On the association of hysteria with malingering, and on the phylogenetic aspect of hysteria as pathological exaggeration (or disorder) of tertiary (nervous) sex characters / by F. Parkes Weber.

[*Reprinted from the* PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE, *1911, Vol. V (Medical Section).*]

On the Association of Hysteria with Malingering, and on the Phylogenetic Aspect of Hysteria as Pathological Exaggeration (or Disorder) of Tertiary (Nervous) Sex Characters.

By F. Parkes Weber, M.D.

Hysteria was at one time, as the derivation of the word from the Greek ὑστέρα (uterus) shows, regarded as a disorder connected with the female sexual organs, but the frequent occurrence of similar symptoms in the male (hysteria being sometimes as pronounced in males as in females) has long since proved that the idea of the exclusive connexion of hysteria with the female sexual organs is absurd.

Phylogenetic Aspect of Hysteria.

Sex characters may be divided into: (1) Primary, those concerned with the sexual organs; (2) secondary, those concerned with the breasts, the facial hair, the features, the voice, the form of the skeleton, (e.g., the shape of the pelvis and the cubital angle of the outstretched upper extremity), the development of the skeletal muscles and the general conformation; and (3) tertiary. By tertiary sex characters I mean those dependent on the nervous system, including both characters of instinct and characters of mind (reasoning). Such nervous characters, unlike primary sex characters, are not the exclusive property of either sex; they are called male or female characters merely accordingly as they predominate in one or the other sex. From the phylogenetic point of view I believe that hysteria, or rather much of what is now grouped together as hysteria, may be regarded as a pathological exaggeration (or disorder) of certain tertiary (nervous) female sex characters.

According to this (phylogenetic) conception the exaggeration (or disorder) of so-called tertiary female sex characters in the male would

account for occasional cases of "male hysteria." I am not here concerned with the temporary "hysterical" conditions not rarely observed in the male as the result of violent emotions, starvation and grave nutritive disturbance, or as forming a familiar part of the effect of certain toxic substances, such as alcohol.

The phylogenetic aspect of hysteria is, as far as I can see, not necessarily opposed to Pierre Janet's, Babinski's, and some other modern views on the subject.

Pathomimia.

I shall not trouble to bring forward any special evidence here to prove that ordinary hysterical symptoms are frequently associated in the same patient with attempts to simulate disease, accident, or injury, and with deception of all kinds ("mythomania," &c.). The fairly frequent occurrence of such association is recognized by all—so much so, that in a recent paper on "Hysteria and Mythomania" Dupré and Logre quote Hartemberg as maintaining that hysteria (which Charcot called "la grande simulatrice") "est d'essence mythopathique; elle peut se définir la *mythomanie des syndromes*."[1] Moreover, the frequent use of the term "hysterical malingering," or "hysterical simulation," proves that the occurrence of such associations is generally acknowledged.[2] In fact, hysteria is frequently characterized by two kinds of simulation of disease, or "pathomimia," if I may be allowed to borrow a term suggested by Paul Bourget for his friend Dr. Dieulafoy, who employed it in one of his most sensational medical communications[3]: (1) The unconscious mimicry of disease, so well referred to in the writings of Charcot, Sir James Paget, &c., to which the term "neuromimesis" has been usually applied; and (2) the conscious, more or less voluntary, imitation of disease that may be termed "hysterical malingering."

[1] "Proceedings of the Twenty-first Congress of Alienists and Neurologists, 1911," *Presse Médicale*, Par., 1911, xix, p. 660.

[2] I am about to publish elsewhere two remarkable cases, which I have had an opportunity of following over a great number of years, and which illustrate the intimate association of simulation and hysteria. Hysterical anæsthesia and hysterical paralysis occurred in both cases.

[3] Communicated to the Paris Academy of Medicine, June 9, 1908, *Presse Médicale*, Par., 1908, xvi, p. 369.

Hysterical Malingering.

