

#### CHAPTER IV.

##### HYSTERO-EPILEPSY—MAJOR HYSTERIA—HYPNOTISM—TREATMENT BY SUGGESTION.

THE reason why we have not treated of the disease, we are about to describe, in immediate connection with hysteria, but have placed it after the chapter on epilepsy, is because the "attacks" of hystero-epilepsy appear to the observer as a result, or perhaps we had better say as a sort of mixture, of hysteria and epilepsy. It would, however, be a mistake to infer from this that the affection has any close physiological or pathological connection with epilepsy. It is more likely that we ought to regard it as a higher, or indeed the highest, grade of hysteria (cf. page 553).

The "major attacks" have been studied exclusively by Charcot in the Salpêtrière. To him alone and some of his pupils, more particularly P. Richer, we owe our knowledge of their nature and characteristics, and of the rules and definite laws which they appear to follow. Almost every, nay, we can well say every publication on hystero-epilepsy that did not emanate from the Salpêtrière was, at any rate, based upon Charcot's observations and communications, and hardly anything new has come from any other source.

The attacks can usually be divided into four distinct periods, though one or other of them may so predominate, as regards its duration and intensity, that the rest are somewhat obscured. The first period embraces the epileptiform attacks: the body is suddenly shaken, respiration stops, the patient lets fall anything she happens to be holding in her hands, and is thrown to the ground. She is now seized with general convulsions or there develop rapidly extensive contractures affecting almost all the voluntary muscles. In the second stage, which immediately follows this, the patient is bounced up and down in bed, she assumes marvelous positions, stands on her

head, curves the body in the form of an arch (*arc de cercle*), and howls and roars at the same time like a wild beast. This is the period of major movements, "clownism." It is followed immediately by certain hallucinations, under the influence of which the patients assume postures indicative of the most varied passions, the "*attitudes passionelles*" of the French. The face takes on, according to the particular hallucination, an expression of anger, rage, devotion, love, voluptuousness, curiosity, pain, etc., which would give us the impression that the patient is passing in her mind through a period of her life the details of which are unusually vivid in her memory. The postures and expressions may change, although sometimes they remain the same throughout this stage. That of the "crucified" has obtained a certain degree of celebrity, because it seems to be particularly frequent. Finally, the fourth stage is marked by a delirium, in which hallucinations recur with the greatest persistency, some patients imagining they see animals, others terror-inspiring objects of different kinds, and so forth. Automatic movements are not rare; sometimes anæsthesias or at least analgesias are noted. This delirium resembles in many respects an alcoholic intoxication. The duration and frequency of the attacks vary greatly. Some only last from one to five minutes, and recur ten, twenty, or even one hundred times a day (*état de mal*). It is a characteristic feature, and one very valuable in the differential diagnosis, that firm pressure upon the ovaries invariably suffices to cut short an attack.

If this pressure is exerted constantly, as can be done by means of belts provided with pads, the attacks may be kept off for quite a considerable time. At the celebrated ball which every year at *mi-carême* is given to the hysterical and hystero-epileptic patients of the Salpêtrière, in which, of course, only females take part, each dancer wears her belt. If this, owing to the movements in dancing, slips from its proper place, so that the pressure is taken off the ovaries even for a moment, a major attack comes on, and the patient, twisting and turning herself and presenting the most incredible distortions, is removed from the ball-room, without causing the least interruption in the dancing.

The outlook for complete recovery in major hysteria is not favorable. All attempts to cure the patients remain in many instances fruitless, as we may observe in the Salpêtrière, where

some patients, in spite of the best care and the most excellent treatment, remain for years without presenting any marked or lasting improvement either with regard to the violence or the frequency of the attacks.

Sometimes, especially if the patients come early enough under the care of the physician, immediate removal from their homes into an institution does much good. The attacks become rarer and cease entirely after a few months. The treatment in these institutions consists in the "feeding system," which we have mentioned on page 566, as well as the ice-cold douches, to which we have also alluded above.

The brilliant success of Charcot in the treatment of hystero-epilepsy is due to these three factors: (1) The removal from home, (2) the cold douches, and (3) the feeding system. With the removal of the ovaries, the use of static electricity and the magnet, the results have been shown to be much less favorable, and we may consider that these procedures, so far as the treatment of the major attacks goes, have in the main been discarded (cf. the references to metallotherapy).

Reliable and correct as are the descriptions given by the Charcot school of the major attacks, which we may incidentally remark are very rarely seen in Germany, accurately as we can follow up the different phases or periods of the attack in many such patients, we still must be very careful in accepting the accounts of the influence of hypnotism upon hystero-epileptics and the conditions produced thereby.

In the Salpêtrière the patients were hypnotized by means of fixation of the eyes, by the action of a bright light, or the sound of an instrument called a tam-tam, or by similar means; and, as every one must know who has been present at Charcot's experiments, certain individuals were hypnotized in a very few seconds. According to Richer, who, as we said, has made the most careful studies of this subject in conjunction with Charcot, which appeared in various numbers of the *Arch. de Neurol.* from 1881 to 1883, there may be distinguished four different stages: (1) The cataleptic, (2) the stage of suggestion, (3) the stage of lethargy, (4) the stage of somnambulism.

