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CASES ILLUSTRATING THE ORIGIN OF HYSTERICAL AND PSEUDOHYSTERICAL SYMPTOMS.

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The cases to be described will, it is hoped, elucidate a thesis which is rapidly gaining adherents, and which I have presented in various aspects in a series of articles upon hysteria.[1] In this is adopted the definition of Babinski that hysterical symptoms include all those, and are nothing but those "susceptible of being produced by suggestion and of being removed by suggestion-persuasion."[2]

The various corollaries and applications of this principle are developed at length in the aforesaid writings; and the value of the principle as a diagnostic criterion and guide to treatment has also been discussed, but will appear still more concretely in the following cases:

Case I.—*Electric Shock Palsy.* A girl was brought to Babinski, having become monoplegic 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 learnt from the conversation she had overheard and apparently forgotten, and that this memory furnished the suggestion at the base of the palsy she developed.[3]

[1] Considerations as to the Nature of Hysteria; Application to a Case, International Clinics, vol. iii, 1908; The Status of Hysteria, N. Y. Med. Jour., 1909, January 9; The Trend of the Clinical Concept of Hysteria, Bost. Med. and Serg. Jour., March 26, 1909; The Classification of Our Concepts of Hysteria, Month. Cyclop., March, 1909; The Essential Character of Hysteria New Orleans Med. Jour., June, 1909. The Genesis of Obsessions and Phobias and their Relation to Hysteria. Congress on Abnormal Children, New York, Medical Record, 1910.

[2] Ma Conception de l'Hysterie (conference devant l'Internat.) Paris, 1906.

[3] International Clinics, loc. cit.

It is perfectly clear that the paralysis of this girl existed merely on account of the idea that she could not move her limbs; that is to say, it was a mental (psychic) palsy. This idea was a false one, for, indeed, there was no interference with the neurons which performed limb movements; the idea had been implanted by the suggestion of a long-forgotten memory aroused into consciousness by an exciting stimulus. It was a true case of hysteria.

CASE II.—*Suggestions of Medical Origin.* So, also, was the case of traumatic neurosis cited by Brissaud,[4] in which the medical expert, Dupinet, who had previously examined the patient, and found him not anesthetic, saw an anesthesia suggested by the want of technical skill of another expert while examining the patient.

This case illustrates one of the origins of suggestions of medical source, faulty technique in examination of the sensibility of the patient, directly suggested that he could not feel.[5] The question "can you feel?" inevitably arouses the notion that it is possible not to feel, and this, in a state of mental preparedness, such as that of the apprehension aroused by medico-legal examination, affords a powerful suggestion. The evidence that such unskillful suggestions are frequently implanted by physicians who are indiscreet or unaware of the ease with which certain patients acquire false, fixed-ideas, will be found pretty fully presented elsewhere.[6] The gastric neuroses afford a fecund and illuminating example of this fact.[7]

CASE III[8]—*Typical Hysteria.* A servant girl, aged seventeen years, came to Ballet's clinic at the Hotel Dieu, Paris, on account of somnambulism, fits of anger, great fatiguability, loss of appetite, pains in the head, arms, and back, following overwork. After she was taken into his house by the writer, examination showed total insensibility to pin-prick on face, chest, or arms; but she felt deep pressure, and generally allocheirically. In the face, pin-prick was felt as a touch, and localization was uncertain. Cold appeared hot, except on the right hand, where it was indifferent, and on the head. Stereognosis was not impaired. Sensibility to touch was conserved on head and legs. Sense of attitudes only slightly impaired. Allocheiria on abdomen. Reflexes all normal, except that the right plantar was feeble, and the left conjunctival was absent. Watch heard, but imperfectly, especially on the left. Visual field restricted,

[4] Discussion sur l'Hysterie, Revue neurologique, 1908.

[5] Le Rôle du Médecin en créant et en maintainent par ses Suggestions maladroites les Maladies produit par l'Imagination, Congrès de Lille, 1906, Amer. Med., August, 1908.

[6] The Traumatic Neurosis and Babinski's Conception of Hysteria. Congr. Internat. d'accid. Indust., Rome, May, 1909, and Medical Record, October 2, 1909. Also Jour. Abnor. Psychol., July, 1910; The Commonest Cause of Nervous Indigestion, Jour. Abnormal Psychol., February, 1909; Hypnotism Suggestion, Psychotherapic, 1891 and 1903; Les Fausse Gastropathes. Press méd., 1906; International Clinics, loc. cit.; Comment je comprends le Mot Hysterie, Bul. méd., 1906.

