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The Trend of the Clinician's Concept of Hysteria.

By

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With regard to hysteria, the medical world has for many years been utterly dominated by the systematised conceptions of Charcot and his collaborator Janet, to the exclusion of the less dramatic notions of Bernheim and the Nancy School in general. No one better than a psychologist knows the difficulty of emancipation from the idea of a dominating personality; and to this must be attributed the delay in the overthrow of the almost purely fantastical clinical picture which Charcot believed to characterize hysteria.

For the proof of the artificial nature of the famous four phases of hysterical seizure, one need go no further than the Salpêtrière of to-day. There one sees this type of attack only in the few remaining patients of Charcot. The hysteric of to-day either has no attack, or merely goes through the disorderly contortions of the enraged child, which are no longer cultivated to perpetuity by the fostering solicitude of an admiring investigator. They are, on the contrary, quickly suppressed by the stern skill which holds the key to their mechanism.

Again, the stigmata even that bedrock of them all, anaesthesia, have lost their permanence, almost their existence in symptomatology. For ten years, neither Babinski (1) nor Bernheim (2) has seen a case of hysterical anaesthesia, except in patients whose sensibility has previously been medically examined. Of the restricted visual field, they make the same assertion. Babinski has shown how to avoid the fallacies which lead to incorrect observations. He proves how one can at will create sensory stigmata, contracture, motor palsy, etc., and that what he now can do deliberately (in proof) was formerly accomplished unintentionally by medical examiners through their suggestions or was acquired by the patient, often unconsciously, by interpretative imitation of a striking defect he saw, remembered, or even dreamt. (4)

In short, the evidence is now pretty clear that the so-called stigmata of hysteria, such as hemi-anesthesia and contracted visual fields, generally, derive from suggestion, of medical origin; though hemianaesthesia is sometimes autochthonous by imitation of hemi-plegia, which every one has seen, in conformity with the notion of the laity that muscular disability must connote less of sensation.

The hysterogenetic zones too can be determined and changed at the suggestion of the operator: the more common ones, the ovarian, umbilical, and mammary regions are merely spots where normally tenderness is greater than elsewhere.

The mechanism of it all constitutes suggestion; and a psychologically similar process is capable of removing the symptoms thus induced. A few cases will illustrate my meaning.

A girl was brought to Babinski having become monoplegic (5) upon receiving an electric shock while crossing a tramway line. This seemed like paralysis not caused by suggestion; but after the symptom had been removed by persuasion, further inquiry elicited the fact that the patient had overheard some months previously a conversation between some electricians who were speaking of the dangers arising from electric shocks of the above description. It is evident that upon experiencing the shock, there had flashed into the patient's mind a datum learned from the conversation she had overheard and apparently forgotten; and that this memory furnished the suggestion at the base of the palsy she developed.

Another case traceable to buried causes was one reported by Raimist (6) where retention of urine in a Jewish boy was traced to efforts one year before to retain his urine and faeces while hiding in a barrel during the massacres in Russia.

Conor (7) cites the case of a soldier who was suddenly stricken by a paralysis in the same region as his father; it was the sudden death of the latter which produced the violent suggestion of the similar paralysis in the son.

Another example (8) is that of a boy of whom the doctor said "the first time no anaesthesia" the second time "he found a little patch after fifteen minutes." Then the father began asking after his son's sensibility; as a consequence of which the anaesthesia extended up his thigh. (Babinski).

A man trephined by Horsley (9) for imaginary growth in the brain, sometime later developed an abscess near the wound: this exaggerated his feelings. Now he complains of constant throbbing, and believes the wound healed too soon, and wishes re-operation, and pesters doctor after doctor.

Alleged syringo-myelia for 15 years in turn in all the hospitals in Paris, and found post mortem to have no disease of cord, but a protopathic myopathy with ocular palsies.

After a train accident, the patient (11) had intercostal pain (intense) and draggings and prickings as well as uneasiness in groin, for which hernia was operated, but with no amelioration.

Several other visits to hospitals and an appendicitis suspected. Operated and found healthy.

Expertised by I. Vallon. After this, he became preoccupied by ideas of appendicitis chronic. Pus in faeces (?), Tabes (no symptoms). Has a case against the company. Pain is in the right groin, thigh and side like something running in veins; no true tenderness but feeling of weight and constriction at times.

