

## HYSTERIA.

**Definition.**—*Hysteria* is a functional nervous trouble, characterized by various motor, sensory, and intellectual disturbances, and by excessive variability in their seat and manifestation.

**Causes.**—Hysteria is almost exclusively confined to women, and only occasionally witnessed in men. The sexual condition, the social habits, the repression which a very limited sphere of activity enjoins, and a much greater mobility of the nervous system, are supposed to be the chief reasons for the relatively greater prevalence of hysteria in females. The age at which hysterical manifestations appear is not a fixed one, and, although most frequent from puberty on for ten or more years, attacks occur from childhood. In Briquet's collection of four hundred and twenty-six cases, two hundred and twenty-one appeared between the twelfth and twentieth years of life. Undoubtedly, that mobility of the nervous system, and instability, on which the manifestations of hysteria depend in the mother, are transmitted to the daughter. If the so-called neurotic type of constitution is inherited, in one generation it may assume the shape of hysteria; in the next, epilepsy; and in the third, insanity. But the hysterical type, as such, is more directly inheritable. That derangement of the female sexual organs—especially of the uterus and ovaries—is the essential cause of hysteria, is an opinion no longer entertained in any quarter. It can not be too strongly insisted on that there is a peculiar morbid state of the nervous system—a neurosis—either inherited or acquired, and that various kinds of disturbances may excite the morbid manifestations. These disturbances may be in the sexual system, in the digestive, in the circulatory, or in the nervous. This peculiar state of the nervous system may be acquired by faults of early training, by a lack of personal discipline, by frequent alternations of feeling, by mortification, chagrin, and other moral and emotional excitements. That hysteria may exist independently of sexual causes is quite proved by the fact that violent hysterical paroxysms occur in women congenitally deficient, and wanting in uterus, and ovaries, and all sexual characteristics. The instability of the nervous system belonging to hysteria is much increased by certain physical causes—notably by anæmia. When the blood is impoverished, the nervous tissue becomes excessively irritable, and the discharges of nervous force are frequent and irregular, while deficient in sustained force.

**Pathogeny and Symptoms.**—No structural alterations have been detected in the centers where the disturbances of function exist. Hence hysteria is properly a neurosis—a functional disorder. The old notion, that uterine disease is a necessary element in hysteria, as the word indicates, has long been abandoned. The first manifestations of hysteria are usually trivial—mere irritability or mobility of disposition; rapid changes of feeling without apparent motive; noisy and tempe-

tuous transitions of sadness and joy, tears and laughter. In the course of development, physical are added to these merely psychical changes; quick and unaccountable alternations of cold and heat, that are purely subjective, and felt usually in the extremities; numbness, tingling, and other altered sensations, which are extremely irregular, now severe, awakening fears of paralysis, now forgotten in the presence of something interesting to occupy the attention, access of suffocative feelings, "pain around the heart," palpitations, quick breathing, a sense of fullness of the stomach, eructations of gas, and the rising of a globe to the larynx (*globus hystericus*), producing a sensation of choking; alternate flushing and pallor of the face; restlessness; the whole ending, it may be, in prolonged laughter, but more usually in crying, and in a profuse urinary discharge, the urine being pale and watery. Such an attack may occur, with more or less frequency, in a young woman of good health otherwise, and may never advance beyond this. In addition to the symptoms just described, there may be spasmodic phenomena, tonic and clonic. When the more severe attacks approach, they exhibit alternations of chilliness and heat, they yawn and gape a great deal, the limbs are in a condition of unrest, of "fidgets," they laugh and cry, and equally without reason, they urinate frequently, the heart palpitates, they choke with a ball rising up into the throat and gasp for breath, sobbing, and coughing with a loud, metallic clang, the jaws are fixed, the face retracted, the teeth grinding together, the hands clinched, the limbs drawn up and rigid. Such are the phenomena of the tonic convulsion. In a few minutes, usually, or in an hour or two, the attack subsides, the patient sheds a flood of tears, passes a large quantity of limpid urine, and goes to sleep exhausted. In other cases, a brief stage of tonic rigidity is succeeded by irregular clonic convulsions, the patient throws her limbs about, screams, tears at her throat to remove the choking sensation, sobs, gives forth repeated, loud hiccough, the abdomen is full of gas, and there are loud borborygmi; sometimes the pelvis is moved in a rhythmical manner, and the limbs are fixed. There is no loss of consciousness, the reflex movements of the iris and eyelids are preserved, and, although the jaws are rigid, if fluid reach the fauces it is soon swallowed, and the realization of surrounding events is preserved. As a result of the violent muscular efforts, the skin, which was at first cool, becomes warm and perspiring. These convulsions last for several minutes, or as many hours. They subside in a flood of tears, the body is completely exhausted, and the patient sinks into a deep sleep. During these attacks, usually, the reflexes are increased, and pressure on certain regions of the face, head, or spine, or on the ovaries, will increase the convulsive movements. According to Charcot, pressure on an ovary will excite attacks, and firm pressure may arrest hystero-epilepsy. In some cases there are no convulsions, but the patient passes into *ecstasy*, a condition of fixed immobility and death-like pallor of the face, half-



