

CASES OF HYSTERIA TREATED BY
HYPNOTISM.¹

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I WISH to report two cases, which are of interest as being rare. The first is rather a curiosity; the patient fell into a hypnotic state, seemingly on account of the noises in the house, a state for which I know no better name than autohypnotism, though she did not consciously put herself into that state.

Mrs. S. was born of rather neurotic parents; her mother had sick headaches, was rather nervous; her father had bad turns, which as described were probably epileptic. It is not certain that he had these before her birth. There were three brothers and two sisters, the oldest sister has sick headaches and is nervous, the other sister is young, not very well. The brothers are all well.

Mrs. S. never knew what it was to be tired and considered herself perfectly well when she was young. She helped to take care of her father, did much of the house-work, hurried her breakfast so as to get to school in season, studied hard because she liked to; then she hurried home to learn her lessons and do what she could at the house-work.

One morning on waking she found that her eyes had given out, and she could not open them. When her eyes were better she returned to school, and six months later graduated. During this time she had heavy feeling in her head in the morning, and had the blues. When she graduated she had lost within a few months forty pounds, running down from one hundred and thirty to ninety pounds. She rested a few days, then visited friends with the intention of regaining her health. For ten days she slept much and wanted to sleep more, but injudicious friends thought it would not be well for her. She eat little, her head felt strangely, it seemed to her as though she had been away

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but she could tell where she was. Noise troubled her, she had nausea, no energy. It was at this time that she had the first spell of unconsciousness. I could get no satisfactory account of the nature of this attack.

She returned from her visit and remained at home for six months, having back-ache, head too tired to sleep, ached all over, lounged about the house. In this condition she took a school, taught seventy scholars for six years. While teaching she did part of the house-work at home, she got breakfast for the family. She had dyspepsia and was depressed in spirits.

While teaching she had the attacks of unconsciousness after unusual excitement, not specially when she was tired from teaching. They lasted five or ten minutes. She seemed to have fainted, but would keep up a rambling talk about what had disturbed her.

She was married about three years ago. After her marriage she did not have many attacks, they came only after great mental excitement. She had one when she learned that she was pregnant. She did not always talk in them. Her husband said that she did not have them when alone.

During her pregnancy she slept a great deal. After the birth of the child she was not able to sleep as well. Her head is weak and gives out easily, she thinks her body is strong.

She did not come to the Asylum until more than two months after the above account was given me. In the mean time her child had been ill and she had had the grippe, so that she had had more to wear upon her and run her down. When she came she was evidently not in so good a condition as when I first saw her, she was more nervous and weaker.

The day after her entrance she had an ill turn after walking into the sitting-room. The nature of this was not clear, it was described as different from a faint, yet she lost consciousness. When I saw her she had partially recovered and was able to talk, but was still dazed, did not understand where she was, said a few words without evident meaning, but which probably had reference to the impressions she had while in the attack, as when a person continues and finishes a sentence after waking from a dream. She had another of these attacks after getting to bed.

On the second day I found that these attacks were of a somnambule nature; in the attack she did not recognize her attendants, did not know where she was, she did not remember what had taken place only a few minutes before when she was in her normal condition. On coming out of

one of these attacks she did not remember what she had said or done during it ; but when she had another she remembered what had taken place in the previous one, though this memory was not as distinct as the normal waking memory. For a while there was the double existence of which we read in books on metaphysics.

During the following days these attacks of somnambulism occurred several times. While she was in one of these I stroked her forehead, whereupon she went asleep immediately and after a while awoke in her normal condition. The next time she had an attack she called for the hand which had touched her head ; she said that it had a very soothing effect, and she asked every one who came into her room if he had done it. When I entered she had no recollection that I was the one who had soothed her, but when I touched her head she at once said, " That is the hand," and went to sleep. In the normal condition she had head-ache, in the abnormal her head was all right, did not ache. After this I put her to sleep every night and several times in the morning. Only a few strokes were needed to put her to sleep, except when she was more than usually excited : on two or three such occasions it was not possible to succeed.