[7] The So-called Gastric Neuroses, Old Dom. Jour., Nov., 1908.

[8] International Clinics, loc. cit.

especially superiorly. Taste and smell subjectively impaired only. Feels very fatigued after the fits, and then has pricking sensations in feet and hands.

The Dreamy State—Distraction. Since then has had "absences," during which something at which she was looking or listening disappeared (accompanied by a feeling of numbness in the head), and did not return until she shook herself awake. At twelve, she fell down unconscious for forty minutes, and had to be carried out of church. After this, she had "absence" two or three times a week and attacks of "rage" daily for two months. These are caused by an idea coming into her head that she must strike someone. "It is more strong than I." Sometimes she does not remember what has occurred during the attack. She confesses to have had "rages" with her parents, and to have gone away in "flights," about which she forgot the details until the morrow, to forget them the following day. Similar attacks occurred with the teacher at school. When she was asked to do a task she had already done, she talked rudely to the teacher, and fought her back when struck in punishment. The same thing occurred in her places of employment, where she constantly fought her fellow servants, and even her mistress occasionally. Even in her second place, where she was so happy, she would sometimes have fits, while alone, of throwing dishes about, with total amnesia afterward. On coming to herself, she thought merely that she had not done right.

The Treatment. After the first treatment by resisted movements, she could feel a prick on the back of the hand. The nature of the disease was explained. She was told to take cold baths and to always move briskly, to practice an erect carriage, loosen her clothing, to breathe deeply, and when tired to rest. Mechanotherapy was imposed; and the stimuli were to be repeated frequently by herself. A light diet, containing few purins, was administered. The suggestion was made in a waking state that she should not walk in her sleep that night. Repose was ordered from 11 to 12.30 o'clock daily. The following night, however, she walked, no suggestion having been given. She reported improved feeling (sensibility) after the exercises.

Instruction and Persuasion. Treatment and suggestion were again given; and she did not walk the next night. The following day she had an attack of globus hystericus, became very stupid, and refused her bath. Persuasion overcame this, and sensibility returned more rapidly in the afternoon. One day she passed her station when returning on the Metropolitan Railway; she had a feeling of vague fear on doing this, followed by a chilliness and headache. Three days later, the sense of position was impaired in the left hand and arm.

Hypnotism was then commenced.

"F.— you are in a dream." "Yes, sir."

"What do you dream?" No answer.
"Do you dream of a man?" "No."
"Of a woman?" "No."
"Of children?" "Yes."
"You are a child?" "Yes, sir."
"Where are you?" "First day at school. Fought the teacher all the time."

She woke suddenly and spontaneously, with the usual distrait, half sullen look. That the suggestion not to dream was not hypnotic, in the strict sense, was shown by the remembrance of it, and nothing else.

Her dreams were of the dead. She sees her sister, who died when she was four. Dreams of assassination (saw a man assassinated when she was at the age of fifteen). Dreams of wells (at the age of six, fell into a cellar, also into a hole, and cut her face). These dreams frighten her very much; she shakes with fear, perspires sometimes, gives herself a shake and the dream disappears. Of the death, she says it is annoying; she was too young to realize its meaning. The ease with which the symptoms were made to disappear in this case shows the efficacy of skillfully conducted suggestion —for the graduated mechanotherapy is only a means of applying this.[9]

The Explanation. Here is an example of the gradual ascendency of impulses which interfere with satisfactory adjustment to the environment, in a girl in whom the origin was traced during hypnotism to unpleasant reactions during childhood. The quarrels with her playfellows, the fighting her teacher, the fall down the cellar, the severe cutting of her face, the seeing of the assassination, all furnished idea-complexes tending to perturb the pleasant rhythm of healthy mentality. It is safe to say that had each of these unpleasant emotions been, so to speak, assimilated and related by skillful management to the totality of neural stresses which constitute personality, no hysteria would have manifested itself.

The Pathogenesis. That the anesthesias were in reality constituted by the examinations of Ballet and myself, I have no doubt. The fact that she dropped dishes did not occur because the hand was anesthetic, but because the mind was absent; for an anesthetic hand would have dropped dishes invariably when not controlled by sight, and this was not the case.

