in a month or two had substantially subsided. Nevertheless, there has been during the past year a tendency to relapse. But the course has been steadily towards improvement, until now his symptoms occur in so moderate a form that he no longer dwells upon them.

[Another year has passed since this was written. Although it is not easy to state with absolute accuracy the present condition of this patient, it is well within the truth to say, from my own frequent observations and the patient's own statement, that although not completely free from trouble, yet when we compare his condition with what it was, as shown by my earlier written notes, he is immensely improved. He is still troubled at times, but the attacks are mild, the secondary symptoms have disappeared, he does his professional work without particular discomfort, and his whole attitude of mind towards his trouble is different.]

Sometimes this neurosis does not occur in a pure form by itself, but forms a group of symptoms superimposed upon and complicating another disease of a different nature, perhaps true neurasthenia. For example, I have under observation now a young man who is a neurasthenic of probably a degenerate type,

and therefore in certain respects incurable. In him certain habits of mind and certain peculiarities of body can be recognized, which are undoubtedly due to degenerative processes. Besides symptoms of neurasthenia he exhibits in a very neat way this phobo-neurosis. When brought face to face with people, particularly women, though the same may happen with men, he has a peculiar set of sensations which develop in the following order: (1) a feeling of shyness or confusion; (2) the face flushes; (3) confusion of thought; (4) feeling of general weakness.

Some palpitation occurs during the attack, but its exact position in the order is uncertain. In extreme attacks, ataxia or clumsiness of gait is added to the above.

These symptoms are of such intensity as to be a matter of considerable suffering and to cause the patient to make many sacrifices for relief. They come on with a rush or suddenness which does not allow for thought, and all the circumstances under which this occurs allow of no doubt of the independent automatism of the neurosis.

AN UNUSUAL FORM OF BRONCHIECTASIS.

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CERTAIN features of the following case will be seen to differ markedly from those commonly met with in this affection:

Wm. Mosler, age forty-four, laborer, was admitted to the County Hospital March 25, 1897. He gave the following history: At the age of twelve he had "pleurisy." At eighteen he began to suffer from asthma, which continued off and on in a mild form until twelve years ago, about which time he came to Colorado. It then ceased, and he has since been perfectly well, without cough or other evidence of his former trouble.

His present illness began three months ago as a pain in the region of the left nipple which lasted two hours and was very severe. This was followed immediately by a cough, which still continues. Expectoration was moderate at first, and for a day or two reddish in color; later it became purulent, increased in quantity up to a pint in twenty-four hours, its present amount, and almost at the outset, he thinks, became offensive in odor. He has not at any time been confined to bed. He speaks of chilly sensations at the first, but does not think he had either fever or dyspnea. He now weighs one hundred and twenty-five pounds and says his loss of flesh has been very moderate.

At the present time his chief complaint is cough, abundant fetid expectoration, soreness in the region of the left nipple, and some general debility.

The *Physical Examination* shows a man of medium size, rather poorly nourished, facies pale and somewhat phthisical in appearance. Cough almost constant, with frequent raising of a purulent and very offensive sputum, necessitating isolation. Patient is up and about; his pulse ranges from 95 to 100, respirations 22 to 28, and temperature normal to 101°, there being daily a rise of at least one degree.

The chest presents nothing abnormal on inspection or palpation. Percussion discloses a peculiar condi-