As I explained in Phase One of the Magnetic Cure, after six months in Aix, Estelle in the waking state could barely put a foot on the ground or even take a step without hurting herself or fainting. Symptoms often seen in emotional and nervous patients prone to hysteria are both a tendency to faint when trying to sit or stand up and a weakness in the legs (a kind of partial paralysis) expressed in increased sensitivity and decreased mobility. These patients are usually women. I have frequently seen these phenomena in young people approaching puberty and in nervous, high-strung women who are somewhat older and who live in considerable comfort and luxury. I have never seen these phenomena, however, in post-menopausal women.

The phenomena of hysteria include bad headaches, ordinarily centered on the top of the head or located on a parietal crest. Patients frequently think of a bad headache as a migraine and call it “rheumatism of the head.” They also experience extreme sensitivity of the skin, localized on the spine or the sternum, and sometimes on the abdomen, hips, or hypocondrium. Complaints may include stomach problems, irregular menstrual cycles, and persistent constipation. Ordinarily, the gait is unsteady as well. Patients say they are “lopsided.” It seems to them that their pelvic bones are “enlarged and vacillating at the joints.” Finally, these patients report a peculiar, very tiring sensation of internal tension and warmth in the pelvic organs. This state is painful and disquieting, even though it is more a condition of swelling than of inflammation. The patients, however, believe that the core and source of all their pain and varied ailments is in the
uterus. They imagine themselves ill with acute or chronic metritis that will soon degenerate into tumors, ulcers, or related conditions.

When this illness affects the breasts, as it often does, the patients do not talk about the condition. They remain silent—embarrassed or fearful that the diagnosis will be much more serious than an illness of the hypogastrium. The breasts may feel swollen and tender. If, on the other hand, the pain is intense, it seems throbbing and jabbing. At times, the discomfort is in the whole breast; other times, only the nipple and surrounding tissue are affected. This condition, nevertheless, is only “sympathetic” (or, at least, I have always found it to be so), despite the fact that the slightest pressure is intolerable and that the breast is sometimes darkened or marked with black streaks. In several cases, I saw the coloration disappear instantaneously when treated with electrical sparks or small charges. If the tissue had been even slightly diseased, this treatment would have failed.

I put Estelle’s illness within this category of disorders, even though puberty had not yet begun. She had experienced some pain on both sides of her upper chest and occasionally experienced slight swelling. A few of the phenomena mentioned above were also evident. I had no doubt that her affliction was essentially hysterical, even though her symptoms first appeared to be organic and not functional. I can say the same for Sophie La Roche, Henriette Bourgeat, Annette Roux, Micheline Viollet, and for countless other young people between the ages of 15 and 20. The details of their illnesses and presenting phenomena vary only slightly.

Bloodletting, very often used to treat these illnesses, brings relief, but the physician can unwittingly overuse this intervention to a patient’s detriment. The forced and unnatural depletion of blood disturbs the functioning of the whole circulatory system. Indeed, while bloodletting initially improves the state of the patient by decreasing the amount of blood, in the long run it increases circulation and causes tumescence in the unhealthy organs by drawing blood to them. Consequently, there are rigidity, swelling, and pain, but neither inflammation nor a true phlogosis. Warm, prolonged sitz baths, a light and refreshing diet, and similar treatments effect a more certain, lasting cure. General or local bloodlettings by lancet or leeches should be used only as a last resort and only when the patient is suffering so much that temporary relief is preferable to continued pain.

From the beginning of her stay in Aix, I suspected that Estelle, despite her young age, suffered from an illness of this nature. I treated her slowly and methodically in order to observe what would happen and soon became convinced that my assessment of her condition was