*Brit. J. Psychiat.* (1968), **114**, 1593–1597

# Correspondence

## CONCEPTS OF HYSTERIA

DEAR SIR,

Will you once again allow me space in your columns to act as Devil's Advocate against the Farley-Guze concept of hysteria? I outlined some of my main objections in previous correspondence to the *Journal* (May, 1968, pp. 644–645). Now the latest papers in the *Journal* by Woodruff (1), and Farley *et al.* (2) seem to finally destroy their own attempts to set up the concept of hysteria as an independent clinical entity, at any rate as so defined by Farley and Guze. In these papers they show that the incidence of hysteria in their female populations is 1–2 per cent. They base this conclusion on the finding that only that percentage of women had suffered symptoms in nine of the ten groups, "without other medical explanation".

But, as could have been predicted by anyone with the slightest knowledge of the practice of medicine, they also show just how common all these symptoms are. In fact if anything they seem to underestimate the incidence of the symptoms. Taking Group 6 in Farley *et al.*'s paper as an instance, they found that 76 per cent. of women had never suffered from either abdominal pain or vomiting. My own experience is that about 99 per cent. of people (of any age, population or sex) have had abdominal pain or vomiting at some time in their lives. Even if no "formal" medical explanation or diagnosis was handed to them at the time this does not mean to say that there was none; mild alimentary infections are very common. Exactly the same remark could with justice be made about every one of the ten so-called groups.

Accepting, however, their level of estimation of the symptoms, they are all very common. One would naturally expect, therefore, by the operation of chance laws, that a certain percentage of people would have experienced symptoms from nine of the ten groups. Does this logically establish the concept of hysteria as a diagnostic entity? Obviously not.

What about people who have suffered from one or more symptoms in say seven, instead of nine, of the ten groups? Are they to be considered to be suffering from minor forms of hysteria falling just short of the full syndrome? The authors remain silent on this point. But on their own estimates about 60–70 per cent. of the population would have "minor hysteria", and, in my estimation, 100 per cent. This obviously makes their concept of hysteria quite meaningless.

And can the authors, if they reply to this letter, tell us what they consider to be the value of their diagnosis, once made (apart from the incidence of similarly affected relatives which they have pointed out in previous articles and correspondence)? Hysteria has become such a pejorative term to both the lay and the medical public; it seems to imply to most people a state compounded of the elements of incurability and malingering.

For myself, I am very wary of the term hysteria, whether in Farley and Guze's sense or in any other. I think the American Classification was right to drop the term altogether and retain only the term Conversion Reaction. I prefer to recall Walters's (3) eloquent plea for abandoning the word: "It is time the old label 'hysterical' was killed and buried. For there is magic in words, the magic of meaning, and we as physicians should avoid terms that can mislead or harm."

Finally, can the authors tell us why they picked on the age of 35? Why not 15 or 55 or any other multiple of 5? Is it perhaps that the magical number 7 when multiplied by 5 helps them to decide whether or not a person is a hysteric?

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REFERENCES

1. WOODRUFF, R. A. (1968). "Hysteria: an evaluation of objective diagnostic criteria by the study of women with chronic medical illnesses." *Brit. J. Psychiat.*, **114**, 1115–1119.
2. FARLEY, J., WOODRUFF, R. A., and GUZE, S. B. (1968). "The prevalence of hysteria and conversion symptoms." *Ibid.*, **114**, 1121–1125.
3. WALTERS, A. (1961). "Psychogenic regional pain alias hysterical pain." *Brain*, **84**, Part 1, 18.

DEAR SIR,

We agree with Dr. Snaith that the term "hysteria" does seem to anger some psychiatrists. On several occasions we have indicated that we recognize its ambiguity (2, 3). Likewise, we have discussed the historical precedents for the term and our decision to continue to use it.