

A RECENT EPIDEMIC OF HYSTERIA IN A LOUISIANA HIGH SCHOOL*

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A. INTRODUCTION

One of the most interesting, and, at the same time in recent years, most neglected of the phenomena of social psychology is that of the mental epidemic. Descriptions of such phenomena in other countries and in earlier periods are not lacking.¹ Medical literature on the subject, especially in the latter part of the nineteenth century, is abundant. One of the standard bibliographical guides to medical publications lists, under the subject headings of "choretic," "convulsive," and "hysterical epidemics," roughly 100 titles.² It is notable, however, that since the turn of the century publications on these subjects have become so rare that even these headings are no longer needed. In fact, the writers have found not a single publication in the United States for over 40 years. Either (a) mental "epidemics" have gone out of fashion among medical observers and writers, or (b) they have become so much taken for granted as no longer to

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¹See J. F. C. Hecker's book, *Die Tanzwuth, eine Volkskrankheit in Mittelelter. Nach dem Quellen für Aerzte und gebildete Nichtärzte bearbeitet*, Berlin, 1832, subsequently translated into several languages, in which he cites the case of an epidemic occurring in a very large convent in France where a nun started to mew like a cat. In a short while other nuns began to imitate the "mewing nun" until finally all the nuns met together regularly every day and mewed for several hours (*op. cit.* p. 47). Another case mentioned by Hecker (derived from *Zimmerman on Solitude*, Vol. II, Leipzig, 1784) deals with the "nun-biting" mania of fifteenth century Germany. "A nun in a German nunnery fell to biting all her companions. In the course of a short time all the nuns of this convent began biting each other. The news of this infatuation among the nuns soon spread, and passed from convent to convent throughout a greater part of Germany, principally Saxony and Brandenburg. It afterwards visited the nunneries of Holland, and at last the nuns had the biting-mania even in Rome."

²*Index-Catalogue of the Library of the Surgeon-General's Office, United States Army*. Washington: Government Printing Office, First Series, Vol. III, 1882; First Series, Vol. VI, 1885; Second Series, Vol. III, 1898; Second Series, Vol. VII, 1902.

justify published descriptions, or else (c) the phenomena no longer exist. Which alternative best fits the situation is not clear; at any rate, the last alternative is not acceptable.

Although it is impossible in the present paper to survey even briefly the earlier literature, it is worth pointing out that the most recently published description of a genuine mental epidemic accessible to the writers is one given in 1906, by P. Schütte, in the *Muenchener Medizinische Wochenschrift*.³ He says, in part,

The nervous disease phenomena, which under the name of "Trembling sickness" are at present appearing in several schools in the City of Meissen in epidemic form, which have existed since December of the preceding year, one may, like so many other modern woes, regard as a sign of our times, of the age of nervousness . . . in the case of the "Trembling disease" we have to do with an acute and precipitant symptom picture which mostly befalls hitherto entirely healthy children, and apart from the trembling movements show no accompanying phenomena. The unique aspect of the "Trembling disease," is that it occurs in epidemic form, that is, it is communicated from one person to the other. The patients are mainly children from the age of 9 to 13 years, and predominantly girls of the elementary and middle second "Burgerschule," who are placed together with 35 classes in the same building. . . . Its entire symptomatology and the very obvious causal moments characterize the "Trembling disease" as a typical school illness. . . . The characteristic symptoms first make themselves noticeable by a mild shaking of the right hand, which is always shaken only in a radial-ulnar direction. The trembling often extends to the forearm and sometimes it also seizes the left side. . . . The trembling phenomena occur with varying frequencies, sometimes also at night, and they last from a few minutes to half an hour. During the intervals the children usually feel entirely well, except for a certain nervous excitement, until the attack again sets in with more or less renewed vigor. This condition can last for weeks or months especially if the patients are not protected soon enough from the influences which precipitate the disease.