Hysteria has been called the great simulator and hystericals are often believed to simulate more or less deliberately and

consciously. Now when analysed, the so-called hysterical simulation is only one of the varieties of the perversity of the imagination so beautifully synthetised by Dupre under the name of mythomania (12). Its main element is the love of playing a part and the belief in that part. In the cases we are discussing the role assumed is that of disease. All of us know how easily the childish mind confuses imagination with reality, and moreover how easily it is suggested to do so in a particular direction. Many a story of infant-martyr and violated child is concocted in this way as in the following instance reported by Motet (13), the medical jurist of Paris.

A school boy arrived home late; his mother scolded him. "What have you been doing?" No reply "You have again been playing truant?" Yes, mother." "Where did you go?" No reply. "You have been with men perhaps? Tell the truth, or I shall beat you." "Yes, mother." By asking question after question, with only "Yes, mother" for reply, the mother finished by making the child recount a pretended rape committed by a shop-keeper in a neighboring street. When the father arrived, the mother called out in anger: "Repeat to your father what you have just told me." And the child recounted the story which had thus been fixed in his mind, and again repeated it before the police and before the judge. The child also pointed out the house where the scene had taken place. The merchant whom he accused, and who understood nothing of what had taken place, protested forcibly, and produced proofs that he was not alone at the time when the child declared he had been raped. The magistrate advised that the child should be examined by Leségue and the little mythomaniac finished by admitting that the scene had never taken place except in the imagination of his mother.

But do not let us confound all hysteria with mythomania, nor all mythomania with hysteria; for apart from all suggestion, people may lie from vanity, malignity, lubricity, or merely to amuse themselves by mystifying others, or from the less mischievous love for sympathy or praise, as in the case of the little girl cited by Duprat (14) who pretended her sister was dead in order to receive the consolation she craved. Or pathological lying may occur without ascertainable motive at all. The two following cases illustrate this:—

A young girl (15) announced that on a certain day and hour she would die. When the time came, she feigned death, resisting with astonishing fortitude all the stimuli used to awaken her from her apparent state of catalepsy or coma. This comedy lasted three days; then she arose and dressed herself, pretending to come out of a dream, and amused herself with the stupefaction of her family and friends. When interrogated by her doctor she confessed her trick and said that she had never been so happy as she was while watching the efforts, threats and prayers of those around her. In spite of the confession, the same scene more or less varied occurred on ten other occasions although she appeared to be a young woman of good heart and intelligence.

Another case also reported by Dally (16) was a young girl who in the course of convulsive hysteria developed a blepharospasm. Dally, who had suspected simulation after the cure of the patient learnt from her that the whole performance had been deliberately executed on account of what she declared to be an irresistible impulse. She is now a good mother of remarkable intelligence.

The virtuosi of mendacity are indeed far removed from hysteria, though many an athlete of deceit has been labeled hysteric.

These individuals may be classed as the malicious type of weak-minded. Their perversity, when turned upon themselves, closely allies them psychologically to the self-accusers and self-mutilators. These, too, often figure as hysterics; and indeed this symptom may be induced by suggestion, as in the case of nurses and patients who inflict upon themselves eruptions, ulcers, swellings, or complain of palsies, contractures, vomiting of blood, etc., by the imitation of those they have seen in hospital. The mental debility which allows them so puerile an outlet for their activities permits them also to receive suggestions without criticism, i. e. to be suggestible. An idea imposed by suggestion becomes fixed by vanity as in the case of the false epileptic seen by me in the Hotel Dieu with functional contracture in extension of the great toe, who had been trephined four times in different hospitals of Germany and France for a pretended traumatic epilepsy. A better known case is that of Thoinot (17) and Mosny. His abdomen was opened three different times for a feigned tubercular peritonitis. He was frequently surprised in deceit by Dupre, who after causing a hemi-anaesthesia, made the man wince on being unexpectedly pricked under the bedclothes, and who made him simulate contrary and atypical clinical combinations, the patient little suspecting that he and not the doctor was being played with.

In the same psychological category we may place the feigned crimes, which cause so much stir. Rape is one of the commonest of these; and I need not insist upon the caution with which such accusations should be received; for the facts I have cited should speak for themselves.

Another pertinent application of these facts will clarify singularly our conception of the traumatic neurosis (16). The following case will elucidate the doctrine.

