The practical import of recent work on hysteria / Tom A. Williams.

THE PRACTICAL IMPORT OF RECENT WORK ON HYSTERIA *

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Whether hysteria is determined, as Breuer[1] thinks, by the occurrence of peculiar dream-like conscious states with a narrowed association capacity, and whether these are purely due to psychically painful experiences as argued by Freud,[2] or whether, following Janet,[3] hysteria is to be summed up as a weakness of the power of associating impressions; or whether it is an actual splitting of consciousness which more or less divides its victims into the exaggeration of many-sidedness known as multiple personality (Sidis[4]); or whether, with Sollier,[5] we conceive hysteria as an inopportune sleep or numbness of a part of the cerebrum, all clinicians agree with Babinski[6] that the most conspicuous and invariable characteristic of a hysterical patient is suggestibility.

As nothing is more detrimental to the progress of science than to call by the same name phenomena which differ in essence, it would be eminently desirable that students of the psychoneuroses should adopt some least common measure for the study of each group; and as it seems quite evident that there is a group of various symptoms, each of which is "susceptible of being produced by suggestion and removed by suggestion-persuasion,"[7] it is strongly to be desired that differences should

* Read in the Section on Nervous and Mental Diseases of the American Medical Association, at the Sixty-Third Annual Session, held at Atlantic City, June, 1912.

1. Breuer and Freud: Studien über Hysterie, 1895.
2. Freud: Sammlung kleiner Schriften zur Neurosenlehre, Vienna, 1906.
3. Janet: Automatisme psychologique, Paris, 1889.
4. Sidis: Multiple Personality, New York, 1900.
5. Sollier: Génèse et nature de l'hystérie, Paris, 1897.
6. Babinski: Compt. rend. Soc. de neurol. de Paris, 1901.
7. Conférence devant l'internat., Paris, 1906.

be sunk for the time being in order that by use of a common, unique and unequivocal character we may collect examples by the correlation of which we may hope to penetrate more deeply into the origin of pithiatism.[8]

That Babinski has fallen back on a teleologic definition[9] of suggestion is to be deplored; for the sense in which he uses the word, that of an insinuation, that is, something evil, is entirely subversive of the essential psychologic mechanism that is connoted by it, and so long ago made clear by Bernheim.[10] The essence of implantation of ideas by suggestion is not their evil nature but the manner of their reception: the subject receives them unaware of how they have gained entrance to the mind.

Elsewhere[11] I have tried to develop the difference between this process and that which may be called persuasion, in which the subject takes full cognizance of the manner in which his belief is caused to alter. A man persuaded knows why he knows: a person who has received ideas by suggestion merely knows. It is the method in which knowledge is acquired by children, savages, many of the uninstructed and the credulous in general. Examples will make clear the manner in which symptoms are acquired by suggestion.

Case 1.—*Hysterical Hemiplegia.*—A young married woman whose uterine appendages had been removed some years before, at which time she had right hemiplegia and aphasia, believed to be syphilitic, was seen with Dr. Claytor. She had completely recovered until a few days before I saw her in 1908. There was complete anesthesia and flaccid paralysis of the right side. The patient could be made to sit up, during which act the abdominal and pelvic muscles contracted coordinately, which they could not have done in so complete an organic paralysis. The tendon-jerks were not exaggerated; the abdominal reflex was not diminished, and the great toe did not extend when the sole was stroked. There was no hypotonia, and both platysmae contracted on forcible depression of the chin. Synergic associated movements were absent; and there was no complication of facial, ocular or articulatory muscles. When palsied arm or leg were suddenly let go, there were contractions of the antagonist muscles.

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8. A neologism coined by Babinski from the Greek words πείθω, meaning "persuade," and ἰατός, meaning "curable."

9. Babinski: Compt. rend. Soc. de neurol. de Paris, 1908.

10. Bernheim: Hypnotisme, suggestion, psychothérapie, Paris, 1893.

11. Williams, Tom A.: The Difference Between Suggestion and Persuasion, Alienist and Neurologist, 1909.

The syndrome had occurred after a contrariety and was quickly removed by the suggestion of gradually reeducating the movements. Four days later the patient shook hands and could walk, in accordance with the expressed expectation. She was then fully apprised of the fact that her paralysis had arisen merely from the idea that she could neither feel nor move the right side.

