HYSTERIA IN THE MALE

By CAMPBELL MEYERS, M.D.

M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Superintendent Neurological Hospital, Toronto

Late Neurologist to Toronto General and St. Michael's Hospitals, Toronto

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By Campbell Meyers, M.D.

Toronto

A. B.—admitted to my private hospital January 23rd, 1917; occupation, bank clerk; age, twenty-three; born in Canada; father, Scotch; mother, Canadian.

Family history. Mother of decidedly nervous temperament. Her general health is fairly good, although she suffers at times from rheumatism. Present age about fifty-five. Father's health excellent. Two brothers (one at the front), both healthy. No sisters. The paternal grandfather, who was inclined to alcoholism was a weaver by trade. He was devoted to literature, chiefly philosophical, which he developed as a hobby, and his whole life became gradually absorbed in this occupation. His literary attainments were a source of great pride to his family. Patient's father and brothers all very temperate. The maternal grandfather said to have become senile at seventy.

Previous history. As a child he was afraid of the dark, and had violent fits of temper without sufficient cause. He began school (kindergarten) at three years of age and remained until five when he went to public school and passed entrance examination at eleven. The progress in his education which had been uncommonly rapid until this age, began to diminish quickly owing to a change in school so that he was obliged to spend two years in the first form of the high school. This he attributes to a difficulty in following the more advanced subjects which he could only grasp with much effort. During the third year progress was very slow. His eyesight at this time was defective but he felt he could not grasp the subjects as well as previously, although certain subjects he learned with uncommon ease. He left school in his sixteenth year as he was making no progress. He had been suspended for a month at a time for bad behaviour. During his twelfth year he learned to smoke cigarettes, and often played truant, etc. His school days after eleven years of age were filled with mischief of various kinds, and he frankly admits he deserved all he received

in way of punishment. He says that before eleven his progress at school was remarkable and he was much flattered by the praise of his teachers. After this age and in a different school, as he began to lag in his studies, he did not get on with his teachers and consequently his vanity suffered. He has been a very heavy smoker, usually of pipes and cigars during the past year and a half. No alcohol or venereal disease. He has read much theology, eugenics and sexual psychology, and is inclined to be very argumentative on these subjects, which he says he always read in preference to the "best sellers". Never read novels for amusement but for what he could learn relating to his own bent. Has evidently dwelt much on sexual matters.

Says that while he gets on well with his parents and appreciates his home he feels he is not understood there, and a lack of sympathy is experienced by him. He entered bank soon after leaving school and has remained in it ever since. For two and a half years he was a junior but his salary was always increased yearly. Manager of his bank reported very favourably on his services during his first five years. Towards the latter part of this time he began to be troubled with weakness in knees and he also then noticed that some inaccuracy was becoming evident in his work, such as placing entries on wrong side of ledger or in counting cash, etc. This became more marked, so that he on one occasion paid out $400 too much owing to his being confused. He found he would tire very rapidly and while able to stand quite well until 12 o'clock, by 3 p.m. he was often utterly tired out. During this period there was an excess of night work. At this time he found it necessary to work on all public holidays. On June 30th last, for example, he began work about 9 a.m. and after a busy day until five he found there was $20,000 to be counted, which kept him busy until 1 a.m. the following morning.

Present illness. He obtained leave of absence on July 2nd, 1916, on account of his condition. For several days prior to this date he found when tired that his knees were weak and legs were heavy, with pains in the calves at times. His writing had been steadily deteriorating but he had no special difficulty in using the pen. He always used a short pen-holder in preference to a long one, because he could write better with it. He had gradually become more liable to make mistakes in addition and was obliged to exert greater effort to avoid doing so, especially when tired, and noticed he always made more mistakes towards the close than at the beginning of the day. He also noticed that in doing an excess of

