Chapter 18 — Hysteria — the Master Imitator

of Worry and Nervousness: Or, The Science of Self-Mastery (1914)

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Sources for Chapter 18, in the order in which they first appear

(1) Archibald Church, M.D. and Frederick Peterson, M.D., Nervous and Mental Diseases (Philadelphia: W. B. Saunders Company, 1908, Sixth Edition, Thoroughly Revised)


(5) W. A. Norman Dorland, The American Illustrated Medical Dictionary (undetermined edition)

(6) August Forel, M.D., Authorised Translation from the Second German Edition by Herbert Austin Aikins, Ph.D., Hygiene of Nerves and Mind in Health and Disease (G. P. Putnam’s Sons, 1907)

Key

(a) **Green** indicates where a source author (or earlier Sadler book) first appears, or where he/she reappears.

(b) **Yellow** highlights most parallelisms.

(c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.

(d) An **underlined** word or words indicates where the source and Sadler pointedly differ from each other.

(e) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.

(f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.

(g) **Red** indicates an obvious error on Sadler’s part, brought about, in most cases, by miscopying or misinterpreting his source.

Matthew Block
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Of the seven nervous states noted in the first chapter, we have already considered four—chronic worry, neurasthenoidia, neurasthenia, and psychasthenia—and now come to the consideration of the fifth—hysteria—while hypochondria and melancholia yet remain.

HYSTERIA IN OLDEN TIMES

There is little doubt in the minds of medical men, but that a large part of the so-called “demoniacal possession” of the middle ages, would today promptly be diagnosed as major hysteria;

while the remainder would be regarded as some degree of insanity.

Some of our present day hysterics, had they lived in other centuries, would have been in grave danger of being burned for witchcraft.

and furnished some of the martyrs of witchcraft and religious fanaticism (Ch 586).
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18:1.2 In past ages many a great religious movement has had its origin in the revelations and contortions of some earnest and conscientious, but manifestly hysterical, woman with strong religious tendencies.

It is only in recent years, that we have come to understand the relations of hysteria to religion, insanity, and to some of the far-reaching national upheavals of past ages.

WHAT IS HYSTERIA?

VIII: HYSTERIA (Church 586)

Etiology. (Church 586)

[contd] Hystera in slight or severe form is one of the most common of nervous diseases (Ch 586).

VII: HYSTERIA (Collins 98)

In former days “hystera” was thought to occur only in females, and it was supposed to flow in some mysterious way from disorder of the reproductive organs.

Such ideas have long since given way [continues at 18:2.5]

18:2.1 Hystera in one form or another is one of the most common of nervous diseases.

Its name hystera suggests the older and erroneous notion which attributed the origin of this disease to some disorder in the female reproductive organs.

This belief was long ago shown to be without foundation, and it is now known that men are subject to hystera just the same as women.
Janet says:

“Hysteria belongs to a group of mental diseases of cerebral insufficiency; it is especially characterized by moral symptoms; the principal one is a weakening of the faculty of psychological synthesis” (Ch 586).

At one time hysteria was regarded as an affection peculiar to women, and the old-time doctor looked upon its manifestations as feigned, or as the untoward workings of an emotional woman’s mind.

The physician of olden times looked upon hysteria as a malady that was largely feigned; as a fictitious sort of disease performance on the part of certain sorts of nervous and emotional women.

Men were not supposed to have this disorder and met with but scant courtesy at the physician’s hands, or else they were looked upon as being “effeminate.”

Some authors have said that neurasthenia is male hysteria. It is false, if it is meant by that that hysteria does not exist in men. But there is some truth in this assertion (D 180).

Even some modern authorities call neurasthenia a man’s disease, and hysteria a woman’s disease.

I know of no more difficult task for the physician than to attempt to describe to a layperson of average intelligence and education what is meant by hysteria.

It is going to be neither a small nor easy task concisely to define hysteria for the layman;
There is less agreement among physicians as to what hysteria means than upon any other subject (Co 106).

In fact, hysteria is a disease about which we doctors disagree probably more than about any other common disorder to which human flesh is heir;

nevertheless, I am disposed to attempt to define this interesting and unique nervous malady—at least I will give the reader a definition of this disturbance in accordance with my understanding.

Hysteria is some sort of disorder in the personality,

occurring in hereditarily predisposed individuals who are highly suggestible on the one hand,

and who possess a small degree of self-control on the other.

And just here is our difficulty in understanding hysteria—

it has to do with personality

We know its manifestations just as we know the manifestations of personality, but the constitution of personality is difficult to define (Co 107).

And that is a subject which none of us knows much about.

An eminent French physician, Laségue, said many years ago that a definition of hysteria had never been given, and never would be (Co 107).

An eminent French physician once said that a definition of hysteria had never been given and never would be.
To-day, the most generally accepted view of hysteria is that it is a special mental state—call it disease if you like—due to cerebral insufficiency. This inadequacy manifests itself in so many ways that the resulting symptoms are almost innumerable, and they may parallel those of any disease (Co 108).

[These patients are experts in the art of putting the stamp of reality, not only on their sensations, as in the neurasthenic, but on the phantoms created by their most vagrant imaginations (Dubois 173).]

A disease, mainly of young women, characterized by lack of control over acts and emotions, by morbid self-consciousness, by exaggeration of the effect of sensory impressions, and by simulation of various disorders....

h. ma'-jor. ... h. mi'-nor, hysteria with mild convulsions in which consciousness is not lost (D n.p.).

hysteria is a mental state—possibly a disease—largely due to cerebral insufficiency, manifesting itself in so many ways and producing so many and diverse symptoms as to impersonate almost every known form of human illness.

