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ORIGINAL ARTICLES.

POINTS IN THE DIAGNOSIS AND TREATMENT OF SOME COMMON NEUROSES.

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BY ROBERT T. EDES, M.D.

JAMAICA PLAIN, MASS.

There are few occasions in medical practice where it is of more importance for the reputation of the physician, the satisfaction of friends, the attainment of the ends of justice, the advancement of therapeutic science, and the welfare of the patient, to establish a correct diagnosis than when the practitioner has to decide between organic and functional disease. The line between them, as is being constantly demonstrated, is indeed a shifting one; as new methods are invented new lesions are found where before it was thought none existed; organs that to the naked eye have presented no morbid changes reveal to the microscope and the test tube alterations minute and hitherto imperceptible or evanescent, but none the less fatally standing in the way of normal activity than those grosser ones which have until quite recent times engrossed the attention of the morbid anatomist.

Conditions hitherto known to us only as variations in the vigor of action have been shown to be accompanied by changes in structure, transitory indeed and capable of complete restoration, but none the less obvious to the minute scrutiny of the microscopist. Many of these are so slight and so evanescent that they can not be demonstrated upon the human being, and whether they correspond accurately with what we may suppose to exist in functional disorders is not as yet demonstrated, but practically we know that running more or less parallel to them we may draw a line which for purposes of diagnosis and treatment is of great importance.

In neurasthenia and hysteria, using the latter word in its most comprehensive sense, we have many symptoms which may also exist in organic diseases of the parts especially involved, and it is not always easy in a case before us to determine whether they are dependent upon such actual organic disease or exist merely as a disturbance engrafted upon the constitutional condition. Yet under hardly any circumstances is the proper treatment more directly determined by definite and positive diagnosis. Specific instances will show some of the difficulties better than general descriptions, but you will perhaps pardon me if I simplify matters by laying down, a little dogmatically perhaps, a few points which I do not think we are likely to go astray upon.

There is nothing in neurasthenia or hysteria which acts as a prophylactic against inflammation, degeneration or new formations.

It does not follow that because a patient has a few or many symptoms that are indubitably of hysteric origin that all are of that nature.

It does not follow that because certain symptoms are thoroughly fixed and unchanging, or even if they do not yield to anesthetics, that they are not hysterical.

Double optic neuritis is not found in mere hysteria.

A well-marked, regular ankle clonus is hardly ever present and the knee jerk seldom absent in mere hysteria. So far as my own experience goes I should say "never" in both these cases.

There are many cases of hysteria which do not present all the stigmata thereof; the hysteria of Charcot is not common with us.

In the cases of doubt and mistake which I shall report I intend no unkind criticism. Some of them were my own.

The will of Seth Adams provided for the care of "debilitated nervous persons, not insane," and this is the class which it has been the aim of the managers of the asylum known by his name to select. Like many other schemes framed on lines a little different from the usual, it was at one time spoken of as "Adams' Folly," but it has abundantly demonstrated the wisdom and kindness of the founder by the number of invalids, of exactly the class he intended and described, which it has sheltered and relieved. It has never been considered a part of its function to treat cases of organic disease of the nervous centers and of late years insane persons have been admitted only by mistake or by too liberal a view of the cases on the part of the physician who sent them and whose opinion was accepted by the authorities. Notwithstanding this careful weeding, out of 1,000 persons received 84 were sooner or later affected with nervous diseases which could not be classified on subsequent revision as either melancholia, neurasthenia, hysteria or hypochondriasis. Among these there were 10 of organic cerebral and 16 of organic spinal disease. Debility, dyspepsia and uterine disease account for 73 of the 99 which were not, strictly speaking, nervous diseases at all. Curiously enough, when we consider how often organic disease of the kidneys is accompanied by nervous symptoms, chronic Bright's disease is mentioned only once among these. But this is less singular than to find the very vague and undemonstrable etiology of "suppressed gout" suggested among so many cases only once, at the very time when the elastic doctrines of "lithemia" were growing so popular.

Mistakes or faulty estimates or failures of just appreciation, in diagnosis between organic and functional disease, can only be avoided by familiarity with and careful attention to both sides of the question. It is not enough to determine on the one hand the presence of gastric or intestinal catarrh, a cardiac murmur, a scanty urine, a uterine displacement, and to attribute to these all the symptoms present; and,

on the other hand, it is equally unsafe, because a patient has a multitude of symptoms, undoubtedly nervous in character, because many of them are distinctly recognizable as imaginary or exaggerated, to assume that she has no real foundation for any of them. The case should be disentangled symptom by symptom and the important ones investigated so far as possible by objective methods, being pronounced neurasthenic only after a careful exclusion of any organic disease, especially that most nearly counterfeited, or even of any more well-defined neurosis.