The hypersuggestibility was, of course, induced by the absent-mindedness, but the anesthesia was induced by the doctor. The likelihood of this is shown by the fact that neither Bernheim[9] nor Babinski[10] has found modified sensibility of hysterical type in any patient not previously medically examined. Our case, then, is an

[9] Loc. cit.
[10] Bernheim, La Demérubrement de l hysterie, Sem. méd., January, 1909.

example of hypersuggestibility, *i.e.*, hysterizability, due to a state of mental distractability perpetuated by dreams,[11] and arising from painful emotional experiences in a patient who was never educated to healthy emotional reactions.

CASE IV.—*Hysterical Hemiplegia.* A young married woman some years before had undergone ablation of the appendages at the hands of a gynecologist of international fame, who was stated to have been treating her also for syphilis, on account of a right hemiplegia and aphasia. The symptoms had ceded in about six months, and had not recurred until a few days before I saw the patient. I found her lying in bed totally unable to move the arm or leg, which were, however, flaccid and anesthetic. She suffered no pain, there was no hemianopsia, ataxia, nor trembling. I could, therefore, exclude a lesion near the thalamus, which never causes complete powerlessness and is always accompanied by some of the foregoing symptoms. The anesthesia, at least, was probably, therefore, hysterical; but one must recollect that organic disability is very frequently augmented by additions arising from suggestion of further disability by the mind of the patient and others.

Though the patient expressed inability to sit up, she did so when urged, ostensibly to test the patellar reflexes. The muscles of the abdomen and pelvic girdle were then seen also to contract coördinately, along with their contralaterals, though quite unable to perform ordered movements alone. This never occurs in complete palsy by organic interruption of nerve paths, and was, therefore, a positive sign of hysterical palsy. There was no means of testing the peculiar trepidating and clasping grasp of the truly palsied hand of hemiplegia, nor the "*marche en fauche*," as the patient could neither grasp nor walk. I found no exaggeration of the tendon-jerks of the patella, achilles, triceps, masseter, or radialis; no diminution of the homolateral abdominal reflex, no extension of the great toe on stroking the sole. Both platysmæ contracted normally on forcible depression of the chin. There was no hypotonia; and, lastly, the palsied arm and leg, when suddenly let go after being supported, or gradually lifted, showed distinct contraction upon forced efforts. There was no implication of facial or ocular movements and no dysarthria.

The Physical Diagnosis. A paralysis, flaccid and absolute; an anesthesia, complete and ceasing abruptly at the midline, comprised the whole syndrome. These characters were sufficient to exclude organic hemiplegia[12] in the present attack, and, moreover, made it highly probable that the former attack was incorrectly diagnosed; for it is certain that a relapse of cerebral hemiplegia of vascular origin would have been inevitably accompanied by distinctive objective

[11] Die Traumdeutung, 1900, Berlin.

[12] Differential Diagnosis of Functional from Organic Palsies, Hemiplegias, Paralysis Agitans, Occupation and Habit Cramps, and Spasms, Archives of Diagnosis, Autumn, 1908.

signs, especially that of Babinski, which was not the case with this patient.

The Therapeutic Criterion. Were another argument needed, the immediate success of my treatment furnished it; for I told the patient that her hemiplegia was certainly not organic; that it was curable by the education of the movements which I showed her how to make, at first passively; and that on my return visit I expected her to shake hands. The coöperation of the husband, a medical man, was enlisted, by explaining the mechanism of the affection in due course. At my next visit, several days later, the patient shook hands with me, and walked across the room, as she had been doing for several days. The slight remaining weakness, I assured her, would disappear in a few days.

This case was in all probability derived from medical suggestion, perhaps while in the hospital; the second attack was certainly inspired by the memory of the former one.

CASE V.—*A Mythomanic.* A young girl[13] was observed by me in Babinski's clinic, in whom for six months one or other pupil was constantly dilated. No one in the family was using mydriatics, but, upon close inquiry, the girl admitted that the manageress of the laundry in which she worked had been using eyedrops, which, however, she declared she had never seen. A little management of the conversation disclosed the fact that on one occasion she had replaced the bottle after seeing her mistress leave it on a bureau. The demonstration was completed by sending for the prescription, which was found to contain sulphate of atropine. It need hardly be added that there was no more hysterical mydriasis.