closed eyes, almost suspended respiration, extremely feeble, hardly distinguishable pulse—an appearance of death. In other cases, the condition of ecstasy is associated with catalepsy—in which the limbs retain the position in which they are placed. The duration of the cases varies. Instead of terminating, in a certain proportion there are remissions merely, and hence the attacks may persist for several days. The critical evacuations which announce the end of the seizure do not occur in the remissions. There are no regular periods of return, except that they are more apt to be present during the menstrual periods, and do not occur at night. If the moral or mental state and the bodily conditions which favor the attacks continue in operation, a succession of seizures may be expected.

Hysteria is associated with widespread disorders in the sensory, motor, psychical, and vaso-motor systems, which appear at the onset of the disease or during the intervals between the attacks. The retina may be so sensitive to luminous impressions that the least light becomes intolerable; hence it is that so often the hysterical are found in dark apartments. Flashes of light and floating objects appear before the eyes; more complex impressions of scenes and persons are reproduced, and hallucinations are perceived. In the same degree hyperæsthesia of the auditory is present, and even a whisper causes pain, while various loud, roaring, subjective noises are heard. Sometimes a remarkable acuteness of hearing is developed, and out of this may grow conscious deceptions. The hysterical, like the insane, may hear voices, but the results differ in the important respect that the former realize their origin. The sense of smell in the hysterical is much perverted, and they are acutely sensitive to odors. Remarkable perversions of taste are also manifest. The hysterical have a propensity for eating chalk, slate-pencils, sealing-wax, etc. As regards general sensibility, there may be more or less hyperæsthesia and hyperalgesia, in particular spots or areas, and between these areas of anæsthesia. Pain is one of the most usual and widely distributed of the sensory disturbances in hysteria, and headache is the most common form. There may be general headache, with such a degree of hyperæsthesia of the scalp that combing the hair is painful. The headache may be localized to a particular point at the top of the head, or to one temple, or to the supra-orbital ridge, may be exceedingly violent, and accompanied by chilliness and feverishness, nausea, vomiting, and constipation. This form of headache has been called *clavus hystericus*. It is very apt to come on at or about the menstrual epoch. Neuralgic pains occur in the mammae, which become irritable and tender, or in the præcordial region, which are always referred to the heart, and in the left side, about the sixth or seventh intercostal space. The last-mentioned pain is more frequently referred to than even the headache. Hysterical women suffer greatly from the evolution of gas in the intestine, and hence colics are frequent. Hyperæsthesia of the abdomi-

