

CLINICAL NOTES ON SOME COMMON AILMENTS,

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HYSTERIA (*continued*).

Motor symptoms (continued).—In addition to paralyses of various kinds, we may have contractions of almost any muscle, so that the arm or leg, for instance, or both limbs even, are drawn up and kept quite rigid; these contractions may last for months, or even years, and are not uncommonly cured by the advent of some fresh emotional disturbance, such as a visit to a new doctor, or more often to a quack, or it may be by a pilgrimage to some grotto or other place where miracles most do congregate. Many of the advertisements with which the advent of the travelling charlatan is so often heralded emanate from cases of "cured" hysterical contractions.

There may be also spasmodic movements of various muscles, and these cases are not infrequently mistaken for chorea. This brings us to a form of motor disturbance which is known as the "hysterical fit," and which deserves a more detailed description.

Such an attack occurs more commonly when other people are present, and is usually preceded by emotional disturbance of some kind, or by a mental shock, such as a bereavement or a lovers' quarrel. It begins usually with the sensation of a ball rising in the throat, and the patient cries out that she is choking, and falls down on the ground, but always in such a way that she is not hurt thereby; more commonly, the nearest sofa is selected for the purpose. The next stage consists in an attack of uncontrollable laughter or crying, which may either pass off, in which case the patient gets up and the fit is at an end, or may be succeeded by rigidity of the trunk and limbs, and arching of the spine backwards, so that the body rests on the head and heels. The arms are usually extended at right angles with the body (the so-called cruciform attitude), and the hands are tightly clenched. Movements then occur, which are of the wildest description, but almost always *with a purpose*; thus bystanders are clutched at or attacked, and if the limbs are restrained the struggling becomes more violent. The eyelids are closed, and any attempt to open them is resisted. The face is red, and consciousness is never entirely lost, nor does the patient bite her tongue, or pass water or fæces during the fit. Moreover, her movements are usually influenced by what is said in her presence. All these points distinguish the hysterical from the

epileptic fit, in which there is complete unconsciousness, and the movements are not influenced by any external occurrence, and the tongue is usually bitten, and the bowels and bladder are relaxed.

After the movements have ceased, the patient lies panting and muttering until she again goes off into convulsions—in fact, there may be a succession of these fits for some hours. Recovery is usually quite rapid.

Visceral symptoms.—These are very varied, and may include pains and loss of function in almost any organ. Rapid wasting for no obvious cause (except complete loss of appetite) is not uncommon, and palpitations, neuralgias, vomiting, purposeless cough, and even pyrexia may occur. The most interesting of these affections, however, are those connected with the pelvic organs. These occur as a rule in women who, though often capable and earnestly desirous of performing some work which is usually allotted to men, are debarred from so doing, and are at the same time unable to exercise their normal functions of reproduction and maternity. Then nature, having no outlet for superfluous energy, the whole system becomes disorganised, and the pelvic organs are especially liable to suffer. In fact, pelvic hysteria is often the Nemesis for those parents who regard marriage as the only purpose for which women were created. One wishes, however, that they would get hysteria themselves instead!

Coming to details, there are three common varieties of genital hysteria, namely, retention of urine—apart from any organic disease or obstruction—pelvic pain, and imaginary disease. In the latter case the patient, though really free from any local lesion whatever, imagines that she has some condition such as ovaritis (whatever this may mean) or displacement of the womb. Usually one finds that some relative or friend has recently suffered from something of the sort, and that the patient has thereby become acquainted with the symptoms of the disease which she tries to mimic.

The whole pathology of hysteria has been very happily summed up by that greatest of surgical orators, Sir James Paget, who said: "The patient says 'I cannot.' The friends say 'She will not.' The doctor says 'She cannot will.'" Or, to use our somewhat imperfect analogy again, the will has ousted reason and judgment from the control of the telephone department in the brain, and the unfortunate muscles and internal organs have to act—for *they cannot help themselves, and this is why hysteria is not shamming*—on all sorts of wild and erratic messages.

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