certain forms of work, which were largely mechanical (such as paying cheques on special pay-days), he would make fewer mistakes, although more exhausted after it. He was troubled with frontal headache at these times which was not relieved by glasses. Complained of pain from knees downward in both legs. He was unable to stand for any length of time unless he braced himself to do so. Weakness was fairly constant. Did not complain of his arms. A heavy meal would make him dizzy and bilious, so that he would be obliged in the street to cling to some object or he would fall. He did not think much about his condition at this time. Constipation pronounced. He would tire easily mentally. Was advised by physician to take trip and went down Hudson for ten days. He was, he says, at this time restless, irritable, and tired of everything. Trip not of service. On return did light reading and loafed for about two weeks. He then went to the woods with a friend and knocked about, felt somewhat better and returned August 31st and worked irregularly for a few hours daily for one week and then went on September 5th, 1916, to another city, where he acted as accountant. Work here not heavy for first few weeks, but he was depressed, easily tired, and smoked heavily. During this time he got on fairly well. Gradually, however, he found his work more difficult owing, partially at least, to his own condition. Says he would limp around office, that "he would pull his feet around" without raising them from floor. Did not notice anything unusual about hands, although he had been troubled intermittently since previous spring when he noticed pen would slip from his fingers unless handle was large. He was under medical treatment from November 1st for weakness of knees, general weariness, and an "all in" feeling with sleeplessness, difficulty in adhering to his work although fond of it, and felt he was incapable of doing it after repeated but unsuccessful efforts. This terminated on December 4th in an attack of muscular spasm, general in its distribution. No special cause of which he is aware to induce this attack, except pressure of work as he was both teller and accountant. It came on in evening, when he says he had a feeling of hysteria. He noticed first symptoms at bank of rubbing hands together and extreme restlessness of hands. He then went to see a doctor, who took him home and a complete attack developed, all the muscles of the body being involved, but voice or speech not especially affected. The attack started about 7 p.m., gradually increased and lasted till 1 a.m. He did not lose consciousness at any time that he is aware of. He got out of bed about eleven

and went down stairs during a lull, where he found the people much excited over his condition and his doctor was telephoned for. He thinks at this time left leg was more affected, although later in his disease the right leg suffered most. The spasms were at times very violent, and he says they were a great relief in a way as he felt much better after them owing to the tension being relieved. No urinary trouble or bowel movement during attack. On awakening the following morning he had a very violent attack. Later, however, he got up and started for the office, but during this time was much troubled by involuntary movements of hands and feet, which made dressing difficult. He met his doctor on his way to the bank, who promptly sent him back to bed. His speech at this time was not affected. He says his recollection of this whole week (December 4th to 11th) is defective and indistinct, probably because he thought his illness was only trifling and temporary, and consequently did not consider the details with much care, although he had daily attacks of variable intensity. He went home on the 11th and entered a general hospital December 13th. The attacks continued daily. He says he was quite well psychically being cheerful, reading, etc., to occupy his time, and enjoyed visitors, although tired after his friends had gone. He slept much during the day and wakeful at night. He left this hospital December 28th. That afternoon he noticed for the first time that his speech was affected. This occurred when at tea with a friend and his wife, the latter of whom patient was only slightly acquainted with. He said he was not feeling very well this afternoon, being tired and somewhat low-spirited. He noticed for the first time that he stuttered in his speech and this was regarded with amusement both by his friends and himself. From this time onwards it became more pronounced, so that at times he could not form coherent words. The letter "D" troubled him most. His speech heretofore had always been perfect. He was taken to a private asylum on December 30th. After a few days (probably a week) his speech suddenly recovered, and while on one day it was disturbed he found on awaking the following morning that it was normal. It remained all right, except when he was under emotion, such as that which occurred from seeing another patient who was, he thought, being harshly treated, which terrified him, although this patient was very violent and had to be controlled. He said when troubled that he could not find the right words to express the meaning he desired to convey, and that to him the cause of the trouble was psychical rather than physical,

and that he did not recognize any physical difficulty in the organs of his voice.

