Bouyer. La neurasthénie (épuisement nerveux). Paris, Baillière, 1890.
Bottey. Hydrothérapie et Neurasthénie. Revue d'hygiène thérap., Fevr. 1892.
Jacobs. Gen. Tijd. voor Nederld. Indie., 1892, xxxii, 5.
Sollier. Sur une forme circulaire de la neurasthénie. Revue de méd., 1893, xiii, 12.
Müller (Alexanderbad). Handbuch der Neurasthenie. Leipzig, Vogel, 1893. (Indispensable for special studies.)
Kothe. Wesen und Behandlung der Neurasthenie. Weimar, 1894.

CHAPTER II.

HYSTERIA.

HYSTERIA has this in common with neurasthenia, that it does not depend upon any demonstrable anatomical lesions of the nervous system, but it differs from it in the fact that for its development a certain predisposition on the part of the patient is absolutely necessary. Although we are not as yet in a position to say of what nature this predisposition is, we must assume that the whole nervous system of a hysterical patient, central as well as peripheral, is in some points, which we are still unable to determine, different from that of healthy individuals. The greater extent to which these persons observe themselves (Oppenheim), the increased impressionability, the hyperæsthesia of the central nervous organs, the increased sensitiveness of the peripheral nervous system, the diminished energy with which influences coming from outside as well as from within are met, the lower general power of resistance and self-control, these are on the whole the traits which characterize hysterical persons, and explain why the symptoms are so manifold and change so rapidly, and why in no other disease of the nervous system can be found a train of manifestations so diverse and so numerous.

Only by unwearied, long-continued study has it been possible to show that even for the apparently arbitrary appearance of the different symptoms there exist certain laws. In a manner which none before or after have been able to rival, hysteria has been studied by Charcot and his pupils, to whom we owe the most interesting observations and investigations of the past two decades.

LITERATURE.

Hasse. Krankheiten des Nervensystems. In Virchow's Handbuch der speciellen Pathologie und Therapie. Erlangen, 1869. (Contains the older literature.)
Briquet. Traité clinique et thérapeutique de l'Hystérie. Paris, 1859. (Original article, upon which all the studies on hysteria by the French authors are based.)

Charcot. Klinische Vorträge über Krankheiten des Nervensystems. German translation by Fetzer, Stuttgart, 1874.
Charcot. Neue Untersuchungen über die Krankheiten des Nervensystems, besonders über Hysterie. German translation by Freud. Wien und Leipzig, 1886.
Freud. Beiträge zur Casuistik der Hysterie. Wiener med. Wochenschr., 1886, 49, 50.
Möbius. Ueber den Begriff der Hysterie. Centralbl. f. Nervenhk., 1888, xi, 3.
Thermes. Traité élémentaire d'Hygiène et de Thérapie de l'Hystérie. Paris, 1889.
Charcot. Leçons du Mardi à la Salpêtrière. Paris, 1889. (Policlinique, 1887–1888.)
Gilles de la Tourette. Traité clinique et thérapeutique de l'hystérie, d'après l'enseignement de la Salpêtrière. Paris, 1891.
Gilles de la Tourette. Die Hysterie nach den Lehren der Salpêtrière. German translation by Karl Grube. Wien, Deuticke, 1893.
Breuer und Freud. Ueber den psychischen Mechanismus hysterischer Phänomene. Neurol. Centralbl., 1893, xii, 1, 2.

Symptoms.—For the sake of simplicity we shall divide, in our description of the disease, the symptoms into cerebral, spinal, and mixed—that is, pertaining to the entire nervous system.