This case is not one of hysteria, but of deliberate trickery by a girl with mythomanic[14] tendencies. This condition is simply that of the falsifier, a form of moral degeneracy. It is not uncommon in young girls, sometimes showing itself in the mystification of a haunted house, as in the classic case reported by Grasset.[15]

CASE VI.—*A Rural Sensation.* In a small French village one of the houses was looked upon for some time by all as haunted. The spirits were of a troublesome kind, and nearly drove the mother of the family distracted, as the greater part of her time was taken up repairing the havoc made by them. Many times a day the clothes and mattress would be torn off the bed occupied by the grandfather and thrown in great disorder, sometimes upon the floor and sometimes upon the veranda, where, one day, the fifteen-year-old daughter Jeanne, declared she saw a skeleton reclining. This annoyance was continued until the mother devised a plan of tying the clothes and mattress to the bedstead. Every morning, pins, scissors, spoons, knives, etc., were found in Jeanne's bed; and upon one occasion her

[13] International Clinics, Loc. cit.
[14] La mythomanie, Paris, 1905.
[15] La spiritism devant la science, Paris, 1904.

hair had been cut off. Mysterious knockings were heard. The family then began to seek information from the spirits, and received answers of "yes" and "no." They inquired if some person who wished them ill were the cause of all the trouble. On receiving an affirmative answer, the mother took Jeanne to see the village wise-woman, who placed a crystal bowl before the girl and told her to tell what she saw in it. After several failures, Jeanne declared that she saw an old woman in the bowl, and described her so well that the mother at once said she knew whom she meant, and took her daughter to the market to see the old woman. Jeanne recognizd her at once. They then returned to their former adviser, who told them they could destroy their enemy's influence by burning a live cat in their house, taking the precaution to fasten securely all the windows and doors and not to allow anyone to leave or enter the place during the proceedings. While this was being done, loud noises were heard outside the house; and the ceremony terminated by Jeanne, who had not been present at the burning of the cat, frightening her family by a *grand crise de nerfs*. Thinking she was dying, they sent for the doctor, who had her immediately removed to a hospital, and with her departed also the spirits.

The hospital report stated that she had not yet menstruated, though subject to frequent epistaxes, and that she declared that she had passed clots of blood by the rectum.

In twenty-five days she had only three more grand convulsive attacks, and several smaller attacks, without loss of consciousness. The fits began by an ovarian aura mounting slowly to the throat; then the respiration stops, the face becomes congested, and she stiffens, with extended limbs. Then begins the clownism, and the extended movements and vociferous and discordant shouts, along with rhythmic movements of the pelvis. There is complete insensibility, and she retains any attitude imposed. The fit lasts ten to twenty minutes, and is followed either by weeping or urination. Examination: Conjunctival and pharyngeal anesthesia. Pressure on ovary produces sensation of strangulation. At the first examination, anesthesia of the left arm and trunk; at the second examination, of the right arm and trunk and the left face; at the third examination, anesthesia of the limbs, except over a zone of 4 cm., like a bracelet round the ankle. A similar bracelet above the left wrist, the rest of the limb being insensitive, as was the right hand, the scalp, the forehead, and the face of the left side. Islands of anesthesia on thorax and abdomen. This topography was very changeable; its distribution was the same to pain and temperature as well as touch (*sic*); but the patient could appreciate the form and recognize objects in her hands, and describe the position of her legs, unless they were crossed, when she declared that the left was the right, and *vice versa* (allocheria). The visual fields were contracted; and, looking with the right eye, she said that red was violet. Hear-

ing, motility, reflexes, and intelligence were normal; but there was dermatographia. The moral sense was greatly enfeebled—"she runs after the young people in the hospital, steals money and objects from them, and lies audaciously, inventing scandalous histories, of which she is the heroine. At night she stands up and taps on the table, saying to the nurse: 'Did you hear? someone is knocking,' as if to make her believe there were spirits." On tonic treatment, the crises disappeared, and her character changed for the better.

A Schematic Psychology—the Subconscious. Grasset, while admitting the element of trickery in the case, asserts that Jeanne was really a hysteric, also believing to be characteristic the capacity to perform acts with the anesthetic hand, and that the allocheria is characteristic also. He also believes that the table tapping (like the mediumship of Eusapia Paladino) was a fraud of an unconscious kind, agreeing with Ochorowicz[16] that "fraud is inseparable from mediumism, just as simulation is inseparable from hypnotism." He explains what he believes to be the validity of such manifestation by the failure of centripetal nerve impulses to arrive at the centre of judgment of contact, and of perception of pain, but that they penetrate to the *polygon*, by which he means the lower centres for coördinating acts which, though unconscious, may be quite complicated.