An eccentric individual who revealed hysterical stigmata was one night conducted to a hospital complaining of injuries which he claimed had been inflicted by a cab and the driver, who had insulted him and used his whip after the collision. He knew the number of the cab and the color of its lights; so, vomiting blood, he got up and went to the police station for assistance. In the hospital, laparotomy was at once performed; but fortunately no information about the viscera was forthcoming, though the man got well. When questioned by the police, the cabman remembered that he had passed the

street at the time indicated by his accuser, but stated that he saw no accident, and that such a scene could not have taken place at that time and place unless observed by many people, and he defied his accuser to find a witness. And indeed after a careful inquiry the cabman was acquitted. Now, Vibert (19) who reports the case, had examined the same man a year before when he had pretended to have been the victim of a railway accident and to have vomited blood. After a few days in the hospital, he had left, claiming to have received severe internal injuries and bringing an action against the company for an indemnity and a recompense for rescuing other victims. At the inquiry, he could not prove that he was in the train or even in the neighborhood.

The love of astonishing and mystification as shown in the boasting of the child or the foolish yarns of the cow-boy and bushranger to the tenderfoot is responsible for a certain proportion of the alleged phenomena of so-called spiritualism, occultism, and haunted houses of our own day. I need not enlarge upon this, for Grasset (20) has recently analysed such a case, too long to effectively cite; and Andrew Lang's (21) collection of such instances should be well known to most well-informed people.

Similarly with hysterical fever it may be compared with spiritualistic manifestations in that simulation is discovered in proportion to the detective skill of the precautions employed. It is certain that a most thorough enquiry among all the Parisian (21) hospitals over a period of six months disclosed not one case of trophic or vaso-motor phenomenon of hysterical source and moreover no clinician asked during the investigation could cite a single instance of such a phenomenon.

As an illustration of the kind of evidence upon which rests the hysterical genesis of ecchymoses, I quote a case from Halipie:

A strong woman of 51, without nervous heredity shows oedemata, every month and sometimes oftener, coming on feet, hands, face, sometimes accompanied by ecchymoses. When she came to the consultation she had also crises and vomiting; but had never before noticed them alone without oedema.

Her daughter of 18 after a wasp sting presented the same symptoms, which appeared spontaneously, remained localized, and disappeared rapidly.

A striking example is a case of blue oedema of the tongue on protrusion, and of one hand, shown by Claude (23) at the Paris Society of Neurology, and thought by him perhaps, to be of hysterical nature but shown some months later by Babinski (23) who found a definite teno-synovial thickening upon the metacarpal dorsum of tubercular nature.

Two cases of Hagner (23), show how untenable is the hysterical explanation of cases of haematuria without organic bases. Simple catheterisation relieved both of them by the bloody urine which had existed for many years.

That some oedemata have been supposed by past clinicians to be of hysterical genesis, but more rigorous observation now places them in other categories even when they are not produced by deliberate fraud.

The trickery of these patients is almost beyond belief, e. g. that of the case who confessed to concealing a hypodermic syringe in his rectum and this was not all, for in a moment of exasperation an evacuation revealed two.

When one remembers the work of Meige on hereditary oedema, and that angio-neurotic oedema is a family affection having nothing to do with suggestion, the coincidence of the altered state of health engendered by the wasp sting and the emotion which accompanied it is a weak reed upon which to base a diagnosis of hysteria.

Another class of cases used to support the older doctrine is of the following nature:—(From Gildes de la Tourette) (23).

A girl of nineteen, of nervous heredity, noticed one morning a redness on the internal aspect of the right tibia. After contrarities the night before, a flood of tears ensued, her sleep was agitated with terrifying dreams, and in the morning she had severe pain inside the right leg, which became anesthetic.

Place this observation in conjunction with those in which the demoniacs (24) who imagine themselves possessed by the devil or assaulted by him in their sleep: e. g. a "soeur des Anges" was beaten by the male organ; Madaleine Bavant had the body lacerated black and blue; while Bergeret cites a case when the contusions were upon the insides of the thighs, where the possessed thought she had been struck by Satan's tail because she refused his advances.

It is certain that these ecchymoses are produced by the patient striking the part either against the objects she encounters or with her extremities during a crisis, or while dreaming at night. It is only necessary to cite the case of Keller, (25) where blue marks on the legs and arms of an hysterio-epileptic were seen in the morning after an attack.