The cerebral may again be subdivided into psychical and somatic symptoms. The disposition of the patients is excitable, anxious, often changeable, sometimes passing from the depths of gloominess to the most exalted hilarity. The tendency to speak of nothing else than of their own woes, the constant attempt to greatly exaggerate these, and to excite sympathy in their friends and physicians, the thoughtless demands which they expect to be satisfied at a moment's notice, and the inconsiderate outbreaks of anger if this is not done—all these are characteristic features of the disease with which we meet, not in all indeed, but at any rate in a large majority of cases. The tendency to get easily frightened is very common, and during a state of the highest psychical excitement hallucinations may temporarily exist. In pure cases of hysteria, however, we need never be afraid that these will persist long or lead to any serious outbreak on the part of the patient. Exceptionally an instance of "hysterical sleep" comes under our notice, into which the patient has fallen after certain prodromal symptoms have existed for several hours. The peculiarities of this curious condition, the "léthargie hystérique," which may last for many days, the condition of the organs of circulation and digestion, the characteristic signs by which the hysterical sleep may be discriminated from other states of coma, have recently

been described by Gilles de la Tourette in a careful monograph (Arch. de Neurol., 1888, 43, 44), and lately by Loewenfeld (Arch. f. Psych., xxii and xxiii). The paroxysmal appearance of a marked tendency to sleep (narcolepsy) has been studied by Böhm and Dehio (cf. lit.).

Among the cranial nerves there is not a single one which may not at one time or another in the course of hysteria present symptoms of paralysis or irritation. More than the others the nerves of special sense are interesting for their anæsthesias and hyperæstheias. The nerves of smell and hearing are those most frequently affected, and both functions may be so much impaired that the patient can smell and hear nothing. They may, on the other hand, become so acute that, if we may believe her own statements, she is able to distinguish any one from a number of perfumes, or to single out an individual by the sound of his voice amid the hubbub of a crowd, or, again, to recognize people far off by their step, and so forth. These and similar faculties have in Mesmer's time already been spoken of a great deal, and have given rise to much deception and trickery. The opticus is also not rarely affected. Besides the cases where hysterical patients suddenly become blind in one or both eyes without there being any changes in the disk, there are instances of decrease in the acuteness of vision, contraction of the field of vision, or complete or partial loss of color sense. When the last-named condition occurs the perception of blue and yellow is retained longest, while that of violet and green disappears much earlier. We must of course expect numerous variations and combinations. I have seen in the same individual hysterical changes in the one eye and tabetic changes in the other. The ocular muscles rarely participate in the disease; hysterical paralysis of them is exceptional, as is also the occurrence of hysterical nystagmus, on which subject I have expressed my opinion elsewhere (cf. lit.).

Among the other nerves of special sense that of taste may occasionally present alterations. The patients lose their taste either completely or only for certain substances (sour, salty), or there may exist such a perversion of this faculty that everything tastes nauseous and disgusting, or that everything tastes of salt or of vinegar, and so forth. Actual hallucinations of the sense of taste, although not so frequent as hallucinations of the sense of smell, are not unheard of.

The trigeminus is generally implicated. Faceache and headache, among others the kind which is confined to a small spot and is known as clavus, are comparatively frequent. The scalp is sometimes so markedly tender that the patients can not stand the slightest pressure, not even the touch of the comb, and in order to avoid the pain they abstain from all care and proper attention to the hair. The pain in the head may also be confined to one side, and resemble in every detail that of hemicrania.

