

Chapter 18 — Hysteria — the Master Imitator

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

by William S. Sadler, M.D.

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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)
- (2) William S. Sadler, M.D., ***The Physiology of Faith and Fear***: *Or, The Mind in Health and Disease* (Chicago: A. C. McClurg & Co., 1912)
- (3) Joseph **Collins**, *The Way with the Nerves: Letters to a Neurologist on Various Modern Nervous Ailments, Real and Fancied, with Replies Thereto Telling of Their Nature and Treatment* (New York: G. P. Putnam's Sons, 1911)
- (4) Dr. Paul **Dubois**, Translated and Edited by Smith Ely Jelliffe, M.D., Ph.D. and William A. White, M.D., *The Psychic Treatment of Nervous Disorders (The Psychoneuroses and Their Moral Treatment)* (New York: Funk & Wagnalls Co., 1909, Sixth Edition, 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)
- (7) James J. **Walsh**, M.D., Ph.D., *Psychotherapy* (New York: D. Appleton and Company, 1912)

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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SOURCE

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18: WORRY AND NERVOUSNESS

**XVIII: HYSTERIA —
T H E M A S T E R
I M I T A T O R**

18:0.1 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

VIII: HYSTERIA (Church 586)

[Preamble.] (Church 586)

[contd] Hysteria has been an interesting problem since the earliest days of medical thought. Unrecognized it occasioned the demoniacal “possessions” of the middle ages,

and furnished some of the martyrs of witchcraft and religious fanaticism (Ch 586).

18:1.1 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.

SOURCE

[It is not uncommon for persons in a cataleptic trance to imagine themselves taking trips to other worlds. In fact, the wonderful accounts of their experiences ... are so unique and marvellous as to serve as the basis for founding new sects, cults, and religions. Many strange and unique religious movements have thus been founded and built up (*Physiology of Faith and Fear* 461).]

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

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

VII: HYSTERIA (Collins 98)

In former days "hysteria"

Its name hysteria

was thought to occur only in females, and it was supposed to flow in some mysterious way from disorder of the reproductive organs.

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

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

This belief was long ago shown to be without foundation,

and it is now known that men are subject to hysteria just the same as women.

SOURCE

VIII: HYSTERIA (Church 586)

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).

VII: HYSTERIA (Collins 98)

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 man who complained of like symptoms or sensations met with cold contempt.

It was felt that he must be of a feminine nature or he would not be infringing upon what was deemed a woman’s weakness and prerogative (Co 98).

XIV: HYSTERIA (Dubois 172)

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).

VII: HYSTERIA (Collins 98)

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

18: WORRY AND NERVOUSNESS

18:2.2 Janet says:

18:2.3 Hysteria belongs to a group of mental diseases caused by cerebral insufficiency; it is especially characterized by moral symptoms, the principal one being a weakening of the faculty of psychological synthesis.

18:2.4 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.”

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

18:2.5 It is going to be neither a small nor easy task concisely to define hysteria for the layman;

SOURCE

There is less agreement among physicians as to what hysteria means **than upon any other subject** (Co 106).

[*continued from 18:2.1*] to the belief that it is a **disorder**

occurring in persons who have **inherited** an unstable nervous organisation, and particularly in those persons who are **“suggestible,”** and who have been exposed to some emotional or mental shock, such as fright.

[See 18:2.7, below.]

In other words, the term “hysteria” is being used to denote disorder of **personality.**

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

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

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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**

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

An **eminent French physician** once said that a definition of hysteria **had never been given and never would be.**

SOURCE

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).]

hysteria (his-te'-re-ah). (Dorland n.p.)

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.).

18: WORRY AND NERVOUSNESS

18:2.6 I may further say that

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,

hysteria is a nervous disorder occurring chiefly in women;

characterized by lack of control over the emotions and certain physical acts, by morbid self-consciousness, by exaggeration of all sensory impressions,

and by an extraordinary ability to simulate the symptoms of numerous diseases,

and thus to impersonate a host of minor and major disturbances.

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 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,

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).

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.

SOURCE

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).

[Compare: The associated groups of neurons form systems and communities, and these in turn are organized in clusters and constellations (*Physiology of Faith and Fear* 444).]