It is certainly true that a diseased and uncontrolled imagination plays a large part in the cause and conduct of this perplexing disorder.

18.2.7 Briefly summarized then,
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IMAGINATION AS AN ACTOR

18:3.1 Human imagination is a marvelous actor. The ability to impersonate, the power to think and feel and act as another person would think and feel and act, constitutes both the stock and trade and the secret of success of the emotional actress.

XIV: HYSTERIA (Dubois 172)

The hysterical patient is an actress on a stage, a comedian,

but never reproach her with it, for she does not know that she is acting; she sincerely believes in the reality of the situations (D 183).

But what sort of a state of affairs would we have if the actress while on the stage and in the midst of the play,

should become so muddled, or should so succumb to her imagination,

that she should actually believe herself to be in truth, the very character she was endeavoring to impersonate?

And that is exactly the sort of prank that suggestion and imagination play upon the hysterical patient. Hysteria is merely an actor who temporarily has lost his head, but goes on playing his part thinking it to be real.

[While insanity is a derangement of the central or intellectual consciousness, hysteria seems to be a disorder of the marginal consciousness—or rather a loss of coordination between the voluntary and involuntary nervous systems (Physiology of Faith and Fear 235).]

18:3.2 Hysteria is a breakdown in that normal and necessary cooperation and coordination between the sensory or voluntary nervous system and the great sympathetic or involuntary nervous mechanism,

thereby resulting in great disturbances of sensation and unusual disorder in the motor control of the body.
The organic functioning seems so astray that hysteria has been called the body’s madness. The expression is not correct, for there is no insanity of the body, but it describes with a certain picturesqueness the peculiarity of the symptoms (D 172).

Hysterical attacks might thus be regarded as a mild and temporary form of physical or bodily insanity, resulting from the decreased or deranged control of the sympathetic nervous system on the part of the cerebro-spinal system.

And it is exactly this disturbance in the delicate balance between these two nervous systems that is responsible for the production of that vast concourse of symptoms which are able so to group themselves as to suggest almost all forms of every known disease.

**COMPLEX DISSOCIATION**

18:4.1 A psychic complex is a sort of community or constellation of brain cells, which are functionally more or less related and associated.

These so-called complexes or aggregations of thinking units are more or less coordinated and loosely organized into working groups and systems.

18:4.2 Some authorities look upon hysteria as a sort of temporary dissociation between certain important complexes or groups of complexes.
The consciousness of the individual is thus deprived of the coordinate and simultaneous directing influence of these distracted and diverted mind centers; and it is just this derangement which is responsible for that demoralized, disorganized, and incoordinate mental and physical behavior of the patient as exhibited in a typical hysterical attack.

A severe attack of hysteria would, according to this theory, closely border on that interesting phenomenon of dissociation of personality, multiple personality, etc.

As a result of such dissociations, it is possible for some overpowering feeling or idea to call forth various kinds of permanent paralyses, cramps, anæsthesias; hyperæsthesias, pains, and all sorts of other symptoms of disease, fits of rage, sexual abnormalities, inhibitions, or strong irritations, but also, on the other side, ingenious pieces of work, the healing of these very diseases, enthusiasm for the good, self-sacrifice, heroic deeds, and, in short, anything that the human brain can prevent or produce (F 185).
Hysterical persons, misled or otherwise badly moulded, can become devils; but if they are well-led or of noble nature, they are often angels or heroes, like the Maid of Orleans (F 185).

while, in a mental way, the patient may become as one possessed of the devil on the one hand, while on the other hand, she may go forth in some noble and daring rôle as did the heroic maid of Orleans.

CAUSES OF HYSTERIA

[VIII: HYSTERIA (Church 586)]

[INTRODUCTION] (Church 586)

Etiology. (Church 586)

18.5.1 While the causes of hysteria are many,

Hereditity plays an important part (Ch 586).

There is usually to be found both an hereditary base and some exciting physical cause.

The age of puberty and the years of adolescence immediately following furnish the majority of cases.

Hysteria is especially prone to manifest itself at the adolescent period of life.

After twenty-five the frequence of hysteria declines and it becomes rare after forty-five (Ch 586).

It seldom makes its first appearance after twenty-five or thirty years, and it is exceedingly rare after forty-five.

Formerly considered almost exclusively limited to the female sex, later statistics go to show that males and females are affected with hysteria in nearly equal ratio.

It is found about equally divided between the two sexes.

According to Marie, in the lower social levels males predominate; in the wealthier classes females are more commonly affected.

In the lower classes of society more cases appear among men, while in the higher social class, women predominate.
Hysteria is a disease of all countries and all races, but the Latin, Slav, and Israelite may be considered as particularly liable (Ch 586).

**Inciting Causes.** (Church 587)

[contd] *Emotional disturbance* of any sort may initiate hysteria. Fright, grief, worry, chagrin, and every sort of mental and moral strain and shock are the common starting-points of this multi-form disease (Ch 587).

VII: HYSTERIA (Collins 98)

HYSTERIA IN A YOUNG MAN (Collins 99)

DEAR SIR:

The one essential thing for you to do is to place yourself in the care of a physician who is familiar with the disorder hysteria, and who is willing to give as much time as necessary to determine the cause of your attacks. I believe that he will have very little difficulty tracing them to fright ... (C 109).

In fact it has been my experience that in a very large number of cases, by careful investigation, we are usually able to trace hysteria back to some pre-adolescent fright.

Sometimes a number of bad scares or other harrowing experiences may be grouped together as a cause of a later appearing hysteria.