What needs to be said about the facial nerve in this connection has already been treated of in Chapter V, Part II. Tic convulsif, as well as facial paralysis, may be hysterical in nature; however, we must not forget that facial spasm and hysteria may well coexist, and that a tic convulsif occurring in the course of hysteria is not necessarily of hysterical origin. The determination of this question is less important for the diagnosis than for the prognosis. The outlook in non-hysterical tic is very bad, in the hysterical variety relatively favorable (Guinon, Revue de méd., Juin, 1887). Of much interest are the many forms of vagus neuroses which we meet with in the course of hysteria; they may affect, in the manner described in Chapter VIII of Part II, the organs of respiration, circulation, and digestion. Among the first, not only the larynx but the lungs also are sometimes attacked. The laryngeal muscles become the seat of violent spasm, "hysterical spasm of the glottis," during which the patient is afraid she is choking. In exceptional cases patients have died in such attacks (Leo, Deutsche med. Wochenschr., 1893, 34). The functions of the vocal cords may become so much interfered with that the patient is only able to make herself understood in whispers; to speak out loud is impossible ("hysterical aphonia"). The laryngoscopical examination reveals nothing abnormal, with the exception of some anæsthesia of the mucous membrane of the fauces, which greatly facilitates the examination (cf. page 113). Peculiar disturbances in speech—for example, a stuttering, which, in contradistinction to the ordinary type, comes on acutely—have been frequently observed and carefully studied. For the recognition of this symptom and its differentiation from ordinary stuttering verbal suggestion may be used (cf. the chapter on Hypnotism). The respiratory muscles may be affected in a peculiar and very striking manner; the acceleration in the number of respirations may attain such a degree that, instead of

fifteen or sixteen respirations a minute, we may count from eighty to one hundred. On the other hand, they may be diminished in frequency, and the patient breathe from eight to ten times a minute, but in a labored way, showing signs of a regular dyspnœa, not infrequently with audible wheezing in inspiration and expiration ("hysterical asthma"). A dry and barking cough, which is distressing not only to the patient but also to all who surround her, is sometimes observed, and paroxysms of yawning, sobbing, laughing, or crying ("hysterical laughing or crying fits") may persist for hours.

Sometimes following aphonia, sometimes occurring abruptly and unexpectedly without it, in rare instances a complete dumbness sets in; the patient has either actually lost the control of her speaking apparatus or will not make use of it; in a word, she is completely mute, and no amount of admonitions, entreaties, or threats can succeed in eliciting a single word. This condition of "mutismus hystericus" may be of variable duration. In one instance which came under my notice the patient maintained silence from the 5th of September to the 28th of April of the following year. She found her voice again at once on hearing of the unexpected death of her mother. In this connection the articles of Natier, Huysmann, and of Kayser (Therap. Monatsh., October, 1893, vii, p. 500), who recommends autolaryngoscopy as a useful means of treating this symptom, may be referred to.

The circulatory organs, more especially the heart, take relatively the smallest share in the disease. Hysterical tachycardia may occur, but it is rare and never well marked; even in the apparently severest attacks, which we shall describe later, the pulse is quiet. To stenocardia we have referred on page 123.

Cases of so-called "aortic hysteria," a condition which has been described by Post, of New York (Med. Rec., 1891, 16), and which is characterized by relaxation of the aortic walls in consequence of diminution of the vascular tonus, simulating a tumor, are of a very rare occurrence.

The digestive tract and the muscles pertaining to it—which, just as the pharyngeal muscles, are innervated at least partly by the glosso-pharyngeal and not by the vagus alone—may be the seat of various hysterical manifestations. The muscles of the pharynx may present symptoms of paralysis or of irritation. In the former case deglutition is much interfered with,

and may, indeed, be impossible ("hysterical deglutition paralysis").

A peculiar affection of the muscles of the œsophagus, which are supplied by the vagus, consists in a spasmodic contraction which gives rise to a very vivid sensation of a ball rising up from the region of the stomach and sticking in the throat. This "globus hystericus" is so frequently met with in hysteria and is usually so well marked, that it has been looked upon as pathognomonic for the disease.

The musculature of the stomach and the intestines is liable to disturbances. According to most authors, paralysis of these muscles produces a distention of the bowels and of the whole abdomen which may be simply enormous ("meteorismus hystericus"); this is sometimes associated with colicky pains. A certain amount of the air, which frequently collects in large quantities in the bowels, escapes through the mouth with a loud, sobbing, gurgling noise (singultus, ructus hystericus). Talma (Weekblad van het Nederl. Tijdschr. voor Geneesk., 1886, 9) claims that the cause of hysterical tympanites is to be sought in a spasm of the diaphragm. As evidence in favor of his view he argues that under chloroform narcosis the distention will disappear without the emission of gas; and, secondly, that the position of the diaphragm is abnormally low.