CASE 2.—*Hysterical Obsession and Phobia.*—After an attack of influenza, a woman returning in a crowded car from a shopping expedition began to feel much oppressed and in want of air. The heart, enfeebled by the influenza poison, and we know not what others taken as medicaments and aliments, ceased to respond to the call on it for a more rapid flow of blood so that the aeration could be sufficient and a faint ensued, with the psychic accompaniments of irresistible terror and dread of dissolution. Never since has this woman been able to bring herself to go alone into a car; the very idea of doing so induces the fear of fainting. She is not obsessed by the idea so long as the question of entering a car does not arise; but although she knows her conduct to be unreasonable, she cannot bring herself to act reasonably about going alone into a car.

The suggestibility of children[12] is much more labile than that of adults; for while they are very susceptible, children do not usually hold tenaciously and are easily diverted from their loosely fixed ideas when morbid. For instance, it is perhaps unique for a girl so young as 11 to believe that she is utterly unable to eat, and to believe that strongly enough and long enough to overcome the instinct of hunger to such an extent that she had to be removed for treatment to a hospital; in the Salle Pinel of the Salpêtrière, Professor Déjerine built up her emaciated body by generous feeding, and at the same time undid the false notion she had acquired from her elder sister who had been a patient in the same place.[15]

The cases under the heading of "Treatment," show the mechanism also.

THE ALLEGED TROPHIC SYMPTOMS OF HYSTERIA: HYPERTHYROIDISM: EMOTION

This manner of causation so far has not been proved capable of directly producing edema, erythema, urticaria, ulceration, hematemesis, hyperhidrosis, dilatation or inequality of the pupils, tachycardia, muscular atrophy,

12. Williams, Tom A.: Management of Psychogenic States in Childhood. Am. Jour. Med. Sc., December, 1912.
15. Déjerine: Leçons cliniques, 1907, unpublished.

or any such vasomotor and trophic disturbances which were formerly included in hysteria; and it is now clear that such cases are due to physical causes[16] which are becoming less and less obscure as pathologic data accumulate. Many of these symptoms are angioneuroses[17] which have nothing to do with either suggestibility or other psychic processes, even emotionalism.

Similarly, the best observers believe that hyperthermia cannot be produced by psychic means at all, although it is now quite clear that a rise of temperature often ensues after the psychic excitation of patients suffering from hyperthyroidism.[18] This, however, is due to the suddenly increased secretion of the thyroid gland, which may sometimes even cause death. But if the patient lives, the temperature soon subsides and its rise cannot be considered psychogenetic in the full sense.

Similarly the arrest of digestive secretion induced by bad news occurs in consequence of the emotion aroused and is strictly temporary[19] unless the emotional state is constantly reinforced from without or within. When the modification endures, we have perhaps the only example of a permanent physical modification of a function not under the control of the will of which the source is directly psychogenetic. Although its genesis is emotional, yet as the emotion may be determined through an idea, and the idea may be implanted by suggestion, it may sometimes be legitimate to attribute to hysteria[20] this form of mental anorexia, in spite of its manifestation through a portion of the nervous system which is mainly autonomic. That the autonomy of the gastric secretion is not complete, however, has been clearly shown by the researches of Pawlow[21] and Cannon;[22] and as no such dependence has been shown concerning permanent changes in the skin and mucous membranes, a better type of evidence than heretofore must be brought forward to convince us of the psychogenesis of the cutaneous manifestations at one time described with hysteria.

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16. Medicini Bono. Tr. Congrès de Genève, 1907.
17. Solis-Cohen, New York Med. Jour., 1910.
18. Crile: Am. Jour. Surg., 1908.
19. Williams, Tom A.: Southern Psychologic Society, 1909; Jour. Abnorm. Psychol., June, 1910.
20. Williams, Tom A.: The Most Frequent Cause of Nervous Indigestion, Jour. Abnorm. Psychol., February, 1909.
21. Pawlow: The Work of the Digestive Glands, London, 1902; Brit. Med. Jour., 1906.
22. Cannon: Am. Jour. Med. Sc., 1909.