nal wall may also be present, and simulate peritonitis; but exquisite pain is complained of before the skin is touched, and, when the attention is withdrawn, the abdomen can be pressed upon without any flinching. Gastralgia is a very usual symptom; emptiness, abnormal fullness, boulimia, and an utter disinclination for food, are among the very contradictory sensations. The presence of a parasite and its movements are often insisted on. An irritable bladder is a common symptom. Pain in the extremity of the coccyx, or coccydina, is complained of, usually after the first confinement, or from the results of a blow, and is a peculiarly unmanageable symptom. The much-debated spinal irritation is also an extremely frequent symptom in cases of hysteria. It consists in tenderness and pain on pressure of the spinous processes of a few vertebræ, or of the parts immediately adjacent. Spinal irritation has no more importance than any of the pains which occur in the course of hysteria. The joints are similarly affected, especially the knee, which becomes painful and swollen the more the attention is fixed on it. This affection, first described by Sir Benjamin Brodie, is known as the hysterical joint. The peculiarity of it is the occurrence of pain and swelling rather around than in the joint, but often the joint is simply rigid in a position of flexion. Extensive spots, entirely anæsthetic, occur in hysterical subjects. Analgesia may be present to such a degree that extensive injuries can be inflicted without consciousness of pain. The anæsthesia may be limited to one side—hemianæsthesia. The muscular sense and the appreciation of weight may be lost, and the senses of touch and temperature retained. Amblyopia may be the result of anæsthesia of the retina. Paralysis in the course of hysteria are numerous and perplexing. Dysphagia may exist from paralysis of the pharynx, aphonia from paralysis of the vocal cords, and both may occur on the instant, and disappear as suddenly. Paralysis of the bladder and retention of urine, requiring the catheter, is a common symptom of hysteria. Paralysis of a member, of several, or of muscular groups, known as hysterical paralysis, assumes various characters: one extremity may be affected, or one upper and one lower extremity on opposite sides; it may take the form of hemiplegia, of paraplegia, or all four extremities may be affected simultaneously. It may be partial or complete; it may come on gradually, or appear suddenly after a fit, or without any reason. The electric reaction is normal, unless the limbs are wasted from long disuse. There may be anæsthesia with the paralysis, but not necessarily, and, when that is the case, the electro-sensibility is wanting. On this Duchenne founded a distinction between hysterical and other forms of paralysis, but incorrectly so, since in some the sensibility is normal or even increased. The duration of hysterical paralysis is very variable; it may continue for a few hours, a few days, many months, or several years, and it may unexpectedly disappear from one part to attack another. With or without palsy there may be contrac-



tion, or after the paralysis has existed for some time the contraction may come on. In the upper extremity, a spasmodic flexion of the fingers, hand, or forearm may occur; in the lower, spasmodic extension of the hip, knee, and ankle-joints. The behavior of the contractions is the same as the paralysis—they continue a variable period, to be suddenly terminated by some moral influence. Various disturbances ensue in the realm of the vaso-motor nervous system—irregularity and weakness in the heart's action; amenorrhœa and dysmenorrhœa; epistaxis, hæmoptysis, and hæmatemesis; stigmatizations. As extraordinary ingenuity and perseverance and self-denial are employed to execute the deceptions by which they produce the appearance of these maladies, to excite sympathy and attention, the physician must be on his guard lest he be led into error. Remarkable mutilations and personal injuries are effected, to excite sympathy or wonder in those about them. Influenced by a morbid craving for strange excitements, an hysterical girl will injure an infant, burn a house, stick things under the skin, drink her urine to make believe that none has passed, produce pins as having come from the bladder, or draw a dead animal from the vagina, etc. Indeed, there is scarcely a limit to the extraordinary fancies or to the eccentric acts of the hysterical. Besides these perverse and singular acts, growing out of moral perversion, the hysterical may undergo forms of mental derangement, the most persistent ending their days in asylums. In some, the mental disorder takes the place of melancholia, and they tend to injure others or to the commission of suicide, to give vent to their notions of misery. In others, the disorder is in the direction of moral mania: they steal, injure articles of clothing, or set fire to the house; they are given to sexual vices, to strong drink, and are utterly without a moral sense. In others there will be developed mania with delusions, often of a religious kind.

**Course, Duration, and Termination.**—Beginning often at a comparatively early period, hysteria reaches its highest development from puberty to thirty-five, afterward decreasing, to disappear in old age. Those developing slowly under hereditary influence and by example are the most difficult to cure. In that admirable little book, "Fat and Blood," Mitchell describes with a master hand the course of many cases: "But no matter how it comes about, the woman grows pale and thin, eats little, or if she eats does not profit by it. Everything wearies her—to sew, to write, to read, to walk—and by and by the sofa or the bed is her only comfort. Every effort is paid for dearly, and she describes herself as aching and sore, as sleeping ill, and as needing constant stimulus and endless tonics. Then comes the mischievous rôle of bromides, opium, chloral, and brandy. If the case did not begin with uterine troubles, they soon appear, and are usually treated in vain if the general means employed to build up the bodily health fail, as in many of these cases they do fail. The same remark applies to the dyspepsia and constipation which further annoy the