In catalepsy, whether artificially produced or whether occurring spontaneously, as it does in hysteria in very exceptional cases, the members of the body remain in any position into which they have been put. Thus, if we passively bend the arm at the elbow and raise it up, it remains fixed in this position.

Flexion or extension in any joint can be produced without the slightest resistance on the part of the patient—"flexibilitas cerea"; even the most unusual, uncomfortable, and strangest attitudes are retained without any difficulty. How this most remarkable regulation of the necessary innervation is brought about we do not know as yet, neither have we the slightest grounds whereupon to base any theory by which we could seek to explain this condition, which is not infrequently also associated with disturbances of consciousness.

The state of hallucinations excited by slight stimulation of the special senses (in reality by suggestion), and designated as automatism, is characterized by total analgesia. The eyes remain open, and it is a remarkable fact that positions which are given to the body evoke the corresponding expressions of the face, and, *vice versa*, the body assumes the corresponding position if on the face, by faradization of the muscles, a certain expression—e. g., of sadness, hilarity, spite, voluptuousness, or fear—is produced. By firmly shutting the eyes of the patient it is claimed that the second stage may be converted into the third, the automatic into the stage of lethargy. In this latter the excitability of all the nerves and muscles is greatly increased, so that, for instance, slight pressure upon the stem of the facial nerve suffices to bring about contractions in all the muscles supplied by that nerve. The contraction lasts much longer than the stimulation, and therefore takes on a tetanic character. At the same time the patient is apparently completely unconscious, and there is total anæsthesia. Now it is impossible to create hallucinations. The tendon reflexes are greatly exaggerated. If we now stroke the patient lightly over the top of the head, the hyperexcitability vanishes and a new stage comes on, that of the hysterical somnambulism. In this condition the patient is susceptible to external influences, inasmuch as the organs of special sense are performing their functions to a certain degree. He answers questions (with closed eyes and, as it were, automatically), carries out instructions, and so forth. By local stimulation of the skin—for instance, by vigorous rubbing—we are able to produce contractures. By energetic pressure upon the eyes the patient can again be transferred from the somnambulistic to the lethargic condition. The occurrence of hallucinations and illusions is not constant.

For a long time the theory that this condition was peculiar

to hysterical patients when hypnotized, just as the other conditions were peculiar to them when awake, was not doubted, and the so-called major hypnotism, as the hypnosis of the hysterics and epileptics was called, created everywhere great astonishment and admiration, especially in those who could actually observe it in Charcot's clinic at the Salpêtrière. It is only more recently that doubts have been raised about the correctness of these claims of Charcot. Many are inclined to believe that the above-described four stages, which the hypnosis of hysteria presents, can be produced in any hypnotized individual, and not only in those who are hysterical, and that therefore the "major hypnotism" is no neurosis at all and has no characteristics of its own. Whether the members of the Salpêtrière school will be able to defend their former assertions, and what arguments they can put forth, and whether they will be able to continue to uphold the existence of different stages of hysterical hypnosis after all possible sources of error have been excluded, we can not tell. How they will be able to demonstrate the neuromuscular hyperexcitability as physiological and not perhaps as produced voluntarily, as many are inclined to think now, has to be left to the future to decide, and more especially to the absolutely necessary repetition of the experiments. Here it is our part only to show on what grounds Charcot's doctrines have been attacked, what proofs have been brought forward to show his doctrine to be untenable, and to state clearly the standpoint which is now generally held as regards the origin and the phenomena of hypnotism.

This is not the place to enter into a consideration of the mysticisms and the charlatanisms of a man who a hundred years ago propounded the doctrine of the so-called magnetic fluid, which, emanating from the magnetizer, and being capable of spreading itself in space, could receive all impulses of motion and impart them, but as a matter of historical interest and justice we are compelled to state that it was Franz Mesmer, born in 1733, who gave the first impulse to a movement which, founded on his arrogant and wild teachings, has passed through manifold phases, and to-day still exists, now that it has been found possible to sift the chaff from the wheat. Magnetism to-day has succumbed to the same fate as alchemy, and has been discarded, but both bore good fruit; the one opened the door to chemistry, the other to hypnotic suggestion (Bernheim).

