

THE MAJOR SYMPTOMS OF HYSTERIA

FIFTEEN LECTURES GIVEN IN THE
MEDICAL SCHOOL OF HARVARD
UNIVERSITY

BY

PIERRE JANET, PH.D., M.D.

MEMBER OF THE INSTITUTE OF FRANCE
PROFESSOR OF PSYCHOLOGY IN THE COLLÈGE DE FRANCE

SECOND EDITION
WITH NEW MATTER

New York
THE MACMILLAN COMPANY

1920

All rights reserved

PREFATORY NOTE

ON the occasion of the inauguration of the new and magnificent buildings of the Medical School of Harvard University in Boston, President Eliot and Dr. J. J. Putnam, professor of the diseases of the nervous system, asked me to deliver before the students some lectures about pathological psychology. I greatly appreciated this honour, and tried to sum up before the American students some elementary psychological researches about a well-known disease, Hysteria, in order to show them how the study of the mental state of the patient can sometimes be useful to explain many disturbances and to give some unity to apparently discordant symptoms. So the following fifteen lectures were given in the Harvard Medical School between the fifteenth of October and the end of November, 1906. Some of these lectures were also delivered in Johns Hopkins University at Baltimore, at the request of Professor J. M. Baldwin, and in the medical school of Columbia University in New York, at that of Professor Allen Starr. I avail myself of the opportunity of this publication to offer my best thanks to these professors and their colleagues for their invitation and hearty welcome. Let me, too, thank here my friend M. Edouard Philippi, for the very useful help he gave me in drawing up these lectures in a foreign language.

CONTENTS

PREFATORY NOTE	PAGE vii
LECTURE I	
THE PROBLEM OF HYSTERIA	I
LECTURE II	
MONOIDEIC SOMNAMBULISMS	22
LECTURE III	
FUGUES AND POLYIDEIC SOMNAMBULISMS	44
LECTURE IV	
DOUBLE PERSONALITIES	66
LECTURE V	
CONVULSIVE ATTACKS, FITS OF SLEEP, ARTIFICIAL SOMNAMBULISMS	93
LECTURE VI	
MOTOR AGITATIONS—CONTRACTURES	117
LECTURE VII	
PARALYSES—DIAGNOSIS	138

LECTURE VIII

	PAGE
THE PSYCHOLOGICAL CONCEPTION OF PARALYSES AND ANESTHESIAS	159

LECTURE IX

THE TROUBLES OF VISION	182
----------------------------------	-----

LECTURE X

THE TROUBLES OF SPEECH	208
----------------------------------	-----

LECTURE XI

THE DISTURBANCES OF ALIMENTATION	227
--	-----

LECTURE XII

THE TICS OF RESPIRATION AND ALIMENTATION	245
--	-----

LECTURE XIII

THE HYSTERICAL STIGMATA — SUGGESTIBILITY	270
--	-----

LECTURE XIV

THE HYSTERICAL STIGMATA — THE CONTRACTION OF THE FIELD OF CONSCIOUSNESS — THE COMMON STIG- MATA	293
---	-----

LECTURE XV

GENERAL DEFINITIONS	317
INDEX	339

THE MAJOR SYMPTOMS OF HYSTERIA

LECTURE I

THE PROBLEM OF HYSTERIA

The interest and importance of studying hysteria—The philosophical and the medical point of view—Brief account of the evolution of the studies about this disease—The necessity for the psychological study of the neuroses—The psychological type of hysteria

GENTLEMEN: President Eliot and the Professors of the great University of Harvard have determined to celebrate the opening of the new buildings of your Medical School by putting into practice a beautiful and great thought. They have determined to invite to come among them foreign professors, and have begged them to expose before you the ideas and teachings they give in other countries. It is a mode of teaching which is very often used in American universities but, unfortunately, is rarely applied in France. It may have the most beautiful results for the teaching of youth, for the development of science, and for the union of the various nations, which is in our time the great aim of all true civilizations. Unhappily the application of this beautiful method is very difficult, for all depends on the choice of that foreign professor

2 The Major Symptoms of Hysteria

called momentarily to teach among you. No doubt I congratulate myself very much upon the choice which has been made; it is for me a great honour, it gives me an opportunity to see again a town of which I am very fond, and to try to diffuse among you some ideas to which I hold. But I dare not congratulate you upon this choice, for I am afraid my ignorance of your methods of teaching, and above all my ignorance of your tongue, will make these lectures very hard to understand and very painful to hear. First, I make you my apologies; then, I wish you may overcome this bad luck and forget as much as possible the incorrectness and strangeness of my language. This done, let us all do our best — you to understand me tolerably well and to draw from these lectures some notions of what interests French students; I, to speak nearly intelligible English and to give you as favourable an impression as possible of the psychological study of nervous diseases in the French universities.