Simulation and Hysteria.—I do not wish to do more than remind the reader of the large number of cutaneous eruptions, edemas, fevers, etc., which have been produced by simulators, hysterical and non-hysterical. The desire to deceive for the sport it brings or from no apparent motive is a symptom which may have nothing to do with hysteria. Dupré[23] has created the term "mythomania" to characterize this group of abnormality; and every medicolegal expert and many a schoolmaster knows it well.

The number of those cases which "could not possibly have had access to any means of provoking their symptoms" only indicates the looseness with which such negative evidence is accepted, as for instance in a case of alternating mydriasis which I observed in Babinski's clinic; for though the patient's father indignantly repudiated the mere statement of the fact, it was found that his daughter had been placing in her eye drops of an atropin solution filched from her employer. In another case, a man confessed to concealing a syringe in the rectum, and in a moment of excitement an evacuation revealed two.

Of course, mythomania, a type of moral degeneracy or of lack of adaptation by which resort is made to trickery, may be accompanied by suggestibility as it generally is so that academically speaking, a deliberately produced lesion simulating spontaneous disease which the patient is trying to imitate may deserve the term hysteria; for imitation is one of the forms of suggestion. Intermediate in type are the imitations of disease seen so frequently in the more ignorant hospital attendants and patients. 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 on themselves eruptions, ulcers and swellings, or complain of palsies, contractures, vomiting of blood, etc., by the imitation of those they have seen in the hospital. The mental debility which allows them so puerile an outlet for their activities permits them also to receive suggestions without criticism — that is, to be hyper-suggestible.

The Stigmata are Artefacts.—Unless their methods of examination act by removing the symptoms before they can be found, so to speak, the experience of Bernheim[24]

23. Dupré: La mythomanie, Paris, 1906.
24. Bernheim: Comment je comprends le mot "hystérie," Bull. Med., 1907.

and Babinski[9] clearly shows that both anesthesia and contracted visual fields and other stigmata, as Charcot called them, originate, in the vast majority of cases, in unconscious suggestions of the medical examination. For over twelve years neither observer has found a contracted field in a patient not previously examined. Either explanation is consistent only with extreme suggestibility.

THE GENESIS OF HYSTERICAL SYMPTOMS

The cause of this has not been inquired into very profoundly by either Babinski or Bernheim; but attempts to account for it have been made by others. The explanation which commands the most notice is that of Freud,[2] who ascribes it to a mental conflict which has arisen as a result of painful experiences in early childhood. It is unfortunate that so many of his followers have attributed the significance of this explanation to sexual insults in themselves; for Freud distinctly says:

> I passed a good way beyond my former point of view. . . . Correct the imperfections, displacements and misconceptions. . . . My former meager material gave a great many cases in which sexual seduction played the main rôle; I overestimated the frequency of these. . . . I have since learned to explain many as an attempted defense against the reminiscence of masturbation.

Freud has also disclaimed his conception that passive behavior predisposes to hysteria in these erotic events, while active behavior results in compulsion neurosis. He still believes, however, that the element of constitution and heredity really means "sexual constitution."

Although Freud still attributes the psychosis of obsessions and phobias and also the anxiety neurosis to direct perturbations of the sexual functions, he no longer imputes to this immediate cause what he calls hysteric symptoms, which he agrees are purely psychogenic. He attempts to explain the state of these patients by the subconscious[25] effects of a forgotten circumstance which

25. The term "subconsciousness" has been much abused, but its consideration here would lead us too far; suffice it to say that the submerged memories which determine so much of our conduct and belief can scarcely be said to act in themselves but rather by the inferences which are drawn from them and of which the subject is more or less aware, although he will not always admit their influence. His denial, however, is largely like that of a woman denying that she seeks a husband or of a politician denying that he is looking for an office. If not merely conventional, the disclaimer is dictated by a feeling of shame or by a dislike for the confession which

the patient has been unable to amalgamate with the rest of his mental life, and which he has succeeded in forgetting on account of its painful nature.[26] Its memory can be recalled, however, by his "free association" method, which consists in placing the patient in a tranquil attitude and inducing him to think aloud about the events most nearly connected with his illness, and urging him to push his introspection further back.[27]