The manner in which she went to sleep was peculiar. She settled herself down with a contented air, shut her eyes and seemed to be asleep ; then there was a peculiar laugh, and after that she was sound asleep. Once, when much disturbed, she could not get asleep. She then talked, said she could not get way down, that some one made her come up ; she then laughed and seemed asleep, but soon after said again that she could not get way down. This was repeated two or three times. She sank down in bed and stretched herself up in accordance with her words, and she seemed to be much troubled because there was this hindrance.

After a few days she had no more of the somnambulant attacks but seemed to be in the normal condition all the time, yet it was not perfectly natural, for she could not see me clearly ; she said there seemed to be a mist between her and me.

Two or three times she awoke saying that she could not see ; the first time this happened a few strokes across the forehead sufficed to restore the sight. The other times it was necessary to rub her eyes, and this seemed to cause pain till the sight was restored, after which the same rubbing gave rise to no pain. On one occasion only one eye was blind ; then rubbing the sound eye was not painful, but rubbing the blind eye was. While she could not see, the pupils

were widely dilated and light had no effect upon them ; when sight was restored the pupils contracted normally.

On Sunday, the nineteenth, she saw her husband, who told her of the sickness of her housekeeper. This disturbed her much, and she had a poor night. The next morning I let her tell me all about her trouble and she soon after went to sleep, as usual, after her head was smoothed.

She was disturbed by noises, even comparatively slight noises disturbed her. She was especially annoyed by being waked up about seven o'clock by the necessary noises of the morning. She said it was agony to be thus waked up instead of waking up herself.

On the twenty-first she saw her mother about the housekeeper, and after that seemed easier on that subject. She had two or three good days and nights, sleeping all night and parts of the day.

I tried suggestion in regard to eating. After she had gone to sleep I told her on awaking to be hungry and eat well. She had eaten poorly before. The first time I did this she was hungry in the morning and eat the whole of what was taken to her for breakfast. Several times she did as well and at no time did poorly, except when on account of disturbance she did not sleep well. I also told her to sleep all night. She said that when she half waked up she seemed to hear a voice saying, "Sleep all night," and she did not dare to wake up. She thought this very singular. She may have thought that I had something to do with the voice and spoke of it to find out if it were so. Once when in the daytime I told her to sleep two hours she was awaked by a noise and heard, just as she awoke, a voice saying, "Sleep—hours." She said that in the morning, when the noises of the day commenced, there was a struggle between the desire to sleep and the need of awaking on account of the noise, and this struggle was painful. While in the hypnotic sleep, if there was a noise in the hall, her forehead contracted, and if the noise was loud she shrank and drew up her shoulders as if hurt. If I made a slight noise in moving about she took no notice of it, even though it was as loud as outside noises which she noticed.

She complained so much of the noise that I thought it best to tell her that it could not be entirely prevented ; that we could not keep the house as still as a private house can be kept, and that she sometimes made noises and had waked up a patient. This did not at the time disturb her very much. That night, however, she was not herself (the 24th). She had been all day in an unnatural state, but it was not

reported to me till night. When I went in as usual to put her to sleep, she took me for her husband, called me by his name and began to tell me how she had disturbed the patients ; said that he must talk in a whisper, and if she made a noise she would be sent away ; that she had done an awful thing in waking up a patient ; that she had told him before coming that she knew she would make a noise and would be sent away, and why had she come. She didn't want Dr. Webber to know how she felt, but when he told her that she had disturbed others it went through her like an arrow.

When I tried to put her to sleep she said, "You know it is no use your trying to get me to sleep ; you know you have tried to do that a good many times and not been able to. I shall never get well now, for Dr. Webber won't come to see me again, and he won't be able to put me asleep again." Such was the way she talked. I bid her good night and left her. Soon after I heard a noise in her room and went in ; she was sitting up in a chair. She still called me by her husband's name. I helped her into bed, told her it was after nine o'clock and I could stay no longer. I obtained a promise from her to stay in bed all night.

The next morning (the 25th) she was still not herself. She told part of the events of the night before correctly and mixed up with these her delusions that she had been carried to another place. I was no longer her husband, nor was I Dr. Webber.

It is unnecessary to detail what she said. There was about the same coherence that is found in a well-connected dream. In all the time that she took me for her husband she did not treat me with any undue familiarity ; she was as ladylike in her manner of speaking and acting as if I had been a stranger. There was no surprise nor sense of inconsistency that I did not show any more interest than a stranger, nor meet her as warmly as a husband might. Either she was not sure who I was, or, as in a dream she did not notice any incongruity.

