Epidemic Hysteria in Virginia: The Case of the Phantom Gasser of 1933–1934

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ABSTRACT

Objective. We studied an example of epidemic hysteria occurring outside a closed community and involving fear of being "gassed." The description presented is that of a previously unrecorded case of epidemic hysteria in the state of Virginia during 1933-1934.

Data Sources. Data were gathered from contemporary newspaper accounts.

Conclusion. The case of the Virginia "gasser" is one in a long series of epidemic hysteria incidents during the 20th century, coinciding with heightened awareness of environmental pollution and triggered by imaginary or exaggerated contamination threats. A recommendation is provided on how physicians should approach such episodes.

CONVERSION HYSTERIA refers to the presentation of physical complaints for which there is no identifiable organic basis. Mass hysteria or epidemic hysteria are the contemporary designations most commonly used to describe the collective occurrence of conversion symptoms and are frequently used interchangeably with such terms as hysterical contagion and mass psychogenic or sociogenic illness. According to a literature survey, most epidemic hysteria episodes occur within closed, cohesive social settings: schools, factories, convents, and hospitals.

While the rapid spread of conversion symptoms across communities has rarely been reported during the present century, they were common in the Middle Ages. Medieval episodes of dancing mania and tarantism affected communities across Europe and are widely regarded as history-specific forms of epidemic hysteria, though alternative explanations have been offered, such as ergot poisoning or cultural dimensions. Their appearance is typified as cathartic reactions to psychosocial stress precipitated by a series of crop failures, famines, social upheaval, and most conspicuously, the unprecedented and devastating effects of the Black Death.

During the 20th century, there have been relatively few published examples of epidemic hysteria affecting the public at large, in contrast to the considerable literature detailing examples in specific social settings. There have been several reports of community-wide "mass hysterias" in the social science literature during this century, but most do not involve the spread of conversion reactions and there is a complete absence of illness symptoms. These episodes involve the rapid spread of false beliefs and/or the redefinition of ambiguous objects or events and are most accurately described as collective delusions. Sociologists and social psychologists commonly use the term collective (or mass) delusions to describe the rapid, spontaneous, temporary spread of false beliefs within a particular population. The word "delusion" should not be used to imply that those affected are experiencing psychologic disturbance. Delusion refers to the socially constructed nature of the episode. Examples of collective delusions recorded in the social science literature during the 20th century include reaction to the "War of the Worlds" broadcast, mutilation scares, mass appearances of the Virgin Mary, head-hunter rumor panics in Borneo, mundane windshield pits near Seattle, Washington erroneously attributed to atomic bomb fallout.
and reports of an imaginary hatpin stabber in the vicinity of Paris, France, during the early part of this century."

FROM DEMON POSSESSION TO CONTAMINATION THREATS

Under rare circumstances, conversion symptoms can affect diffuse populations. The appearance and presentation of symptoms in such cases are similar to those in school and factory episodes and appear to begin within cohesive, typically enclosed social units, but with the major difference that the imaginary harmful agent is at large within the communities in question, and anyone is viewed as a potential victim. Each of these reports occurred amid rumors and intense, credible media publicity involving the propagation of a false belief. Three episodes involved rumors of the use of poison gas against ethnic minorities who distrust distant, central governments, including the Palestinian fear of the Israelis, the Soviet Georgian suspicion of Moscow, and ethnic Albanian mistrust of Serbs. In Auckland, New Zealand, during 1973, 50 drums of the compound merphos were being unloaded at a wharf when it was noticed that several barrels were leaking, and a chemical-like smell permeated the air. After immediate requests for information on its toxicity, authorities were wrongly informed that merphos was extremely toxic, after which at least 400 dock workers and nearby residents received treatment for a variety of psychosomatic complaints: headache, breathing difficulty, and eye irritation. During the 1980s, 400 people reported illness symptoms after intense media coverage about the contamination of a water supply in Camelford, England. A subsequent investigation concluded that contrary to popular media claims, the incident posed no long-term harmful effects, and the symptoms were precipitated by anxiety.

