What was wrong with Anna O?[1]

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Fräulein Anna O was the first of 5 patients treated for hysterical illnesses by Josef Breuer and Sigmund Freud and described in their seminal book 'Studien über Hysterie' in 1895. From Freud's work with patients suffering from hysteria emerged much of his theoretical material. The Oedipus legend was later invoked – the story of the swollen-footed tyrant of Boeotian Thebes who unknowingly killed his father and married his mother – and the legend was afterwards linked to Jung's term and became the Oedipus complex.

It is useful to look at the status of the disease which has produced such formidable constructs. Slater's (1961) twin studies led him to believe that the disease was so heterogeneous that, as a concept, it fell apart. When he followed up patients at the National Hospital who were diagnosed as suffering from hysterical illness with no significant organic factors (Slater 1965), 28 proved to have serious organic illness as opposed to 31 who did not, but all except 7 of the latter group fell into other psychiatric categories. Evidence of psychogenesis was found half as often in patients who later proved organic as in those who did not.

With these facts in mind we may proceed to examine the history of Anna O.

Case history

The identity of Anna O was revealed by Ernest Jones (1953). She was Bertha Pappenheim (1859–1936). Her father, Siegmund, was of an old Jewish family from Pressburg (Bratislava) and was a merchant in Vienna. Psychoses had occurred among her more distant relatives, but we are given no details. She had an uneventful childhood, indulged in needlework and horse riding, and a photograph in 1882 shows a pleasant-looking, confident young woman.

When she fell ill she was treated by Josef Breuer (1842–1925), who gave his name to the Hering-Breuer reflexes of respiratory physiology. He described her as intelligent, poetic, imaginative, strong-willed and completely unsuggestible (Breuer & Freud 1895). He believed that she led an extremely monotonous existence, a view not confirmed by other sources. She was prone to daydreaming, which she described as her 'private theatre', but this did not affect her other activities.

In July 1880 her father, of whom she was passionately fond, developed a peripleuritic abscess (an abscess beneath the parietal pleura) to which he succumbed the following year. Initially she nursed him but had to relinquish this when she became anorectic, weak, anaemic and developed a severe, 'nervous' cough. In December 1880 she developed a convergent squint, 'mistakenly' attributed by an ophthalmologist to unilateral abducens paralysis. We are not told which, but she had diplopia. She developed a left-sided occipital headache and complained that the walls of the room seemed to be falling over. She could move her head forward only by pressing it back between her raised shoulders and moving her whole back. A paralysis – described as 'contracture' but later completely reversible – developed in the right upper limb, spreading to the right lower, left lower and then (partially) to the left upper limb. She could still move the left fingers. The affected limbs were anaesthetic. Further details are not given. Mentally she varied from alert normality to a state when she threw cushions, tore buttons off as far as her paralysis would allow and became abusive. She would misinterpret ribbons and hair as snakes. In her lucid moments she complained of becoming blind and deaf

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and of being unable to think. She became dysphasic. Symptoms abated in March 1881 but she abandoned her native German and spoke only English. On 5 April 1881 her father died. Excitement was followed by two days of stupor. Thereafter her visual fields were constricted and she could not recognize people. She could not sustain her attention. Confronted by a new physician she ignored him until he blew smoke in her face (*sic*), whereupon she rushed towards the door and lost consciousness. Thereafter, she had a phase of visual hallucinations – skeletons and deaths heads. At night she was less somnolent and apparently lucid. She made suicidal attempts. She reverted to talking German.

Breuer adopted the technique of 'talking out' her productions in her 'hypnotic' phases, which brought calm lucidity. At Christmas 1881 she started, in her alienated phases each evening, to relive the events of exactly a year before – her mother's diary provided confirmation. This continued until her 'recovery' in June 1882. During this period Breuer developed the technique of hypnotizing her and talking out, in reverse order, the events early in her father's illness which had coincided with each symptom's appearance. This appeared to dispose of the symptoms and formed the basis of the cathartic technique. Macropsia apparently occurred at some point in the illness. In June 1882 Breuer regarded his patient as free of her worst symptoms and convalescent. He broke off the treatment.