Before constructing a schema, it would be well to criticise the facts upon which it is based; and, without specifically discussing this case in detail, the facts of this paper will, I believe, show the inadequacy of observations such as this as a foundation for a physiological schema of the nervous centres. For it is not difficult to see that the replies to the questions about her sensibility arose from her habits of lying and indifference; for Grasset had not adopted in his examination precautions upon which Babinski[17] insists. Even had the method of Head[18] been used, a different result would, I believe, have occurred. The girl's morality was such that she said what first came into her head, without thought or care of accuracy. To say that red is violet, is an absurdity for which there is no pathological basis in nerve structure or functions, but for which the psychological basis is easy to find. To recognize objects with a hand which is insensitive to all the component stimuli by which recognition is possible, is a contradiction pathognomonic of dishonesty, either by intent or through indifference. That is not hysteria, except so far as it is determined by the suggestions of an unskillful examination. The evidence for this is not clear, though it is probable. The case is, therefore, one of mythomania, though not quite pure, and the crises were part of the syndrome, although we are not told whether they were removed by suggestion or not. Now, it is prob-

[16] La question de la fraude dans les experiences avec eusapie paladino, Annales des Sciences psychologiques, 1896.

[17] Loc. cit.

[18] Sensations in the Peripheral Nerves of Man, Brain, 1905.

able that to an extent, the environment of skepticism and control, along with the expectation of cure, in which she found herself at the hospital, was a great factor in their disappearance. This, however, was prehaps rather deliberate than from explicit suggestion-persuasion, and it is probable that, had more skepticism been shown and more direct suggestion-persuasion been used after the method of Babinski,[19] the symptoms would have disappeared still more rapidly.

Case VII.—*Simulated Hysteria and Mental Debility.* A young negro, accused of murdering his wife, was seen in consultation with Dr. Shute, the jail physician, on account of a suspicion that he was a case of dementia præcox. I was informed that some physicians believed him hysterical, and that others thought he was suffering from syphilis of the nervous system. On examination, I found a well developed man, who showed no abnormalities of motility. The knee-jerk was made very violently (the explanation of this will appear); but there was no corresponding excessive reaction on tapping the tendo-achilles, nor was there extension of the great toe when the sole was stroked. The abdominal, cremasteric, and conjunctival reflexes were present and equal.

He was very unwilling to close his eyes for my examination of the sensibility, and when touched by wool on the right side, opened them and jumped in alarm. He stated that he could not feel at all on the left side; but all his responses were made after much delay, and he was evidently suspicious and alarmed. The sense of attitude was not lost, for, though he pretended not to know in what position I had placed his left foot, he imitated that position when asked to do so. He declared that he could not feel the increase as I gradually augmented to 15 kg. my pressure on the left shouder. As he was unsupported in the upright position, he must have been conscious, at least, of the muscles of the opposite side acting to maintain his attitude. Of course, even had the impulses from the muscles on the affected side been interrupted, as he pretended, the sound side would have detected the pressure; but he persistently declared that he felt nothing at all.

The diagnosis of simulation was clinched by the fact that, though he pretended not to feel a pin-prick anywhere on the left side, yet when I distracted his attention by making him examine some pictures I had brought to elucidate his mental state,[20] and jabbed him unexpectedly with a pin in the lower part of the left chest, he not only started violently, but he placed his hand over the spot and first looked down at it and then at me. As I gave no sign, he slowly returned his eyes to the examination of the picture. The visual fields were not contracted.

As to his mental state, though it was apparently very dull, the

[19] Loc. cit.

[20] Méthodes de l'examen des malades (dans Bibliothèque de psychol. experimental), Paris 1907.

stupidity he affected did not accord with the results of the tests I made. When I asked him how long he had been in jail, he pretended, with a vague stare, not to know, eventually saying: "two—three years—years." (He had only been in a few weeks.)

By adopting a matter-of-fact manner and ignoring his expectations of meeting with the naïf-credulity to which he had evidently been accustomed, I succeeded in learning that he had been footman to a gentleman in the Department of Commerce and Labor, who lived in a hotel, and who kept a white maid and a colored coachman who lived out. He did not admit, however, the remembrance of his name. His intelligence was, thus, of too low a grade even to pretend a tenable amnesia. I then showed him the pictures, in which at first he pretended not to recognize a tree; but later, he saw the absurdity of his first statement, that a man was holding in his hand a stick, when in reality it was a hose, from which water was issuing; for he not only saw the absurdity when told, but detected the break in the hose. My experience shows that not every individual, even of good intelligence, detects this discrepancy. In another case, he recognized that a horse pulling a sled up a hill was not properly hitched, the chain not being taut; this discrepancy is rarely detected by patients. He thus showed a power of perception utterly at variance with the stupidity he alleged to me and to previous observers. Some weeks later, he was said to have contracture of visual fields. On examination, he again alleged hemianesthesia, but I again tripped him up on one occasion, although several methods failed, on account of his previous experiences. However, he ultimately confessed to feeling pinches on the back of his hand. He related various events to me quite clearly and accurately.