Perhaps the best known report of diffuse epidemic hysteria during the 20th century is the "mad gasser" of Mattoon, Illinois, during August 1944. It is easily the most widely cited case of mass conversion symptoms over the past 50 years. The outbreak began when local police received a telephone call from a middle-aged woman and her teenaged daughter who claimed that they had been attacked by a mysterious figure lurking in the shadows near their home. The intruder reportedly opened a bedroom window and sprayed the house with a sweet-smelling sickish gas that left them nauseated and dizzy. The mother also reported a slight, temporary paralysis in her legs. Police investigated the report but failed to find any evidence of the intruder. Two hours later they again rushed to the house after the woman's husband, upon returning home, saw a suspicious man running from near the window where the original incident had occurred. A police investigation was again unremarkable. The following evening of Saturday, September 2, the editors of the Mattoon Daily Journal-Gazette published the sensational headlines: "Anesthetic Prowler on Loose." After reading the story, two other local families contacted police with similar accounts of being recently gassed in their homes. Over the next several days, police were inundated with a flurry of gassing claims, which tailed off and ceased altogether after September 12. Johnson concluded that victims were exhibiting conversion reactions that were limited to nausea, vomiting, dry mouth, palpitations, difficulty walking, and in one instance, a burning sensation in the mouth.

The spread of epidemic conversion symptoms mirror popular social and cultural preoccupations that define each era. Before the 20th century, the majority of epidemic hysteria reports involved psychomotor agitation and occasional dissociative states precipitated by long-standing religious, academic, or capitalist discipline. Between 1494 and 1662, strict Christian discipline in various European convents, coupled with popular beliefs about witches and demons, engendered a series of episodes involving what Wessely terms "mass motor hysteria." During the 18th and 19th centuries and the realization of the industrial revolution, rigid capitalist discipline and weak or nonexistent labor unionization led to a flurry of mass motor hysteria in oppressive Western occupational settings, most typically factories. These episodes occurred in England, France, Germany, and Russia and included convulsions, abnormal movements, shaking, and neurologic complaints. During this same period, strict academic discipline in many European schools, especially in Germany, Switzerland, and France, precipitated outbreaks of convulsions, contractions, shaking, and laughing.

During the 20th century, epidemic hysteria episodes are dominated by environmental concerns, especially exaggerated or imaginary fears involving mysterious odors. Unsubstantiated attributions of gassings are a com-
mon contemporary trigger of epidemic hyste-
ria outbreaks in closed, cohesive social units
such as school and occupational settings, and in several of the more rarely recorded
incidents in diffuse collectives. If, as Kleinman suggests, hysteria is "the literal
embodiment of conflicted meanings, somatic
symbols that have psychological and social
uses," then this present trend in hysterical
symptomatology can be described as a sign of
our times. Historian Edward Shorter has like-
wise documented the change in the nature of
hysterical symptoms, with a shift from classic
conversion symptoms to more nonspecific, less
verifiable complaints such as fatigue and dizzi-
ness. In the following account, we will describe
for the first time in the scientific literature a
remarkably similar case of epidemic hysteria
occurring in Virginia.

THE VIRGINIA GASSER

Between December 1933 and January 1934,
residents in rural, mountainous Botetourt County, Virginia, were thrust into national
media prominence after a series of alarming
reports that a nefarious gasser was prowling
the region and spraying citizens in their
homes at night. Near the end of the episode,
several more incidents were reported in adja-
cent Roanoke County. The episode began in
the tiny hamlet of Fincastle, when a mysterious
figure reportedly struck at the Cal Huffman
farmhouse on three separate occasions
between Friday evening, December 22, and
early Saturday morning of the 23rd. The first
incident began at about 10 PM when Mrs.
Huffman detected a gassy odor and became
nauseated. Despite the incident, she retired to
bed while her husband stayed awake, hoping
that it may have been a repeat attack. Thirty minutes later, a gas smell
was again detected in the house, and Mr.
Huffman telephoned police, who arrived
about midnight, but the investigation was
unrevealing. Immediately after deputy sheriff
O. D. Lemon left at 1 AM, a third attack was
reported when all of the 7 or 8 family mem-
ers experienced choking fumes that made
them temporarily ill. The Huffmans' 20 year-
old daughter Alice was most seriously affected,
having fainted, and when nearby Troutville
physician S. F. Driver arrived, thinking her
gravely ill, he dramatically administered "arti-
fi
cial respiration" to "resuscitate" her. In just a
few hours, she appeared to have completely
recovered. She later relapsed and was de-
scribed as "seriously ill," but physicians attrib-
uted her symptoms to anxiety. After this third
attack, Mr. Huffman and another person inside the house thought they may have seen a man fleeing. The only vague clue was a
woman's high heel shoe imprint near the win-
dow where the gas was believed to have en-
tered the house, and a second print under a
porch where it was thought the gasser may have hidden.