The fact that there is no such thing as a magnetic fluid, that

hypnosis and the phenomena occurring during it are entirely subjective in nature, and are to be attributed to external influences upon the nervous system, was discovered by James Braid, of Manchester, in 1841, and we are justified in opposing "braidism" to "mesmerism" just as we oppose truth to falsehood. Braid concentrated the attention of those he wanted to put to sleep by making them keep their eyes fixed upon a bright object; he assumed that the fatigue of the levator palpebræ superioris, which was simultaneously produced, was the cause of a sleep during which the imagination was so active that spontaneous mental pictures, as well as impressions imparted by others ("suggestions"), obtained the power of actual perceptions. If such impressions are imparted frequently, according to his observation, a certain habit is established, so that it becomes, *ceteris paribus*, easier and easier to put the patient to sleep. Braid was also acquainted with the fact that corresponding sensations and passions can be produced in hypnotized persons by putting their facial muscles and their extremities in appropriate positions, although he made no attempt to explain these phenomena physiologically. This has only been done quite recently, and even then the study was evoked only by a purely external stimulus, viz., the exhibitions which a Danish magnetizer named Hansen gave in the German cities. The impression which these made upon the public at large was of such an exciting and uncanny nature, and the whole thing was so puzzling to men of learning, that physiologists and neuropathologists were impelled to approach the subject to see whether the apparently supernatural and inexplicable could not be traced to natural physiological laws. One of the most prominent physiologists, Heidenhain, put forward the theory that, by weak but steady stimulation of the nerves of special sense, the cells of the cerebral cortex were induced to discontinue for a time their activity, thus causing the subcortical reflex centres to fall into a state of irritation, partly because, owing to this inactivity, the reflex inhibitory influence of the cortex was suspended, and partly because every impulse reaching the brain was propagated to a limited area which necessarily led to stronger excitation of the part of the excito-motor apparatus belonging to it. With this ingenious hypothesis, which many others—Weinhold, of Chemnitz, Grützner, Rumpf, Berger, and Schneider among them—have accepted, we had to be satisfied, and for the physiologists the interest

in the matter was thus exhausted, and the subject was abandoned.

In pathology and general practical medicine, including, as we shall see, surgery and obstetrics, the matter obtained a new and increased significance when, more recently, the observations, which twenty years before had been made by an investigator in Nancy, Liébeault, were again taken up. Liébeault had published a work in 1866 with the title *Du sommeil et des états analogues considérés surtout au point de vue de l'action du moral sur le physique*, in which he expanded the observations of Braid; he showed that it only needed a concentration of the attention on a single idea, viz., the idea of going to sleep, to make the body immobile, and to produce a certain kind of sleep, which, however, differs from the physiological form (suggestion theory of hypnotism). The same author was the first to show that neither an optical, an auditory, nor a tactile stimulus was necessary to bring about hypnosis, but that the impressions from outside, the suggestions that the sleep must and will occur, are perfectly sufficient; the hypnotized sleeper—whose ideation, in contradistinction to that of the ordinary sleeper, remains in contact with that of the hypnotizer—can be influenced by the latter in his ideas and actions. The fundamental observations of Liébeault remained unappreciated for twenty years; the work was not read, hypnotism remained a curiosity, and it seemed inadvisable for a scientific physician to occupy himself with it, unless he were willing to gain for himself the reputation of a charlatan or of a man whose actions were suspicious or even dangerous. The credit of bringing to light the work of Liébeault, we might almost say of having discovered Liébeault, belongs to Bernheim, of Nancy, whose merit was still more augmented by his own contributions to the subject. He published his first article on hypnotism in 1884, and with his book, *De la suggestion et de ses applications à la thérapeutique*, he has, to use a popular but expressive phrase, "hit the nail on the head." He and the Nancy school have to be regarded as the founders of the successful attempt to make a systematic use of hypnotism for therapeutic purposes, and should the treatment by suggestion ever be generally accepted, and become an integral part of our therapeutic armamentarium, although at present there seems little prospect of this, Bernheim will be mentioned as its scientific originator. For the adverse attitude which prominent clini-

cians and physicians in general show even to-day toward the treatment by suggestion there exist a variety of reasons which it is not necessary to discuss in the present work. This one point only need be emphasized here. In order to employ the treatment by suggestion with any real success, not only time and patience, but, above all, much experience is needed, which, of course, not every one possesses. Curiously enough, there exists, even among medical men, a widespread naive opinion that anybody can hypnotize, and that the treatment by suggestion is a branch of therapeutics that comes to a man without any study or practice. It is interesting and even, in a way, amusing to see how many, especially of the younger physicians, who have had a chance to observe the results of the treatment, make a few attempts at random, and if they do not succeed almost from the very first in obtaining good results, immediately begin to talk and write about the treatment as "humbug," which once for all should be regarded as unscientific. The habitual use of hypnotism is denounced as dangerous, the condition produced as a pathological one which may ruin the whole organism, or at least the nervous system, etc. Nobody, certainly, who is acquainted with hypnotism will deny that pathological conditions may be produced by it and that it may be dangerous, but is this a ground upon which to simply discard it without a further hearing? Have we given up chloroform narcosis because it has now and then proved dangerous in the hands of the inexperienced and careless operator, or have we given up the use of morphine on account of its poisonous action when used too freely and for too long a period of time? As in all other measures, we must recognize here indications and contraindications, and this can be done in the majority of cases without difficulty; and as everything in this world, especially in the practice of medicine, even the smallest operation—that of vaccination, for example—has to be learned, so the art of hypnotizing has to be acquired, and one can expect to comprehend the subject and to have success with the practice of the treatment by suggestion only after careful and painstaking study.

It is very important to remember that it is never necessary to produce sleep in order to achieve therapeutic results, and the terms "hypnosis, hypnotizing, hypnotism," are therefore not well chosen. Only a moderate degree of bodily and mental fatigue suffices for the production of excellent results, and