The writer goes on to give his interpretation of the various environmental and hereditary factors which together are responsible

³"Eine neue Form hysterischer Zustände bei Schulkindern." Vol. 53, pp. 1763-4, No. 36, Sept. 4. The writers' translation from the German was kindly checked by their colleague, Professor Rudolf Heberle.

for the appearance of the "disease," and to caution against taking this type of epidemic too lightly in view of its long duration at Meissen, and the difficulties local physicians had experienced in attempting to cope with it. In fact, at the time of this writing, it was still necessary to keep large numbers of school pupils from attending school.⁴

The present paper is a case history of a mental epidemic in a south Louisiana community which seems to have been quite similar in nature to that reported by Schütte. The episode occurred in the spring of 1939, but interviews with most of the persons involved, including all of the subjects who developed the abnormal symptoms themselves, their parents, the physicians who attended them, and the school officials and teachers, make possible a fairly coherent account of what actually transpired.⁵

Bellevue, which is the scene of the epidemic, is a village situated along the Mississippi River, less than 50 miles from New Orleans. The school is a very progressive consolidated High School drawing its pupils from a radius of 10 to 15 miles on the right bank of the river. The total enrollment in the High School at the time the

⁴Hirt gives an account of a similar epidemic, also among school children, which in essence is as follows: the epidemic of hysterical spasms appeared in the village school of Gross-Tinz bei Liegnitz in the summer of 1892. The first case was a girl of 10 who on June 28 began to tremble, first just in the right hand, then with her entire body. This attack lasted between one-half and one hour. Next day the trembling appeared in several girls who sat in nearby benches, not in adjacent seats. The attacks became daily, and lengthened in duration. Instruction began to be interfered with since the girls could no longer write their lessons. This was all the more true when, early in June, one of the trembling girls fell under the bench. Although this girl, who did not lose consciousness, was immediately taken out of class, still more girls got the spasms until, by July 19, there were 20 cases. At the height of the epidemic, about July 14-20, 8 of the 20 lost consciousness during the attacks. No boys were affected. Beginning the 20th of July all the girls in school (38) were kept at home, but the boys (32) continued until July 27, when the summer vacation began for both boys and girls, lasting until Aug. 19. There was no further indication of trembling, but several children, again only girls, complained of such severe headaches that they were sent home. Nine were absent on the day of the author's visit. By Oct. 20, following the fall vacation, the epidemic was completely over. The age range of the affected girls was from 5 to 12.

⁵To all these persons we wish to express our appreciation for their cordial cooperation.

For obvious reasons the names of places and persons actually used in this account are fictitious.

epidemic took place was about 275. The modern and efficient nature of the school system must be emphasized to make perfectly clear the fact that the epidemic was not precipitated, or participated in, by a backward or ignorant class of people. In fact, the school is outstanding in the state for its advanced curriculum, progressive use of modern visual and auditory teaching aids, and use of field trips for educational purposes.

The population of the surrounding area is largely of French extraction. Some German names are to be found, but long ago this element in the population was thoroughly assimilated by the French.⁶ At the present time the investigator really requires a good working knowledge of the local French dialect to be able to secure maximum coöperation and information from many of the persons to be interviewed.

As is to be expected, the culture is that characteristic of the French-speaking, Roman Catholic portion of south Louisiana. The religious festivals, holidays, fast periods, and other customs which give the area its distinctive cultural features are all observed and practiced with true orthodox regularity and fervor in the community under consideration.⁷ This point is stressed because it is improbable that the epidemic would have developed as it did were it not for the conjuncture of several factors, one of which was the celebration of Mardi Gras, or Shrove Tuesday—the day preceding the beginning of Lent, the period of fast, abstinence and penitence. Another point to be emphasized in the same connection is that social dancing is enjoyed freely by all ages and both sexes in the area. In school functions, accordingly, it was natural that social dancing should constitute a normal part of the recreational program, and that in school entertainments forms of dancing should also be prominent. Throughout the entire year the pupils were allowed to dance in the school building during the free time at noon following lunch.