Being given the benefit of a doubt, which should not have existed, he was sent to the asylum, and I am informed that now he shows no somatic symptoms, and merely the mental state of belonging to a low type of intelligence, without any psychosis.

I should add that the hemianesthesia presented the characters of the hysterical type,[21] that is to say: (1) it was absolute, (2) affected all segments equally, (3) and reached the midline exactly. Whether its source was in medical suggestion or simple simulation could not be ascertained, for, of course, the patient did not confess, and the numerous medical examinations which had been made without the precautions upon which Babinski has insisted, afford a strong presumption of suggestion of medical origin, for it is the common source of anesthesia of this type. The exaggeration of the knee-jerks was a voluntary one, and can be easily simulated, as anyone can prove by trying it. This mode of reaction can be detected by an experienced observer. It probably was the result of the interest shown in it at the first examination.

[21] The Importance of Modifications of the Sensibility in the Diagnosis of Disease, AMER. JOUR. MED. SCI., April, 1909.

The case was clearly, then, one of simulation, from desire to avoid punishment for the crime he had committed. The form in which the symptoms manifested themselves was determined by the faulty technique in previous medical examinations. The fault was similar to that stigmatized by Soury,[22] when he criticised Rainaldi's[23] localization of cortical centres in conformity with the symptoms manifested when he tapped different points of the crania of patients during hypnotism. "The symptoms corresponded with the text-books which the different experimenters had read." What the observers had described was the result of their own suggestions.

And so it was in this case, both for the hemianesthesia and the knee-jerk. Moreover, by his mental reaction, the patient did his best to conform to the dementia syndrome which his interlocutors had in mind. But when a precise and rigorous method of examination had been pursued without "parti pris," a very different picture presented itself, that of deliberate simulation in an ignorant person of low intelligence.

Many alienists have stated that a simulator is, of necessity, abnormal. While in the strict sense this is true, yet in some cases it is only so on account of a faulty environment, having determined antisocial reactions in a person in himself quite capable of normal social reactions had the environment been healthy. The trouble is sociological rather than medical.

On the other hand, simulation is often performed through imitation, which is a form of suggestion. The best example of this is the psychic contagia so frequently seen in hospitals among the attendants and patients when these are of inferior intellectual grade. The hysterical crises of Charcot's day were a striking example. Nowadays, a case of appendicitis in a women's college will bring twenty girls to the doctor complaining of symptoms which they imitate according to fancy. I need not here insist upon the psychology of imitation, upon which these phenomena depend. They are inextricably intermingled with those of suggestion.[24]

Again, consciousness is a matter of degree; and a person who imitates or is suggested into a symptom without knowing how or why may be conveniently called a hysteric; he is not clearly conscious of the process by which he believes.[25] The simulator, on the other hand, imitates his symptom deliberately and with intent to deceive. The line is not easy to draw; for each, consciously or unconsciously, grasps at every straw by the way in order to fortify and make to prevail his mental pose. Both states are favored by the same mental make-up. Its tendency is toward impressionability without complex coördination, and to facility of judgment without

[22] Un cas d'autosuggestion scientifique, Rev. d'Hypnot., 1893.
[23] La localizzaz cerebral in un caso d'ipnotism, Faligno, 1891.
[24] La Suggestion, Paris, 1900.
[25] The Difference between Suggestion and Persuasion, Alienist and Neurologist, May, 1909.

reflection. The state is commonest during the pubescence of young girls, as illustrated in Case III, and is conduced to by faulty education, in conjunction with the tremendous demands for psychic readjustments at puberty.[26]

What These Cases Teach. Now, the origin of so many of these manifestations in suggestion so often of medical origin should warn physicians against unconsciously influencing susceptible patients to form false ideas as to their health and powers; for these quickly become fixed into an imaginary disease, a psychoneurosis, variously called hysteria, neurasthenia, gastric neurosis, and nervous prostration, in accordance with the preponderance of particular symptoms.