He feels that the right side of body (arm and leg) have always troubled him most.

On first entering the hospital on January 23rd last, one was at once struck with his gait and the disturbance in his speech. He walked with much difficulty, aided by a friend and the use of a cane. His speech was so much affected that he could not make himself understood. He could hear and appreciate all that was said to him, and his actions were intelligent but he could not express himself owing apparently to an inability to articulate. His gait was that of an organic hemiplegia, the right leg being brought forward with a circular motion in a very typical manner. An ankle clonus, typical of an organic disease in its character, was obtained in the right ankle. As he arrived at night and was exhausted from his journey, further examination was postponed, and he was at once sent to bed, leaving one with the strong impression that an organic hemiplegia was present.

On January 27th patient was seized with a convulsive attack involving all his skeletal muscles, lasting about half an hour. These attacks recurred daily for the few following days and then at longer intervals until February 27th, when with the general improvement in his condition they ceased for the time, retaining, however, during this period, their general characteristics, but with much variation in their intensity. Between the attacks he spoke slowly and with evident difficulty, but he could be quite clearly understood. He expressed great anxiety during the first ten days of his treatment, about his mind and said he could not understand why he had been placed among the insane for treatment unless his mind was affected. Constant reassurances from me that I had no anxiety in regard to his mind gradually relieved him, but his nervous condition was much intensified and his sufferings greatly aggravated by his treatment with the insane. As the attacks decreased in frequency the speech and the ability to walk improved so that by the end of March his speech was normal and he could walk for some miles without difficulty. He said he felt very well and desired to give up his treatment. As he still exhibited an unnatural restlessness and a lack of emotional control considerably below normal, I advised him to continue his treatment. His parents, however, did not realize the gravity of his condition, probably owing to reports of his apparent physical health, and contrary to my advice, he left the hospital on April 2nd last. He

did not go to his own home but to that of some relatives, where there was a trained nurse in the house. These relatives were excellent people and did their utmost to aid him to maintain his convalescence. The surroundings were as good as could be desired, as walks in the woods with plenty of fresh air, quiet, etc., could all be obtained. Within ten days, however, it was evident he was not so well and the mistake in his removal from direct medical care became evident. On April 13th, after the receipt of a telegram from his home suggesting a change in his plans which were not in accord with his wishes, he developed a severe convulsive attack which was followed by inability to walk, and he was brought back to the hospital. He attempted to walk into the building with the help of two friends but he was practically carried in, his legs dragging uselessly after him. He was at once put to bed and developed a severe convulsive and very noisy attack, lasting about three-quarters of an hour, after which he became quiet and passed a good night. As he had no further attacks at this time he gradually recovered his ability to walk so that in ten days he could get about fairly well with the use of a cane and within one month his recovery of the use of his legs seemed complete so that he could enjoy all kinds of physical exercise. The improvement in his mental tone was also very noticeable, his confidence in himself and his self control being much better. As he was so much improved it was thought advisable to permit direct communication with his home, which had hitherto been entirely denied to him. The result, however, was not satisfactory (I may add there was no other change in his treatment or surroundings at this time), and he developed two slight convulsive attacks, one on June 3rd and one on June 4th. Both these attacks were much modified in their severity in comparison with those he previously experienced, and in a few days he was continuing his progress towards recovery. The outlook at present is for a complete restoration to his normal health, and if nothing unforeseen happens, I expect to send him for a long canoe trip about the first of July with the confident hope that he will be able to resume his work on his return.