These *psychic traumatisms* are responsible for producing a sort of subconscious panic in the controlling and discriminating centers of the mind, and are thus able quite unknown to the patient, to precipitate these subsequent typical hysterical seizures.
Inciting Causes. (Church 587)

Lightning-stroke, surgical wounds, and internal conditions, such as gastric ulcers, nephritic and hepatic colics, may act as causes (Ch 587).

These frights may be such common occurrences as a mad-dog scare, a runaway, lightning stroke, and other sorts of tragic accidents.

18:5.3 The next most important groups of exciting causes are found to be intoxications of various sort—chronic poisoning by lead, mercury, tobacco, morphine, cocaine, or alcohol.

[contd] Intoxications by lead, mercury, sulphid of carbon, oxid of carbon, tobacco, morphin, cocain, and chronic alcoholism, or even a single alcoholic debauch, may induce hysteria (Ch 587).

Intoxications of various sort—chronic poisoning by lead, mercury, tobacco, morphine, cocaine, or alcohol.

Infectious diseases, such as typhoid, diphtheria, influenza, pneumonia, scarlatina, malaria, and syphilis, may provoke hysteria.

It is in this way that the infectious diseases, such as typhoid, diphtheria, influenza, etc., predispose certain susceptible persons to hysterical attacks.

It may occur in cachectic states due to chlorosis, diabetes, phthisis, and cancer (Ch 587).

It sometimes develops that the toxemia of chronic diseases works after the same manner as in tuberculosis, diabetes, syphilis, cancer, etc.

IMITATION AND SUGGESTION

18:6.1 The next most important group of causes may be classed under the head of association and suggestion.

Wherever people of suitable age are domiciled together, hysteria may become endemic through the force of imitation and suggestion arising from an initial case of hysteria or of some physical disease (Ch 587).

Young people when associated together, as in boarding schools, may suffer from epidemic attacks of hysteria as a result of suggestion and imitation.
Not long ago we were able to observe, at Bâle and at Berne, epidemics of hysterical chorea in boarding-schools of young girls (Dubois 175).

Even predisposed adults, either mental or physical overwork may cause it (Ch 587).

In this country, under the prolonged excitement and fervor of protracted religious meetings in rural districts, and under the influence of a powerful suggestion associated with some protracted religious meeting, endemics of hysterical spasms and even of dancing, in all respects similar to the medieval epidemic dance of St. Vitus, have developed (Ch 587).

XIV: HYSTERIA (Dubois 172)

In short, in hysteria, as in neurasthenia, one must take into account the real fatigue of the nervous centers, which, on one hand, results directly from morbid states of mind, and, on the other, furnishes new food for autosuggestions (D 180).

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Even predisposed adults, as a result of physical or mental overwork, may develop those hysterical attacks which are characterized by dancing, spasms, crying, and other emotional manifestations which so frequently accompany intense religious excitement, especially in rural districts which are ordinarily so quiet and tranquil.

We must not forget that in hysteria as in neurasthenia and psychasthenia, the real basis of the disorder rests upon the hereditary instability of the nervous system, and that these patients are also victims of that chronic mental fatigue and ever present physical tiredness.

And all this creates the ideal state of mind and body which makes it so easy for suggestion to do its evil work; especially is this true in those patients who are victims of their own suggestions—autosuggestion.
On the other hand, the very fact that these patients are so highly suggestible, enables the physician the more easily to gain control over them and thus, in proper hands, proves of real value in bringing about their recovery.

**AFFECTIONS AND EMOTIONS**

18:7.1 Dubois thinks that the periodical sex cycles in the woman really have something to do with the production of hysteria in certain susceptible individuals. He says:

> Even in the normal woman there is some derangement in the psychic life during the menstrual period; there are special sensibilities which are foreign to the mentality of the male, and which we have never been able to comprehend.

18:7.2 I am led to believe that the various vague, conscious or unconscious, sensations which pertain to the sexual instinct play even in the virgin of the most immaculate thoughts a considerable rôle in the genesis of hysteria.

But they produce unhealthy autosuggestions only in the subjects so predisposed and in those of weak mentality; the hysterical person is also psychasthenic (D 173).

**SECTION XVII: PSYCHO-NEUROSES, I: PSYCHO-NEUROSES (HYSTERIA) (Walsh 585)**

TREATMENT (Walsh 591)

**Dominant Ideas.** (Walsh 593)

From the oldest time it has been recognized that

> Experience has more and more forced me to recognize that
in young women a disappointment in love may prove to be the occasion for a psycho-neurotic or, as they used to call it, hysterical attack (W 593).

unrequited love, unsatisfied emotional longings, together with other disappointments and repressions of the affections and the passions, must be regarded as the prime cause of hysteria in many youth, especially young women.

SYMPTOMS OF HYSTERIA

18:8.1 As before noted, this protean malady is able to produce symptoms which simulate practically almost every known disease.

It is obviously impossible to undertake to catalogue all the manifestations of hysteria in this chapter.

VIII: HYSTERIA (Church 586)

Symptoms. (Church 587)

[contd] The innumerable symptoms of hysteria, to follow the plan of the French writers, may be divided into two major groups:

those which are essentially persistent,—the stigmata;

and those which occur incidentally, are intermittent and transitory,—the accidents of hysteria.

STIGMATA OF HYSTERIA. (Church 588)

[contd] The stigmata of hysteria are sensory, motor, and psychic (Ch 588).
Sensory Stigmata. (Church 588)

Hysterical anesthesia may affect sensation in all its modes and tenses, including the special senses (Ch 588).

The anesthesia may be (1) superficial, affecting mainly the skin and mucous tissues, or (2) it may involve the deeper structures (Ch 588).

