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ON CERTAIN CENESTHETIC DISTURBANCES WITH PARTICULAR REFERENCE TO CEREBRAL CENESTHETIC DISTURBANCES AS PRIMARY MANIFESTATIONS OF A MODIFICATION OF THE PERSONALITY

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CEREBRAL cenesthesia, the reality and importance of which in the mechanism of the emotions¹ I have endeavored to show, is still contested and rejected by the majority of authors. Notwithstanding this the facts which militate in its favor are sufficiently numerous to impel me to call attention to certain ones which are observable in the great majority of cases at the onset or, at times, at the moment of disappearance of more or less profound troubles of the personality. It is almost fifteen years since I first observed them. They consist in general in quite a sudden sensation of shock, of cerebral cataclysm. Certain patients compare it to an explosion in the brain, or it seems to them as if the brain turned upon itself; others describe it as a cracking or bursting sensation, after which they feel themselves transformed, changed; and the outside world appears to them in another aspect, giving them a different impression.

These sensations provoke in the victim a profound astonishment, a sort of stupefaction and not seldom an extreme anxiety. It seems to him as though everything were escaping from him, vanishing, and that he can't even hold onto himself.

The first case of the sort observed by me was that of a man about fifty years of age who experienced a sudden shock in the head, which came upon him in the wake of a considerable intellectual and moral over-tire in business,

*Translation by Dr. J. W. Courtney, membre correspondant étranger de la Société de neurologie de Paris.

¹ Le mécanisme des émotions. Paris, chez F. Alcan, 1905.

and while he was still actively engrossed in affairs. He was at his club, engaged in watching a game of billiards. Suddenly it seemed to him as if his brain turned upon itself, and immediately he fell into a condition of aboulia, apathy and sadness, which suggested melancholia. He remained for a certain length of time, for several weeks in fact, in this state, and then suddenly experienced the same shock, after which he developed an opposite condition of extreme mental hyperactivity that was quite like that of a case of circular insanity or even, in certain respects, like that of a recent case of dementia paralytica. The hyperexcitation also lasted a certain length of time, then gradually diminished and finally disappeared. This circular form of attack recurred several years later, and the depressed phase made its début in identical fashion, with the sensation as of the brain turning upon itself; but the transition to the period of hyperexcitation developed more gradually, and this period betrayed an intensity and a persistence which at times aroused a fear that the case in hand was one of dementia paralytica. However, everything quieted down at the end of a year or thereabout, and for more than twelve years now this man has pursued his occupation uninterruptedly in a perfectly normal fashion.

Another case was that of a woman forty years of age, who had previously had an attack of melancholia lasting fifteen months. For three years she had been subject to vertiginous spells to which she paid no attention. She grew weary of everything, shunned society and isolated herself as much as possible. One day as she was about to enter a store in town to do some shopping for a dinner-party she had to give, she suddenly became completely unable to remember what she had planned to purchase. From this moment on her melancholy increased; she became indifferent to life and even evinced a disgust for it. Finally, one day while in church, she felt a great bursting in her head. Directly a veil descended over everything and, as she expressed it: "I no longer felt the same; I was completely changed; I no longer saw anything in the old way; I no longer felt anything; now I am indifferent to everything; I no longer see clearly; I heed nothing, not even

the passage of time; I take no note of the seasons, of the weather; everything is gray to me; the flowers, the sun, give me no pleasure; I can no longer sleep."

This woman was no longer able to work, and spent her time twisting a lock of hair on the top of her head. She ended by pulling her hair all out. Her power of representation was annihilated. She could no longer form a mental picture of her home, her husband or her children. When she tried to picture herself as she used to be, she was unsuccessful. Her mental vision was completely abolished. At present her pain sense is singularly dulled, and when she is pricked she says the effect upon her is as if it were being done to another person, although her tactile sense is preserved.

I have observed the same phenomenon in still another case, that of a man who presented extremely marked disturbances of the personality, which were especially characterized by a complete dissociation of feeling and cognizance. He was an unmarried man of about thirty years, an onanist in his youth, and with a touch of mysticism in his make-up. He was very intelligent withal, had pursued his studies with brilliancy and held an important position in the administration of foreign political affairs. While studying law he was subject to frequent headaches and stomach troubles, and every spring, for a period of three weeks, he was attacked in the same way and was unable to apply himself to any form of intellectual work. One day he had one of his accustomed stomach attacks associated with considerable anxiety, and was in despair. The following night he suddenly awoke with a feeling as if the circulation were impeded in his brain at a point which he designated with great precision, and which corresponded to that which I have already indicated at the level of the left parietal lobe, as the stomach center.¹ He thought he was going to have an attack of cerebral congestion, and passed the entire night in terror. He felt almost dead, sat up and applied himself "to pushing upon his brain to get back his feeling." It was precisely from this moment that he felt himself indifferent to everything, and at the same time he continued to have his stomach troubles. He became analgesic, with preservation of tactile