[Compare: Complete or partial dissociation of ideas coupled with irritation and undue activity of the sympathetic nervous system constitutes the explanation of hysteria ... (*Physiology of Faith and Fear* 411).]

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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.

SOURCE

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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.

[Compare *Physiology of Faith and Fear* 411.]

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

VII: SYNOPSIS OF MENTAL AND NERVOUS DISEASES OR ABNORMALITIES (Forel 165)

As a result of such dissociations

18:4.3 In the presence of this temporary sort of complex dissociation,

it is possible for some overpowering feeling or idea

it would appear that in the case of these highly suggestible individuals, that some sort of dominating and all-pervading idea—

now free from natural restraints and customary restrictions—sweeps though the mind and out over the body, completely dominating and absolutely controlling the organism to such an extent as to

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).

be able to produce cramps, paralyses, and fits, as regards the body;

SOURCE

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).

VIII: HYSTERIA (Church 586)

[INTRODUCTION] (Church 586)

Etiology. (Church 586)

Heredity plays an important part (Ch 586).

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

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

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.

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

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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

18:5.1 While the causes of hysteria are many,

there is usually to be found both an *hereditary* base

and some exciting physical cause.

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

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

It is found *about equally* divided between the two sexes.

In the *lower classes of society* more cases appear among men, while in the *higher social class*, women predominate.

SOURCE

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).

[Various traumatisms—above all, railroad accidents—often bring on such psychoneuroses, which have been called *traumatic neuroses* (Dubois 176).]

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The disorder appears in all countries and all races, but the Latin, Slav, and Jewish races seem to be more susceptible.

18:5.2 Chief among the exciting causes are the various emotional disturbances such as worry, grief, chagrin, and fright.

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.

SOURCE

VIII: HYSTERIA (Church 586)

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).

[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).

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

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

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).

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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.

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

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.

Young people when associated together, as in boarding schools, may suffer from epidemic attacks of hysteria as a result of suggestion and imitation.

SOURCE

[[N]ot long ago we were able to observe, at Bâle and at Berne, epidemics of hysterical chorea in boarding-schools of young girls (Dubois 175).]

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,

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,

and under the influence of a powerful suggestion associated with some protracted religious meeting,

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.

18:6.2 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.

SOURCE

[Compare D 183.]

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.

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 auto-suggestions 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

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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.

A F F E C T I O N S A N D E M O T I O N S

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:

18:7.2 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.

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 those of weak mentality; the hysterical person is also psychasthenic.

18:7.3 Experience has more and more forced me to recognize that

SOURCE

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).

[Hysteria, that protean malady which is able to impersonate wellnigh all diseases, serves to illustrate the direful consequences of disturbing the nervous equilibrium ... (*Physiology of Faith and Fear* 235).]

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).

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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.

It is customary to divide these symptoms of hysteria into two groups, viz.:

the *stigmata* or constant symptom,

and the *accidental* or transient manifestation.

18:8.2 The *stigmata* or chief symptom of hysteria may be considered under three heads:

SOURCE

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).

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).

In hysteria **vision** is very frequently modified, and some of the changes in this special sense are of the utmost importance for diagnosis (Ch 589).

[See Ch 589-91.]

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18:8.3 1. **Sensory stigmata.**

The typical hysterical patient usually presents symptoms of **anaesthesia**—

loss of **skin** sensation over certain portions of the body—

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 senses of **taste** and **smell** are frequently **perverted, diminished, or even abolished.**

Hearing may be so diminished as to produce the familiar **hysterical deafness;**

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 hysteric blindness.

SOURCE

Peculiarities of Hysterical Anesthesia.
(Church 592)

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.

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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**.

SOURCE

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).

Motor Stigmata. (Church 594)

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

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).

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

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

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

[Compare Ch 602.]

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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.

18:8.6 2. **Motor stigmata.**

Common ordinary muscular movements in the hysteric are usually **retarded**.

They suffer from a characteristic slowness of action,

together with more or less **incoordination**.

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

All voluntary actions are more or less **weakened**,

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

Catalepsy may be the culmination of these numerous motor disturbances.

SOURCE

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18:8.7 3. *Mental stigmata.*

Mental Stigmata. (Church 595)

1. *Amnesia.* (Ch 595)

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).