The interests of the physician as well as those of his patient and of science, are best promoted by such care, for a mistake on the latter side is more likely to be severely judged than on the other, for while he may be exposed to good natured ridicule among his professional brethren for needless alarm and over attention to nervous hypochondriasis, he is likely to be considered guilty of cruelty and neglect if he ignores sufferings which afterward prove to have a substantial foundation.

CASES.

A woman of 36 had been troubled for several years with severe headaches, occasional vomiting and gastralgia. She had possibly a somewhat nervous temperament but not extremely so. A diagnosis of gastric inflammation, and later, of neurasthenia with gastric symptoms, was made. Some years after the first diagnosis and several months after the second a double optic neuritis was found and a cerebellar tumor diagnosticated, of which she died some months later. No one can say just how long the tumor had been present and that the earliest symptoms may not have been correctly diagnosticated, but in the light of the autopsy, when we can always see so much more clearly, it seems very probable that the tumor was really of very slow development and had probably been causing gastric symptoms for years.

Another female patient had a facial neuralgia which was called by a justly eminent neurologist "hysterical." She was later found to have a double optic neuritis and the case progressed steadily to a fatal result from a tumor of the brain. Had this neuritis not existed, as it sometimes does not in such cases, it would have been almost impossible for a time, to make the true diagnosis conclusive, although there were other peculiarities that might well have cast a doubt upon the original one.

A woman between 50 and 60 became depressed and weak. She walked feebly in a peculiar crouching posture and her eyesight was defective. She was considered a neurasthenic and sent to a hospital as such. There the shape of her head attracted attention and it was quite clear that she was a case of the rare disease "hyperostosis of the cranium." It would have been, however, quite difficult to substantiate this diagnosis if we had not been successful in obtaining a photograph of the patient as a young woman, for it was not until she was confronted with this, side by side with a recent one, that her sister would admit that there had been any change in the shape of the head. This case was published in the July number of the *American Journal of the Medical Sciences*, which also contains Dr. Putnam's elaborate article on the same subject.

I find in an article by Byrom Bramwell a case quoted from Bennett, of a girl of bad habits, bad temper, a persistent malingerer, who presented an array of symp-

toms which were calculated to and did deceive the very elect, for she was seen by several most distinguished physicians, among them Bennett himself, who all concurred in a diagnosis of hysteria. She died suddenly and a large tumor was found in the right cerebral hemisphere.

A woman age 35, had for some years attacks of supposed sciatica succeeding a tender spot in the back. She went to New York to consult a physician but the pain disappeared, so that she went shopping and to the theater instead. Later, when in a hospital, there appeared a curvature of the spine, which was thought little of and she was encouraged to get up, ride and walk. After this she developed excruciating pains and tenderness in the abdomen and legs, so that it was almost impossible to move her to allow the bed sores to be dressed. The lumbo-dorsal enlargement increased. She died and there were found two large sarcomatous tumors in the abdomen attached the vertebræ and almost total destruction of the second and third lumbar. It will be noticed in how many points, as for instance the disappearance of the pain under excitement, the early stages of this case resemble the ordinary "spine complaint" with which we are all familiar, and it was apparently, so far as one can judge from the treatment, so considered at the hospital; or, at the most, an ordinary case of sciatica involving no serious organic change.

A young woman, not hysteric in appearance and manner, had for some years a persistent pain in the right hip, for which a diagnosis of "pseudo-hip-joint-disease" was made and acted upon for a long time. At a later period careful measurements showed an enlargement of the upper part of the knee joint with loss of the normal outlines, and on deep palpation it was quite clear that there was an enlargement of the lower half of the femur. This was perhaps a periostitis or possibly an ositis, for which a specific origin was suggested by the family history.

But for one case of this kind there are a dozen of the other, where a purely neurotic condition of the joint is treated for a synovitis. Many years ago I treated a supposed case of chronic synovitis with great care, until my suspicions being aroused I sought the advice of an eminent surgeon, who confirmed my views as to its being a hysteric joint, but when I asked him if I should take off the stiff bandage he said: "If she were my own daughter, so that in case of necessity or doubt I could put it on again without causing remark, I should do so, but as it is not best in this case to show any indecision I think you had better let it stay awhile longer." This I did, but when I did take it off it stayed off, and there has not in many years been any return of the trouble, as there might easily have been had the diagnosis been wrong and we were making light of a real disease of the joint.