⁶See T. Lynn Smith and Vernon J. Parenton, "Acculturation among the Louisiana French," *American Journal of Sociology*, Vol. 44, pp. 355-364; cf. J. Hanno Deiler, *The Settlement of the German Coast of Louisiana and the Creoles of German Descent*. (Philadelphia: American Germanica Press, 1909.)

⁷For a description of the rôle of these institutions in a culturally similar community, see Vernon J. Parenton, "Notes on the social organization of a French village in South Louisiana," *Social Forces*, Vol. 17, pp. 73-82.

School dances commonly followed athletic events, such as basketball games. Furthermore, several times during the school year, the Catholic Youth Organization put on public recreational activities in which social dancing played a prominent part.

B. DESCRIPTION OF THE CASE

Before taking up the actual sequence of events it may be helpful to describe briefly the major participants, and to explain their social relationships. All the students involved were girls ranging in age from 16 to 18, at the time being sophomores, juniors, or seniors in High School. They were characterized by the principal of the school as having been among the brighter members of their respective classes. Apparently they were all of normal attractiveness and intelligence, and in relation to their ages well-informed young persons, by no means dull or superstitious. The socio-economic status of families represented, however, was rather wide, ranging from some of the first families of the community to some of the least fortunate.

The first person to develop the hysterical symptoms was one of the more popular and prominent girls in the senior class—Helen A., aged 17.⁸ Although she participated in many extra-curricular activities, and in several cases held minor offices, she was hardly a natural leader. Her interest in athletics was particularly keen, but she was not a star player. Her academic ability is indicated by the fact that in her senior class of 65 members, she graduated with second highest honors.

None of her closest friends, that is, girls who visited freely in her home, succumbed to the epidemic, though she was well known by, and on cordial terms with, each of those who did develop the hysterical manifestations.

The first appearance of hysteria in Helen's case occurred at one of the annual High School celebrations, the Alumni Homecoming Dance. She herself did not dance at that time. Neither her father

⁸At the time of writing, Helen is an attractive 19 year old brunette, about five feet two inches tall, rather solidly built. She appears to be in very good physical health, and is attracted to outdoor sports, especially baseball and basketball. One of her ambitions has been to attend the state university to study physical education. In demeanor she is refined with something of an air of reserve. She is a devout Catholic and belongs to the local sodality of the Children of Mary.

nor her older brothers danced, and she simply was not interested in learning to dance. As is common in the area, however, she did attend such functions as an observer. On the night of this particular dance, after she had been watching for some time, a nervous twitching and jerking of her right leg developed, but not for long, nor to any pronounced degree. She reported to the writers that she had thought at that time that the twitching was due to her getting cold. This was the only explanation she offered for the onset of the attack. After extensive investigation, however, the writers regard the following factors as probably more significant in accounting for the origin of the first case of the hysterical behavior.

A few days prior to the Alumni Homecoming Dance, for the first time in the history of the school, the High School physical training classes had been transformed into classes for instruction in dancing. This was done to assure general facility in participating in the forthcoming Carnival Ball. Accordingly, it was obligatory for all High School pupils to participate whether they wanted to or not. Partners were chosen by lot, and, as one informant put it, "If you couldn't dance, your partner dragged you around anyhow." Helen was able for the first few meetings of the dancing class, at least, to beg off. But certainly this element of distress and conflict associated with dancing seems to have been one of the factors helping to precipitate the hysterical outburst.

Another, and possibly more important factor, though it was not mentioned by any of the informants interviewed at the outset of the study, is the fact that three days before the dance the results of the election of the King, Queen, and Court of the second annual High School Carnival Ball had been announced. Although Helen was a senior, and fairly prominent among her classmates, she was not elected to any of the positions of honor in connection with this event, the social high spot of the year. The explanation for this is not entirely clear. It may have been due (*a*) to an unwillingness on her part to compete with her closest friends, one of whom was elected Queen, the other, a Maid of the Court; (*b*) to her reluctance at being placed in a rôle the proper performance of which would demand a skill in dancing which she did not possess; or (*c*) simply to her failure to secure an adequate number of votes to

be elected. If the last alternative held true to any degree, it seems rather plausible that this failure may have been so keenly felt⁹ as to constitute the major factor in precipitating the hysterical attack at the first dance which Helen subsequently attended.