The little haemorrhages which occur after epileptic attacks, as pointed out by Trousseau, (26) are not sufficiently recognized, and must be differentiated from the large bruises we are now discussing. The coincidence of these latter with the site of a paralysis or anaesthesia is not strange. The truth is that the latter coincide with that which produces the bruises, i. e. the struggles and blows during the dream or crisis. These bruises have caused a very natural fatigue and tendency to immobility of members most used or damaged. The unusual lethargy thus caused is the root of the auto-suggestion which determine a paralysis, spasm, or absence of feeling in the member concerned. The idea is imposed in the hypnogogic state between sleeping and walking and having been imposed is permitted to remain, through want of the power of correlation so characteristic of the mentality known as hysterical.

As to certain criteria which have been advanced as sufficient to delimit hysteria' the fact that symptoms of hysteri-

form appearance may be engendered by emotional shock, moral commotion is not at all pathognomonic (though Bernheim (27) believes these emotional storms to be the only true hysteria) for these causes may produce apoplexy, as in diabetics or subjects of Bright's disease, tachy-cardia in Grave's disease or other states of cardiac susceptibility. The fact that they disappear rapidly is not a special property; for tabetic gastric crises, hepatic or nephritic colic, etc., often stop abruptly. The variability of the symptoms is no point upon which to base a definite diagnosis; for syphilis, tuberculosis, gout and all the phenomena of arthritism are most variable. Finally a definition cannot be based upon the absence of organic change in the patient: for no such change is apparent in certain types of insanity and in psychasthenia.

On the surface it might seem that this is a very poor basis on which to define a disease and that many other conditions, the neuroses in particular, are influenced by suggestion. This, however, is not the case, as in none of the other psycho-neuroses recognized, psychasthenia, neurasthenia, and by some hypochondriasis, do patients react to suggestion (27a) Indeed the criterion of suggestibility in subjective disorders of internal organs enables us to separate the curable from those not within our power: i. e. anorexia may arise (1) as a modification of cenesthesia, (2) as an obsession of scrupulousness, indicating the psychasthenic constitution; (3) as an episode in such a psychosis as dementia precox, which however, may arise by a similar mechanism by which it occurs in (4) by suggestion, a hysterical gastropathy (27).

The *arc du cercle* does not pertain exclusively to the so-called hysterical crisis. In Renaissance art, a Bacchante leaning violently backwards was used to express the emotion of frantic joy, but the same attitude was employed to denote the agony of grief by Baccio Bandielli in one of the Mary's in his "Descent from the Cross." The extremes of contrary passion are with very little variation expressed by the same action," as Sir Joshua Reynolds (26) perspicaciously points out. The so-called hysterical laughter of grief and tears of joy are other examples of inversion of usual ways of showing emotion; Bernard Shaw (29) has insisted upon this.

Suggestibility not only varies from individual to individual, but does so from time to time in the same individual. Without enlarging upon the well-known suggestibility of childhood and youth, I wish to emphasize the changes in this susceptibility due to fatigue, want of sleep, and slight disorders of digestion, alimentary and chemical intoxications, as well as those due to the slighter infections. The climacteric periods' episodes, in disturbing the accustomed rhythm of the organism, very frequently modify the suggestibility.

It may reasonably be presumed that the poison of an infection like influenza for example hinders those cerebral processes which are necessitated by the far-reaching and complicated syntheses required for judgment, leaving comparatively intact

the more simple neural reactions which are all that are required in such almost automatic psychic reactions which suggestibility connotes. This consideration is merely an instance of the law of the hierarchy of neural phenomena, and their order of regression as seen in states of narcosis, as in haschish, alcohol and chloroform.

It must not be forgotten that the subjective symptoms of the neurasthenic state may be acquired by suggestion and that a number of cases of so-called neurasthenia are purely imaginary (20). It is to the neglect of this consideration that we owe the erroneous common opinion that neurasthenia is curable by suggestive therapy, whereas the truth is that such treatment cures only cases of false neurasthenia. It may, however, assist neurasthenics by stimulating the motor activities which in turn may hasten the metabolic processes upon the disorder on which the disease depends.

Many critics have objected that certain other symptoms of hysteria are not influenced by suggestion and in support of their contention cite the reflexes, tendon, cutaneous, secretory and vaso-motor and inhibitory which can not be influenced by suggestion. This is true, but very few neurologists still believe that these phenomena are modifiable by hysteria (3). This is very different from saying that an organic condition which modifies them may not in some cases occur in a hysterical individual, or even be at the root of a hysterical manifestation. As a matter of fact, it is quite common to trace the source of a suggestion of incapacity to some real organic trouble, even though it be inadequate in itself to produce incapacity. †(Tabes p. 18).