Fallacies of the Lightning Diagnosis, Differential Tests, and Criteria. These terms have been loosely used because of our want of precision in our appreciation and interpretation of neurotic symptoms. A doctor does not expect his first impression of a person's bulk to establish a diagnosis of adiposity; he proceeds to examine whether he is dealing with fat, muscle, myxœdema, or fluid œdema. Similarly, a cough leads to an examination of the chest and of the sputum. But to most clinicians, ready emotionalism of all kinds is at once diagnosed as hysteria; and apparent mental or physical depression or anxiety may be called neurasthenia. Further analyses will soon show that emotional people are the reverse of hysterical, and that many alleged cases of depression are not neurasthenic, but only imagine themselves to be below par, and can be quickly restored by psychotherapy.[27] Other cases are emotional because of a dread that they may not be able to perform some act, usual or otherwise. Cases of this kind have created much confusion in the nostological attempt to distinguish the hysterical from the neurasthenic. They are a distinct class, and their various characters have been collected and described by Janet,[28] under the name of psychasthenia.

This class comprises: (1) The sufferers from morbid fears (agorophobia, claustrophobia), etc. This fear may pervade the whole existence, and be independent of particular objects or situations (pantophobia). In such cases the patient suffers from frequent paroxysms of distress and angoisse,[29] excited by the least stimulus, and even without apparent stimulus. When severe, these crises, characterized as they are by gasping, palpitation, trembling, perspiration, and pallor, have often been mistaken for hysterical convulsions. They are, however, nothing of the kind, for they cannot be provoked by suggestion, and in the same person do not vary in

[26] Adolescence, New York, 1904.

[27] The Differential Diagnosis between Neurasthenia and Some Affections of the Nervous System, for Which it is Often Mistaken, Archives of Diagnosis, January, 1909.

[28] Les Obsessions et la Psychasthenie, Paris, 1903.

[29] Der angst Neurose (in Obsessions and Phobies), Rev. Neurolog., 1895; La Névrose d'Angoisse, Paris, 1899.

character; whereas, the hysterical fit may be made to vary to any degree desired, by the will and at the suggestion of the operator.

(2) The psychasthenic is characterized, too, by the "folie de doute," "delire de toucher," "manie de verification," and various besetments,[30] which render his intellectual life miserable and frequently sterile. The gentle Amiel[31] is the type of this unfortunate diathesis, and his journal will well repay a perusal by those who wish to understand the mentality of a type of patient the want of understanding of which has done much to discredit our profession.

(3) The less intellectual of these patients, instead of forming obsessions, tend to motor agitations, the imperative need to expend the tension of their spirit in movement.[32] Facial grimaces are often the sequel of this: torticollis may occur; both of these, however, are usually initiated by peripheral stimulus, as the following cases show.

Case VIII.[33]—*Tic.* Séglas reported a woman, aged fifty years, who, after three years of neurasthenia, suffered intensely and continuously with pain in the neck. This being followed by a cracking sensation, lead to the inclination of her head over the shoulder, which seemed to relieve the sensation. Although at first voluntary, the need of this position soon became irresistible, and eventually she became unconscious of her normal attitude. It was a true *tic*, for the head could be replaced by simply touching the chin.

The pain and crackings were atopoalgic obsession, and she was constantly trying to see if nothing new had happened to her, and coddled her neck with coverings and drugs of all kinds. Her will was very feeble, but she was rapidly ameliorated by treatment, until she became tired of it, when she relapsed.

Case IX.—The patient, after an alveolodental periositis, experienced a feeling of discomfort in the articulation of the lower jaw; and, interpreting the sensation as a new and grave symptom of his malady, forthwith proceeded to investigate its development, by playing with his maxilla. Then ensued a perfect debauch of masticatory movements, in which agreeable repetition of every conceivable grimace was joined to protrusion and retraction of the jaw in the search of articular cracks. He became so wholly preoccupied with this *tic* of mastication that ere long he had begun to pinch the mucous membrane in the inside of the right cheek, between the hindmost molars, and this fresh object of absorbing attention, in its turn, led quickly to some excoriation of the mucosa on both sides. These abrasions were not given time to repair, a suppuration followed, and paved the way for an attack of infective stomatitis, with pain, fever, and malaise, necessitating the application of the thermocautery to the ulcerated areas for its relief.[34]

[30] Obsession et Impulsions, Paris, 1903.

[31] Journal Intime

[32] Les Tics et leurs Traitement, Paris, 1901.

[33] Un Cas de Torticollis mentale, Rev. Neurolog., 1901; cited by Cruchet in Trait de Torticollis, Paris, 1907.