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).

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

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.

This infirmity is spoken of as *systematized memory loss*.

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.

In this respect, in a minor way,

SOURCE

Out of localized amnesias a **double personality** may arise, as under similar circumstances the hysteric loses one group of memories and regains the other, alternating between the two (Ch 596).

[See 18:4.2, above.]

[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).

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

[INTRODUCTION] (Walsh 585)

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

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the hysteric comes closely to resemble those cases of memory lapse which are characteristic of **multiple personality;**

and this is not strange in view of the fact that both conditions—hysteria and multiple personality—are supposed to have their origin in complex dissociation.

18:8.8 The chief of the other mental stigmata may be mentioned as

diminution or complete loss of **will power (aboulia),**

greatly increased **impressionability,**

and that characteristic tendency to imitate and **simulate.**

THE SIMULATIONS OF HYSTERIA

18:9.1 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.

The fact that the patient is so largely **self-occupied**

SOURCE

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).]

[contd] 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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explains how these hysterical symptoms come entirely to fill up consciousness;

and in accordance with the laws of the threshold of pain, previously considered,

it will be easy to understand how

the hysteric's common sensations may be transmuted into a veritable avalanche of suffering.

18:9.2 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 catastrophes of the inebriate, especially as regards the uncontrollable and rhythmic behavior of the attacks.

18:9.3 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.

SOURCE

FORMS OF NEUROTIC SIMULATION
(Walsh 586)

[Introduction.] (Walsh 586)

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).

Neurotic Vomiting. (Walsh 586)

[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).

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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**.

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.

SOURCE

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).

Secretory Neuroses. (Walsh 586)

[contd] 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).

There are various **stomach** affections, represented by an increase or decrease in stomach secretion, and **accompanied by pain**, discomfort, and decrease or increase of peristalsis. There are **biliary** neuroses accompanied by increase or inhibition of biliary secretions. There are gastric neuroses associated with **vomiting** ... (586).

18: WORRY AND NERVOUSNESS

Closely akin to this manifestation may be noted

the **fasting** fads of the hysterical patient.

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.

18:9.6 3. *Secretory Crisis.*

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

18: WORRY AND NERVOUSNESS

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

18:9.7 4. *Appendicitis Crisis.*

Simulant Appendicitis. (Walsh 587)

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

XIV: HYSTERIA (**Dubois** 172)

and the puzzling part of the proposition is the fact that

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).

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."

SECTION 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;

SOURCE

[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).

Pseudo Biliary Colic. (Walsh 588)

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).

[Introduction.] (Walsh 586)

I have seen a patient complain of every symptom of stone in the kidney (W 586).

18: WORRY AND NERVOUSNESS

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.

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.

18:9.9 6. *Renal Colic Crisis.*

The patient is able to present all the symptoms of stone in the kidney and of stone passing down the ureter,

SOURCE

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).

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

18: WORRY AND NERVOUSNESS

with the exception that in a real case the urine is suppressed

while in hysteria there is usually a greatly increased flow.

In these cases, too, many an operation has been performed,

but no stone has been found in the kidney.

18:9.10 7. *The Headache Crisis.*

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 undernourished, 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."

18:9.11 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.

SOURCE

[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).]

Other Simulated Conditions. (Walsh 588)

[See 18:9.1, above.]

Earache may occur in the same way (W 589).

All sorts of painful conditions of the arms and legs may develop in the same way.

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).

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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.

18:9.13 8. *Pain Crisis.*

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

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.

SOURCE

[*Hysterical angina pectoris* may exactly trace the features of steno-cardiac attacks (Church 607).]

[**Hysterical rhythmical spasms** affect the limbs, face, or neck ... The *choreic dance* or *saltatory chorea*, which played so important a part in medieval epidemics, is of this name (Church 605).]

Motor Neuroses. (Walsh 589)

They have sometimes been spoken of as **hysterical palsies** or **paralyses** (W 589).

One well-known form, **astasia-abasia**, **inability to stand or to walk**, affects the muscles of the trunk as well as of the lower limbs (W 589).

Sir Benjamin Brodie, nearly a century ago, insisted that at least four-fifths of the female patients among the higher classes of society supposed to **suffer from diseased joints** were really sufferers from neurotic conditions, or, as they called them then, hysteria (W 589-90).