I need simply explain my conception of hysteria and my view of the kind of simulation so frequently associated with it ("hysterical malingering") in order to show what I believe to be the pathological connexion between the two, though it is possible that some of the multitudinous morbid phenomena which have been described by various authors as "hysterical" may find no place in my scheme. To avoid confusion I shall refer only to such universally recognized features or symptoms of hysteria as: (*A*) "functional" muscular paralyses and spasms and hysterical convulsions; (*B*) hysterical pains and paræsthesiæ (hysterical "clavus," "globus," &c.); (*C*) hysterical disorders of the circulatory system (hysterical palpitation, pulse irregularity, and vasomotor disorders); (*D*) the well-known suggestibility of hysterical persons and loss of spontaneous will-power. I maintain that all these features or symptoms of hysteria can be explained as resulting from pathological exaggeration (or disorder) of tertiary (nervous) female sex characters, characters which, in normal degree, might have been useful in regard to selection by the other sex.

Thus *A* and *B* may be regarded as exaggerations of the slight ailments to which the "weaker sex" are supposed to be naturally more liable than the "stronger sex" and which call for the sympathetic interest of the protecting males. Some at least of the hysterical symptoms grouped under *C* may be regarded as representing an exaggeration of the normal vasomotor excitability ("erethism" if more than normal) of young females (including facile blushing and responsive emotional changes in pulse-frequency), which constitute part of their attractiveness to the other sex. So also *D* may be regarded as an exaggeration of the tendency of the female mind to bend to the opinion of (male) authority, a tendency which when recognized as present is (or, has been) often gratifying (flattering) to the male.

I now come to the question of "hysterical malingering" and all kinds of deception and simulation without any adequate rational cause. In past ages (from early prehistoric times onwards) simulation or deception of various kinds must often have been serviceable to the weaker female in protecting herself from the stronger (and sometimes cruel) male, as well as in enabling her sometimes to get her own way by "getting round" her male partner. By a natural process of "survival of the fittest" the facility for effective deception would, in a barbarous

age, persist or gradually increase in the females, that is to say, it would become a tertiary sex character; and it must be recognized that the average female of the present day seems not to have altogether lost this inborn aptitude for deception.

Of course, deception and "tricks" of various kinds were also often useful to the male in his struggle for life, but they were more necessary to the female, and therefore at the present time the facility (instinct) for deception is probably greater in the average female than in the average male.[1]

In both sexes this tendency to deceive is normally from an early age kept in check by the exercise of memory and reason, but in many hysterics the tendency in question is present in such an abnormal (pathological) degree that it cannot be suppressed. Such persons practise simulation and deception of various kinds without any adequate (rational) grounds, and such "hysterical malingering," hysterical "mythomania," &c., may be justly regarded, I think, as an exaggeration (or disorder) of an instinct resulting by a process of survival of the fittest from the necessities of our primitive ancestors (especially, female ancestors). According to this view the greater frequency of such "hysterical malingering," "hysterical mythomania," &c., in women than in men is explained as a result of the fact that the tendency or facility (instinct) for deception is normally greater in women than in men.

Relationship of Deception to Hysteria.

From my point of view, therefore, the intimate relationship of deception (without adequate, rational, motives) to hysteria is clear. I would, in short, claim that most (but not necessarily all) of the phenomena ordinarily classed under the heading "hysteria" are dependent on a special kind of instability of the nervous system and may be regarded as the expression of a pathological exaggeration or disorder of certain tertiary (nervous) sex characters, the presence of which, in normal degree, can be accounted for on a phylogenetic or evolutionary basis.

[1] H. Campbell ("Differences in the Nervous Organization of Man and Woman," London, 1891, p. 54) writes: "Women, it has been said, are born actors. May not the cunning and dissimulation so frequently found in the hysteric state be in some measure attributable to an innate tendency in this direction, evolved in the manner indicated?"

