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THE EYE SYMPTOMS IN HYSTERIA.

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MR. CHAIRMAN and Fellows,—Of all the protean manifestations of hysteria, none are more remarkable than those which affect the eye.

The various functions of this organ are so dissociated by hysteria that a study of its symptoms here, in doing away with one function while sparing another, shows a cleverness that even the greatest physiologist might envy. Hysteria can effect every possible dissociation in the complicated functions of vision. First, it may obliterate at once the whole of the visual function, which is the most radical and the least common result, producing as it does total blindness. Second, it may cause the visual function to disintegrate, dividing and subdividing it into its elementary components, and thus affording a beautiful example of how composite functions are decomposed. This latter we can observe especially in the study of the visual fields.

While total blindness is uncommon, its actual existence has for a long period been recognized. In his recent excellent work on the major symptoms of hysteria, Prof. Janet relates the case of a laundress, who, while at work, got some water mixed with soap and lime in her face, owing to the explosion of a boiler. She was menstruating at the time, and as a result of the accident felt much agitated and very giddy. It was soon noticed that she could no longer see. The amaurosis remained complete for two years, after which the vision improved and rapidly returned to normal. In a personal observation the vision failed rapidly after a severe attack of hysterical convulsions, so that in a few weeks the blindness was complete. The diagnosis in this case offered considerable difficulty, and an unfavorable prognosis was given by some of the oculists who examined her eyes. In view of the existence of the stigmata of hysteria, which were present to a marked degree, I felt confident of recovery. The condition persisted for several months, when sight was gradually restored. An error in diagnosis would often be averted by a careful physical examination, conjoined with the use of the ophthalmoscope. The frequent absence in these cases of the corneal or conjunctival reflex should put a physician on his guard, notwithstanding that the pupillary reflexes to light and accommodation may be perfect.

In another case which I examined for the Toronto Street Railway Company about four years ago, there was complete double amaurosis.