The **hip and the knee**, which are the most frequent seats of genuine pathological conditions, are also most frequently the subject of neuroses (W 590).

[**Hysterical tremors** are of great interest, and often present very difficult diagnostic problems... The tremor of **Graves' disease**, of paralysis agitans, of senility, and of metallic poisonings may be exactly counterfeited by hysteria (Church 606).]

[Compare Church 607.]

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Pain may center in some internal organ such as the heart—

giving rise to pseudo-**angina pectoris**.

18:9.14 9. *Motor Crisis.*

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 present **tremors** that resemble **exophthalmic goitre**.

They experience laughing, crying, and choking attacks,

SOURCE

[See William S. Sadler, M.D., F.A.C.S., *The Truth About Mind Cure* (1928), pp. 138-39.]

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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.

SOURCE

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).

[DEAR SIR:]

If a physician should examine you **between the attacks**,

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These attacks are **usually** brought on by some definite **fright**.

At other times the symptoms may **originate in the stomach**

or by a **crawling feeling ascending the spine**.

The patient gets **cold, nauseated**,

or may be attacked by a **choking sensation**.

These seizures may be crystallize into any one of the groups or crises already described.

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

while the symptoms which were manifested at the crisis are absent—

SOURCE

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,

18: WORRY AND NERVOUSNESS

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,

SOURCE

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).

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which slowly mounts upward until on reaching the neck, it gives origin to those feelings of strangulation and suffocation, the *globus hystericus*.

18:10.4 2. *The Epileptoid Period.* This closely resembles a mild epileptic attack.

The tongue may protrude, but it is seldom if ever bitten.

The face is drawn to one side.

The spasms usually last from one to two minutes.

Unlike epilepsy, the feet are extended and the hands are moved in circles.

After one or two minutes, more rapid oscillations begin in the muscle, especially the face,

while the patient begins to gasp and sob.

18:10.5 3. *The Period of Clownism.*

A period of contortions, attitudes, and movements

SOURCE

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).

[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).

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

[Compare Ch 601.]

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).

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

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

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sometimes accompanied by **violent outcries** and expressive of **evident fear and rage**.

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

18:10.6 4. **Period of Passional Attitudes.**

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

18:10.7 5. **Period of Delirium.**

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

The patient **talks** of his **hallucinations** and sufferings.

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

consciousness is quickly recovered and the "grand attack" is over,

SOURCE

[contd] The *duration of a grand attack* is variable, but on an average requires from **fifteen minutes to half an hour** (Ch 601).

18: WORRY AND NERVOUSNESS

having lasted from **fifteen minutes to half an hour**.

SPECIAL TREATMENT OF HYSTERIA

18:11.1 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) (Walsh 585)

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,

SOURCE

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).

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).

18: WORRY AND NERVOUSNESS

together with a physical examination which usually discloses the characteristic anaesthetic or hyperaesthetic skin spots

together with other typical "hysterical stigmata."

18:11.2 During the attack an effort should be made to divert the patient's concentrated attention.

Vigorous threats and other spectacular stunts may be effective at first,

but they soon lose their influence.

In fact there is very little treatment to be suggested during the attack itself.

18:11.3 Between attacks the patient's treatment is both physical and mental.

SOURCE

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

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).

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).

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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:

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,

SOURCE

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).

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family troubles, **sorrow**,

and any other **dominant subconscious idea**.

18:11.7 3. Seek out, isolate, and eliminate

buried experiences, such as early **childhood frights**,

vivid **dreams**, etc.

SOURCE

[See 18:11.1, above.]

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).

18: WORRY AND NERVOUSNESS

18:11.8 4. The patient will be cured by will-training,

coupled with **diverting** the attention and sympathies to **children** and other **helpless people**.

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

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

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

6. Physically, hysteria is a derangement in the normal and delicate balance between the cerebro-spinal and the sympathetic nervous systems.

SOURCE

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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 contributory 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.

SOURCE

18: WORRY AND NERVOUSNESS

18. Hysterical attacks commonly appear as a “gastric crisis,” “rectal crisis,” “colic crisis,” “vomiting crisis,” and secretory disturbances.

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, passionate 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.