I

With the approval of President Eliot and of Professor James J. Putnam, I have chosen as the subject of these lectures the study of that nervous and mental disease called Hysteria. The reason of this choice is that from many points of view this study seems to me pretty well to answer the wish of the professors who called me. When a foreign professor is asked to express his ideas in another country, he is expected to expose one of the most characteristic studies of his

native land, just as, when we have landed in a new country, we seek to taste the dishes that characterize its cookery. Well, it seems to me that what has been most characteristic in France for a score of years in the study of nervous diseases is the development of pathological psychology. No doubt, the clinic and anatomic study of these same diseases is very honourably represented by French names, but this study has developed in the same way in other countries, and I think you have not much for which to envy us in this matter. Psychological studies, properly so called, especially the studies of psychological measures, have developed in Germany and in America more than in France, and it is not here, near Professor Münsterberg's laboratory, that it would be well to come and deliver a lecture on this subject. But it seems to me that in France, under the influence of two of my masters, whose names I like to recall, — Charcot and Professor Ribot, — was realized an interesting union between two studies which were for the most part separated before. Beautiful natural experiences have been borrowed from mental pathology which strongly illuminate the problems of psychology; on the other hand, notions of experimental psychology have been made use of in order to understand and sometimes to treat patients' mental disturbances. I should be happy to make you feel how interesting is this new study, which seems to me to have very good prospects.

Among these studies of pathological psychology, I determined on taking that of a particular nervous disease, Hysteria; I think it is by this one that one

4 The Major Symptoms of Hysteria

should begin nowadays; for this we have historical and scientific reasons. Look back to the time of the first works of Charcot, Ribot, and their pupils. Cast a glance at the innumerable works which, twenty years ago, determined that current of researches. Remember the names of Mesnet, Pitres, Paul Richer, Charles Richet, Binet, Féré, Marie, Grasset, Gilles de la Tourette, Brissaud, and in foreign countries, of Delbœuf, Moebius, Breuer, Freud, Morton Prince, etc. Remark what was, by a kind of singular common understanding, the subject of all their works. No doubt they seemed, like Professor Ribot, to speak of all possible mental diseases and to seek for mental disturbances in all the forms in which they present themselves. Now and then, it is true, they devoted a few lines to idiocy or insanity; but if you read their books again, you will see that, whatever the matter is, "*Maladies de la Mémoire*," "*Maladies de la Volonté*," "*Maladies de la Personnalité*," they always speak of localized amnesias, of alternating memory, which in reality are only to be met among hysterical somnambulisms; of irresistible suggestions, hypnotic catalepsias, which are, as I will try to prove to you, nothing but hysterical phenomena; of total modifications of the personality divided into two successive or simultaneous persons, which is again the dissociation of consciousness in the hysteric. Besides all these works, pathologic psychology owes very much to the considerable movement concerning hypnotism, which took place during a few years. It is certain that the works of Charcot, Bernheim, Forel, and so many others

had the greatest influence on the development of this new science, but now that the quarrels of other times are somewhat appeased, everybody will probably recognize a fact which I hope also to be able to prove to you; namely, that in reality it is only among hysterical patients that this hypnotism is to be found in any marked degree. I will not raise now the difficult problem of deciding whether all the people who can be hypnotised must be called hystericals, but I believe almost every good observer will agree with me that the best studies about the clearest cases of artificially induced somnambulism and about its psychological properties were made on hysterical subjects. Consider even the somewhat adventurous authors who have sought to draw attention to particularly strange phenomena and who, by the curiosity they have raised, have had a share in the development of the same researches; remember the studies on psychic polarization, on transfer, on marked points suggestions (*suggestions à points de repère*), on unconscious acts, etc. These studies have always had for their starting-point hysteric phenomena as equivalences and anesthetics. In a word, if any interest is given to the development of that pathological psychology which has been growing these twenty years, it ought to be recognized that this interest has for its object a special disease: Hysteria.