The third, and possibly the most important precipitating factor, was the fact that Helen at this time was becoming unhappily aware of the success of a rival for the attentions of a prominent senior boy, Maurice L. This boy, with whom our subject was closely associated in certain extra-curricular activities, was a good dancer, and developed a marked interest in the vivacious and attractive newcomer, Gretchen K., who tap-danced so skilfully that she was selected to give a special number at the Carnival Ball. Gretchen was only a freshman, and therefore should have been beneath the dignity of a leading senior boy, but in addition to having the natural allure of the stranger, she carried some prestige among her rural school-mates because of her metropolitan background. Her appeal to Maurice was apparently irresistible, and he did not trouble to conceal his admiration. In fact, he bestowed his senior class ring on her as a symbol of his esteem.¹⁰ To the writers it seems perfectly clear that Helen was both by temperament and training entirely incapable of consciously making a bid for the attention of her boy friend, but that unconsciously and involuntarily she may have been achieving precisely this end through the mechanism of the hysterical manifestations.

One other factor which probably helped to sustain and intensify, although it did not precipitate, the difficulty was the following. Along with all the other seniors, Helen was required to rehearse a jerky little dance step, known locally as the "Bunny Hop." This step had been worked out by one of the instructors for the members of the senior class to give as their contribution at the Carnival Ball.

⁹Particularly since her younger sister had been elected one of the Flower Girls, and even the small daughter of close friends of her family, who lived in her home, was to be an honored participant.

¹⁰It should be noted that our subject was eventually successful in this rivalry. According to the class yearbook, Maurice was an authority on the feelings of one who switches his ring from one girl to another in the course of the senior year: for reasons not entirely clear, shortly before the end of the term, he recovered his ring from the cute young freshman and gave it to the long neglected Helen.

Rehearsal for this feature had not yet begun at the time of the Alumni dance but it was scheduled to begin soon after.

The spasmodic twitching of Helen's leg, once it had begun, recurred occasionally during the succeeding weeks, especially when she was under nervous strain of any sort. Later on it appeared practically every day and the intensity of the spasms increased. As one informant put it, "She'd react every time you'd talk about it."¹¹

At first the twitching took place only at school, but later on it was noticed infrequently at home. The knowledge that some people seemed to think her difficulty was contagious troubled her, but, as has been pointed out, none of her close friends participated in the epidemic. The fact that she was compelled at times to leave the basketball floor because of the leg jerk was especially distressing to her. In the course of time, naturally, her difficulty became generally known throughout the school. Some children simply "kidded" her while others, apparently on the mistaken assumption that her affliction might be contagious, told her she should not come to school.

Millie S., aged 16, was the second girl to develop similar, though not identical, nervous jerkings. She came from a very large and very poor family in a nearby community. The father was not a good provider, and tended to drown his deficiencies in drink. Millie was attractive and intelligent, but not entirely well. She had been under the doctor's care for nervous difficulties several weeks prior to the outbreak of the epidemic, but with no marked improvement. Her rôle in school was not at all prominent, for she did not participate significantly in extra-curricular activities. She had no close girl friends, but seemed to be infatuated with one boy from whom she was at the time practically inseparable.¹²

¹¹It should be stressed, however, that this reaction was involuntary. Another informant said, "We'd tell her she was just pretending, and she'd beg us with tears in her eyes not to mention 'jump' or 'jitterbug.'" It was about this time, it will be recalled, that the particularly jerky and animated dance known as the "jitterbug" was becoming widely popular among the more energetic youngsters. In the issue of *Life* for Jan. 23, 1939, p. 60, appear several pictures of dancing "jitterbugs." In explanation it is stated that "What is going on in the photographs . . . is, by now, a familiar part of American life."