sensibility except over the stomach and abdomen. He cannot distinguish what hurts from what does not. He cannot get interested in anything, is afraid of everything, and declares himself a living corpse. He is neither sad nor gay; "he is nothing, nothing matters to him." His muscular as well as his stereognostic sense is preserved. "I am cognizant of it," he says, "but have no feeling." For two years he has continued to ask himself what has come over him, whether he is really ill or not, whether he is alive or dead. "I am fully aware that I exist," he keeps saying, "but I am not really alive. I can't say that I do not live, that I am not living, but I have to reason with myself to say it, for I do not feel that I am alive. I keep asking myself if I am on earth, in purgatory or in heaven. By a process of reasoning I say to myself that I must be on earth, but I know nothing about it of my own knowledge; I do not really feel it." It seems to him that there is no such thing as time, and yet time seems to him interminably long. "I suddenly fell into darkness and nothing has ever withdrawn me from it." One day the situation became aggravated, the stomach being the point of departure. He felt "a horror start from the abdomen, like a whirlwind, and ascend to the region of the chest." This state which, apart from the interruptions for treatment made necessary by the paroxysms, permitted him to continue his occupations, has scarcely varied in ten years.

One finds in the "Confessions" of Jean Jacques Rousseau the description of analogous phenomena followed, as in the preceding cases, by profound disturbances of the personality and of the feeling of life. It appears that commentators who have tried to work out the psychopathologic status of this writer have overlooked a passage which in reality is markedly characteristic. The passage to which I have reference is in certain aspects very much like the case just reported (Part I, Book VI, 1736): "One morning when I was no more ill than usual, I felt, on putting a little table upon its base, a sudden (and almost inconceivable) revolution in my whole body. I cannot better compare it than to a sort of tempest which arose in my blood and immediately took possession of all my limbs. My arteries began to

throb with such force that I not only felt their beating but could even hear it, particularly that of the carotids. Added to this was a tremendous noise in the ears, and this noise was three- or, rather, four-fold, —that is to say: a buzzing somber and dull, a clearer murmur like that of running water, a very piercing whistling, and the beating just mentioned, whose strokes I could easily count without touching my body with my hands. This internal noise was so great that it robbed me of my wonted sharpness of hearing and left me not deaf but hard of hearing, an infirmity I have since retained.

One may judge of my astonishment and terror; I thought I was dead; I went to bed, the doctor was called; trembling I told him my case, believing it to be irremediable. I've no doubt he thought the same, but he did his duty. He entered upon a long dissertation, of which I understood nothing whatsoever; then, in consequence of his sublime theory, he began *in anima vili* the experimental treatment it pleased him to try. It was so painful, so disgusting and of so little avail, that I soon tired of it, and, at the end of several weeks, seeing that I was neither better nor worse, I left my bed and resumed my ordinary life, with my beating arteries and buzzings, which from that time to the present, a matter of thirty years, have never given me a moment's respite. Up to that time I had been a great sleeper. The absolute insomnia which combined with all these symptoms, and has constantly accompanied them to the present time, settled my conviction that I had little time left to live. This conviction freed me for a time from the uneasiness caused by uncertainty. Unable to prolong my life, I determined to make the most of what little remained to me, and that was made possible through a singular favor of nature, which, in my sorry state, granted me exemption from ills that seemed inevitable. I was annoyed by this noise, but it was not really painful; it was accompanied by no other constant incommmodity than insomnia at night, and an habitual dyspnea which did not amount to a true asthma and which made itself felt only when I attempted to run or make unwonted exertions. This misfortune, which might have destroyed my body, annihilated only my passions;

and I blessed heaven daily for the happy effect it produced upon my soul. I can truly say that I did not begin to live until I regarded myself as a dead man."

It is true that in the case of Jean Jacques Rousseau the cerebral cenesthetic phenomena are less clear-cut than in the others. Nevertheless, the abruptness, the intensity and persistence of the condition which followed this "tempest" of his entire being, including his head and, in particular, the auditory apparatus, are noteworthy. At the same time there took place in him a profound change in his feelings, a sort of moral analgesia that ran parallel with a greater acuity of abstract discernment. The terror experienced by him at the moment the trouble arose is found in all the other cases. It seems very probable, therefore, in these various observed cases, of which I might cite others less characteristic, that we are dealing with a symptomatic ensemble of a markedly special stamp and with an evolution that is in itself peculiar.