Some at least of the normal tertiary sex characters are psychical and are due to hereditary functional properties of the higher central nervous system, functional properties which have gradually developed as the result of sexual selection and the survival of the fittest in past ages. The tendency to simulation and deception (without adequate motive) characteristic of some hysterical subjects may be regarded as an exaggeration (or disorder) of an instinct which is normally greater in women than in men, the greater prominence in women of the tendency or instinct to deceive constituting a normal psychical sex character. Such psychical sex characters, whether normal or hysterical —i.e., exaggerated or disordered—are not acquired by means of memory and reason, but are inborn or developmental "instincts," the term "instincts" being here applied to functional reactive properties of the higher, psychical portion of the central nervous system, reactive properties which have been acquired not owing to repeated ancestral voluntary or rational efforts, but simply owing to the laws of evolution acting by the survival of the fittest.[1]

Like other instincts (for instance, the instinct of self-preservation),[2] they may be to some extent controlled by the exercise of memory and reason, and, on the other hand, may be rendered conspicuous and dangerous to their possessor (or their possessor's neighbours) by influences such as mental and physical overwork and shocks, which weaken the normal rational action of the mind in its restraining influence over the instincts. The therapeutic preventive indications are therefore largely educational, but prevention in such matters can obviously only be rendered really effectual by means of sexual selection and eugenics: in fact, just as sexual selection in the past is responsible for the existence of the tertiary (nervous) sex characters and their abnormal variations of the present day, so sexual selection in the present and future will modify the nervous sex characters, as well as other instinctive nervous tendencies of future generations.

[1] The protective nervous instinct which causes some insects to "sham death" when in the presence of animals who prey on them (but refuse to eat their dead bodies) develops, by the laws of evolution, as a result of the "survival of the fittest," just like "protective mimicry" does, owing to which some butterflies and insects have come, when resting, to resemble leaves of plants or twigs, &c.

[2] It is notorious that some persons, on sudden emergencies, show wonderful power of controlling their instinct of self-preservation, and this power of control is partly a result of education.

ADDENDUM.

My brief exposition of what I call the phylogenetic or evolutional conception of hysteria as being due to an exaggeration (or disorder) of tertiary (nervous) female sex characters has also, I hope, explained why hysteria (according to my conception of hysteria) is so frequently associated with a tendency to simulate disease, accident, or injury, or deceive in some kind of way, in the absence of any adequate (rational) motives.

I would here repeat that the so-called tertiary (nervous) female sex characters, though naturally best marked and most striking in the female sex, are not the exclusive property of the female sex. They occur likewise, though they are usually less conspicuous, in the male sex, and it is by their occasional exaggeration (or disorder) that I explain the occurrence of hysterical and irrational (apparently motiveless) deception and simulation ("hysterical malingering") in males.

Teleology (that is to say, the modern, Darwinian, or evolutional idea of teleology) finds a place in the phylogenetic aspect of hysteria, and it seems to me also to claim a place in regard to other conceptions (Babinski, Freud, Janet, &c.) of hysteria. For instance, is it not conceivable that hysterical excessive suggestibility may on the whole be useful rather than harmful for persons whose own will-power is pathologically deficient? Moreover, in cases in which wretched experiences have made their psychical marks or "psychical traumata" in the past and in which the present condition is in some way gravely affected by subconscious reminiscences, "separation of consciousness" may be supposed to bring not only inconveniences and dangers, but also a certain kind of relief.

Some functional nervous symptoms usually classed as hysterical are not readily explained by my conception of hysteria. So-called "hysterical vomiting" seems to be a pathologically exaggerated action of the reflex defensive mechanism by which poisonous or irritating ingesta are normally rejected. But it may sometimes be on the borderland between hysteria and voluntary action simulating disease.[1]

[1] Cf. F. P. Weber, remarks in *Brain*, Lond., 1904, xxvii, p. 193. Besides the vomiting which may be associated with "hysterical malingering" there is a kind of vomiting coming under the class of *ordinary* malingering. Thus, a man wishing to simulate some organic nervous disease—e.g., tabes dorsalis—may try to imitate the gastric crises by drinking large quantities of fluid and then inducing vomiting, like German students, on certain festive occasions, sometimes vomited their beer.