*Hysterical hemianesthesia* is a common distribution of sensory deficiency. Ordinarily, it affects the left half of the body, and is sharply limited by the median line (Ch 591).

The deeper parts are frequently anesthetic (Ch 588). Sometimes involving an entire half of the body (usually the left side).

There is also sometimes an absence of feeling in the deeper tissues and organs of the body.

The Special Senses. (Church 589)

[contd] *Taste* and *smell* may be perverted, diminished, or abolished (Ch 589).

*Hearing* is often greatly diminished, but complete hysterical deafness is very uncommon (Ch 589).

Likewise the *vision* may be so disordered as to result in a long list of sight disturbances some of which are very alarming to the patient, culminating in the characteristic temporary hysterical blindness.

[See Ch 589-91.]
3. The anesthetic zones are movable.

Though they may persist for months, and even years, they are not absolutely fixed, and often are even capricious (Ch 593).

2. The organic and tendon reflexes in hysterical anesthesia are not modified, as in organic lesions marked by insensitiveness. The pupil, as a result, responds to light and accommodation and to pinching of the neck, even when the eye is amblyopic and the skin of the neck is insensitive (Ch 592).

Buzzard lays especial emphasis on the loss of the plantar reflex, with retention of the knee-jerk, in hysterics (Ch 593).

Hysterical hyperesthesias are very common.

Neuralgic pains and other disturbances of sensation may occur in hysterics as well as in others, without having any special significance ... (Ch 594).

It may involve a joint (Brodie’s joints) or an entire limb, but is practically never generalized or even of hemiplegic distribution.

18:8.4 These zones of disordered feelings in hysterics are usually movable, although they may apparently remain stationary for many years.

An interesting point in this connection, and one greatly concerned in the diagnosis of hysteria, is, that,

in spite of these disturbances and loss of sensation, the eye reflexes in their response to light and the tendon reflexes, as shown by the knee jerk, are always present and are practically normal.

18:8.5 In contrast with anaesthesia, many patients present conditions of hyperaesthesia.

They often complain of neuralgic pains.

They have painful hysteric joints.
It is often confined ... about the breasts, along the spine, in the groins, and at the pit of the stomach. The glandular portions of the breasts, testicles, and ovaries may be similarly sensitive (Ch 594).

They are especially prone to complain of pain in the breast, spine, pit of stomach, and ovaries;

and twenty years ago, many a young woman was subjected to a surgical operation for the removal of the ovaries for no other cause than the fact that she was a victim of hysterical ovarian pain.


Motor Stigmata. (Church 594)

1. Movements in hysteria are retarded (Ch 594).

Common ordinary muscular movements in the hysteric are usually retarded.

They suffer from a characteristic slowness of action,

together with more or less incoordination.

2. Movements are maladroit and incoördinate, unless carefully supervised by the patient; and this, again, is proportionate to the anesthesia and the obliteration of the muscular sense (Ch 595).

They are also quite incapable of performing two or more actions simultaneously.

3. Hysterical patients are often incapable of performing several acts simultaneously, as they are unequal to the division of attention thereby necessitated (Ch 595).

All voluntary actions are more or less weakened.

[contd] 4. Voluntary intentional movements are usually weakened (Ch 595).

and the patient manifests a tendency to transient rigidities, muscular cramps, and even prolonged contractures.

5. In many hysterics there is a tendency to rigidities or contractures (Ch 595).

Catalepsy may be the culmination of these numerous motor disturbances.
**Mental Stigmata.** (Church 595)

1. *Amnesia.* (Ch 595)

The chief and most characteristic mental symptom of hysteria is amnesia—forgetfulness.

In some instances the memory loss is systematized,—that is, it embraces a certain group of related facts pertaining to some person or event,

while other contemporaneous incidents are recalled (Ch 595).

The forgetfulness of hysterics accounts frequently for their uncertain and contradictory statements, and has often unjustly laid them open to charges of deceit (Ch 595).

This infirmity is spoken of as systematized memory loss.

In other cases the memory loss may be localized; that is to say, it embraces a given period of time.

Frequently after a convulsive attack, sometimes in traumatic cases after the initial accident,

there is a loss of memory for a variable period of time antecedent to the incident in question, or for a period both before and after the mental disturbance (Ch 595-96).

In this respect, in a minor way,

The hysterical patient may show a very poor memory regarding certain things or as pertaining to certain individuals,

while the memory may be entirely normal as regards other matters and other persons;

and this explains just why they so often lay themselves open to the charge of deceit and prevarication.

Memory disturbance in other patients seems to be localized;

that is, following a bad attack,

they temporarily lose their memory as regards events antecedent to the attack for a variable period of time.
Out of localized amnesias a double personality may arise, as under similar circumstances the hysterics loses one group of memories and regains the other, alternating between the two (Ch 596).

[See 18:4.2, above.]

The chief of the other mental stigmata may be mentioned as

[contd] **Aboulia** implies absence of will-power (Ch 596).

**Impressionability** or suggestibility is often extremely developed in hysterics, and practically constitutes a mental stigma (Ch 596).

**Simulation**. (Ch 596).

The so-called accidental symptoms of hysteria are usually so grouped and manifested as to simulate the clinical picture of some other disease. And it will be best to consider them in that light at this time.

In most cases the patient has no serious interest to divert his or her mind from this occupation with self,

The fact that the patient is so largely self-occupied.
and as a consequence the particular feeling fills up the whole of consciousness,

[See Chapter XIV: FASTIDIOUS SUFFERING AND IMAGINARY PAIN (W&N 174).]

and as it is painful to begin with, the pain, following Cajal’s law of avalanche, may become almost intolerable (W 585).