Coccygodynia is, in many if not most cases, a pure neurosis, and the removal of several of the joints is correspondingly often a failure, the "end of the spine" being just as painful as ever, when it is situated a few small vertebræ higher up. Even the oft boasted and convenient "moral affect" of the operation is of little value in such cases.

A little girl fell several feet, striking the lower part of the back upon a stone step. There was severe pain in the hip joint, but careful and repeated measurements failed to disclose any shortening, and the extreme difficulty of handling her in her nervous and excited

state interfered with the examinations. A diagnosis of "hysterical joint" was arrived at, but after a time the defect in the gait became so marked that this was no longer satisfactory and renewed examinations disclosed the fact that it was a case of that extremely rare accident "separation of the epiphysis of the head of the femur." Two precautions had been neglected in the first examination; one placing the patient on a *hard* support, and the second, partly in deference to the wishes of the parents, etherization.

We can hardly call errors in diagnosis the hesitation which may very properly exist in the early stages and sometimes even in the later, of abdominal tumors.

When some years ago a new service for nervous disease was being established at the Boston City Hospital by the transfer of patients from the general services, one of the first was a case of persistent abdominal pain which was sent over as "hysteria," but in a short time developed a tumor that was verified at the autopsy as cancer of the liver.

A woman suffered from intermitting abdominal pains without swelling or distinctly localized tenderness, which were considered, although it is fair to say, with some reserve, to be of the ill defined and functional character common in neurasthenia. Later, however, an appendicitis was diagnosed and an operation planned, but when she was relieved, as she had been several times before, it was deferred and a few weeks later she died quite suddenly.

A young woman was treated for some time for anemia and general debility until a diagnosis of myxedema being made, she recovered rapidly on desiccated thyroid capsules.

Functional disorders of the heart are so commonly taken for something more fixed in character that I presume many of you, like myself, if a patient solemnly tells you that he has "heart disease," make up your minds before you begin the examination that whatever else you may find it will not be organic disease. Some of the less defined forms of spinal sclerosis are liable, in their early stages, to be overlooked in a general diagnosis of neurasthenia or hysteria. Errors in the opposite direction, however, are much more common and the persistent pains of nervous fatigue are attributed to "spinal disease."

Organic disease of the cord is hardly ever accompanied by pain in its immediate vicinity. Pain, if present, is almost certain to be situated in the distribution of the nerves having their origin at the affected part.

The distinction between vomiting of a purely nervous character, that due to organic disease, inflammation or neoplasms of the stomach and also from that excited by irritation of distant organs, as the uterus or the brain, or resulting from general poisoning as in Bright's disease, is certainly a very important one, but as even the special authorities admit, not always easy.

The first case I have mentioned, where a tumor pressed upon the floor of the fourth ventricle, is an excellent instance of one form of resemblance. It is very often assumed that, if it can be clearly made out that the vomiting is of a purely neurotic or, as it is usually termed, hysterical character, the case is devoid of danger. Vomiting, however, differs from the other hysterical reflexes in this, that while they may be violent and highly impressive upon the bystanders, they do not interfere seriously with any vital function, while on the other hand the constant and complete

removal of food from the stomach, no matter what the cause, must inevitably destroy the normal nutrition. Fortunately it is true, as the authorities state, that in nervous vomiting sufficient food is usually retained to sustain life or even to maintain a very fair degree of nutrition, but sometimes the imitation is so very perfect and vomiting that has nothing to do with any gastric lesion is so persistent, so uncontrollable, and so thorough, that the supplies are reduced below the minimum compatible with life. Two such cases I have seen, where in one the diagnosis remained in doubt until the autopsy, and in another the physician, a man of sound judgment and long experience, firmly believed in the existence of a cancer until a stomach, healthy so far, at least, as any gross lesions were concerned, was removed and opened.

Is it not possible that the supposed special frequency of gastric ulcer among young women, which as an anatomic fact is denied by Brinton, and Hilton Fagge, may depend upon some cases of this kind and also upon those of metastatic vomiting of blood.