patient and embarrass the treatment. If such a person is emotional, she does not fail to become more so, and even the firmest women lose self-control at last under incessant feebleness. If no rescue comes, the fate of the woman thus disordered is at last the bed. They acquire tender spines and furnish the most lamentable examples of all the strange phenomena of hysteria." Under the influence of marriage and child-bearing, the hysterical troubles may disappear entirely or for a long period, returning from time to time, but much less severely. In most cases there are remissions and exacerbations, and those cases characterized by the most severe symptom may have the shortest duration. The danger to life is inconsiderable. The probability of mental disorder arising is slight, but the prospect of cure is, in the cases of long duration, very remote and uncertain.

**Diagnosis.**—The diagnosis of hysteria rests on the age, sex, the variability and diffusion of the symptoms. There is no possibility of mistaking an attack of vapors. Epilepsy is distinguished from the convulsions of hysteria in the order with which the several stages occur, in the loss of consciousness and the abolition of reflex movements, biting the tongue or cheek, the after-coma, and in the absence of hysterical phenomena in the interval. In those cases of epilepsy occurring in hysterical women, there may be no points of difference, when it may be assumed that the two maladies occur together. Hystero-epilepsy presents some remarkable features, especially as regards the condition of tonic rigidity, so that it must always be readily recognized. The influence of pressure on the ovaries and the singular history in these cases will contribute to the facility of diagnosis. Hysterical palsies of every kind are distinguished by the preservation of the electro-tractility, and the occasional absence of electro-sensibility, by the absence of all trophic disturbances, and by the history of hysterical troubles of various kinds. In hysterical hemiplegia there is no facial paralysis, and no apoplectic seizures precede the hemiplegia.

**Treatment.**—In this malady, above all others, are moral and hygienic measures of most importance. When the hysterical constitution is inherited, prophylactic methods should be pursued from an early period. Self-control should be instilled into the mind from the first dawn of intelligence, and the muscular and digestive systems should be cultivated, while the nervous is trained to subordination. Early hours, substantial food, plain clothing adapted to the needs of the body, should be insisted on, while society, the follies of dress and fashion, and dainties, should be prohibited. The utmost care is necessary in the selection of books for young ladies. The modern novel has done much mischief by cultivating morbid fancies and false notions of the relation of the sexes, etc. Sexual abuses, although less influential than usually supposed to be, do have an injurious effect on the nervous system. If the hysterical condition develops in spite of the precautions advised, remedial measures become necessary. The con-



dition of anæmia must be removed by chalybeates, a generous diet, and suitable exercise. Those tonics are most suitable which have a special direction to the nervous system, as arseniate of iron, strychnine, and the phosphates. As the opposite condition or plethora may exist, although less common than anæmia, iron, arsenic, and strychnine should be avoided, and such remedies as the bromides, gelsemium, and cimicifuga prescribed. For simple hysterical seizures without convulsions, the elixir of valerianate of ammonia, a camphor julep, a little fluid extract of valerian, or a few drops of Hoffman's anodyne, repeated every few minutes, will terminate the seizure. In the convulsive form; as the trismus is difficult to overcome, inhalations of amyl nitrite or of ethyl bromide may be practiced, rectal injections of turpentine, ammoniated valerian, tincture of assafœtida, or, in violent cases, a minute quantity ( $\frac{1}{16}$  gr.) of morphine, hypodermatically, may be administered. For the various complications of hysteria the resources of the therapist are severely tried. *Migraine* or *clavus* may be cured by attention to the general health, and by such remedies as guarana, coca, nux vomica, arsenic, aconitine, galvanism, etc. Hysterical aphonia and dysphagia may sometimes be cured instantly by faradic applications. Anæsthesia is most successfully treated by the electric brush, a strong current being applied after drying the part well. The various forms of hysterical paralysis require faradic applications. A single application may overcome paralysis of long standing, especially if the impression made by the electricity is seconded by tact and moral force on the part of the physician. Mitchell has devised a plan of treatment for bed-fast hysterical subjects which seems very successful. It consists in the combined use of massage, faradizations, and forced feeding. Massage consists in friction, kneading and tapping of all the muscles except those of the face, in passive motions of all the joints, and in muscular motions produced by faradic applications. The frictions are made with lard or cacao-butter. The diet consists at first of milk only, but additions are made to it from time to time, until ultimately the feeding is very liberal. No exercise is allowed, but all movements are made for the patient, which is exercise without voluntary effort. Remarkable gain in weight takes place, and when the improvement reaches a certain point systemic voluntary exercise is begun. An important point in Mitchell's treatment is the separation of the patient from all her former associations and the superabundant sympathy of home. She is placed in charge of a nurse, on a diet of milk; hunger takes the place of her indifference to food. She is placed in bed, and not permitted to move; the desire for action grows out of the utterly monotonous idleness. She is acted on by the electrical force, and by the moral force of her new environments, and stimulated to wise thinking by the ingenious suggestions of an acute-minded physician. The result is she is cured.