[See Chapter XIV: FASTIDIOUS SUFFERING AND IMAGINARY PAIN (W&N 174).]

These patients are indeed a “fastidious” class. They are both unbalanced and erratic, and their life experience is marked off by certain well defined “crises.” These characteristic and impulsive explosions are not at all unlike the periodical catastrophies of the inebriate, especially as regards the uncontrollable and rhythmic behavior of the attacks.

18:9.2 It should be remembered, as we now take up these hysterical attacks that there very often exists some trifling physical basis for these manifestations, which, in connection with the nervous and mental state, is able to determine the particular and definite form which the hysterical manifestation assumes from time to time.

18:9.3 It is of primary importance to remember, however, that there is practically always a physical basis for these curiously interesting affections which are so difficult to treat and which have so often proved the despair of physicians (W 585).
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FORMS OF NEUROTIC SIMULATION
(Walsh 586)

[Introduction.] (Walsh 586)

18:9.4 1. Gastric Crisis.

There are sudden seizures of stomach pain,
behaving almost identical with those of the gastric crises of locomotor ataxia.

There may be gastric crises that recall those of tabes, and there may be vesical and rectal crises of a similar nature (W 586).

They occur probably with more frequency in the abdomen than elsewhere; they may be thought to be colicky in nature and, as a rule, some accumulation of gas will be found (W 586).

Other cases are limited to a sudden and unusual appearance of gas in the stomach and bowels accompanied with severe colic.

These patients also sometimes suffer from a rectal crisis and experience great pain.

18:9.5 2. Vomiting Crisis.

These attacks of repeated vomiting are very alarming to the patient’s friends.

They sometimes appear without the slightest excuse, but it is observed that they usually stop before the patient has experienced the loss of much flesh.

[Compare W 587.]

[contd] Persistent vomiting occurs in these cases but is not so serious as it seems and patients do not lose weight, as might be expected.... Practically always nature asserts herself and stops the vomiting when serious conditions seem about to develop (W 586-87).
The fasting girls exploited in the newspapers, in connection with these neurotic conditions are often frauds and investigation has shown on a number of occasions that they were obtaining food surreptitiously.

It must not be forgotten, however, that, even though these cases have been discredited, we have a number of cases on record of men and women who have taken absolutely nothing nutritious and only water for from ten to forty or even fifty days (W 587).

They not infrequently go a week or ten days without eating.

I am of the opinion that most of those cases who appear to have gone without eating for a longer period, were probably getting food on the sly.

Lying between the pain and motor neuroses and dependent on psychic elements to some extent at least, there is a series of neuroses that have as their principal symptoms an increase or decrease of secretion (W 586).

Hysterical patients are subject to sudden attacks of both increase and decrease in the bodily secretions, accompanied by paroxysms of pain and attacks of vomiting; this condition may involve the stomach, liver.
SOURCE

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bowels, or kidneys; in the latter case, the urine may become scant or be greatly increased in quantity.


Simulant Appendicitis. (Walsh 587)

The patient is seized with the typical symptoms of acute appendicitis,

and the puzzling part of the proposition is the fact that

the patient’s temperature may sometimes shoot right up to 102°-104°.

Little by little the situation grows clearer, and, however skeptical we may have been concerning this “nervous” fever, we are obliged to admit its existence (D 182).

I no longer doubt or question the existence of this so-called “hysterical fever.”

XIV: HYSTERIA (Dubois 172)

Among the systems of hysteria in which I have scarcely been able to recognize any mental origin or idiogenic influence I will note hysterical fever, a phenomenon that is more frequent than is generally believed. One often observes it under the form of fever with a temperature of 102-104° F. ... (D 181).

Little by little the situation grows clearer, and, however skeptical we may have been concerning this “nervous” fever, we are obliged to admit its existence (D 182).

SECTON XVII: PSYCHO-NEUROSES, I: PSYCHO-NEUROSES (HYSTERIA) (Walsh 585)

FORMS OF NEUROTIC SIMULATION (Walsh 586)

Simulant Appendicitis. (Walsh 587)

The history must guide (W 587).

The diagnosis, of course, can be differentiated by the history of the case and an examination of the blood;
[A young, vigorous German soldier] was admitted to Koenig’s clinic in Berlin with a story of abdominal tenderness and pain, the tenderness being located in the right iliac region.... Apparently the patient had been opened twice before in this region (W 587).

The third time the patient came to Koenig’s clinic and, owing to his military record, his hospital experience was available and a third operation was not done. Instead, according to the story current at the time, the patient was tattooed with the legend “no appendix here” (W 587-88).

However, there is a case on record of a hysterical patient who had five operations for appendicitis, during the last of which, the surgeon tattooed on the patient’s abdomen this surgical warning, “No appendix here.”

18:9.8 5. Gallstone Crisis.

This fictitious gallstone colic has led careless surgeons into the performance of many a useless operation.

Now that operations for gallstones are more common than they used to be, it is probable that almost as many gall bladders are found without pathological conditions as appendices without justifiably operative lesions (W 588).

It is very common for these patients to think they have gallstones, and it is only by painstaking and thorough-going examinations, that the physicians will be able to avoid serious diagnostic blunders in dealing with these deceptive sufferers.


I have seen a patient complain of every symptom of stone in the kidney (W 586). The patient is able to present all the symptoms of stone in the kidney and of stone passing down the ureter,
During her attacks, instead of having suppression of urine, she had a free flow of urine and no blood (W 586).

After a consultation, at which two physicians and a surgeon were present, she was operated upon for stone in the left kidney. No trace of it was found (W 586).

but no stone has been found in the kidney.