¹²Her condition of semi-isolation is further established by the fact that she learned from the investigators for the first time the name of one of her schoolmates who had participated in the epidemic.

The third person to develop the hysterical symptoms was Frances L., aged 16. According to her parents she had always been "nervous and high strung." Her family was in even worse circumstances than those of Millie S., and accordingly the contrast between her own home environment and that of her associates was conspicuous. Her hysterical symptoms, which were identical with Millie's, appeared during the morning of the epidemic for the first time in the class which they had both attended the preceding day. Although the precise sequence of events for that morning cannot be established it is clear that the outbreak developed epidemic proportions in the course of a single forenoon.

The chronological sequence of the major occurrences which took place in Bellevue leading up to and including the hysterical epidemic, so far as we have been able to reconstruct it, was as follows:

Saturday, Jan. 28. Helen developed an involuntary twitching in the large muscles of her right leg while she was watching the dancing going on at the annual Alumni Homecoming Dance.

Thursday, Feb. 16. Second annual Bellevue High School Carnival Ball.

Tuesday, Feb. 21. (Mardi Gras). That night a public dance was held at Ferryville, about three miles from Bellevue. This dance was attended by at least two of the girls who subsequently developed the hysterical symptoms, Millie and Frances. Millie was concluding a very active week and at the home of the one family which she visited in Bellevue. Soon after returning to her friends' home, about one o'clock Wednesday morning, she suddenly developed an involuntary convulsive jerking in the diaphragm, chest, and neck.

Wednesday, Feb. 22. Millie's disturbance continued during the day, but she attended all her classes. At noon she visited a local doctor, and upon returning home that afternoon she was examined by her family's physician who prescribed rest at home for a few days.

Thursday, Feb. 23. The morning was rainy, and the pupils gathered in the assembly hall before the beginning of classes. At this time Helen was observed by many of the high school pupils experiencing one of her attacks which, by this time, had become a common occurrence.

Apparently nothing unusual took place during the first class period.

But early in the second hour (9:30-10:30), in a French class, Frances began her involuntary spasmodic movements, which continued for some time without interruption, soon becoming noticeable to the entire class. She was then taken to the infirmary where some of the older students attempted to care for her. In the meantime, her friend, Geraldine P., aged 16, who sat at the adjacent desk, had been getting more and more nervous. In her own words: "First I trembled a little. Then everybody kept saying, 'Look at Geraldine.' And then I started jumping. Then they carried me upstairs to the infirmary, and I started crying. They gave me ammonia, but that didn't help. Plenty girls tried to hold me down, but they couldn't." One can well imagine the spreading of the disturbance entailed by the foregoing procedure.

Sometime in the course of the events described in the preceding paragraph, and possibly even precipitating the epidemic itself, another unusual development was taking place. A greatly agitated and none too well-informed mother from Ferryville had driven up in the family truck and loudly demanded her children.¹³ Over the public address system, which reached every room and the playground, and was clearly audible for blocks around, the principal requested the specified children to report to his office at once. Shortly these children returned to their respective rooms to get their belongings, whereupon they left precipitantly. Soon (for Ferryville is only three miles distant) more cars and trucks began to stream in, and more and more children were called from their classes. With these further unexplained departures, coupled with the sounds of nervous crying, and hurried running to and fro in the halls, the curiosity and anxiety of the school children began to know no bounds. The tension became so pronounced that the principal, who had vainly attempted to reassure the panicky students as well as the nervous and fearful parents, found it necessary to call a special assembly in the hope of restoring order—but to no avail. In the meantime, as news and rumors of the "strange goings-on" at the Bellevue High School were

¹³Her explanation to the writers for this action was that she had overheard some people talking about recent developments at the school, and when she heard that the school was "having fits" she decided it was high time that she do something to rescue her own children and those of what neighbors and friends she was able—hence the truck.

spread around Ferryville by the returning parents and children, the noise and confusion of arriving and departing cars increased.