No doubt, such exclusive fondness for this study was rather exaggerated, and all the psychologists who, for some time, in imitation of the masters, studied the hysteric, were somewhat like the sheep of our Panurge. It was an exaggeration to think that pathological psy-

6 The Major Symptoms of Hysteria

chology could not be studied on other patients. Dr. Féré was somewhat mistaken when he called hystericals the frogs of experimental psychology. As in physiology the frog is not an absolutely necessary animal for our experiments, so the hysteric patient is not the only one worthy of psychological researches. We are even certain to-day that the hysteric offer many drawbacks, and many studies have been made on other diseases. However, it is true that there were certain practical reasons justifying this choice at the beginning of this kind of studies; and these practical reasons are still the same for you. The psychology of the hysteric patient, though full of difficulties and obscurities, is surely simple. It is a question of measure; all I want to say is that we are nowadays quite unable to understand, to express in formulas and in laws, what an insane person feels. We can hardly connect together by general laws the different facts observed in melancholic delirium or in the delirium of persecution. On the contrary, the various accidents of hysteria, though so different in appearance, are easily brought close to one another owing to common characters. We can dimly see some general laws, about the formula for which we hesitate, but of whose existence we have a suspicion. That is, after all, the reason that explains the character of the discussion about hysteria nowadays. While nobody endeavours to give or to discuss a general definition comprising all the phenomena of epilepsy or melancholia, there are now a great number of authors who propose to explain in a few words, in a single definition, all the pathology of hysteria. In short, I

was right in saying to you that the psychology of this disease seems now to be simpler than the conception of other mental diseases. It is the reason why I told you that the psychology of this disease is simple. To this primordial reason are added practical reasons: the hysteric are patients who are easily managed, who talk willingly, who are not dangerous, on whom we can experiment without any great fear, and who, lastly, like to be observed, and readily lend themselves to examination. Such are the reasons why the first studies were devoted to this kind of patients, and, in following the historical order, we also follow the practical order, which leads us to begin with the simplest and easiest disease.

II

Do not think, however, that this choice of the study of the hysteric is only justified by an historical chance and by reasons of convenience. The study of these patients, if happily it is a rather easy one, is at the same time very important, both from the philosophical and scientific and from the medical and practical point of view. I am convinced that in our times, every well-educated man wishing to have an opinion on moral and philosophical problems ought to know something of this singular mental disease, for it has played a considerable part in the history of all religions and superstitions, and it still plays a very important part in the most attractive moral questions. A great French alienist, Moreau de Tours, was in the habit of saying that all the great things accomplished in the world have been

8 The Major Symptoms of Hysteria

accomplished by mad people. It is perhaps somewhat exaggerated, but it is nevertheless true that most great creeds have spread by means of the emotion caused by surprising phenomena, which have always been due to hysteric people. In the development of every great religion, both in ancient and in modern times, there have always been strange persons who raised the admiration of the crowd because their nature seemed to be different from human nature. Their manner of thinking was not the same as that of others; they also had extraordinary oblivions or remembrances, they had visions, they saw or heard what others could not see or hear. They were illumined by odd convictions; not only did they think but they also felt in another way than the bulk of mankind; they had an extraordinary delicacy of certain senses joined to extravagant insensibilities which enabled them to bear the most dreadful tortures with indifference or even with delight. Not only did they feel but they also lived otherwise than other people; they could do without sleep, or sleep for months together; they lived without eating or drinking, without satisfying their natural needs. Is it not such persons who have always excited the religious admiration of peoples, whether sibyls, prophets, pythonesses of Delphi or Ephesus, or saints of the Middle Ages, or ecstasies, or illuminates? Now they were considered as worthy of admiration and beatified, now they were called witches or demoniacs and burnt; but, at the bottom, they always caused astonishment and they played a great part in the development of dogmas and creeds.

Well, all these phenomena, as you know already, are the usual symptoms of hysteria, and there is not, from this point of view, a disease which has played so great a part in history. If I am not mistaken, it is still exactly the same now: we have changed only in appearance. We beatify but few saints and we burn but few demoniacs, yet we have not forgotten them; they have become our somnambulists and mediums, and every time we want to throw some light on the mysteries of our destiny, to penetrate into the unknown faculties of the human mind, to whom do we appeal? Whom do we take as a subject of observation? Is it an ordinary person, a person in good health, whom we ask to foresee the future or to talk with the dead? No; it is a neuropathic patient, insensible to the things of this world, but whose sensibility is overexcited in a certain direction; medically speaking, it is a hysteric person.

Understand me well. I do not mean at all to tell you that these studies are warped by this, any more than I deny the sanctity of a personage of the Middle Ages whom I diagnosticate as hysteric. A hysterical person may be a saint; a hysterical person may have a wonderful lucidity: that is undeniable. I only want you to be warned of what happens when you have to judge facts of this kind. When we have to appreciate facts which are out of our habitual observation and look wonderful, it is a material point to know well in what conditions they present themselves. Now in the question we are considering, one of these conditions, the most serious one, is the mental state of the persons in

10 The Major Symptoms of Hysteria

whom such facts are observable. So you must know that such persons are hystericals, and be accustomed to the laws ruling the minds of hystericals. Perhaps there may be some cases in which this ascertainment does not diminish the interest taken in the phenomenon, but, believe me, it mostly takes away a great part of the wonderful. To judge these moral and philosophical problems, it is indispensable to study thoroughly this disease of the mind.

