We thank Dr M. K. Ward for allowing us to report this case.

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Hysterical Conversion States

DEAR SIR,

It has been generally accepted that the major hysterical conversion states which abounded in late nineteenth and early twentieth century psychiatric writings are much less prevalent today (APA, 1980). We have therefore been surprised by our recent experience of six such cases in a six week period, all seen by the Consultation Psychiatry Service in one of the three general hospitals in Newcastle upon Tyne. This represented one sixth of the cases seen during the period.

Case i: A 53 year-old man walked into the accident and emergency department complaining that he had lost his sight. Physical examination, including specialist ophthalmological examination, found no evidence of physical abnormality. A diagnosis of hysterical blindness was made. It was postulated that his hysterical symptomatology may in part have been his mechanism of dealing with the 'no alcohol' policy of the local alcohol and drug addiction unit to which he had been admitted as a day patient that morning. He did not wish to, or felt he could not, comply with this policy.

Case ii: A 39 year-old man was admitted to hospital having developed episodic muscular spasms following a minor accident at work. The muscular spasms were of 5–30 seconds duration and spread from his right arm to the rest of the body. Consciousness was not impaired. Neurological examination was normal, as was an EEG. Psychiatric examination confirmed a diagnosis of hysterical seizures. It was postulated that the underlying mechanism for these seizures was the avoidance of unresolved difficulties at home. The seizures became less frequent and remitted within a few hours of admission.

Case iii: A 19 year-old girl was brought to the accident and emergency department in a mute state. She remained mute for the following 24 hours but over the subsequent three days her speech gradually returned. Neurological examination was normal. A diagnosis of hysterical mutism was made. Psychiatric examination revealed that her mutism was a way of communicating the pressure she felt herself to be under at home, where her mother was dependent on her in bringing up her six younger siblings.

Case iv: A 24 year-old man was brought to casualty having been found "unconscious" in the street. After overnight observation he was found to be mute. Neurological and ENT assessments revealed no abnormality. On enquiry it was learnt that he was to be interviewed by the police in connection with a charge of drunk and disorderly behaviour. It was thought that his hysterical mutism was a mechanism by which he sought to avoid this.

Case v: A 29 year-old shipyard worker was brought to casualty having had a sudden onset of bilateral paralysis in both arms and legs. Neurological examination was normal. Psychiatric examination confirmed the diagnosis of hysterical paralysis which was thought to be in response to the extreme anxiety generated by his marital problems and the threatened loss of his job. His paralysis resolved within a few hours of admission.

Case vi: A 32 year-old married man was admitted with a sudden onset of paralysis (with anaesthesia) of the left side of his body. Neurological examination did not reveal any abnormality. Enquiry showed that in the preceding few weeks he had developed a fear of AIDS after a recent extra-marital affair, which had generated great anxiety and guilt in him. After reassurance about his physical condition his hysterical paralysis and anaesthesia remitted over a period of 48 hours.

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