With the break-up of assembly, and the beginning of recess, the children scurried around and pressed forward in an attempt to see and hear what they could of the hysterical subjects. Some were to be seen in the principal's office; others were being administered ammonia-water by a practical nurse in the infirmary; still others, who had not developed the motor disturbances, but who contributed even more largely to the general confusion because of their uncontrolled fearful crying, had been taken to the nearby teacherage. As one of the witnesses said, "You've seen a stampede? That's how it was. The children were running up and down and all around trying to get a whiff here and a whiff there."

The disorganization by this time was too much to be handled by ordinary measures, so the school bus drivers were assembled, and school was dismissed by authority of the Parish Health Officer. The children who still remained, practically all from Ferryville having already been called for by their parents, were then taken home.

In one of the school buses, on the way home, the last reported case of hysteria appeared in one of the girls, induced, apparently, by the chance remark of the bus driver. The children had been talking and joking about the morning's developments, and the driver reputedly said, "If you want to talk about the jerks, why don't you practice them?" And forthwith, Mildred Wilson, aged 17, began to jerk and twitch in the same manner as all the other cases of the morning.

In the meantime the director of the Parish Health Unit had been notified, and that afternoon he, together with other physicians, including two representatives of the State Board of Health (one of whom was also a psychiatrist and neurologist) investigated several of the cases. The possibility that the epidemic might have a bacteriological basis was explored and eliminated. Accordingly, little more was done concerning the matter by the physicians.¹⁴ Sedatives

¹⁴It should be stated that a typhoid fever epidemic, which was raging at this time not far distant, prevented more extensive medical investigation. See H. N. Old and S. L. Gill, M.D., "A typhoid fever epidemic caused by carrier 'bootlegging' oysters," *Amer. J. Public Health*, Vol. 30 (June, 1940) pp. 633-640. Furthermore, it was thought by the investigating physicians

were prescribed together with rest and absention from school for one or two weeks. School re-opened the following Monday with not only the afflicted girls, but about half of the other pupils, absent. The entire school was assembled and addressed in a firm and assuring manner by the director of the Parish Health Unit. In his remarks he emphasized the groundlessness of the current fears, and tried to instill confidence by declaring that nothing contagious was involved. Said the doctor: "You can't catch a broken arm." Nevertheless, the attendance crept up so slowly that it was a full week before it had returned to normal.

The writers' attempt to discover whether there had been any subsequent manifestation of hysteria by any of the afflicted girls yielded negative findings, with two exceptions. Frances reported that several times since the epidemic, especially when she was away from home, and had "the blues," she had started by crying, not quietly to herself, but "out loud," and ended with an attack. The attention gaining aspect of this too-loud crying should not be overlooked, together with the implication of recurrent hysteria. But this is an individual matter, and represents nothing in the nature of another epidemic. Second, Helen has also reported the leg twitchings have appeared on rare occasions, but only when she was very much fatigued.

C. INTERPRETATION

As a basis for attempting to interpret our findings, three distinct phases in the course of the epidemic may be pointed out: first, the period during which only one person displayed the hysterical symptoms of involuntary nervous twitching; second, the period in which a number of persons, apparently unconsciously influenced by the repeated suggestion of the initial case, but possibly rendered more suggestible by the strain and fatigue induced by the events of the preceding days and nights, developed similar behavior patterns; and finally, the period in which some of the more easily excitable and less fully informed adults in a neighboring community, fearing that the malady was contagious and seriously dangerous, acted on the worthy

that the less attention was called to the hysterical symptoms, the sooner they would be likely to pass away.

impulse to save their children from a fate not clearly understood, and therefore all the more fearful.