The most complicated knot to be disentangled by the physician who, without the cultivation of a theory, the pushing of a fad, or the searching after a pet operation, seeks to assign to all the causes present in the case before him their true share in the causation, is undoubtedly that which ties together the pelvic organs with the general nervous condition. Possibly a few of you can recollect the time when the thorough and intelligent investigation of local pelvic conditions was the rare exception, when dyspepsia, debility and spinal irritation were sufficient to cover all the anemia, backache, depression, nervousness, the general breaking down from which American women are supposed to especially suffer. More of you can remember when "ulceration" was responsible for the same set of symptoms, to be followed by displacements, cervicitis, endometritis, ovarian disease and pus tubes, each in its turn almost the sole recognized condition and each with its appropriate and popular operation. Who that is familiar with these changes, with the self satisfaction and boasting that accompanied each shift of theory, fondly supposed to be the final one, but just as evanescent as its predecessor, can possibly believe exclusively in any one of them? When such a variety of views is possible, it is hardly fair that any one should be reproached with errors of diagnosis, but it is none the less important that correct and well defined views should be at the basis of treatment.

Symptoms both local and general are often indubitably present, but which are primary and which are secondary is a question which is unfortunately too often answered more in accordance with the preconceived views of the practitioner or of the patient, than with the study of the individual case. What is required in such cases is rather an accurate balance than a sharp line.

The gynecologist points to the constitutional results of constant pain, to the crippling due to the sagging of unsupported and hypertrophied organs, to infection from local inflammations, to the sapping of strength and vitality from too great functional activity, to the exhaustion of too frequent childbirth and lactation; and when he sees these symptoms he is likely to attribute them to the set of causes with which his practice has made him most familiar. The neurologist, on the other hand, knowing how often he has seen local lesions remain without impairment of

the general health, so long as the strength, muscular and nervous, remains good, and knowing that the exhausting effect of a burden is to be estimated not only by its own weight but by the vigor of the shoulders which have to carry it, that local pain may be merely the expression of general weakness, is liable to overlook their existence or to underestimate their importance. But the consequences of erroneous opinions on one or the other side are by no means of equal importance to the patient. If we suppose, what in practice rarely occurs, that the neurologist or the general practitioner is allowed by anxious bystanders to pursue the even tenor of his way and that he does overlook real disease in the pelvis, the worst that can very well happen is a loss of time and a subsequent correction, which may be more or less mortifying, as he has more or less strenuously asserted the entire innocence of the guilty organs. But if, on the other hand, the practitioner direct his attention solely to local lesions, real or imaginary, he will probably accomplish one of two things. His patient is only too easily lead to believe as he does, and there will be established that particular form of hypochondriasis known as "uterus on the brain," or else he will resort to heroic surgery, of which the most flagrant and pernicious form is normal oophorectomy, with a greater or less accompaniment of other mutilation according to fashion or the desire to go beyond the rival operator.

I hope it is clearly understood that I am not talking about surgery, that is, surgery for surgical disease; that I do not pretend to meddle with and am content to leave the question of the removal of a tumor or the opening of an abscess in the pelvis in the hands of the surgeon just as I would the treatment of the same lesions situated anywhere else. When constant wearing pain was located in one spot, and that an easily accessible organ, and when a vague pathology with the facile and elastic phrase of "reflex," found it so easy to explain most various and distant symptoms by a local irritation, it was certainly not strange that the surgeon should have sought to remove the organ which seemed to be the cause, and that such operations should have had their run of popularity. What, however, to be deprecated is, now that experience has shown in how small a proportion of cases is the desired relief obtained, that a desire for surgical reputation or experience, the eclat of numerous laparotomies, should be such an irresistible temptation as to permit a useless mutilation, which has sometimes seemed to me to act as a mordant, fixing more indelibly in the fabric of the patient's whole being the deep dye of constant and hopeless suffering. Admitting that there are cases so desperate and with so little chance of relief that such an operation, as offering something even slightly better than death, is fully justifiable, we know well that they are fortunately not so numerous as to afford any reasonable basis for some statistics which have been published. The surgeon has no right to seek such cases. They should be urged upon him long and strenuously by those who have had opportunity to observe thoroughly, and who are free from operative prejudice, before he undertakes them. "Art for art's sake," is no proper motto for him.