This remark is truer still if you consider the subject from a medical and practical point of view. You who have chosen the medical career and will have to attend patients belonging to every class of society: bear in mind that you will constantly meet with neuropathic phenomena connected with this group of neuroses and that you will commit the most dangerous mistakes if you are not very well accustomed to the aspects and evolution of hysteria. It was the fashion for a certain time to say that hysteria was a very rare disease; you know that it had a bad reputation, that a kind of dishonour was attached to this word, and that people tried to persuade themselves that this shameful disease was not of frequent occurrence. By a kind of international irony, people were willing to admit, after the innumerable studies made by French physicians, that hysteria was frequent only among French women, which astonished nobody, on account of their bad reputation. Do not believe this nonsense. American women are terribly like French women. I was not astonished therefore, when, two years ago, at the Chicago County Hospital and at the Boston City Hospital, some kind fellow-

physicians immediately showed me hysterical women, humorously adding that they were quite the same as those of La Salpêtrière. The difference of races is also one of those silly things which the human mind has much difficulty in getting rid of. All civilized nations are now the same: we have the same mind and the same body, and, it must be recognized, the same miseries. If the hysterical seemed to be less numerous in other countries, it is first because physicians did not recognize them, then because they would not give them their real appellation. When medical instruction is more general in this matter, when prejudices have vanished, it will probably be acknowledged that in this matter, as in many others, the other nations have no reason for envying France.

So you will often meet with hysterical people. You will call them neurasthenic for the family, if you like. I don't care. I only wish that you should at least know what is the matter. You must be able quickly to recognize this disease, in order to foresee its evolution, to provide against its dangers, and immediately to begin a rational treatment. This early diagnosis is much more important still from another point of view: it will keep you, allow me to tell you plainly, from making blunders. It is perhaps not very serious not to recognize a hysterical accident and not to treat it; but what is always very serious is to mistake a hysterical accident for another one, and to treat it for what it is not. You cannot imagine the medical blunders, and too often also the medical crimes, committed in this way. One of the greatest difficulties in the medical art and one of

12 The Major Symptoms of Hysteria

the greatest misfortunes of patients is that hysterical diseases are only well characterized from the moral point of view, which usually is not examined at all; that they are very badly characterized from the physical point of view, and that they are uncommonly similar to all kinds of medical or surgical affections, for which they are easily mistaken. Contractures, paralyses, anesthesias, various pains, especially when they are seated in the viscera, may simulate anything; and then you have the legion of false tubercloses of the lungs, of false tumours of the stomach, of false intestinal obstructions, and above all, of false uterine and ovarian tumours. What happens as to the viscera also exists as to the limbs and the organs of the senses. Some hysterical disturbances are mistaken for lesions of the bones, of the rachis, for muscular or tendinous lesions. Then the physician interposes, frightens the family, agitates the patient to the utmost, and prescribes extraordinary diets, perturbing the life and exhausting the strength of the sick person. Finally, the surgeon is called in. Do not try to count the number of arms cut off, of muscles of the neck incised for cricks, of bones broken for mere cramps, of bellies cut open for phantom tumours, and especially of women made barren for pretended ovarian tumours. Humanity ought indeed to do homage to Charcot for having prevented a greater depopulation. These things no doubt have decreased, but they are still done every day. Not long ago I saw a patient who had had an eye excised and the optic nerve cut out for mere neuropathic pains. If I could only, by calling your attention and interest to the knowl-

edge of this disease, contribute to diminish the number of these medical crimes, I should already have attained a very important result.

III

In order to be able to enter upon the study of hysteria in a profitable way, allow me, before I end the introduction, to summarize in a few words the history of the studies which have been made on this disease. We are not isolated in our studies: we come after generations of other students, and we always ought, before we begin our own researches, to try to see our way exactly. We ought to see at what point of medical history we are standing, what has been done and well done before us, what we have not to begin again. We ought to realize the difficulties that stopped our predecessors, in order to add our efforts to theirs, and to make some steps forward in the way they have laid down for us. The history of these studies would be a very long one, for they began in the remotest antiquity: Democritus already has his theory about hysteria. But I think that we can summarize this long history in a few words by establishing a few great divisions, and I propose to you to adopt three great divisions. At first this history was anecdotal and descriptive: it is a period of curiosity and of somewhat uneasy and uncritical admiration. It is the period of sibyls, witches, convulsionists of all kinds, and of miscellanies of surprising facts about convulsions, somnambulisms, resurrections of lethargic people, extraordinary fastings, miraculous