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is so good for the soul. A frequent declaration of my patients is somewhat as follows: "I do not know why I am talking like this to you; I would not dare thus reveal myself to anyone else; not another person knows these things that I am telling you; I hardly know them myself," etc. Now, this confession has not been obtained through hypnosis or other special means. In one sense the patient does not explicitly feel her revelations until they are completed. But could the fact that her ideas require for clear formation their focusing into a definite statement justify us in calling them subconscious? I think not, for the process does not differ from the clarification of thought engendered by writing, speaking or other attempts at precision of ideas which before that may have been only in adumbration. Such was the means by which a patient of Flournoy (Automatisme téléologique contre la suicide, Arch. de psychol., 1908, reviewed by me, Jour. Abnor. Psychol., 1909), whom some clinicians would have called a hysteric, made clear to herself for her salvation from suicide the thoughts which lingered in the back of her mind but which had been temporarily overshadowed by her despair in having to repulse her child for fear of infecting it. In a dream state she had a vision of a dear friend leading her away from the water into which she was about to throw herself. Now, although the conversation she imagined was purely hallucinatory, it was none the less valid as a representation to herself of ideas which took this method of formulation. The mechanism is commonly used by automatic writers, crystal gazers, etc., who have recourse to a consultation with an oracle which they sometimes believe to be extraneous in source. Others, however, are equally mystical in the way in which they conceive it to be another self, subliminal or subconscious. By these means the suggestive influence of their lucubrations is greatly increased, but psychologically the process is exactly the same as that of discussion, thinking aloud or reflection. "Co-consciousness" is the name given by Prince (Jour. Abnor. Psychol., 1909)) to some of these states which he believes to be completely dissociated from the personality. As a rule, however, any disunion of separate streams of thought can be quickly overcome by the most simple means, provided that the observer does not acquiesce in the patient's reluctance to face certain unpleasant facts, which he often declares "he does not know" and soon persuades himself that "he cannot know."

26. But is it really necessary to invoke a specific trauma to explain hypersuggestibility? Is it not a common experience that when the mind is strongly preoccupied by any course of thought, absent-minded acts are the rule? What are these but immediate reactions to stimuli while the reflective processes are occupied by the dominant train of thought? In a sense that which preoccupies the patient is dissociated from the stimulus to which he reacts while absent minded, and indeed from the events of daily life as long as the preoccupied state persists. To this extent hysteria is a phenomenon of psychologic dissociation. This explanation of its mechanism is not especially different from what Freud has called conversion. Psychologically the process is the same as that occurring in suggestion.

27. It has been alleged that Freud and his followers inevitably guide the revelations of their patients toward the ideas of which they are in search and that they strongly influence the content of the patient's thought. This is tantamount to saying that some at least of the patient's ideas arise from the suggestion of the examining physician. When one remembers the ease with which even physical symptoms are suggested, this objection has *a priori* much

Other means of recalling lost memories are the association test of Jung,[28] and the psychogalvanic reaction of Veraguth with which Jung,[29] Petersen[30] and Sidis[31] have largely worked. The last has proved it to be an electromotive muscular change during emotion, occurring only during contraction.

Still better known is the method of hypnosis. The hypnoidization procedure of Sidis[32] seems to me closely similar to that of Freud.

All of these methods have the common property of abstraction from extraneous stimuli, with concentration on the trend of thought required by the physician; in this respect the method of simple anamnestic interrogation is in many cases just as informative when conducted with skill and tact. But it fails in respect to the vividness of the recollections which it recalls. The patient here talks about his experiences. In hypnosis and other distraction methods, the patient reenacts his experiences as he would do in his dreams.[33]

In the treatment of grand hysteria, Sollier[5] has laid great stress since 1892 on the need of the patients in hypnosis to carry themselves further and further back among their infantile experiences. While Freud says, "There is surely something more, think," Sollier urges.

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force in so delicate a field as psychologic investigation. The controversy can be settled only by impartial and well-trained observers working with Freud's method. At all events, it is becoming more and more clear that sexual traumas of early childhood need not produce a psychoneurosis and that at least the active cause of psychoneurosis in some patients appears quite unrelated to the sexual life. One is tempted to believe that the enthusiasm of discovery has tended to an exaggeration of the weight of this etiologic factor, especially in an age in which a reprehensible prudery has prevented its due consideration by the profession at large. But it is significant that French observers, of whom this fault cannot be alleged, do not attach preponderant importance to the sexual factor in neurotic disturbances.