Some months ago I looked up as thoroughly as possible the histories of twenty-seven women who had come under my notice, who had had their ovaries removed for nervous affections. Since then I have

known of several more whose fate has not made me change my opinion. Of the twenty-seven, three or four recovered or nearly so, one or two of these having been not far from the natural menopause. Three or four others have improved, after years of invalidism, so that it may well be doubted how much their recovery was accelerated. One died of causes not connected with the operation, one from cocaine and one shot herself a few months after a "highly successful operation." One died of nervous shock a week after the operation. One at least (not of the twenty-seven) is hopelessly insane. Many are invalids and several have sought admission or readmission to the asylum.

Local irritations, either in the form of pain or of necessary and frequently recurring muscular action imperfectly performed, and requiring for each repetition a conscious mental effort, are the most frequent accompaniments of nervous breakdown and possibly important factors in its production. On the other hand, general weakness, acute or chronic, offers much less than the average and normal resistance to the local strain. Thus we have other knots to disentangle in connection with various organs, of which after those already discussed, the eyes are perhaps the most important. Eye strain, either of the muscles of accommodation or of fixation, arising from their essential weakness or from a constant more or less unsuccessful attempt to correct errors of refraction, has long been recognized as a cause of headache and many other nervous disturbances, but it is pushing a theory too far when it is made to lie at the base of all the most important neuroses. A reading headache may have nothing to do with the ocular muscles, as in the case of a girl who read with her fingers and had no perception of light.

I suppose no scientific man would think of asking "what is the necessity for making a remote diagnosis in cases where you have obvious dangerous conditions to be combated. Treat the symptoms which threaten life, no matter whence they arise." There may be under some circumstances, and temporarily, a plausible foundation for such a view, and it is sometimes suggested by the laity, or by those who like to consider themselves more "practical" than their colleagues, but its inadequacy as a support for any definite therapeutic plan is obvious upon the mere statement of it.

The treatment of neurasthenic conditions and its congeners, melancholia, hypochondriasis and hysteria, is sufficiently well understood and depends largely on attempts at the restoration of the normal nutrition and action of nerve tissue by rest, diet and exercise, with all the details and adjuncts. These are always useful and sometimes sufficient.

The special point, however, which I wish to emphasize is practically far from new, but I do not think it receives from the medical profession, at least in a theoretical point of view, all the attention it deserves. We smile at the preternatural sagacity, the unerring intuition, the more than human sympathy and devotion, the miraculous successes of the interesting hero, or now quite as frequently heroine, of the modern medical novel, but notwithstanding our skepticism as to the power not born of knowledge, we must seriously recognize how important is the personal feeling and influence of the physician as expressed by him in definite statements or received by the patient in vague but not weak impressions of approaching relief. The old faith is now becoming a modern doctrine and the

art based upon it is called "suggestion" or "suggestive therapeutics." It is a portion of his art which should be most jealously guarded by every physician and never allowed to be monopolized by those whose ignorance ought to deprive them legally and morally of the right to use it at all. Whether this is best carried on by means of hypnotism, with which in modern discussions it is very apt to be associated, my experience does not justify me in saying positively. Its practitioners make very positive claims for it. I am sure, however, that that is not the *only* useful way and that suggestion, as covering a great many methods of bringing psychic influence to bear, various in detail but one in principle, is often a most effective agent without hypnotism. I have seen cases that if they had gone through with forms of hypnotism, or indeed those of any miracle cure, would have gained a notoriety quite as great as many which have figured in sensational reports of the daily press or make their rounds through the clubs and the sewing circles. Now it is for this purpose that diagnosis, instead of being of the least, is really of the most importance.

Setting aside the great injury which may arise from the neglect of efficient therapeutic measures of the ordinary kind by those who prefer to trust themselves to any of the acknowledged forms of faith cure, it is desirable that the physician, as distinguished from the faith curist, should be able to gain from his knowledge the firm persuasion and confidence which the curist gets from his ignorance. Patients are shrewd observers of their attendants when their senses are sharpened by anxiety. The curist can give them, with the boldness and undoubting sincerity which arises from knowing nothing at all about the nature of the disease in hand, assurances of the disappearance of their troubles, which the physician, unless he be certain of his diagnosis, would find it very difficult to assume, even if he thought it right to make promises which he is doubtful of being able to fulfill. One of the most interesting phenomena of the last few years, from a medical and psychologic point of view, is the systematic development of the various forms of faith cure, with their colleges, churches, professors and patients. The ready acceptance they find among persons of supposed mental cultivation would perhaps be not the less remarkable had it not always been so, which makes it less surprising but no less absurd. We can not talk it down. It is better to study and to profit by it. A little inquiry is sufficient to show that the successful cases are those heard of, while the failures make but little impression; but even with a very liberal discount in this direction we must admit that people do get well under the influence of these humbugs, just as they have been doing for centuries from the king's touch, or the witch's brew, or Lourdes, or St. Anne de Beaupre, the Zouave Jacob, the Vermont Healer, fashionable springs, quack medicines made of the costliest of metals or the cheapest of weeds, or physicians good or bad, learned and ignorant. Cures, like fish, do not grow any smaller by being talked about and many wonderful stories shrink immensely when traced back to their original sources. The case which appears for a few days or weeks as almost a miracle sinks into obscurity, as specialist after specialist has been consulted and hospital after hospital is visited, each with the relief born of renewed hope, but each leaving untouched the psychic substratum of weakness, congenital or acquired, or the habit of invalidism.