For instance the locomotor ataxia may not prevent a tabetic from walking, as many a one has proved; but this partial incapacity often leads him to believe that he is completely incapable of locomotion constituting a hysterical astasia abasia supplementing a tabetic dysbasia merely. This simple example enables one to understand the relatively common instance of the suggestion of incapacity by the slight fatigue or injury produced in a limb by a self-inflicted knock during a dream, especially when one considers that in the crepuscular state before waking a simple sensation or perception easily preponderates in over feeling tone for it cannot be neutralized or modified by conceptual elements during the adumbration of critical power before waking. I need not cite or exemplify further than by mentioning the well-known hypogogic hallucinations.

A stigma often regarded as hysterical is amnesia. Janet lays great stress on this, and at one time used it as a criterion to distinguish the hysterical crisis from the psychasthenic, as well as using it for a test of the hypnotic state. Much of the work on dissociated personality and subconscious states is based upon the validity of the alleged amnesia of the patient. Now, before memory comes perception and it is somewhat naif to postulate amnesia before studying the nature of the perceptions said to have been forgotten. This has been done

in another connection by Sidis (33) who has shown that the alleged fallacious sense perceptions of hystericals do not depend upon faulty observation; but are merely derived from their desire to conform to what they believe to be the intention of the observed.

All of us convey thoughts, often quite unconsciously, by gestures, facial expressions, tricks of speech, and tones of voice. From these expressions, those who observe them often derive impressions; but they are not noticed to any extent by observers whose minds are taken up with what appears more important or appeals to the constructive intelligence. But to certain orders of mind, especially those incapable of complicated mental synthesis, the intellectual elements of intercourse make no appeal. The attention of such persons is restricted, animal-like, to that which it is capable of perceiving; and thus that which another would not perceive is noticed with great facility.

Now, suggestibility depends upon just such a lack of the synthetic and critical quality of the mind; and the hysterical person, too indolent to make an effort at synthesis, and too aboulie to inhibit an impression once formed, perceiving the externals only of intercourse, and feeling rather than formulating, acts upon the sense of knowledge thus engendered, from data not even within the cognizance of others.

The fixed ideas of hysterics are often produced in this way, very often indeed by the inability of the physician to conceal that of which he himself is not conscious. (34).

The analysis of the hallucinations of hystericals by Sidis (35) is most demonstrative in this regard e. g. A watch seen hallucinatedly by suggestion was displaced by pressure on the eye-ball; but even when the eye-ball was released, the watch remained displaced. A real watch was ignored. Again on suggestion that he saw a snake, the patient said: "I see a snake. I really see nothing; it is in the mind." Again, hallucinations of complementary colors were seen only when the patient knew what to expect. The dynamometric experiments of Kahn and Carteron, (36), too, have shown how patients unconsciously conform, if they have the least indication of the object of the experiment.

Exactly the same considerations apply to amnesia, the patient easily persuades himself that he remembers only what he believes he is desired to remember. The tendency originates in his strong desire to conform, and the facility with which he can delude himself that he does conform.

Necessarily, this tendency is exaggerated in crepuscular states, such as hypnogogic ones, in fatigue and febrile conditions which interfere with the vividness of perception with recollection; but it cannot be maintained that these are hysteria.

When a forgetfulness is once constituted, it is amnesia by suggestion, and is very easily confounded with an obsession of amnesia, as in the case of Seglas (37) where the patient,

though saying, "I do not remember" to every question knew all the attendants, his own place at table, and could easily relate in order the occurrences during an epileptic fit which he witnessed. Of former events he could describe his country, town, married life, children, etc., but only when questioned indirectly. These symptoms were due to an obsession of negation of memory.

I have purposely refrained from a discussion of the so-called physiological explanation (38) of hysterical symptoms; as I have no data with which to criticise it. Likewise, I have abstained from the psychological aspects of the problem; for in the first place those who discuss the paper may have something to say which will enlighten us, and secondly, time to develop the problem is entirely lacking during an attempt to present a few of the clinical features of hysteria and any endeavor to show how all orientate themselves naturally in the direction of the definition of Babinski—"Susceptible of production by suggestion and of removal by suggestion-persuasion."

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