The next press report appeared in the Roanoke Times of December 27, affirming the
gasser's existence ("Gas Attacks on Homes Continue"), and adding a new case involving Mr. and Mrs. Clarence Hall of Cloverdale. The
couple returned home at 9 PM after a church
service and within 5 minutes detected sicken-
ing fumes that left a sweet taste in their
mouths. Symptoms included nausea, smarting
eyes, and weakness. The next evening some-
one thought they saw a figure shining a flash-
light near a side window of the Hall residence.

The "gasser" struck again on Wednesday the
27th at Troutville as acetylene welder A. L.
Kelly reported being attacked at 10 PM while in
an upstairs room. Conspicuously, several other occupants in the house were unaffected. This
was followed by a temporary cessation of press
coverage and reported incidents, with specula-
tion that the gasser had ceased his sinister
activities.

Reports of gas attacks resumed on Thursday
night, January 11 at 10 PM when a Mrs. Moore
of Howell's Mill, several miles west of
Fincastle, reported hearing muffled voices in
the yard followed by a rustling shade by a win-
dow that had been broken for some time. She
immediately smelled gas, "grabbed her baby
and ran out to give the alarm, but not until
experiencing a marked feeling of numbness." The
couple who owned the house lived up-
stairs and were unaffected by the "gas" and
were unaware of the incident until hearing
Mrs. Moore's cries. Once again, the press had
reported the gasser's existence as fact, begin-
ing its account as follows: "Nocturnal dis-

dispersers of a nauseating and benumbing gas
were abroad in Botetourt County again last
night...." The house owner, Homer Hylton,
stood sentry over the residence with a shotgun
until daybreak, fearing another attack. Con-
siderable alarm was raised when another
"gassing" at about this same time in Troutville

*Pronounced "bot-ah-tot."
was suspected by one physician to have involved potentially lethal chlorine gas.  

On Tuesday night, January 16, F. B. Duval told police that upon arriving at his home near Bonsack about 11:30, he learned that his family had been gassed. Driving to meet police, he caught a fleeting glimpse of a man running to a nearby car, and assumed that he was the perpetrator.  

On Friday evening, January 19 at 7:30, a Mrs. Campbell was sitting near a window at her Carvin's Cove home when she noticed the curtains flutter, immediately followed by a sickening odor.  

On Sunday night, January 21, Mr. and Mrs. Howard Crawford returned home in Colon at 9 PM, when Mrs. Crawford was staggered by fumes while trying to light a lamp.  

By Tuesday, January 23, many families in remote sections of the county were sleeping with neighbors, while vigilante farmers were conducting their own road patrols or could be seen “sitting on their doorsteps with guns in their hands.” One police officer expressed concern “that some innocent person passing a house or calling upon a neighbor may be wounded or killed through nervousness” by those fearing they were the gasser’s next target.  

Increasing Skepticism  

With the lack of concrete evidence, a gradual increase in press skepticism began to appear, coinciding with the first obvious false alarm. This occurred in Fincastle on the night of the 24th, when Mamie Brown dashed from her residence near the jail, screaming that she had been gassed. A crowd quickly formed and rushed to her residence. However, it was soon determined that someone “had tossed a common fly killing fluid into the kitchen—apparently as a joke.” At 9 PM on the 25th, a watchdog at the Chester Snyder farm near Cloverdale began barking. Prepared for the gasser, Snyder leapt from his bed, grabbed a shotgun, and fired at the outline of a figure walking in a nearby field. On January 28, a journalist jokingly interviewed Mr. Snyder’s dog. “He [the dog] was friendly and apparently willing to ‘make copy,’ but when he was asked whether a man he detected prowling . . . was the ‘gas’ man, the pup merely pointed his ears . . . and barked a single bark.” By January 30, some citizens were suggesting that “the whole gassing case is a mere hoax, or figment of imagination of reported victims.”  