28. Jung: Ueber der Psychologie die Dementia Precox, Leipsic, 1906.

29. Jung: Jour. Abnorm. Psychol., 1907.

30. Petersen: Brain, 1907.

31. Sidis: Psychol. Rev., 1908, 1909, 1910.

32. Sidis: Boston Med. Jour., 1907.

33. The free association of thought at which Freud aims during psychanalysis is believed by him to resemble that of the dream-state. But neither during the dreams of sleep, nor still less in day-dreams, is there that complete suspension of autocritical judgment one might suppose were only the fantastic nature of dreams considered. Even the bizarre images of the dream are symbols of a latent psychic content often unsuspected by the patient. In the same way he interprets a hysteric symptom as an unconscious conversion by the patient into a physical symptom of a thought which in its naked form he could not bear, and it is in finding of these that psychanalysis is so useful. The suppressed experiences are particularly active in dreams. Hence analysis of these is most useful as a short cut to an understanding of much of which the patient's waking mind is ignorant.

"Allez plus loin, plus en arrière." To judge by his early case reports (for he no longer considers it worth while to publish them), the results of his treatment do not show any inferiority which would lend countenance to the assertion of Freud's followers that their method of psychanalysis is a sine qua non in obstinate cases; for these recalcitrant cases are just those which find their way to Sollier.

Now, from these facts it should be apparent that a hysteric symptom is one induced by an idea derived from suggestion, and that empiric methods are worse than futile; for they merely reinforce the patient's belief in bodily sickness.

THE REMOVAL OF SYMPTOMS AND THE TREATMENT OF HYSTERIZABILITY

The search of the pathogen and the discovery and explanation of the causative idea of the patient suffices sometimes to remove the symptom it has caused, but it does not cure the disease. To do this a course of reeducation[34] of the patient's hysterizability is needed. This is not always possible in practice on account of the time and expense required, but we are now in a position to dispense with some of the elements of this expense. I refer to prolonged isolation, overfeeding, massage, electrical applications and special nursing to which so many hystericals have been subjected on account of the secondary "neurasthenic" symptoms they have developed.

I have indicated at length[35] the means of distinguishing this false neurasthenic state from the really primitive asthenia; Bernheim,[36] too, has devoted a recent monograph in part to this distinction, which is, in short, that neurasthenia, a rare condition, is a physical exhaustion either congenital, toxic or other; and that any psychic symptoms a neurasthenic may present are usually secondary and disappear spontaneously as his bodily condition improves; unless, indeed, they are maintained through

34. Williams, Tom A.: The Nature of Hysteria, International Clinics, 1908. See also Psychoprophylaxis in Childhood, Psychotherapeutics, Boston, 1910, and Jour. Abnorm. Psychol., July, 1909; also Requisites for the Treatment of Psychoneuroses, Monthly Cyclo., 1909, etc.

35. Williams, Tom A.: Arch. Diagnosis, 1909.

36. Bernheim: Neurasthénie et psychonévroses, Paris, 1908.

the reinforcement of their suggestion by the injudicious solicitude of physician or friend.[37]

On the other hand, the neurasthenic symptoms which are induced by a fixed idea of illness soon disappear when the patient's ideas are rectified as illustrated by my case of traumatic neurosis, and by many a woman who has arisen from a sick-bed, when exigencies or her own temper have demanded, into the full activity of normal life.

ISOLATION UNNECESSARY: A "UNICIST" PSYCHOTHERAPY: MONISM

The fetish into which the Weir Mitchell treatment has been erected has been demolished by the recent work of Levy,[38] who shows that Dubois' way of conceiving the relation of body and mind[39] does not differ from the dualism he imagines he has transcended; and Levy points out how grossly and naively Dubois exaggerates the influence of the psyche over bodily conditions. In this respect, Bernheim has long transcended his former views regarding the power of hypnotism. He has done so by acquiring a clear notion of the difference between psychogenic and somatogenic nervous symptoms.

Now, Levy shows that true isolation is not a physical removal from environment, but a moral subtraction from fears, preoccupations, obsessions, morbid ideas; and this can be done even better in the usual surroundings than during isolation. Even that bugbear of the physician, the patient's friends, can be converted into an aid instead of a hindrance, where intelligent people are concerned. The chief appeal for the method of isolation is the power it gives the physician to "persuade" and reason with his patient. But even this Levy believes of little use unless an opportunity is given the patient to practice the resolutions he forms; and as he cannot do this while isolated in bed, such treatment is injurious; for his best intentions will wither like a hot-house plant in the open when he has to face the stresses of his life. One might as well learn to swim on a couch.