In a few other cases I have had entirely different experiences. The patients have not been satisfied without some manifestation of affection.

After allowing her to tell me all she seemed to wish on the morning of the 25th I kept my hand on her head. She took no notice of my smoothing her forehead, trying to get her to sleep, so I simply kept my hand quietly on her head. At length she suddenly put her hand on mine exclaiming, "What's that !" then she began to sob, turned

over and went to sleep. In about an hour and a half she woke in her normal condition. She remained herself all day and at night professed to have no recollection of having seen me in the morning. She seemed to have lost all memory of what had happened the previous night. She went to sleep readily.

During the day of the 30th she was moved into another room in hopes that the noise would trouble her less. That night she did not sleep well as usual, and the next day had a severe headache all day. When I saw her at night I held my hand on her head a few minutes and she said the pain had gone ; she was free from it.

That night she slept only two or three hours, and the next night it took a long time to get her quiet, and she slept only half an hour. She seemed worse, the noises disturbed her so much that I advised her being taken home. She was not gaining, but rather getting worse. Subsequently she gained in weight and was able to sleep. As she grew stronger noises troubled her less.

Miss F., aged twenty, says that she has had dizzy headaches very often ever since she can remember. She rarely went a week without one. She thinks she was well as a baby.

Her mother was nervous, had neuralgia ; she has four brothers and sisters ; they are all well except her youngest brother, who has rickets. Her father is intemperate, so she cannot live at home.

She had measles when young and scarlet fever at eight or nine years of age ; no other illness. Using her eyes made her headache. She left school at seventeen in poor health on account of headaches. Otherwise she had good health. After leaving school her condition remained about the same ; she would have headache two or three times a day for a while, then would go several days without pain. The pain was across the forehead and in the temples ; there was no nausea ; sight was blurred ; she was dizzy.

Last June (1889) she fell from a swing, striking the left side of her head ; she had a faint feeling and dropped out of the swing ; she does not know what distance she fell. For a minute she was unconscious. After this her head ached for a week and felt tight on top, very sore on the left side. The left cheek was discolored, and this extended down the left side of the neck ; her back troubled her for a few days after. After a week the headache would go and come. Her work was not hard ; she had a large appetite ; slept well.

From Thursday to Saturday she had a dreadful headache all the time.

On Sunday, the nineteenth of September, she felt better and went to church. She had been in church but a short time when she became dizzy; things moved, dancing about; she felt herself falling and couldn't save herself. She remembered nothing after this till she came too in the vestry; then she felt tired, her head seemed tightened across the top. She was taken to her room and put to bed; that afternoon she had another in which she was violent, straightened out, threw her arms about, not her legs; she threw herself backwards and forwards very quickly, then she stiffened out straight. Her eyes were sometimes open, sometimes shut; at times they were crossed, always "set." This attack lasted an hour. After the second her head ached dreadfully, all on top, and it was very sore there.

She went to work on Tuesday, and in five or ten minutes she had the same feeling of things growing black, and felt she was losing herself. She had an attack in the office. After this she was sick in bed two and a half weeks; she had attacks once a day, or even twice.

The Saturday after the first attack she had three severe attacks, one lasting three hours. She first worked her muscles all over for ten or fifteen minutes, then was rigid and then lay passive, the face and hands moving a little, the fingers closed and the fist rotating.

The following week she had one every two or three days, lasting an hour and a half. During this time there was considerable mental excitement apart from the illness, which must have acted to increase her nervousness, and probably caused the attacks to be more frequent. She went into the country; had one on the train; the next day one, and after that only at the catamenia, except when she had the grippe at Christmas. That night she had one lasting three hours, the next day one of four hour hours duration, and in the afternoon one lasting two hours. Two the next day.

On the sixth or seventh of February she had one at the catamenia as usual. She was taken to the New England Hospital and had five during the week she stayed there. The menstrual flow continued the whole of that week, but usually it lasts only two or three days, and generally she has only one at each period.

Between her periods she has severe headache, not every day, and after an attack the pain is behind her eyes, under the brows, and shoots to the top of the head. There is no

increase of micturition after the attacks. Just before a headache her face is flushed, and it seems as if all the blood rushed to her head.