Vomiting is one of the most frequent occurrences in hysteria; sometimes it is very profuse and may persist for hours; it may be so intractable as to weaken the patient considerably; on the other hand, slight vomiting may occur daily for weeks without affecting the patient's strength. Usually watery masses are thrown up which bear no proportion to the quantity of food ingested. In one of my cases the amount vomited was eight or ten times as large as that taken in.

Affections of the accessorius are not rarely seen in the form of spasmodic torticollis, while affections of the hypoglossus are very exceptional.

LITERATURE.

Parinaud. Annal. d'Oculiste, 1886, xcvi, 1, 2. (Anæsthesia of the Retina.)

Brissaud et Marie. Progrès méd., 1886, xv, 5, 7. (Déviation faciale dans l'hémipl. hystérique.)

Guinon. Revue de méd., 1887, vii, 6. (Tic convulsif.)

Huet. Hysterical Facial Paresis. Nederl. Weekblad, 1887, ii, 22.

Borel. Annal. d'Oculiste, 1887, xcviii, 5, 6. (Hysterical Affections of the Eye Muscles, etc.)

Schlesinger. Wiener med. Blätter, 1888, xi, 3.

Peek. New York Med. Rec., March, 1888, xxxiii. (Hysterical Coma.)

Féré. Migraine ophthalmique hystérique. Arch. de Neurol., 1890, 60.

Remak, E. Zur Semiotik der hysterischen Deviation der Zunge und des Gesichtes. Berliner klin. Wochenschr., 1892, 40.

Leber. Periphere Sehnervenaffectionen bei Hysterie. Deutsche med. Wochenschr., 1892, 33.

Hitzig. Schlafattacken und hypnotische Suggestion. Berliner klin. Wochenschr., 1892, 38.

Przeborski. Monatschr. f. Ohrenhk., 1893, 11.

Féré, Ch. Semaine méd., 1883, xiii, 50.

Blocq. Gaz. des hôp., 1893, 135.

Janet, P. État mental des Hystériques. Paris, Rueff, 1893.

Knies. Die einseitigen centralen Sehstörungen und ihre Beziehung zur Hysterie. Neurol. Centralbl., 1893, 17.

Böhm. Ueber Narkolepsie. Inaug.-Dissert., Berlin, 1893.

Dehio. Pathologische Schlafzustände. Petersburger med. Wochenschr., 1893, 22.

Hysterical Speech-disturbances.

Peltesohn. Berliner klin. Wochenschr., 1890, 30.

Boedeker. Charité-Annalen, 1890, xv, p. 373.

Rosenbach, O. Ueber functionelle Lähmung der sprachlichen Lautgebung. Deutsche med. Wochenschr., 1890, 46.

Ballet et Tissier. Du bégaiement hystérique. Arch. de Neurol., Juillet, 1890, No. 58.

Kramer. Ueber hysterisches Stottern. Prager med. Wochenschr., 1891, xiv.

Chervin. À propos du bégaiement hystérique. Arch. de Neurol., Mai, 1891, No. 63.

Higier. Ueber hysterisches Stottern. Berliner klin. Wochenschr., 1893, 34.

Seiffert. Die Behandlung der hysterischen Aphonie. Ibid., 1893, 44.

Zoeller. Fall von hysterischer Stummheit von zweijähriger Dauer. Neurol. Centralbl., 1894, 2.