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37. Williams, Tom A.: Le rôle du médecin, etc., Compt. rend. congrès des neurologistes francais à Lille, 1906; Am. Med., August, 1908.

38. Levy: Neurasthénie et névroses, guérison définitive en cure libre, Paris, 1909.

39. Dubois: Le traitement psychique de la psychonévrose, Paris, 1904.

Another fault of the "Weir Mitchell" treatment of psychoneuroses, as often applied, is its stress on details: the really important thing is that the patient thoroughly grasps the principles on which his disorder depends, and that he practice himself under the physician's direction in learning to avoid the pitfalls which life affords. He must learn his own psychology, and the dependence of his bodily health on his mental state; but he must also learn that body and mind are only two sides of one thing, that bodily conditions react on his mental state, and that susceptibility to suggestions may be vastly increased by fatigue, dietetic errors or any cause of toxicosis of the neurons. Even prolonged mental stimulation by the excessive interest which does not know when to stop may be a source of a neuronal state favoring suggestibility.

The method of solicitude and sympathy merely reinforces the patient's belief in the validity of the idea for which sympathy is an implicit acquiescence. Still more injurious is direct medical treatment of the apparent physical disorder which results from ideas. For instance, a hysteric monoplegia (a paralysis of one limb induced by the patient's belief that it is disabled) should not be treated by the application of electricity or massage to that limb, or by the giving of an internal remedy which the patient is led to suppose is capable of removing such conditions. It is bad practice,[37] too, to pretend to perform an operation on the patient who believes, for instance, that she is inhabited by a lizard she has swallowed. Sometimes, it is true, a symptom disappears through the suggestion involved in such procedures; but it does so in a small proportion of cases only, is a pure chance, and does not touch the cause; while by ascertaining and removing the root we can generally cure permanently the present symptoms at least.[40]

An illustration of the method is afforded by one of my cases of traumatic neurosis;[41] for this condition is merely the expression of an induced fixed idea of disability, which is recovered from as soon as the pathogenic idea is disposed of.

Case 3.—After bruising his back by a fall from a car, a railway brakeman remained for six months very lame, and the sensibility of the lower limbs appeared to be lost. His tint

40. Williams, T. A.: Chronic Visceral Pain, Surg., Gynec. and Obst., June, 1912.

41. Williams, Tom A.: Tr. Congrès international des accidents de travail, Rome, 1909.

had become sallow, and he was dyspeptic and emaciated; he was sleepless, sad and cried much. The neurologic examination (reported with the case[42]) showed that there was no destruction of the nerve elements. The disability was shown by psychanalysis to be a function of the false fixed idea, induced by the belief derived from his environment that such symptoms as he showed could and should follow such injuries as he had had. One sitting sufficed to begin the correction of this false notion; and he himself completed the persuasion, and was able to return to work in a month, as I had predicted.

Beautiful examples of rational as opposed to empiric methods of treating hysteria are the following:

Case 4.—A woman, aged 28, whom I saw in February, 1911, with Dr. Hardin, to whom she was referred by Dr. Maphis of Warrenton, Va., in the preceding June, had had a chill after which she cried. The next day she felt very weak, and the next day she had pain in the knees, she thinks only in the left, with hyperesthesia. There was also, she says, tenderness of the lumbar spine, and later on in the groin and hip. She was treated by massage, and for four months was relieved. About Christmas-time these pains recurred when her sister visited her. There were then nausea and persistent dull pain in the knees, which caused her to groan in her sleep.

Examination was negative, except that there was great hyperesthesia of both knees and one arm. Also the right abdominal reflex was absent, and the adductor reflex was exaggerated on the same side. I decided that the case was psychogenic, and that afternoon attempted psychanalysis to seek the origin of the psychalgia. I found two suggestive incidents, one being the visit of a sister on the second occasion, the other being the fact that when first attacked her brother had a severe hysteric spell. He had consumption, which she feared. Another fact perhaps significant was that she had been two weeks in a newspaper office during its change of ownership; alone with the man in charge much of the time.