The onset is sudden; often after prodromes in the form of digestive disturbances, it is a sensation of complete disorder of the brain and at times of the entire being, which throws the patient into a panic of anxiety or fright. His cenesthetic feeling changes immediately. While his intelligence remains absolutely unclouded, and the purely brute cognition persists, there arises an incapacity to take in the outside world, to feel those impressions which enable him to differentiate himself from it; and it is an obsessing or at least a continual seeking after the old *ego*, the old feeling of the reality of life. The modifications of the personality are, then, manifestly connected with the sudden sensation felt in the brain.

To what does this sensation correspond? It is difficult to establish an hypothesis upon a verifiable base. For my part I do not believe it can be attributed to peripheral modifications of muscles or of the circulation. Patients locate their sensations deeply in the brain, but that does not offer any adequate explanation. One may advance the hypothesis of disturbed cerebral circulation, but how may one determine by what influence it is brought about?

In any case, if there really is a circulatory disturbance, it is not the whole cause. It is not logical to suppose that

such a disturbance, transitory, purely physiologic, causing no destructive lesion, could be followed by phenomena so enduring, permanent even, as those we see arise in these cases.

If in the wake of such a sudden and, for the patient, such a terrifying disturbance of the circulation, persistent manifestations are established, it seems to me extremely probable that there is a functional change in the cerebral cortex. This, as we know from other examples, may persist, at times indefinitely, without any organic lesion discoverable by our methods of investigation. From this moment on the cerebral cenesthesia is modified, and the change immediately felt by the subject in his personal feeling and affective tonality persists without modification. A permanent change in cortical activity is, in my opinion, alone capable of elucidating this fact, and one might query if it be not the cortical disturbance which causes the circulatory perturbation and not *vice versa*. For my part I am strongly inclined to such interpretation of the order of the phenomena.

Whatever pathogeny one may adopt, the situation is none the less this: on the one hand certain very definite disturbances of the personality, of markedly autonomous evolution, suddenly spring into existence, accompanied by feelings of profound perturbation of the brain; and on the other hand the fact that the patient is cognizant of the localization and cerebral origin of these sensations shows conclusively that cerebral cenesthesia exists.

I do not wish at this time to enter upon a discussion of this question of cerebral cenesthesia. I wish only to add that sensations analogous to those which I have pointed out in the preceding cases are likewise observed in hysterics in whom one endeavors to bring about a cerebral awakening, to emancipate them from their vigilambulism,—their fundamental state,—according to the procedures I have elsewhere indicated.¹ The sole difference is that it is the restoration of the personality of the patient which is accompanied by these peculiar and special sensations. I would recall here the sensory reactions which are produced when the brain itself comes out of the benumbed state in which

¹ Vid. *Genèse et Nature de l'Hystérie*, 2 vol. in 8°, F. Alcan, Paris, 1897; and *L'Hystérie et son traitement*, 1 vol., F. Alcan, 1902.

it is plunged and which constitutes hysteria. We get various complaints of disordered feelings, such as jolting, hammer blows, stretchings, crackings, strings breaking, of bursting and fireworks, which end in a clarification of the ideas and a complete feeling of the *ego*, but which are accompanied by a confusion of ideas, a loss of the notion of time, fear of going mad and a regression of memories. (These sensations of cerebral cataclysm are also encountered in a spontaneous fashion in cases of hysterical amnesia, when the memory returns suddenly instead of progressively. Patients in these cases ordinarily complain of very violent pains in the forehead, in the anterior part of the cranium, as if their heads were going to burst; and after each violent, agonizing pain, a series of memories reappear.)

Here again, as in many other cases, the study of hysteria aids us to understand, to reproduce, and control what occurs in other cases not hysterical. The fact is, as I have elsewhere tried to show, hysteria is not, properly speaking, a disease. It is a state which differs from physiologic states that may be encountered in the normal individual, only by its intensity and especially by its permanence, its fixity. The conception I have given of its physiologic nature consequently more than covers the ground of hysteria, properly so-called, from a clinical standpoint. It has a general range which allows us to interpret a large number of psychophysiologic disturbances, and, in many cases, even to reproduce them or show their mechanism and their real position in the hierarchy of the phenomena of psychologic activity of the brain.

In this paper my only desire has been to call attention to these phenomena of cerebral cenesthesia; but the psychophysiologic state whose début they mark constitutes a special category in the sphere of the cerebral and psychopathologic nosography into which we have had a glimpse for some time, but which deserves profound study, for it is of the highest importance from the point of view of the study of the personality in general, of the relations between feeling and cognizance, and of the rôle of the affective tone in the phenomena of representation, all questions whose elucidation is of such importance to general psychology.