Furthermore, in regard to the greater frequency of simulated diseases, self-inflicted skin lesions, &c., in women than in men—(I do not, of course, here refer to simulation of diseases or of accidental mutilations in cases in which the simulation is attempted for obvious reasons, such as to escape military duty in countries where conscription is practised)—it may be remembered that when a woman is depressed and altogether discontented with the life she has to lead she is more likely than a man would be to try to attract attention or pity by simulating disease or injury. A man usually has much more open to him; he can seek a new country or (if he does not endeavour to obtain relief by drink or gambling) he can take part in dangerous ventures of various kinds which bring excitement and temporary relief.

Dr. PARKES WEBER, in reply, thanked all who had discussed the paper, but reminded them that (as shown by the heading) his paper was on *an aspect* of hysteria; he had not yet advanced it as a fully developed theory. He had admitted that there were some points on which the facts did not obviously fit in with his conception. When trying to explain such a condition as hysteria or some form of insanity, one could either attempt to do so on the basis of some functional or organic change supposed to be present in the nervous system, or by the kind of signs and symptoms manifested. In the case of most forms of insanity and in hysteria, in the present state of our knowledge, he did not think it was possible to find out what was the real nature of the abnormal physical condition in the nervous system. Dr. Hutchison asked why sex characters should be sometimes exaggerated. He (Dr. Weber) took it that in regard to characters, either physical or functional, when many persons were examined, one would always come across variations from the ordinary—viz., in some there would be exaggeration, in others diminution, and in others a qualitative variation. He had been obliged to allude to the simulation of disease by hysteria, that is to say, "hysterical neuro-mimesis," but it was the voluntary simulation of disease by hysterics to which he had specially referred. Dr. Ormerod suggested that the simulation of skin diseases, &c., occurred usually in persons who showed few or none of the ordinary signs of hysteria. That was a fundamental point on which he (Dr. Weber) took a different view. He thought that the "hysterical malingerers" who mutilated their bodies and produced ulcers and artificial skin eruptions were people who showed occasionally characteristic signs of hysteria, such as hysterical paralysis or hemianæsthesia. With regard to hysterical mutism, hysterical aphonia, hysterical amblyopia, hysterical deafness, and hysterical anæsthesia of various kinds, he regarded them all as being connected with a peculiar kind of nervous or psychical weakness, an exaggeration of the kind of *relative* psychical weakness which was a normal tertiary sex character in *average* females. (The exaggeration of this sex character was essentially a weakness or deficiency.) Just as an insect of certain kinds, when in the presence of more powerful enemies, became paralysed and apparently dead, and just as molluscs shrank into their shells when frightened, so the weaker hysterical individuals, when their nervous system was tired and exhausted, "withdrew" or "contracted" themselves in their peculiar ("hysterical") kind of way, as was shown by the loss of the power of speech, by constriction of the visual field, by partial loss of sensation, &c. And he believed that all that entirely fitted in with his view of hysteria. The occasional occurrence of hysteria in children fitted in with his aspect of

hysteria as an exaggeration or disorder of certain nervous instincts. All instincts, and certainly sexual instincts, might be precocious, and with precocity abnormality in quality might be associated. He did not know whether woman-like characters were on the whole more common among hysterical males than among non-hysterical males, that is to say, whether "male hysterics" were on the whole more "feminine" in their characters than ordinary men. In conclusion, he would like to point out that he was not referring to cases classed under the headings neurasthenia and psychasthenia: but the borderlands of hysteria were not sharply defined. On the one hand, it merged into epilepsy ("hystero-epilepsy"), on the other hand, into insanity. It was notorious that it was not rare for hysterical malingerers and self-mutilators to finish in lunatic asylums. More or less psychical deficiency of some kind or other was often a prominent feature in hysterical individuals.

John Bale, Sons & Danielsson, Ltd., 83-91, Great Titchfield Street, London, W.