As she could stay in Washington only a short time, I concluded that it would be better to remove the effects of whatever had been the source of the hysteric symptoms by psychomotor discipline than to try to pursue psychanalysis, which might be unfruitful in the short time at her disposal.

Method.—As the least approach toward the patient's knee would set up a spasm of terror during which adductors, hamstrings and extensors went into spasm, I began a course of gradual habituation, first to the approach of a person's hand toward the knee, later to manipulation of the patellar region, followed by pressure on it. A sister attended her in hospital and helped her to accomplish these exercises several times each

42. Williams, Tom A.: Med. Rec., Oct. 2, 1909.

day. In this way she taught herself in a few days to control the muscles around the knee-joints so as to prevent them contracting when her knee was touched. The pain ceased when the spasm did, as it was in part maintained by the latter. Then her alarm vanished, as there was no reason for it; and she was satisfied that her pain lay in her own power to control. The dangers of prepossession by a fear, in conjunction with the mental vacuity engendered by lack of occupation, were explained to show the genesis of false fixed ideas regarding disease, and she was told how to avoid them.

She returned to Virginia in a week well, and has remained so for nearly two years.

Case 5.—A further case illustrating the effect of proper discipline is that of a barking, roaring and bowing tic removed in one day. The patient was referred to me by Dr. Thomas Charles Martin. He had been treated for rectal ulcer for some months. He had recently removed to North Carolina, but wanted to come back to Washington. It is possible that this had something to do with the development of his condition. I was asked to see him, because when he sat down he would utter a series of barks, while at the same time the trunk would go into a spasmodic flexion. When he was stripped, there were seen strong abdominal muscles and regular bowing of the whole body along with this barking, grunting noise.

Psychanalysis showed that these attacks had begun suddenly in North Carolina at 10 p. m. three months before. The significant fact was that he had eaten sandwiches which had been sent to him by his parents in Washington and that he had been thinking despondently before he went to sleep about how nice it would be to be in Washington. He was also thinking considerably about his intestines having been under treatment by lavage. The exact psychologic mechanism was not discovered, however.

Method.—I thought it better to remove the effects rather than necessarily to discover the details of the genesis of his tic. So I instituted a course of psychomotor discipline. The tic, which at first had come only when he lay down at night, had later occurred whenever he sat down also, and thus made life a burden. So we began by exercising in the sitting position. I placed him in a large chair, reclining, showing him how deliberately to contract the recti abdominis, and made him perform a series of respiratory movements, as well as the series of recti movements. After a few moments he became capable of contracting either the recti or the diaphragm. That being accomplishment enough for one sitting, he was asked to come back the following day. He went home and tried the exercise while recumbent at night. The result was that he came back next morning and said: "Doctor, I am cured. I did not have any spell last night." Two days later, however, he relapsed. But after another discipline, he remained well.

Thus it is simple to remove the effects in this rational way. It is so much better than the rough suggestion often attempted. For example, the last patient had been treated by electricity, which he was assured would remove his spasms. When this failed he was treated by direct suggestion. When this failed he was treated by "the most marvelous remedy known," a drug obtained from some remote country, which was guaranteed to cure. Thus, the most powerful suggestions failed in a case which was in origin suggested and conformed to Babinski's definition of hysteria, "susceptible of production by suggestion." A motor habit had been formed, and the removal of all habits requires reeducation of the patient's volition. Indeed, it is only by its action on the will that suggestion ever succeeds.

Now, although hysteric symptoms are always psychogenetic and have a mechanism the knowledge of which enables the clinician to penetrate to their origin, yet hysterizability varies with bodily states,[43] so that the treatment of hysteria cannot safely be left to those laymen who have arrogated to themselves the title of psychotherapeutists by an assumption which is justifiable only to the minds of dualists and those who attach no validity to the old adage which becomes more and more true as our psychologic knowledge broadens and deepens, *mens sana in corpore sano.*

The application of the principles described in this article is shown in ten cases which I recently reported.[44]

1705 N Street, N.-W.

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43. Williams, Tom A.: The Nature of Hysteria, Internat. Clin., 1908.
44. Williams, Tom A.: Washington Med. Ann., January, 1912; The Post-Graduate, June, 1912.

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