In a paper necessarily much curtailed in view of the variety of the details during a prolonged illness, only a *general review* of some of the most striking symptoms can be given. The attacks were often preceded for a few days by disturbances of the alimentary canal such as constipation, anorexia, complaints of biliousness, and a general feeling of malaise which were not relieved by ordinary measures. In addition, at these times, he was irritable, fault-

finding and discontented. The immediate cause of the attack was apparently some disappointment, usually slight, in his wishes, such for example as the denial of some amusement, the refusal of a cigarette, etc. This latter was at once followed by physical restlessness, such as tapping of the ball of one foot on the floor, rubbing of hands, and inability to sit quietly in a chair. Then he would begin to walk up and down at first pounding his feet heavily on the floor as though endeavouring to overcome his muscular irritability and control the attack. After a few moments of these efforts, the feet would gradually become stiffer in their action and he dragged or rather scraped along the carpet so that in a moment further locomotion was impossible and he would fall headlong on his face, without, however, doing himself any serious injury. He then would be seized with clonic convulsive movements, general in their distribution and equal on both sides of the body. This was accompanied by inarticulate voice sounds, variable in their intensity and with an occasional explosive sound resembling somewhat the bark of a dog and evidently produced by a spasmodic contraction of the diaphragm. The muscular movements were not extravagant and only on one occasion did he throw himself out of bed. Neither his pupils, respirations, nor colour of his face suggested an epileptic attack. His consciousness although dimmed was not at any time completely lost. The convulsions ceased gradually and were not followed by sleep. The attack usually lasted from one to three quarters of an hour. His memory of what had taken place during the attack was hazy but not lost. Between the more frequent attacks he was in a dreamy condition. He was apparently awake and replied correctly to all questions, but spontaneity of thought and expression was very defective. He appeared at times intensely sleepy and would pass into an intense sleep for several hours from which he could only be aroused with difficulty. On being awakened he appeared like one aroused from the profound sleep following complete exhaustion. After an attack both his speech and his gait were more affected.

The physical examination showed a well nourished young man in apparent health. The deep reflexes were all somewhat increased but equal on the two sides of his body. No ankle clonus could be obtained after the first examination. The superficial reflexes were all present and active on both sides, except the plantars which were absent. There was no Babinski; no stereognosis. The cutaneous sensibility showed a marked dissociation. Tactile sensibility, with location of touch, and sensibility to heat and cold were every-

where good, except the conjuctival reflex which was absent in right eye. Sensation of pain, however, was markedly disturbed, the right leg being completely analgesic and the skin of it could be everywhere transfixed by a needle without eliciting more than the sensation of touch. The entire right lower extremity was thus affected and was sharply limited above by a line corresponding to Poupart's ligament and the crest of the ilium. The left lower extremity was similarly affected but to a lesser degree. Sensibility to pain on right half of face, tongue, trunk and right upper extremity were somewhat diminished, especially on comparison with the corresponding areas on left side which seemed in comparison hypersensitive to pain. The eyes presented the ordinary stigmata of hysteria, the fields of vision being concentrically contracted to about one third of their normal extent. The optic discs, the pupillary reactions of the eye movements were all normal. The examination of the muscular system was most interesting as it showed no paralysis or even weakness of any muscle or group of muscles in the body when resistance was applied in the ordinary manner. There was no incoördination of muscular movement and a passive movement on one side of the body could be imitated quite well, with the eyes closed, on the other.

He stands as well with eyes closed as when they are open, being unsteady in both instances. His weight chart shows a gain of 7¼ pounds in weight. Urine normal and other organs healthy. No increase of temperature at any time.

The history of hysteria dates back to the very dim past. You all know of the old reverie of Plato in which he states that "the matrix is an animal which longs to generate children and when barren, it feels wroth and moves about the whole body, closing the issues for the air, stopping the respiration and occasioning various diseases, etc.". When this belief held sway it was the reign of sibyls, witches, convulsionists, etc., the malady supposedly affecting females only. It was not believed that males were affected until the time of Raulin, who, in 1758, was the first to maintain that there were hysteric men. This changed the old conception of hysteria, as is shewn in the more recent works of Brodie in 1837, Bracket and Landouzy in 1845, Duchenne de Boulogne in 1855, Briquet in 1859, and more latterly Charcot, who founded the clinic at the Salpetrière and among whose pupils none have written more brilliantly on this subject than Pierre Janet. I mention a few of these great explorers of the domain of hysteria in order to emphasize the fact that while different ex-

planations of the phenomena of hysteria have been advanced from time to time, the basic symptoms of this wonderful disease have ever remained the same in all ages and in all races.