Freud revealed in 1925 that Breuer had been much embarrassed by the positive transference which his patient had developed for him. Breuer's statement that sexuality was astonishingly undeveloped in her and that she had never been in love is evidence of this embarrassment. Jung (1926) revealed that Freud had told him that Anna O was not cured. Ernest Jones (1953) confirmed this and said that she had a phantom pregnancy and childbirth and was ill for several years in a psychiatric institution in Gross Enzersdorf (perhaps Inzersdorf was meant). She was said to have had trigeminal neuralgia, 'chorea minor' and convulsions and to have become dependent on morphine (Hirschmüller 1978). Others, also writing more than half a century after the events, give a different account (*Blätter des Jüdischen Frauenbundes für Frauenarbeit und Frauenbewegung* 1936, Edinger 1963). They say that after her father's death she and her mother moved to Frankfurt-am-Main. In the late 1880s, Fräulein Pappenheim became interested in social work and philanthropy. She travelled extensively. For twelve years she directed a Jewish orphanage in Frankfurt. In 1907 she founded a teaching organization for the Jüdischer Frauenbund. She wrote short stories and a study of Jewish criminality. She edited Jewish religious works. At the end of her life she was deeply religious, strict and authoritarian, but retained a sense of humour and a taste for good food. She died in 1936.

Discussion

It is an irony that psychoanalytic theory should rest on such a dubious disease entity as hysteria. Anna O provided the first case history. Was the explanation of the illness unequivocally emotional and not organic?

There are three stages in such a decision. At the first stage she fails. Anna O was ill for several years in the 1880s, but there is no suggestion of functional illness at other times, nor is there any suggestion of an hysterical personality. She was unsuggestible and did not flaunt her sexuality.

Secondly, did her illness traduce the rules of anatomy, physiology and pathology? In a few details it did: her dysphasic change of language was away from her native tongue; and her reliving of events exactly a year before, at one phase of her illness, was surely functional if, perhaps, iatrogenic; the pseudocyesis was presumably functional. Such hysterical 'overlay' is common: in Slater's (1965) series it was emphasized in 24 patients, the relative importance waning with time.

Anna O's illness started with a cough, weakness and anaemia and became frankly delirious, with variable confusion, nocturnal wakefulness, visual illusions and hallucinations. One unequivocally organic feature – internal strabismus and diplopia – combined with a suggestion of widespread lower motor neurone involvement (though the description of a paralysis as a 'contracture' suggests spasticity). It was claimed that the hypnotic cathartic

sessions effected a cure, but apparently there was no cure – only a transference panic. Recovery, when it did come, was apparently complete.

The third stage in a diagnosis of 'hysteria' is the discovery of an adequate psychogenesis. Here we are on even less firm ground. In one-third of Slater's (1965) cases with convincing psychogenesis the illness turned out to be organic and the psychogenesis spurious. In the case of Anna O, the incestuous father of a century ago has been replaced by an up-to-date male chauvinist (Hollender 1980).

What was wrong with her? There is a suggestion that her father had a tuberculous empyema or rib caries. Her illness was ushered in by a cough. Cases of tuberculous meningitis were almost invariably fatal in 1–4 weeks before chemotherapy was available, but occasional cases survived. Sometimes the condition is mistakenly diagnosed as hysteria for several months. There was a hint of neck rigidity in Anna O's case, but her lack of sequelae make this an unlikely diagnosis.

Sarcoid sometimes involves the central nervous system. There are lesions of cranial and peripheral nerves and sometimes confusion. Anna O's illness started with a cough, a usual symptom in sarcoid, which is also prone to remit completely in 6–24 months.

Spontaneous acute disseminated encephalomyelitis often follows an upper respiratory infection and may involve drowsiness, ocular palsies and flaccid paralysis of the limbs. Although recovery is often remarkably complete, residual disability is likely if the illness has been extensive, which it seems to have been in the case of Anna O.

Summary and conclusions

The case of Fräulein Anna O (Bertha Pappenheim) was the first detailed by Breuer and Freud in 'Studien über Hysterie' (1895). The case history is examined and an organic causation postulated. The fallacies of psychogenesis and of hysteria as a disease are mentioned. Breuer's claim of cure by the cathartic method appears unfounded.

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