[34] Loc. cit.

It is very evident that, although serious organic lesions occurred in this case, they originated from the purposive movements voluntarily inaugurated, although they passed out of the patient's control on account of his weak will. The psychogenesis is manifest, as is the beginning in a sensation of discomfort and the desire to remove it. The movements were, however, unnecessary and ill-timed; it was a true *tic*.

Dromomania and Dipsomania. But a general motor agitation may occur, and take the form of restless pacing in a room, and aimless wandering over the fields: the *wanderlust* of many a vagabond is nothing but the uncontrollable impulsion of his psychasthenic constitution.[35] Some types of *fugues* arise from the same cause,[36] a feeling of discontent pushing their victim away from home. This same feeling is at the root of many a dipsomania.[37] The moral suffering of these patients is well illustrated by the girl, ignorant of the charms of alcohol, who used to pour boiling water upon her naked feet from which to derive a sensation powerful enough to banish her mental depression.[38]

Such, then, is the psychasthenic, in no sense suggestible, fully conscious of his deficiencies, and, aided by patience and sympathy, able to explain them in his rather imprecise way; doubtful of himself, and never fixedly deluded, as is the hysteric.

The atter is merely an individual of exalted suggestibility, who easily comes to believe, and does so firmly, whatever idea is implanted upon his too credulous consciousness. He readily acts in conformity with the suggestion he has acquired. He is uncritical and impulsive; he is commoner among the uninstructed and the easygoing and easy-thinking.[39] Arising in suggestions, these symptoms themselves may be removed by suggestion-persuasion. But the mental foundation upon which they arise requires for its amelioration a development by re-education.[40] The doctor must become schoolmaster upon occasions; he must be philosopher, counsellor, and friend of the moral life of his patient.

Only neurasthenia is left; and this is in reality not a psychic, but a somatic disease, or rather syndrome, arising from many different causes,[41] among which may be enumerated visceral ptosis, perturbations of thyroid or other secretions, faulty respiratory attitudes,

[34] Le juif errant a la Salpêtrière, Paris, 1891.

[35] Archives de Neurologie, January, 1907.

[37] The Psychological Bases of Inebriety, New York Med. Jour., April, 1909; also U. S. Senate Bulletin, 48.

[38] Les oscillations du niveau mental, Congrès de Psychologie de Rome, 1904.

[39] The Origin of Tics and Hysterical Symptoms, Virginia Semi-Monthly, September, 1909; also Southern Med. Jour., August; also Month. Cyclop., January, 1910.

[40] L'Education rationelle de la volonté, Paris, 1904; Isolement et Psychotherapie, Paris, 1904.

[41] Differential Diagnosis of Neurasthenia from Affections for which it is Often Mistaken, Arch. of Diag., January, 1909; also Charlotte Med. Jour., June, 1909; The Blues, New York, 1908.

pelvic and hepatic congestions, and the auto-intoxications ensuing thereupon, and, finally, perverted metabolism. There is another source in the heredity of the constitution—"born tired"—but these cases are not very common.

Conclusion. I have purposely not entered into questions of heredity, family history, previous history of the patient, nor the complete physical examination of any of the cases cited, as I have wished to confine myself to the essentials of each case, and that only in so far as they illustrate the thesis of the paper, the object of which is to present a clear picture of what should be understood by hysteria, and to show the criteria by which a precise differentiation is possible from pseudohysteria, whether mythomanic, psychasthenic, or due to neurasthenia. It is, of course, neither possible to cover the whole ground nor to discuss systematically the therapeutic connotations, for which the interested reader must be referred elsewhere.[42] Suffice it to say, that in the application of the psychic treatment (for which an essential preliminary is a clear diagnosis, such as the foregoing considerations illustrate) these patients require a rigorous technique. It is even more essential than even in the arts of ophthalmology and surgery, and until this is realized by our profession, we shall continue to be reproached by our want of success in the treatment of psychoneuroses, and shall continue to witness the lamentable vogue attained by christian science, emmanualism, and other extra-mural cults.

[42] Les Neurasthenies, Paris, 1903; Psychotherapy, Boston Med. and Surg. Jour., 1908; Psychotherapy, Monthly Encyclopedia, 1908; Requisites for the Treatment of the Psychoneuroses, etc., Month. Cyclop., Jour. Cal. State Med. Jour., Old Dom. Jour., June, 1909; also Psychotherapy, a Symposium by several authors, Badger (Boston), 1909.