[Hysterical cephalalgia ... may be confounded with luetic headache, migraine, the pain of cerebral tumor, even with that of meningitis (Church 606).]

These attacks of headache are often so severe and persistent as to suggest brain tumor.

It is a common experience to have a patient come to us who is rather under-nourished, suffering from poor circulation, generally nervous, highly emotional, and giving a history of having frequent “nervous spells.” Such a hysterical sufferer, often complains of violent headaches which she describes as follows: “Doctor, when I get these dreadful headaches, it just seems as if someone were driving a nail right into the top of my head. It is something terrible and it nearly drives me crazy, and I think it has a whole lot to do with my nervous spells.”

This is a truly characteristic description of the headache of hysteria. This is a rare form of severe nervous headache. There are other nervous states such as epilepsy, etc., in which the patient describes a similar pain.
[Light, very hot fomentations are exceedingly useful in nearly all forms of nervous headache, whether occipital or frontal (J. H. Kellogg, M.D., *Rational Hydrotherapy* [1902, Second Edition], p. 807).]

[15. Nervous Headache. — Fomentation (1328) to seat of pain, with simultaneous hot foot bath (1297); gastric lavage (1401) (J. H. Kellogg, M.D., *Rational Hydrotherapy* [1902, Second Edition], p. 1060).]

[... the neutral bath to quiet the central nervous system ... (J. H. Kellogg, M.D., *Rational Hydrotherapy* [1902, Second Edition], p. 725).]

### 18: WORRY AND NERVOUSNESS

18:9.12 This hysterical headache is treated by applying very hot fomentations on top of the head for ten or fifteen minutes.

These hot applications should be repeated every one or two hours in connection with a very hot foot bath.

Such sufferers are usually greatly benefited by taking a warm bath at about 100 degrees.

This bath tends to quiet the nervous system and greatly relieves the patient’s sufferings.


In other cases the hysterical outbreak manifests itself as an explosion of pain—an avalanche of suffering.

It may be an earache,

It may be an earache,

pains in the arms, the legs

or some internal organ, or even in a joint.

In the milder cases the pain may be described as a soreness or a “deep ache”;

while following these painful attacks

the patient usually complains of great muscular fatigue.

Unusual tiredness, or some special exertion of the muscles, may produce a sense of fatigue readily exaggerated by attention to it, into severe pain (W 589).
Pain may center in some internal organ such as the heart—
giving rise to pseudo-angina pectoris.

These are the fits, spells, and spasms of hysteria. They may imitate convulsions, St. Vitus’ dance, or epilepsy.

They embrace those cases of muscular paralysis or hysterical palsies,
and the patient is sometimes unable to stand or walk,
while for years at a time he may suffer from hysterical joints,
the hip and the knee being the joints more usually involved.

They experience laughing, crying, and choking attacks,
18: WORRY AND NERVOUSNESS

and often create internal tumors which are as hard and fixed as to deceive the surgeon into the performance of an operation—if he neglects the precaution of putting the patient into a prolonged hot bath first. This usually causes the tumor to vanish.

HYSTERICAL ATTACKS

VII: HYSTERIA (Collins 98)

HYSTERIA IN A YOUNG MAN (Collins 99)

**DEAR DOCTOR:**

I am thirty years old, and have been married for three years. My present complaint is numbness of the tongue, prickling sensation in the left side of the face, bad taste, sense of suffocation, throbbing sensation in the left ear, and occasional headache.

The first attack occurred the 12th of April, 1902. I was at home talking to my mother. I had a sensation as if I were very cold. This lasted a few minutes, then I experienced a twitching in the back of the neck and a throbbing, fluttering sensation in the throat, as if an alarm clock were going off there.

Then my tongue began to tremble, or rather to stick out and draw back rapidly, and my head to twitch and jerk violently to the left, as if I were having a convulsion (Co 100).

I did not completely lose consciousness, but I recall that I was very nervous and shaky for some time after (Co 100).

18:10.1 The **average** hysterical patient who is subject to mild attacks, complains of numbness of the tongue, bad taste, prickling sensations in the side of the face, ringing in the ears and headaches.

At other times he will suffer from twitching in the back of the neck and a fluttering sensation in the throat, with now and then a general seizure resembling a mild convulsion.

He seldom **completely loses consciousness.**
So far as I know, the only cause to which I can attribute the first attack was fright. One week before it occurred, I went at the request of a friend, to visit his daughter, who was confined in an asylum in Rochester. As soon as I came into her presence she rushed at me, as I thought, to attack me, but I found out later that she wanted only to kiss me.

Soon afterward I experienced a sensation which started from the stomach and went to the throat, and then to the left side of the face and head.

When she rushed at me, I had a sensation in the lower part of my spine as if it were being forcibly opened, then a queer, crawling feeling in my back,

and finally I became cold and nauseated (Co 100-01).

I remember now that I once had an attack somewhat similar to this one. I had gone to visit my father, who was working in Rochester. I was talking to him, when suddenly I felt a sensation in the throat as if I were choking, and I was seized with the fear that I was going to die (Co 101).

If a physician should examine you between the attacks,

And yet when the patient is examined during the interval between these attacks—

while the symptoms which were manifested at the crisis are absent—
he would probably find certain symptoms which he would interpret as **hall-marks** of the disease (Co 108).

VIII: HYSTERIA (Church 586)

**Hysterical Convulsive Attacks.** (Church 597)

The **grand attack** consists of a premonitory stage, followed by four periods:

(1) The **prodromal stage** varies in different patients, but is uniform for the given case.

Some patients are depressed, taciturn, and moody; others exhilarated, restless, quarrelsome, and talkative.