Roanoke County  

In early February, the attacks shifted for the first time outside of Botetourt County, to adjacent Roanoke County. Early on the evening of February 3, a trio were sickened by fumes at the Hamilton residence as the family was entering their home after an absence of several hours. Within 3 hours, the last case investigated as a possible attack in Botetourt County transpired on Saturday evening, February 3, at the Troutville home of A. P. Scaggs; seven persons and the dog were made ill. As usual, the incident occurred between 8 and 9 PM, and a doctor was summoned to treat the victims, all of whom quickly recovered, including the pet.
The episode of the phantom gasser of Virginia is a fascinating example of epidemic hysteria within a community setting. The remarkable parallels between this case and the famous phantom anesthetist of Mattoon may not be coincidental. During the 1930s and early 1940s, Americans were preoccupied with the issue of chemical weapons during wartime. In his study of the panic that followed the "War of the Worlds" radio play in October 1938, Princeton University psychologist...
Hadley Cantril\textsuperscript{80} concluded that a major contributing factor to the panic was the plausibility of the broadcast, since a substantial portion of listeners had assumed that the Martian "gas raids" were actually a German gas attack on the United States. One typical respondent told Cantril: "The announcer said a meteor had fallen from Mars and I was sure that he thought that, but in back of my head I had the idea that the meteor was just a camouflage . . . and the Germans were attacking us with gas bombs."\textsuperscript{80}

In this century, we are no longer oppressed by demons and spirits, at least not in the developed world, but our modern demons take new forms. It is perhaps part of the human condition to harbor fears about the environment and to believe in the existence of powerful yet invisible forces with the potential to control our destiny. To the medieval mind, demonic possession was a reality. To the inhabitants of interwar Virginia, such fears would have seemed quaint, but a threat from mysterious gases was viewed as realistic. A future use of poison gas against civilian populations was part of the mental landscape of the interwar periods.

At the end of the century, such fears are, if anything, even more prevalent. Fear of being gassed is no longer restricted to the context of either military service or a war against civilians such as waged by Saddam Hussein against the Kurds. The recent terrorist attack using sarin on the Tokyo subway produced a wave of further mass collapses almost certainly due to the resulting fear.\textsuperscript{106} Instead, the specific fears of being gassed by an unseen enemy have now generalized into a more global perception of environmental hazard.\textsuperscript{107-109} Indeed, these fears gain increased resonance precisely because they are not always illusory—the examples of the Kurds, Bhopal, Seveso, and Chernobyl, and the legacy of Silent Spring, provide a fertile soil for current illness fears. Hence, as we approach the new millennium, concerns about the threats of domestic or foreign terrorists, coupled with more general "green" concerns, suggest there is fertile ground for future episodes of epidemic hysteria in closed settings. The ever-increasing reach of the media and Internet suggests that even more widespread manifestations of illness fears can be anticipated.\textsuperscript{110,111}

How should physicians approach epidemic hysteria episodes involving contamination fears? It must be realized that while epidemic hysteria cannot be confirmed by any medical test, it is not an exclusionary diagnosis, since the presence of a constellation of distinct characteristic features almost certainly indicates the presence of psychogenic illness.\textsuperscript{8} These include ambiguous illness signs of a transient and benign nature; absence of an identifiable pathogenic agent; rapid onset and recovery; and extraordinary psychosocial stress. The most common symptoms are hyperventilation, nausea, dizziness, fainting, abdominal pain, tetanic spasms, headache, and weakness.\textsuperscript{8,5,112}

Once a diagnosis has been made, it is important to provide community reassurance that the agent believed to pose a threat was either imaginary or no longer exists. Physicians can seek to instill confidence and garner support from other influential leaders, and consider involvement in public forums or providing mass media interviews. Such forms of open dialogue with community members can counteract rumors and misinformation that typify episodes.

The lack of public support or understanding of the epidemic hysteria label often results in fierce community opposition to the diagnosing physician.\textsuperscript{59,115,116} Some researchers note that in dismissing claims it is important to refrain from remarks such as "it's all in their heads," which often exacerbate episodes and engender further hostility and defensiveness from those affected.\textsuperscript{116-117} It is important to realize that despite a psychosocial etiology, those affected actually have physical symptoms. Short-term symptoms are generally self-limiting and respond favorably to reassurance.\textsuperscript{8} In treating patients who are exhibiting long-term symptoms of chronic somatization (exceeding 6 months), the management strategy should heighten patient awareness of psychosocial cues and the inappropriate focus on physical symptoms.\textsuperscript{118}

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