But the residuum of real cures or of great permanent relief deserves our attention. It is the strong stimulus of faith and hope, the turning of the attention into other channels than that of symptom watching, the firm conviction of the possibility of the disappearance of pain and weakness, which is the active agent in this kind. There is no doubt that in many minds the active controlling forces are more easily reached by mystery and transcendental theories than by logic and observation; that imagination is a more powerful stimulus than scientific accuracy notwithstanding the liking which some have for the latter as a disguise. A preternatural science which can, with one sweep of vague theory, wipe away all discussions of petty details, is much easier to manage and to fit to the individual case, than a science founded on the observation of facts, and here utter ignorance gives to the charlatan an advantage which can not be met by the physician with any half knowledge. Nothing but confident diagnosis can invest him with the well founded authority which the other can so easily assume because he knows not its dangers.

The practice of "suggestive therapeutics" is no new thing, but physicians have been too apt to consider it rather an incident, than an important part, of their office and to attribute to their drugs or their knives what properly belonged to themselves and to their knowledge of pathology and diagnosis. I have heard an eminent surgeon after a vivid description of his sufferings from the importunities of a patient whom he had skillfully relieved of her ovaries but not of her sufferings, say: "I told her at last that she had better try 'christian science.'" For my part I prefer that if the fates have ordered that my patient is to leave me and seek "christian science" or any other faith cure for the relief which I have failed to give, that she should do so un mutilated. The least I can do is to leave her as well as I found her.

But I much prefer to say in effect something like the following, and in order to do this I want a diagnosis. "You *can* get well. Now why will you not do this for me, whom I presume, from the fact of your having put yourself under my care, you consider a reasonably skilful and honest physician, and who have seen and studied enough cases of cancer of the stomach to assure you that you have not got one, just as willingly as for some old woman who does not know anything about cancers and who if you really had one would tell you, just as confidently as she does now, that it was all a product of your own low and earthly prejudices, and that a cancer of the stomach is just as easily gotten rid of by a mental effort as any other set of ideas." If she be a sensible woman and I have succeeded in gaining her confidence, she will get well, but if she doubts my diagnosis, which is very apt to mean that she sees by my manner that I am not quite sure of it myself; if she prefers to believe that she actually has what I, with my low and earthly views, might call a cancer, but if she "puts herself on a higher plane of thought" there are no such realities as pain, or vomiting, or emaciation or death; that a fatal carcinoma is an invention of the doctors; that is, if instead of being willing to admit that her personal symptoms may be psychic she has been persuaded that the whole fabric of pathology rests on an imaginary basis, then the faith curist may score as a miracle the result which I, as a man of common sense and resting only on a basis of ordinary knowledge could not attain as a bit of every day practice. The power

of reiterated and confident assertion, unsupported by a particle of proof or argument, simply ignoring repeated demonstrations of its baselessness is enormous. It is, for instance, at the basis of all advertising and we constantly see, in religion and politics, the most absurd doctrines gain a foothold by the simple process of stating them over and over again. Such a position is a short lived one perhaps, when based upon no element of truth, but it seems a pity that so powerful an agency should not be made to do better and more permanent work by having something real behind it, and this something is for us a diagnosis.

ALTERNATING PERSONALITIES; THEIR ORIGIN AND MEDICO-LEGAL ASPECT.

Read in the Section on Neurology and Medical Jurisprudence, at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896.

BY R. OSGOOD MASON, A.M., M.D.

NEW YORK.