Many have hallucinations of **sight** or of **hearing**, referred in the direction of the anesthetic side, and the insensitive areas may be increased.

Usually, palpitations and vasomotor storms are observed.

There may be nausea, hiccup, trembling, and the discharge of a **large quantity of urine**.

The **aura** follows.

This, ordinarily, consists of a painful feeling arising in the lower part of the **abdomen**, and develops into the sensation of a **rounded body**,

the physician is always able to detect certain **ear-marks** of hysteria, the “stigmata” previously described.

18:10.2 When the disease is at its worst, the patient suffers from what the physicians call “grand attacks,” and these seizures are really divided into five periods.

18:10.3 1. **The Prodromal Stage**.

This is characterized by unusual depression or exhilaration, by moodiness or restlessness,

also by disturbances of **sight** and **hearing**, circulatory disturbances,

**nausea**, **hiccough**, **trembling**, and the passing of a **large quantity of urine**,

all of which culminates in the appearance of the fata **aura**—

that is, the feeling of something arising from the **abdomen** like a **rounded body**,
which mounts upward, and, as it reaches the neck, gives rise to feelings of strangulation or suffocation—the *globus hystericus* (Ch 597).

2. *The epileptoid period* closely mimics the features of an epileptic attack (Ch 597).

Frequently the tongue is protruded or the teeth may be ground together. Biting the tongue and involuntary urination are uncommon, but do occur.

Usually the convulsion is most marked on the anesthetic side to which the face is turned.

The **tonic phase** lasts two minutes or less, and is often attended by slow, rigid movements of wide range,

with notable extension of the feet and supination of the hands or movements of circumduction, unlike anything seen in epilepsy (Ch 597).

This tonic phase is followed by a **clonic phase**, in which rapid, small oscillations begin in the rigid members and in the face.

The suspended respiration reappears in broken, arrhythmical gasps and sobs, the chest and abdomen acted independently (Ch 597).

3. *The Period of Clownism* (Ch 600)

It is made up of two phases,—(a) a phase of *contortions*, or illogical attitudes, and (b) a phase of wide-ranged, or grand, movements (Ch 600).
This phase is attended usually by violent outcries, and, in evident fear and rage, the patients tear their garments, grimace in a horrible manner, and put forth an astounding amount of strength against those trying to control them.

In this phase they often bite, scratch, and strike at their attendants, apparently under the domination of the hallucinations of a fixed dream or delusional storm (Ch 600-01).

This is the phase in which the patient is often given to biting and striking.

[contd] 4. Period of Passional Attitudes. (Ch 601).

The patient dramatizes in pantomime the acts of the dream that embraces circumstances of the past life, or perhaps the incidents connected with the origin of the hysterical condition (Ch 601).

In this the patient dramatizes in pantomime the fears and experiences which dominate the consciousness in association with the hysterical attack.

5. The period of delirium is a prolongation of the dream state of the third period.

The period may last from a few moments to several hours.

It still pursues and dominates the patient, who now talks in the delirium and verbally expresses his hallucinations, which usually have to do with disagreeable sights, animals, and acts (Ch 601).

The patient talks of his hallucinations and sufferings.

After a varying time the hallucinations fade, sad memories may recur, with sobs and tears, and suddenly, or after a few moments’ silence,

And after much sobbing and crying followed by a few moments’ silence,

the patient arouses, a little fatigued, and at once fully recovers his former conscious state (Ch 601).

Consciousness is quickly recovered and the “grand attack” is over,
The duration of a grand attack is variable, but on an average requires from fifteen minutes to half an hour (Ch 601).

having lasted from fifteen minutes to half an hour.

SPECIAL TREATMENT OF HYSTERIA

In general, hysteria must be treated by those methods of will-training which will be fully dealt with in Part II of this work. But brief suggestions will be given in this chapter,

I: PSYCHO-NEUROSIS (HYSTERIA)

(Differential Diagnosis (Walsh 590)

It is, above all, important not to jump to conclusions, for every nervous specialist knows of cases in which the diagnosis was considered to be surely a neurosis, yet a fatal termination showed that a serious organic condition was at work.

It must not be forgotten either that neurotic patients may develop serious organic disease in the midst of their neurotic symptoms and care must be taken not to miss the significance of special symptoms (W 590).

For the differential diagnosis of psycho-neuroses from definite organic conditions, the most important element is the patient’s previous history and a knowledge of the condition of the nervous system (W 590).

first of which is the caution not to confuse some serious organic disease with hysteria,

or to overlook such a serious disorder if present as a complication of hysteria.

Such a mistake in diagnosis is usually avoided by careful study of the heredity and history of the patient,
There are likely to be spots of hyperesthesia or hypesthesia or even complete anesthesia somewhere on the skin. These should be carefully looked for and in serious cases an examination of the whole skin surface should be made (W 590).

These used to be called hysterical stigmata (W 590).

**TREATMENT (Walsh 591)**

**Strong Mental Impression.** (Walsh 591)

During the attack a strong impression must be made upon the patient’s mind so as to divert the concentrated attention (W 591).

I once knew an old physician ... walk into the room of the patient, take one of her hands in his, slap her on the cheek, tell her to get up and walk ... He succeeded.... We know of cases where an alarm of fire or a burglar scare or some sudden emotion has produced a like result.

We cannot prescribe such things, however, and at the most, after one or two successes in a particular patient, they would fail (W 591).

Vigorous threats and other spectacular stunts may be effective at first, but they soon lose their influence.