## NEURASTHENIA—SPINAL IRRITATION.

**Definition.**—The term *neurasthenia* was originally applied by Bouchut\* to signify the nervous state. This application of the term was revived by Dr. George M. Beard, who also extended its meaning.† It is now employed to designate an exhaustion of the nervous system, occurring in a peculiar type of constitution—the neurotic temperament.

**Pathogeny.**—The most important pathogenetic factor is a peculiar type of nervous system, usually inherited, or constructed by the union of parents having a predominating nervous system. This type is characterized by precocity in the development of the mind; by a nervous system of exceeding susceptibility to impressions of all kinds; by feebleness of the function of digestion; by an imperfect secondary assimilation; and by an inefficient action of the excretory organs. The kind of moral and intellectual training to which such subjects may be submitted—the cultivation of the feelings and emotions, rather than the robust reasoning faculties—increases the susceptibility and the mobility of the nervous system. These unfortunates acquire the habit of frequent interrogation of their organs, and hence become keenly cognizant of all bodily sensations. They thus lay the groundwork of a selfish valetudinarianism, which needs but little encouragement to expand into any kind of nervous disturbance. These subjects revel in the consciousness of possessing a most irritable nervous system, and dwell in a moral atmosphere of interminable bodily sensations, and are beset by fears that some part may become the seat of pain or other nervous disturbance. Very often a nervous girl has a foolish mother, or some close relative or friend, who is the confidant and repository of her fears, her feelings, and her actual pains, and sympathy, suggestion, and approval, magnify her nervous troubles in every way. The imagination given loose rein, and the attention fixed on some one or all of the organs, the way is prepared, and the nervous state inaugurated. Such is the usual development of neurasthenia in women.

In men, the neurotic state existing, neurasthenia is caused by the various kinds of disturbance to which men are subjected. Self-abuse from puberty to twenty-five; sexual excesses after marriage, or from puberty on; dyspepsia; excessive attention to study or business—are the chief causes of nervous disturbance in men, prepared for it by the training above mentioned. Although to excessive mental work or attention to business is ascribed the cause of nervous derangement, it is probable that the work is only hurtful because carried on under improper conditions.

Various morbid states of the nervous system have been supposed

\* Axenfeld, "Des Névroses," p. 478.

† "On Neurasthenia."



to exist in these cases. The spinal pain and tenderness were at one time considered to indicate congestion, and the back was cupped, blistered, cauterized, and otherwise maltreated. Then the theory of spinal anæmia was propounded by Hammond, and the opposite plan of treatment was carried out. Dr. Jewell, of Chicago, has announced a new theory of the pathogeny of this affection, in which he suggests that the "sensitive tract" of the spinal cord is impaired, and that a "substantial interstitial loss of the ultimate nerve elements" limited to certain "horizontal zones" occurs. These alterations of nutrition he supposes may be due to "under-action" and "over-excitation." As in the present state of knowledge such changes can not be ascertained, this theory will be regarded as probable or not, according to the success with which it reconciles the known facts. As this malady does not shorten life, and as the manifold disturbances of function, connected with it, are intimately associated with a peculiar mental state, we must regard it as a functional disorder, and one chiefly, if not wholly, in the psychic sphere. In fact, there is probably no change in the nerve centers, as no deviation from the normal has been detected on close inspection. Besides the obvious functional derangement of the organs of vegetative life, the most important is in the centers of conscious impressions—in that part of the brain where peripheric excitations of all kinds are translated into consciousness.

