

Psychogenic Sneezing and Yawning

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A DIVORCED Negro woman of about 40, complaining of violent spasms of sneezing and a compression sensation in the chest, was referred to me for diagnosis and to determine whether a causal relationship existed between her condition and the substances with which she worked.

The claimant stated that she began sneezing on the first day that she worked with a gunpowder mixture. Occasionally the attacks were interrupted by yawning. Her condition became gradually worse, and by the third day the attacks became so violent and continuous that she required emergency care by the company doctor. The physician administered a general anaesthesia (chloroform) and the patient was relieved of her symptoms for about three hours, after which the attacks recurred. The next day she was seen by her private doctor, who advised her to give up her job since he was of the opinion that her symptoms were caused by the inhalation of the dusts of the gunpowder. She was under his care for a period of about three weeks, receiving vasoconstrictor and local anaesthetic drugs to her nose and throat. This was discontinued because it failed to relieve the patient.

The patient's job was to weigh the gunpowder. Her first contact with this powder was on the day she began working in the factory. Prior to this job she worked as a pantry girl, where she came in contact with flour and other food substances. There was no history of allergy in the family. She had had three children with the husband from whom she was divorced many years ago and she had given birth to an illegitimate child eight months ago. She denied having had any serious illness before the present attacks began. Because of economic pressure, she decided to take the job in the gunpowder factory and place her infant under the care of her older sister upon whom she was dependent since the death of her mother twenty years ago. The claimant admitted that her sister had been like a mother to her since their mother's death. On the day that she began working with the gunpowder mixture the claimant remembered having had a feeling of complete frustration because she had received word that her sister was acutely and seriously ill and had become upset over the thought that there was no one else with whom she could leave the child.

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On her first visit to my office, the claimant sneezed almost constantly, "about fifteen times per minute," which was interrupted occasionally by spells of yawning lasting only for a few minutes. She complained that she had been suffering with her condition from the time she began working with the gunpowder, that the attacks had persisted for the past three months, and that she was free of her symptoms only during her sleeping hours.

On examination of the patient the following significant findings were observed: There was no evidence of conjunctivitis, but there was a profuse watery discharge from the eyes. The nasal mucosa was normal in appearance with a moderate amount of engorgement of the turbinates and no nasal discharge was present. Examination of the lungs, heart, and abdomen were essentially negative. The blood Wassermann was negative, urinalysis and complete blood counts were normal, and only 1 per cent eosinophiles were found in the blood smear. A nasal smear showed a normal amount of polymorphonuclear leucocytes with occasional eosinophiles. Complete intradermal tests, including the extracts of the common inhalants and foods, produced no marked skin reactions. The gunpowder mixture which the claimant handled consists of the following ingredients: zinc dust, hexachloroethane, ammonium chloride, calcium chloride (anhydrous), calcium carbonate, and ammonium perchlorate, all of which are powders, and hexachlorabutadeine, a solution. Each of these were applied locally to the nasal mucosa and produced no local allergic reactions in the tissues. Inhalation tests with these materials also failed to produce local allergic changes in the nasal mucosa or symptoms of sneezing and yawning.

Fluoroscopic examination of the chest showed no evidence of pathology in the lungs and the heart shadow was within normal limits as to size and shape. Electrocardiographs showed no evidence of myocardial damage or disease of the coronary vessels.

It was the impression of her physician that the claimant was troubled with an allergic coryza which was caused by inhalation of the gunpowder dust at the factory. However, since the condition occurred on her first contact with the gun-

powder, it seemed apparent that a strong psychogenic factor played a role in this case.

On her second visit to the office, although the claimant had been absent from her work for nearly three months, she came in sneezing violently and I decided to try some form of suggestion therapy. I told the patient to look at an incandescent light and after repeating several times, "Now you will not sneeze, you can't sneeze," within ten seconds the sneezing stopped and the patient remained symptom free for the rest of the session (a half-hr.). Before leaving, I advised the patient to look at an incandescent light whenever she felt inclined towards sneezing. When she returned a few days later she was enthusiastic over the treatment I suggested, since she had only occasional attacks of sneezing which she had been able to control by this method. On this day and on subsequent visits I tried further experiments with suggestion. In general, I found that I was able to stop or start her sneezing and yawning spells at will. By pressing with my index finger beneath the left angle of the jaw and telling her that the sneezing would start, she immediately would begin sneezing most violently about ten times per minute. On pressing on the opposite side and telling her that she would sneeze in double time, she immediately began sneezing about twenty times per minute. On twisting her left wrist, and telling her she would begin yawning, she immediately began yawning, and by directing her to look at an incandescent lamp, all symptoms ceased by suggestion.

On later visits, my nurse and other persons were able to produce and stop the symptoms by applying the pressure points as described above without speaking to the patient or making any suggestions. The patient was also conditioned to start and stop her symptoms with suggestions from me that pressing with her left middle finger beneath the left angle of the jaw would start her sneezing, the left thumb would produce yawning, and pressure with her left index finger would stop all symptoms.

Then inhalation tests were performed with the materials with which she came in contact at her work. The patient was blindfolded; I started her sneezing spells by pressing the "trigger areas" and told her that I was going to apply soothing medication to her nose. Instead I applied the various ingredients which made up the gunpowder substance to the nasal mucosa. She stopped sneezing and had no recurrence after each ingredient was applied. This was followed by shaking a bottle containing tap water in front of the patient (a rub-

ber stopper was used to prevent any of the water from spilling) and after telling her that it contained a solution of the gunpowder mixture, she soon went into violent sneezing spells which occasionally were interrupted by short spasms of yawning. She pleaded with me to get her out of her misery and by using the incandescent light method of treatment she was relieved of all her symptoms in a few seconds.

It is interesting to note that the claimant was relatively symptom free from the time I began using suggestion therapy until about two months later, when she made her appearance at a Compensation Board Hearing. On that occasion she had a recurrence of her symptoms and the attack was so violent that the hearing had to be postponed. After this session was over, her symptoms disappeared. About two months later she returned with no complaints but quite indignant because compensation was denied her on the basis that I had concluded that there was no causal relationship between the patient's condition and her work. When I gave her the reason for my decision: that I was able to produce and stop her symptoms by suggestion, she challenged my ability to start her sneezing again. At this time I tried suggestion therapy again and I failed to produce a recurrence of the claimant's former symptoms.

This case was under my observation for over a period of two years, and the patient when last seen was working as a domestic and has had no recurrence of her symptoms.

Conclusion

1. A case is presented of a woman suffering with violent and almost continuous sneezing spells which occasionally was interrupted by short spells of yawning. These symptoms were alleged to have occurred by contact with a "gunpowder smoke."

2. The standard methods of testing allergic patients were used and gave no evidence that we were dealing with an allergic individual. These included complete intradermal testing with the common extracts of inhalants and foods as well as "snuff," inhalation tests with the various mixtures of "gunpowder smoke," and materials with which the patient came in contact at her work.

3. Psychotherapeutic measures (suggestion) were used and caused disappearance and recurrence of the patient's symptoms at will.

4. It can be reasonably assumed that the patient's symptoms in this case were purely psychogenic in origin.

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