

LECTURES ON DISEASES OF CHILDREN.

(Concluded from page 205.)

In continuation of our notice of Dr. Hutchison's most interesting book on "Diseases of Children," we are again able, by the kindness of the author, and the publisher, Mr. Edward Arnold, 41, Maddox Street, London, W., to present further illustrations of some of the diseases dealt with.

One of the new chapters in the present volume deals with Hysteria in Children, a subject concerning which comparatively little is known or taught, and thus of special interest.

Dr. Hutchison, in introducing the subject, says that he knows of no satisfactory definition of hysteria, and adds, "if you attempt to penetrate into the inner meaning of 'hysteria' you simply involve yourself in the fogs and bogs of a pseudo-psychology. . . . I shall content myself therefore with a purely objective description, based on my own clinical experience, and shall be satisfied if I convince you that hysteria is, indeed, a possibility to be reckoned with when one has to do with a case of obscure nervous disease in early life. Although I shall have many cases to relate, you must not make the mistake of

supposing that hysteria is common in childhood. On the contrary it is rare, and I doubt whether it can be recognised with certainty below the age of five. At the outset certain points may be mentioned in which hysteria in childhood differs from the same condition in the grown up person. One is with regard to sex distribution. There is not the same disproportionate occurrence of hysteria in the female sex in children that there is in adults. Indeed, it is quite as common in boys, as it is in girls. . . . Another difference which one notices between hysteria in children and in grown up persons is, that in children it tends to assume a simpler form. It is often what is

cumbrously termed 'mono-symptomatic,' that is to say, there is only one hysterical manifestation present. . . . Another point characteristic of hysteria in the child is that many of the so-called stigmata, such as anæsthesia of the pharynx, contraction of the visual fields, pressure points, and so on, are either not met with at all, or only occur exceptionally. Why that should be I do not know, but it is a clinical fact which you must bear in mind."

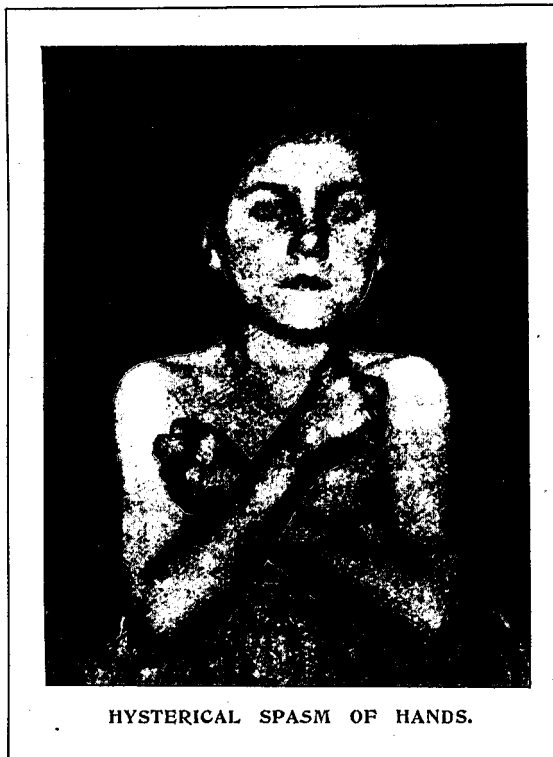
ETIOLOGY OF HYSTERIA.

"With regard to the etiology of hysteria in children, I think one can recognise with a fair degree of frequency two kinds of causes—(1) predisposing, (2) exciting. A number of hysterical children are disposed by inheritance to suffer from the condition. You will be surprised how often, when you are dealing with an hysterical child, you will find that it has an hysterical mother, or that it is the offspring of neurotic or highly emotional parents, and this predisposition has often been aggravated and fostered by the circumstances of the patient's environment. The child is apt to have been badly brought up, not in the sense of having been neglected—on the contrary, it has probably been coddled and spoilt—but it has not

been brought up to exercise self-control, and very often in an emotional and exciting atmosphere.

"Of the exciting causes of hysteria in childhood the commonest is injury of some sort, physical injury or trauma. I shall give you some concrete examples of this immediately. The other great exciting cause is what has been called 'psychical trauma'—namely fright—and in a number of instances hysterical manifestations have followed upon this."

One phase of hysteria in children given by Dr. Hutchison is hysterical contraction of joints, "often following injury of the joint, which has caused pain and led to some degree



HYSTERICAL SPASM OF HANDS.

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