**After Treatment.** (Walsh 591)

[contd] The after treatment of these cases is directed mainly to such alterations of the mental attitude and physical condition as shall prevent recurrences (W 591-92).
SOURCE

A certain amount of exercise is important in these cases, but not nearly so important as an abundance of fresh air (W 592).

Physically, fresh air, good food, and exercise,

Weir Mitchell’s success with the “rest cure” consisted to a great extent in his power to cause these patients to put on weight.... [The diet] must be liberal and most consist of simple but particularly nutritious materials (W 592).

Physically, fresh air, good food, and exercise, together with modified rest-cure in certain cases, are the remedial agents of greatest value.

18:11.4 The mental treatment may be summarized as follows:

**Strong Mental Impression.** (Walsh 591)

If a thorough examination is made in the course of which the physician is able to show the patient that he understands the condition and that he can demonstrate for himself and them that there is nothing serious the matter with important organs, he can make them feel that their pain or disability is entirely due to concentration of attention on a particular nerve or set of nerves. [Etc.] (W 591)

**Dominant Ideas.** (Walsh 593)

[contd] During the attack it is often possible to find either from the patient or from friends that there is some dominant idea which is bringing about the mental short-circuiting that leads to the concentration of attention.

From the oldest times it has been recognized that in young women a disappointment in love may prove to be the occasion for a psycho-neurotic or, as they used to call it, hysterical attack (W 593).

18:11.5 1. Explain to the patients the real facts—show them the true origin of their troubles.

18:11.6 2. Assist them in isolating the exciting causes

such as love affairs,
Sorrows of various kinds may produce a like effect. Worry or anxiety about the serious illness of a near relative, especially an inevitably fatal illness, such as cancer, may have a similar result ... (W 594).

Often these ideas, so potent for mental and bodily disturbance, are almost entirely unconscious or exist in the patient’s subconsciousness and are recalled only under such special conditions as remove the bonds of the patient’s occupation with himself or herself at the present time and allow memories to come back without interference.

There are many curious stories of such cases. A child is frightened or very much disturbed by having a cat kill a favorite bird.... As a consequence, there may develop one of those intense dreads of cats which makes life miserable if near that animal.... Often in these cases the beginning of this mental attitude, or at least its occasion in the incident of the killing of the bird is forgotten, or at least not consciously referred to as an etiological element in the dread (W 594).

Psycho-Analysis. (Walsh 595)

As I emphasize on the chapter on Dreams, the examination of the dreams in order to get a hint of the dominant idea, is particularly interesting, because it represents a return to the oldest methods of suggestion of which we have record (W 595-96).

family troubles, sorrow,

and any other dominant subconscious idea.

buried experiences, such as early childhood frights,

vivid dreams, etc.
After Treatment. (Walsh 591)

*Diversion of Mind.* It is in these cases particularly that diversion of is prime importance.... Occupation, particularly with children, with the weak and the ailing, the poor and those who are unable to help themselves, is specially likely helpful to such patients when they are women (W 592).

**SUMMARY OF THE CHAPTER**

1. In olden time hysteria was confounded with demoniacal possession, insanity, witchcraft, and accompanied religious excitement and national upheavals.

2. Both men and women are affected with hysteria. It is a disorder resulting from cerebral insufficiency. It is not a woman’s disease, as the name suggests.

3. Hystéria is a disorder of personality in hereditarily predisposed and highly suggestive individuals with little self-control.

4. Hystéria is characterized by riotous emotions, morbid self-consciousness, exaggerated sensations and simulations of various diseases.

5. Hystéria is an actor who has lost his head and thinks the part he’s playing is real.

6. Physically, hystéria is a derangement in the normal and delicate balance between the cerebro-spinal and the sympathetic nervous systems.
7. Hysteria may be due to complex dissociation, and would thus be regarded as related to a mild and temporary form of dissociation of personality.

8. The chief causes of hysteria are hereditary predisposition, and pre-adolescent frights—a series or group of frights.

9. These early emotional shocks produce a sort of subconscious panic resulting in demoralized emotional and motor control.

10. Among other causes of hysteria may be mentioned intoxication and chronic poisoning, resulting from drugs and from acute and chronic disease toxins.

11. Imitation hysteria may appear in boarding schools, and may accompany intense religious excitement, manifesting itself in dancing, spasms, crying, etc.

12. Repressed emotions and disappointed affections, together with the periodic sex cycles of women, are all contributary causes of hysteria.

13. The major symptoms, of hysteria (stigmata) are a group of characteristic motor, mental, and sensory disturbances.

14. Sensory disturbances are: anaesthesia, hyperaesthesia, disorders of taste, smell, and hearing, and numerous other abnormal sensations and feelings.

15. Common motor stigmata are retardation and incoordination of muscular movement, together with rigidities, cramps, contractions, and even catalepsy.

16. The chief mental stigmata are forgetfulness, freaks of memory, diminution of will power with marked tendency to imitate and simulate.

17. The “attacks” of hysteria usually simulate some well-known disease and behave somewhat after the manner of the crisis of periodical inebriety.

19. Other attacks may simulate appendicitis, gallstone crisis, and the passing of stones from the kidney.

20. Pain is a constant symptom, chiefly manifested as a characteristic headache, but no part of the body is exempt.

21. The “motor crisis” are fits and spells which may imitate convulsions, chorea, epilepsy, and paralysis.

22. Hysteria seizures are divided into the mild or minor crisis, and the “grand attacks” lasting from fifteen to thirty minutes.

23. The “grand attacks” of hysteria are divided into five periods; viz., prodromal, epileptoid, clownism, passional attitudes, and delirium.

24. The treatment of hysteria consists of diverting the attention, directing the emotions, training the will, removing fear, and finding new objects for love and sympathy.