**Symptoms.**—There is no organ or part of the body free from some kind of disturbance. The appetite is poor or capricious, and food occasions distress; in extreme cases, the most bland and simple article excites pain and nausea. Pain is experienced in the left side, in the left hypochondrium, and is often referred to the position of the apex-beat of the heart. Gaseous distention of the stomach and gaseous eructations, sometimes of enormous volume, and consisting of air and carbonic acid, are usual. Torpor of the bowels, the fæces in globular balls, often coated with mucus, sometimes gray and pasty and soft, and flatulence with colic-pains, are always present. The nutrition is usually poor, the subcutaneous fat scanty, the muscles flabby and deficient in power. The pulse is quick, the tension of the vessels low, the heart irritable, and attacks of palpitation are frequent. The vasomotor system is in a highly mobile state, shown by the chilliness, coldness, and paleness of the hands and feet, which are apt to be covered with a clammy moisture, alternate flushings and pallor of the face, and the sudden and great variations in the tension of the arterial system.

The special senses are variously affected. The eyes are usually very intolerant of light. At first some difficulty in reading is experienced, the page is blurred, and frontal headache follows the attempt to read for even a few minutes. Then the eyes are shaded by turning the head from the light, the blinds are drawn, and reading by artificial

light is given up. Soon all use of the eyes is abandoned, the room is kept dark, and the faintest ray of light awakens acute pain and headache, with vertigo. Hearing is apt to be abnormally acute. Harsh sounds occasion distress, and sudden loud noises crash through the brain, producing great pain and giddiness, even faintness; and thus, gradually, all light and all sound are excluded from the apartment of the most pronounced examples of neurasthenia. Sharp tastes offend in food, and disagreeable odors excite nausea and faintness.

Probably the earliest manifestation of nervous exhaustion, and often the only important one, in men, is an irritability or weakness of the mental faculties. After some exhausting effort, literary, scientific, or in business pursuits, or coming on gradually in the course of the daily occupations, it is found that any sustained attention or thought excites headache, giddiness, or a strong sense of weariness, an obstinate wakefulness that even powerful soporifics only temporarily relieve, accompanied by a feeling of congestion, of vacuity, of coldness, tingling, and creeping sensations in the scalp, sudden concussions, located apparently in the depth of the brain, and various uncomfortable and odd sensations. There is usually a predominant idea connected with the mental state; there is constant dread of apoplexy, epilepsy, or gradual mental failure. These subjects are liable to paroxysms of headache, frontal or occipital, accompanied by nausea and palpitation of the heart, coldness of the surface, and a tormenting dread of immediate dissolution. They become morally cowardly, weep on the slightest provocation, and have all of the fancies of the hypochondriacal and hysterical.

In the female subjects of this condition, especially, there is much spinal tenderness, with the usual phenomena of *spinal irritation*. Males, also, have tender spinal apophyses, but women suffer more from this condition. The slightest pressure on one of these spots will make them wince, cry out, indeed; all pressure of stays and of skirts is taken off, and the muscles assume odd positions to relieve the parts of the weight. Lateral curvature is thus induced; the muscles on one side will be found prominent, rigid, responding with abnormal readiness to faradic excitation, while the corresponding and symmetrical muscles are thin, flattened, and weak. Pains, weakness, and strange sensations are referred to the lower limbs. At the outset walking soon induces fatigue, and is followed by muscular pains and back-ache. Gradually the efforts to take exercise are abandoned, the patient remains in-doors, then does not leave her room, occupying most of the time a rocking-chair and the sofa. The room is jealously closed against light and sound, and the patient reclines in the loosest of clothes on her sofa or in the bed, every organ in a state of rebellion. Finally, all power is lost in the legs; a strong faradic current causes active contractions of the muscles, but there may be complete anæsthesia.