

# Hysteria treated by suggestion

## 100 years ago

The year 1919 opened less than 2 months after the end of World War I or, as it was then called, the Great War. Not surprisingly, the medical journals of those days were replete with articles and reports of lectures and conferences summing up the medical and surgical lessons which had been learned at the expense of the millions of casualties which had been treated in those grim 4 years.

A particularly interesting example appeared in the *Lancet* of 1 November 1919 entitled 'An address on hysteria in the light of the experience of war'. This was delivered before the American Neurological Association in Atlantic City in June 1919 by Dr Arthur Hurst, physician and neurologist at Guy's Hospital, London. Hurst had served in the war with the Royal Army Medical Corps, as a Lieutenant Colonel neurological specialist at Netley Military Hospital.

Hurst proposed a new definition of hysteria as: 'a condition in which symptoms are present which are produced by suggestion and which can be cured by psychotherapy'.

A common phenomenon encountered in the military hospitals were symptoms that followed extreme terror. The patient was 'paralysed with fear', unable to speak, with the tongue cloying to the palate. Under normal conditions, the cause of the fear is momentary and the symptoms rapidly disappear. However, during a heavy bombardment, the soldier may be terrified for many hours or even days together and the symptoms and signs might persist.

In the first 2 years of the war, cases of this kind were given the unfortunate label of 'shell-shock', in the belief that this was actual concussion of the brain produced by the explosion of powerful shells, which produced some new and terrible organic disease. Consequently there was no attempt

to cure the symptoms by psychotherapy. Treatment by rest and sympathy merely helped to perpetuate them.

When the true nature of the condition was realized, it was found that simple psychotherapy – explanation, persuasion and re-education, without any recourse to electricity, anaesthetics or other means – invariably resulted in recovery.

When patients were treated promptly, within the first 48 hours, in special advanced hospitals set up by the British, French and, later, the American medical services, the soldiers were able rapidly to return to duty. Patients whose symptoms had persisted for many months before receiving treatment could not be returned to frontline duties, but were always able to get back to their old civilian occupation.

A second large group of patients with hysterical symptoms were those from gassing by chlorine, phosgene or mustard gas. These features included 'blindness' which was, in fact, inability to open the eyes following the conjunctivitis resulting from exposure to the irritant chemicals. Simple explanation and re-education in looking resulted in permanent recovery. Gastritis caused by gassing resulted in vomiting. The actual gastritis rapidly recovered. Whenever vomiting persisted for more than a month, it was invariably hysterical. Large numbers of soldiers were discharged from the army for so-called 'gastritis', the only symptom of which was vomiting. These patients could be invariably cured by a single conversation.

The most common of the hysterical conditions seen in soldiers were paralyses and contractures which followed comparatively trivial wounds of the limbs. These were often accompanied by marked vasomotor disturbances (cyanosis or pallor, oedema and trophic changes in the skin and nails). Symptoms had often been aggravated by the hystero-suggestion which had been induced by the well-meaning electrical treatment, massage and other types of physiotherapy. Of 100 consecutive cases under Hurst's care, 96 were cured at a single sitting of an average

duration of 54 minutes. The remaining four were cured in up to 4 weeks, although the average length of therapy before admission to Hurst's unit had been 11 months.

As you might imagine, Arthur Frederick Hurst was a remarkable man. He was born in 1879. His grandparents were German Jews and the family name was Hertz. Like so many with foreign-sounding names, during the First World War, Arthur anglicised his name to Hurst. His medical education started in 1898, at Magdalen College, Oxford, where he obtained a first class degree in physiology. He went to Guy's for his clinical years, qualifying Bachelor of Medicine in 1904 and Doctor of Medicine in 1907. In 1906, he was appointed assistant physician at Guy's, with charge of the Department of Neurology. He was elected Fellow of the Royal College of Physicians in 1910.

During the First World War, Hurst served in the Royal Army Medical Corps, first as consultant physician in Salonika. In 1916 he was recalled to England to take charge of the neurology wing at Netley Military Hospital and in 1919 was transferred to Seale-Hayne Military Hospital – in these institutions he carried out the remarkable work described above. He ended the war as a colonel.

After the war, Hurst returned to Guy's and carried out important radiological studies using contrast material to investigate the alimentary tract. In the honours list of George VI's coronation in 1937, Arthur Hurst was knighted for his services to medicine.

Although increasingly deaf and a lifetime sufferer from asthma, Hurst was a brilliant clinician and teacher. He retired from Guy's in 1939 and went to live in Oxford.

Hurst helped with teaching at the new medical school which had opened at the beginning of World War II. He died suddenly in 1944. I started as a clinical student at the old Radcliffe Infirmary in 1945; I bitterly regret that I therefore never had the opportunity of hearing the great teacher teach. **BJHM**

*Conflict of interest: none.*

**Professor Harold Ellis** is Emeritus Professor of Surgery, Guy's, King's and St Thomas' School of Biomedical Sciences, London SE1 1UL