One of the most remarkable cerebral affections which may occur in the course of hysteria is an apoplectiform attack with consequent hemiplegia, which in many instances is associated with complete hemianæsthesia. This hemiplegia may develop with symptoms similar to those of the form following arterial disease, and, as, we have already pointed out above, it may be extremely difficult to distinguish a hysterical hemiplegia from one due to organic disease. This is especially the case if there are no other hysterical symptoms to aid us. If the unilateral spasm of the muscles of the cheek, described by Charcot, and before him by Brodie (1880), which is said to be characteristic of hysterical hemiplegia, be present, the diagnosis is easier. All the symptoms associated with a cerebral hemiplegia—for instance, tremor, the associated movements, even atrophy of the muscles of the side affected—may accompany the hyster-

ical variety. The opinion formerly prevalent, that wherever there exists atrophy this must needs depend upon an organic lesion in the brain, spinal cord, or the nerves, has been proved to be erroneous. The hysterical atrophy may not differ from that due to organic disease; it may develop comparatively rapidly, may remain for a long time, and disappear again just as rapidly when motion returns. Fibrillary twitchings in the atrophic muscles and reaction of degeneration are absent.

Fig. 162.—Patient shown in Fig. 163, three months previous to the time when the picture of Fig. 163 was taken (personal observation).

Whether the large ganglionic cells in the anterior horns have anything to do with the occurrence of atrophy, and, if so, what is the nature of the influence, we do not know.

I will here mention only one of the cases of hysterical atrophy which have come to my notice and which is quite unique, owing to the intensity and the rapidity with which an atrophy of the entire muscular system developed. The clinical history of the case, of which two pictures (Figs. 162 and 163) are here given, will be found in an article by me in the Deutsche med. Wochenschrift. The time which elapsed between the taking of the two pictures was about three months.

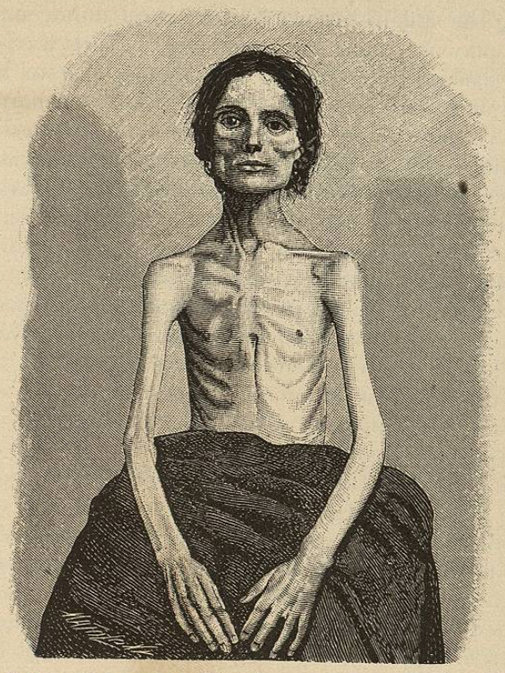

Fig. 163.—Patient with muscular atrophy, shown in Fig. 162 (personal observation).

LITERATURE.

Babinski. Arch. de Neurol., Juillet, 1886, vii. (Atrophy in Hysterical Paralysis.)
Chauffard. Gaz. hebd., 2. s., 1886, xxiii, 21. (Atrophy of the Left Upper Extremity, Hysterical Monoplegia, as a Result of Trauma in a Young Man.)
Massalongo. L'atrofia muscolare nelle paralisi isteriche. Napoli, Detken, 1886.
Debove. De l'apoplexie hystérique. Arch. génér. de méd., 1886, No. 34.
Voisin. Arch. de Neurol., 1886, xii, p. 202. (Hysterical Monoplegia of Six Months' Standing, cured immediately by Suggestion.)
Oserezkowski. Zur Diagnose der hyster. Hemiplegie. Centralbl. f. Nervenheilk., 1887, x, 6.
Martinencq. Cas d'apoplexie hyst. avec autopsie. Ann. med.-psych., 7 Mars, 1887.
Brissaud. Arch. de phys. norm. et pathol., 1887, 3. (Hysterical Hemiplegia with Atrophy.)