Her appetite is poor and she does not sleep well. Bowels are constipated; she has no leucorrhœa. She was examined by a female physician, who found no uterine disease.

On March 9th she had three attacks. This was the time for her catamenia, but there was no flow. During the next week she had two severe headaches on the top of her head. Phenacetine powders relieved the head each time, and afterwards it felt light as if the top were gone. After the 9th she felt ill for three days, but did not flow.

I saw her after one of the above attacks. She was then much weakened, and had the appearance of being exhausted. The attack was described as one of the worst she had ever had. She was delirious most of the night; it required three or four women to hold her and prevent her leaving her room. During the convulsive stage she was more violent than usual.

About a week after these attacks I began to hypnotize her. The first trial had no effect. She simply became quiet. After the third time she went to sleep in my office, but it was a troubled sleep. After a few treatments she slept quietly without dreaming, as in natural sleep. Most of the time during her sleep at my office there was more or less twitching of the muscles of the chin and face, especially on the right side. She said that while going to sleep she felt herself sinking down gently, and just as she lost consciousness she felt that she had reached the bottom. This sensation was not unpleasant, but rather agreeable, and seemed to resemble that of which Mrs. S. spoke. When she is asleep I can make any noise about the room without disturbing her, even throw a book on the uncarpeted floor with considerable force without awaking her, but at first if I spoke she woke up. After I told her not to mind my voice she was less easily disturbed by it. A touch would arouse her at any time very quickly.

During this time she was taking sixty grains of bromide of potassium a day. Notwithstanding this she did not sleep well the nights when she had not been hypnotized, but the nights after a treatment she slept well, often eight or nine hours. Her room-mate said that she slept much more soundly than before the treatment was commenced; formerly she would jump in her sleep, her limbs were rarely quiet, and she was much disturbed not only by anxiety lest

there should be a spasm, but also by her restlessness. After the treatment had continued a week or ten days this restlessness disappeared and the sleep was quiet. The patient's countenance changed for the better; the eyes lost a stupid look they had, the nutrition became much better and there was a general appearance of health which was not present at the first. The patient herself said that she was stronger, could walk longer distances without fatigue, and felt more like working.

April 19th I hypnotized her and allowed her to sleep longer than usual. I thought I would see how long she would sleep if not disturbed. It was just the time for the catamenia. After fifteen minutes she woke, seemed more confused than usual, said that her head ached, then went into a spasm. The convulsion began with a twitching of the chin and right side of the face, next there was a stiffening of the body and rigidity of the arms with tremor, the hands being clenched. There was loss of consciousness from the first sign of an attack. In a minute or so there was spasm of the muscles of the back causing opisthotonos, the hands were extended and in extreme pronation with the wrists flexed. Pressure over the ovaries seemed to cause relaxation at once of the spasm, and she lay relaxed and limp. The right side of the face and the right hand still twitched. Her eyes opened for a few minutes, but she did not seem to see. After about twenty minutes she had another attack much like the previous but less severe, lasting only about three minutes. After this second attack the face twitched and the hands were slightly convulsed, mostly on the right side; the legs were quiet. In forty-five minutes from the beginning of the attack she was conscious. Her friend said it was a very light attack.

In four days she was able to come to my office again. The catamenia had not appeared. In ten days that function was established and she had a very light attack of only a half-hour's duration, and so light that she did not know she had had one. She slept for two hours after it. She thought that the attack was due to having her sleep disturbed by a toothache, and that caused a headache.

When she came to me the next time she had been to the dentist and had had the tooth filled. It still ached much with a jumping pain. When she went to sleep I suggested that on waking the pain should be gone. On waking she had no pain, and it returned only once for a few minutes. On other occasions I suggested that pain in one part or another of the body should leave her, and on waking it was gone.

About a week before the time for her last catamenia I suggested that she should come round at the regular time (she had been two weeks late the two previous periods) and that she should have no convulsions. I made this suggestion each time I hypnotized her. She was only two days late and had no attack, and scarcely any headache. At the next menstruation there was no spasm, it was normal and nearly at the right time. The bromide had been reduced to a small amount taken only a week before the catamenia.

