

action of some parts or organs, and inaction—paralysis—of others. These phases will come and go rapidly, so that a paralysed limb, for instance, will suddenly become quite active, and a condition of general convulsions will be succeeded by a period of calm resembling the passing of an April shower. What has happened? Simply this, that the impulses that are being sent down the nerves are being directed no longer by the will, but by the emotions, and they are therefore erratic and purposeless.

With this broad idea in view, we will now come to the clinical side of hysteria, and see what actually happens.

We must firstly get rid of the older idea from which its name (Hysteria being the Greek for the womb) was derived, namely, that the disease is peculiar to the female sex. It is quite common, for instance, in boys, though, on the whole, it is more prevalent in women than in men.

Heredity plays an important part, the children of insane or alcoholic parents being particularly liable to suffer from hysteria in some form or another, but the most prominent factor undoubtedly in its causation is bad training during childhood, whereby the boy or girl is allowed to yield unduly to emotions and passions, instead of learning to be guided in his or her actions by reason and judgment.

The exciting cause of hysteria may be either mental or physical; in the former case, grief, loss of a relative or friend, domestic anxiety, an interrupted love affair, and so on, may be the starting point, and on the other hand a blow on, or injury to a limb, for instance, may be followed by a manifestation of hysteria, such as paralysis in that region, but in either case, the exciting cause does not of itself originate hysteria, but merely applies the match to the train that has been previously, though unsuspectingly, laid.

The symptoms of hysteria are very numerous, but it will be easy to understand their origin if we classify them roughly as follows:—

*Mental.*—The subjects of hysteria have an excessive development of the emotions, together with a deficiency of will power; the main point is their extreme self-consciousness. They are always craving for sympathy, and are always living in the limelight. They imagine, for instance, that their companions, or even the general public, have nothing else to do but to observe their smallest actions, and there thus arises the condition of mind which I can best describe as a tendency to be always examining

their own insides with a microscope, which is so characteristic of hysterical people.

It is important to remember that hysteria is not shamming. Shamming is a wilful process, and hysterical people are singularly will-less. Yet, the desire to obtain sympathy will often lead the patient to place every obstacle in the way of her recovery, but she will only do this so long as the wished-for sympathy is forthcoming, and such apparent shamming is singularly purposeless, while real malingering is always connected with a definite motive, such, for instance, as the avoidance of work or the obtaining of money from an insurance company. A malingerer can help herself, a hysterical person cannot.

*Sensory symptoms.*—The most noticeable of these, and the one which often puts one on the track as regards diagnosis of the complaint, is an extreme acuteness of certain senses; the slightest noise causes an outburst of alarm, and an ordinary light elicits a request for the blinds to be drawn, and so on. Then there may be peculiar sensations, the most common of which is a feeling as though a ball was rising in the throat, and which is known as *globus hystericus*. This is often associated with a feeling of impending death which alarms the whole household, and has the—to the patient—extremely satisfactory result of collecting a crowd of agitated sympathisers round the bed.

Then there may be complete loss of feeling, either in one limb, or more commonly, on one side of the body, ceasing sharply at the middle line: this loss of sensation is usually absolute, so that pins may be stuck into the affected area without disturbing the patient at all. There may be also loss of one or more of the special senses on one side of the body, so that the patient may be blind of one eye, or deaf in one ear. All these sensory symptoms disappear as suddenly as they come, and this can often be effected in practice by some sudden fright or shock. Sometimes, however, the trouble is not dispersed, but merely shifted quite suddenly to the corresponding part, or sense organ on the other side of the body.

*Motor symptoms.*—These are very numerous, and may consist of loss of function in almost any voluntary muscle. Hysteria, however, has a tendency to pick out certain parts in preference to others, a fact which is very useful in diagnosis. One of the commonest signs of this type is sudden loss of voice—or the voice may be reduced to a whisper—from paralysis of the muscles that normally bring together the vocal chords in the larynx. This, like other hysterical manifestations, comes on

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