The condition of double personality has, in a way, always been recognized, but no special importance has generally been attached to it by the profession. Cases of protracted somnambulism or an occasional instance of catalepsy or trance, either with or without remembered visions or voices, were referred to as curiosities, but without any just analysis of the condition or attempt at classification; in fact, they have been looked upon as belonging to no system of recognized psychic phenomena, and in general, like many other variations from the usual personality—the recognized, reasoning, knowledge acquiring personality—they have been looked upon simply as *abnormal*, and been thrown into the category of either hysteria or insanity. Of late, however, the subject has received more definite treatment; many cases of the condition have been carefully observed, their peculiarities studied, and their relations to other psychic states have been considered. Ribot, Janet, Richet, Kraft-Ebing and others have given attention to the subject, plainly recognizing the condition, whatever interpretation it may have received at their hands. Beside the contributions of these acknowledged authorities in the profession, and including them, a vast number of well authenticated cases have been collected by the English Society for Psychical Research, with its American Branch, and have been carefully studied by such men as Professor James of Harvard, lately president of the Society, Professor Sidgwick, and especially by Mr. Frederick W. H. Myers, the English secretary, who has treated the subject in the Proceedings of the Society with a degree of knowledge and ability, as well as scientific accuracy, which has not been exceeded even by the noted writers before mentioned.

At the meeting of the AMERICAN MEDICAL ASSOCIATION at Baltimore, I drew the attention of this Section to some facts and observations tending further to establish the reality and distinct character of this condition. I described several well authenticated cases, some of which had long been under my own personal observation, in which most marked and definite alternations of personality occurred, and in which the second personality was present for long periods of time—days, weeks and even months—taking complete possession of the physical organization, caring intelligently for it, and in some instances changing it from a condition of disease, pain and helplessness to one of health, and ability to perform all the duties of life in a perfectly normal and efficient manner. I also

pointed out the relation which this condition bears to somnambulism and the veridical dreams of ordinary sleep, to the trance condition, and especially to the trance and somnambulism occurring in the hypnotic state.

Kraft-Ebing, after an exhaustive study of the case of Ilma S. by means of hypnotism, clearly differentiating three distinct states of consciousness, comes to the following conclusions: "Frequently repeated experimentation makes it evident that the three different states of consciousness which may be observed and induced in this patient exist, typically congruous and apparently regular, under identical conditions. It is further evident that these states of consciousness have absolutely nothing in common save that they are observed in one and the same person. Thus this person represents three psychic existences."

It will be fully admitted, then, that a second, and in rare instances even a third, condition of consciousness is shown to exist in the same individual; that they are entirely distinct psychic states, having different and often entirely opposite characteristics, opinions, likes and dislikes, distinct chains of memory and a different personal history; so distinct are they that they may be, as indeed they are, properly designated as distinct personalities, and called by different names. Kraft-Ebing, however, in saying that these different states of consciousness have "absolutely nothing in common," promulgates an error; for, while the primary personality has no knowledge whatever of the second, nor of any succeeding personality, the second personality has always a more or less intimate knowledge of the primary self, but only as another and entirely distinct person. Again, the second personality, while having knowledge of the primary self, has no knowledge of any third, nor of any subsequent one; so also the third knows *number one* and *number two*, but nothing of *number four*, should such a personality appear; and what is still more wonderful, *number two* can sometimes distinctly impress *number one* after that personality has resumed consciousness. So important is this fact that I will illustrate it by reference to the case of Madame B., Professor Janet's hypnotic patient, with her three personalities—Léonie, the original Madame B., Léontine, the second personality, and Léonore, the third.

The patient being hypnotized and Léontine being present, before awakening her Professor Janet said, "Now, when I awaken you and Léonie comes back, you, Léontine, will make her untie her apron and take it off, and then tie it on again." He then awoke her, and Léonie—the usual Madame B.—was present. She, supposing Professor Janet had finished his experiment, of the nature of which she never had any knowledge, was conducting him to the door, chatting in the meantime in her ordinary simple, almost stupid manner. At the same time she commenced to fumble at her apron strings and, without knowing what she was doing, untied them. At that moment Professor Janet called her attention to the matter, saying, "Your apron is falling off," whereupon she looked surprised and said, "Why, so it is," and at once, with full consciousness of what she was doing, she returned it to its place and re-tied it. Professor Janet considered the experiment complete; not so Léontine; she had not finished the work that had been laid out for her, and again Léonie unconsciously commenced to fumble at her apron strings; again she took off the garment, and then quietly replaced and tied it, all the