The first is a complicated case. There was a peculiar condition of the nervous system, a condition of neurasthenia, also a hysterical state. In some way, which I do not understand, the patient came into a state in which she lost her memory of recent events, and her relation to those about her were changed to such an extent that she did not recognize those whom she had seen and known only a few hours previously. Then she returned to her normal condition and had no recollection of what had just occurred. Her brain then became a dual organ; in some way the awaking of one set of ideas and associations in one group of nerve cells seemed to inhibit the activity of the group of cells which was cognizant of the other set of ideas and associations.

Later when I had put her to sleep there was the manifestation of other phenomena; there was not only the two states of brain activity, but also the power or ability of receiving suggestions when all the mental faculties seemed to be dormant, and it would have been supposed that she could not hear nor the brain receive any impression, at least so as to have a permanent effect.

Memory, consciousness and will were perverted, or in the artificial sleep they seemed to be abolished; certain groups of nerve cells, which are usually active during waking hours, were inhibited in their action. For a while they were placed in an enforced quiet. This was seen in the second case. I could easily put the patient to sleep; there was no cataleptic state of the muscles; she simply went to sleep, a quiet sleep such as any one might have, with dreams or without as the case might be. She was, however insensi-

ble to all noises, was not disturbed by the rattling of paper, opening of table drawers, the slamming of doors outside, nor by my moving about the room. As soon, however, as I spoke to her, she showed that my voice reached her brain, there was a change in the expression of her face, and if I continued to speak she soon waked up.

It will be interesting to compare these peculiar mental conditions with what is seen in an ordinary case of delirium, in which there is a more or less complete unconsciousness of one's surroundings. I will report a very simple case which resembles hypnotism.

Miss A. has had severe headaches, especially at the time of her catamenia, and in these is sometimes delirious.

March 20 was called to her about seven in the evening, as she was delirious. I found her lying on her right side; the muscles of her neck and arms would occasionally twitch and she carried her hand to her neck every now and then, and showed by slight groans and sighs that she had severe pain. She seemed to imagine herself at home, and called her mother in a rather low tone of voice. When the nurse came she told her to go for her mother. She seemed to think I was her uncle Edward. She tried to get up once or twice, and said she must go or be going. There was no violence and no loud outcry; she was simply in a quiet delirium. She did not realize where she was nor what she said, yet seemed to realize that she was in bed, and tried not to uncover herself. Under the use of remedies and massage to the head she fell asleep, awoke at a slight noise, then went to sleep again, and soon woke up in her right mind, astonished to find me by her, and asked if she had done anything out of the way.

In this case there was an entire misapprehension of her condition and surroundings. She was as much out of touch with those about her as the hypnotic, more so in fact. Yet she retained a certain amount of receptivity; she knew that someone was near, and made known her request that her mother should come. In this patient the memory and consciousness were perverted or suspended, the will was still active, but acted in an abnormal way, because it had not correct data to guide it. Ideation was more affected. In hypnotism there was a more orderly sequence of ideas; in

delirium the sequence of ideas was less regular; slighter influences served to give rise to new ideas not in harmony with those preceding. It seems to me this may be one of the differences between hypnotism and delirium; not only are memory, consciousness and will affected, ideation is irregular and dependent upon accidental influences, arising outside or perhaps within the patient. In hypnotism, when ideation is affected, it is perverted according to the will or suggestion of another.

It would be interesting to compare these two states with dreaming. This seems to be a modification of the above conditions, the cause being within the brain itself, or often coming from without. But in dreaming there is less order, the control of the thoughts, which is not wholly lost in hypnotism, and which still is found to some extent in delirium, is very imperfect in dreaming; the logical faculty is more affected, or it may be said the memory is more at fault and does not act to regulate the sequence of ideas, so these run riot in the brain, and the different groups of nerve-cells are awakened to activity and silenced in a most unordered manner, giving rise to the most absurd and incongruous grouping of ideas and images.

Dreaming is likely then to be the least orderly of these abnormal activities. There are to be sure dreams, which seem to be perfectly orderly and logical. Perhaps they are so, or it may be that they seem to have this order because the waking mind unconsciously reduces the mass of ideas to something approaching order. It would be interesting to follow the analogies in these states much further.