Without techniques which the investigators did not have at their disposal it would hardly be possible to attempt a full explanation of the initial case. Nevertheless, it seems to display the characteristic pattern of hysteria as an escape mechanism, in this case an unconscious attempt to avoid a situation in which the subject, Helen, was being called upon, and eventually compelled, to participate in an activity for which she had no desire, in which she was not only not skilled (as contrasted with other activities in which she was outstanding), but in which she was entirely inexperienced. The jerking of her leg muscles obviously made it impossible for her to dance, and so the painful conflict situation was resolved with no discredit to the subject. Furthermore, the attack brought her the attention and sympathy which very probably she was unconsciously craving, since the affections of her boy friend, Maurice, were being alienated by Gretchen, the vivacious freshman newcomer.

Since the initial case occurred in a person who had high prestige within the social universe of the community and the High School, there was obviously no ostracism or penalty to be attached to an unconscious imitation of her behavior. If anything, in fact, it apparently served as a satisfactory device for gaining attention in the next two cases. This type of development, however, was definitely discouraged by the school authorities, and it is unlikely that it was of significance in any but a thoroughly unconscious or unintentional manner.

It will be recalled that the closest associates of the first subject, that is, those who were apparently already in the inner circle, without exception failed to develop any of the hysterical symptoms. They paid no attention to Helen's difficulty other than to sympathize with her; they regarded it as a purely nervous condition, involving nothing contagious or dangerous to themselves. On the other hand, there was apparently no unconscious desire to identify themselves further with her by a display of her distinctive behavior patterns, for her closest friends were precisely the genuine leaders of the school—their desires for prestige were already adequately satisfied.

The appearance of the third case, which was followed by the

four or more others whose motor and emotional disturbances constituted the epidemic itself, has been accounted for by the members of the community in a number of ways. (a) Since Helen was known to over-indulge in her eating of candy bars, it was thought there may have been "something wrong with the candy." (b) The drinking water of the community had at the time a notoriously bad taste. Accordingly, the public water supply was investigated, but was found to be perfectly safe. (c) Since the hysteria developed shortly after the termination of an epidemic of measles, it was thought there was a causal connection between the two epidemics. However, none of the hysterical subjects had had the measles. (d) For the first time in the history of the Bellevue High School, a formal program of physical education had been instituted the preceding fall. The regulation gymnasium suits worn by the girls, contrary to the desires of the more conservative parents, consisted of short-sleeved sweaters and very much abbreviated shorts. Although the objections to these costumes for the girls may have been based as much on the grounds of morals as of health, at any rate the physical exposure of the girls in outdoor gymnasium classes was thought to have been a factor in the hysterical epidemic. (e) In the course of the winter the dance known as the "jitterbug" had become very much the vogue among the high school students. The importance in Bellevue of social dancing has already been indicated. The abrupt termination of this dance, with the beginning of Lent, therefore, was thought to have been responsible for the appearance of the muscular jerkings. (f) Finally, it must be emphasized that many of the adults in the communities of the area regarded the entire episode as little more than a hoax on the part of some prankish youngsters who would willingly put on quite a show if they could thereby get out of a little school work.

The parents who participated in the unreasoning rush upon the school possibly feared for their children's safety because of the typhoid fever epidemic which was then going on in a nearby area, but from which children were coming regularly to the Bellevue High School. Although the student body involved in the epidemic of hysteria was in no way endangered by the cases of typhoid, it may well be that the fears aroused thereby served to intensify any

uneasiness caused by rumors regarding the first cases of hysteria at the Bellevue High School.

In conclusion it may be stated that this case of a minor mental epidemic, brief and trivial as in itself it is, seems to be of significance in several ways:

First, it is clear that the phenomenon of the "mental epidemic" is not exclusively historical, nor is it confined necessarily to ignorant and backward populations. On the contrary, it may occur even though it be accurately diagnosed and clearly understood by the intelligent and informed members of the community.

Second, it is hoped hereby to stimulate further research in this borderline field of social psychology and abnormal psychology.

Third, the study and comparison of cases of these phenomena may throw additional light on such socio-psychological mechanisms as are operative in the closely related problems of mass suggestion, hysteria in crisis, and rumor, which occur more frequently and in less dramatic forms than in the type of case here described.

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