Might I here be permitted to add, in humble tribute to a great master, that it was in following the teachings of Charcot and in watching his clinical demonstrations for a considerable period, that I received a profound impression of the importance and reality of the symptoms of hysteria, an impression which time has served only to intensify. While the various stigma of hysteria as noted in the above history each merit a careful separate study, such as the disturbances in the digestive system, in the eye, in the cutaneous sensibility, in the speech, and also the disturbances in the muscular system, such as the convulsions, and the paralysis, a lack of time forbids a discussion of more than one of these stigmata.

In a previous paper on "Some eye symptoms in hysteria", I endeavoured to discuss the chief disturbances of vision met with in this disease. The disturbance of speech, associated as it is in the above history with a lesion involving especially the right half of the body, is most interesting from its possible anatomical relations, this being emphasized by the fact that in the earlier stages when the left leg was chiefly affected no disturbance of speech was noted.

May I now refer to one of the striking objective symptoms, viz., the motor paralysis—how paradoxical does it appear that a man with good muscular power in his legs is unable to walk! Yet in this strange disease many such cases have been recorded in which with a total inability to walk the patient could jump, hop, or skip, or do any muscular movements with his legs while in the recumbent position. We have been so accustomed to assume that a patient who is suffering from a paraplegia is not only unable to walk but must have a paralysis of all forms of motion in his legs, that when any of these latter are retained we are at once inclined to regard him as a malingerer or simulator and thus relieve ourselves of the trouble of further and serious investigation. Is this justifiable? I think not, in a disease in which the same symptoms have been described by competent observers and in all nations and classes for centuries. Grant if you wish (however absurd the proposition) that knowledge of all the symptoms of hysteria are known to those patients, how many would be able to stimulate them in their entirety for one day, not to mention the weeks and months or even years during which these symptoms may persist. Moreover, the fact that many of the symptoms of hysteria are unknown

to the patients themselves, and are only discovered by the careful examination of a physician (for example the eye symptoms), shows clearly that a simulation of this disease as a whole is impossible. Certain isolated symptoms may be feigned for a purpose, but a knowledge of the disease, with all its definite manifestations, will enable the physician quickly to detect the malingerer.

Let us now, however, "*revenir à nos moutons*" and discuss further the cause of this inability to walk. In considering this it would be well to mention also other corresponding troubles which occur in hysterics in the upper extremities, in which some functions of the hands are lost, such as a needle woman becoming unable to sew, an ironer to handle an iron, or an inability to write or play the piano, although there is no paralysis of the hands. Such instances as these, as Janet says, are sufficient to prove that there are very often systematic paralysis, in which a certain system of movements, grouped by education, separates from consciousness and takes an existence of its own. There is a dissociation of function here, due to lack of conscious control—an amnesia of the movement—which prohibits function in regard to this movement. Suppose, for example, an individual learns to drive an automobile, the use he makes of his feet and legs, develops a new function for his lower extremities and groups together images in a fresh centre which have never been grouped before. Should he by any chance forget this new function at a later date it need not prevent him from utilizing all the other functions of his legs which he previously possessed, such as walking, etc. Is there an anatomical basis for many of the stigmata of hysteria? It is highly probable that the functional association corresponds to an anatomical association but this can only be elucidated by further study. On one point, however, we may be certain, viz., that the starting point of hysteria is in a disturbance of the higher functions of the encephalon.

If these few and very imperfect remarks will serve to stimulate the study of this most important disease, which offers such a broad field for both psychical and somatic investigation, I am sure an abundant harvest will be reaped by all who cultivate it, more especially as the numerous cases of so-called "shell shock" return from this terrible war, in which the nervous strain is unprecedented in the history of the world.