By J. H. Fuseli, 1782

THE NIGHTMARE

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ON THE NIGHTMARE

BY

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PATHOLOGY OF THE NIGHTMARE

No malady that causes mortal distress to the sufferer, not even seasickness, is viewed by medical science with such complacent indifference as is the one which is the subject of this book. Textbooks, both on bodily and on mental disorders, may in vain be ransacked for any adequate description of the phenomenon, and still less satisfying is the search for anything more than the most superficial consideration of the pathogenesis of it. The clinical aspects of the malady are commonly ignored except for some desultory remarks on the frequency of bad dreams in certain affections, particularly mitral disease, of which condition indeed they are sometimes alleged to be a diagnostic indication.[1] On the rare and embarrassing occasions on which a physician's aid is sought the consolation offered usually takes the form of irrelevant advice on matters of general hygiene, coupled perhaps with the administration of such potent remedies as silica and cinnibar[2] or with a half-jocular remark concerning the assimilable capacity of the evening meal. The relief afforded to the sufferer does not surpass that obtainable in ages when the treatment in vogue consisted in scarifying the throat and shaving the head,[3] in bleeding at the ankle,[4] or in the administration of wild carrot, Macedonian parsley[5] and the black seeds of the male peony.[6]

The reasons for this state of affairs are manifold, but the central one can be hinted at. It is not often realised that most descriptions of Nightmare given by its victims

[1] Artiques, *Essai sur la valeur séméiologique du rêve*. Thèse de Paris, 1884, No. 99. M. A. Macario, *Du sommeil, des rêves et du somnambulisme*, 1857, etc.
[2] Marggraf, *Die Schlaflosigkeit, Schlafsucht, das Alpdrücken und nervöse Herzklopfen*, 1905, S. 12.
[3] A. Caelius, *Tard. Pass.*, 1618, i. 3.
[4] Rhases, *Ad. Mansor.* ix. 12. Contin. i.
[5] Paulus Aegineta, *Sydenham Transactions*, vol. i. p. 388.
[6] Andrew Bell, *Nocturnal Revels, or a General History of Dreams*, 1707, Pt. i. p. 14.

are an inarticulate and feeble echo of the dread reality. This is one result of the general human tendency to shun deep emotions whenever possible, leading to an imperfect appreciation of the intensity of mental suffering. Another manifestation of this tendency is the still prevailing materialistic attitude towards the origin and nature of mental symptoms in general, and of dreams in particular, which are regarded by physicians as being produced by unaccountable alimentary and circulatory vagaries and as having no serious import. It is significant in this connection that earnest consideration of the malady has as a rule been offered only by actual sufferers, such as Bond,[1] Hodgkin, Boerner, Fosgate, Waller, Macnish, Boschulte, and others.

Even from a physical standpoint, however, it is questionable if the condition is so negligible. When it is remembered that the occurrence of a cerebral hæmorrhage probably always takes place at a moment when the blood pressure is above the average for that of the individual, it would seem to follow that the number of attacks occurring during sleep must be small. Some years ago I was able to show,[2] on the contrary, that the pro-

[1] J. Bond, *An Essay on the Incubus, or Nightmare*, 1753. In the preface he states that his was the first book written expressly on the subject. Before his date, however, had appeared the following works: W. Schmidt, *De Ephialte sive Incubone*, Rostock, 1627. Teichmeyer, *De Incubo*, Jena, 1640. Welsch, *De Incubo*, Leipsic, 1643. A. Wanckel, *De Incubo*, Witteberg, 1651. G. F. Aeplinius, *Diss. sistens aegrum incubo laborantem*, Jena, 1678. J. P. Jorolis, *De Incubo*, Ultrajeckti, 1680. D. C. Meinicke, *De Incubo*, Jena, 1683. J. Muller, *De Ephialte seu Incubo*, Leipsic, 1688. C. G. Wenzlovius, *De Incubo*, Frankfort, 1691. G. S. S. Herzberg, *De Incubo*, Traj. ad Rhenum, 1691. C. L. Göckel, *De Incubo ex epitome praxeos clinicae*, Jena, 1708. J. M. Rosner, *De Incubo*, Erfodiae, 1708. C. B. Hagedorn, *De Incubo*, Kiel, 1730. Huisinga, *Diss. sistens incubi causas praecipuas*, Lugd. Bat., 1734. M. Chardulliet, *De Incubo*, Argentorati, 1734. D. Textoris, *De Incubo*, Jena, 1740.

In the next hundred years appeared, apart from the many works cited elsewhere in this book, Kok, *De Incubo*, Louvain, 1795. J. F. E. Waechter, *De Ephialte*, Halle, 1800. J. Unthank, *De Incubo*, Edinburgh, 1803. L. Dubosquet, *Dissertation sur le cauchemar*, Paris, 1815. S. Simpson, *De Incubo*, Bonn, 1825. H. J. Wolter, *De Incubo*, Berlin, 1827. J. C. F. Adler, *De Incubo*, Berlin, 1827. F. Dony, *De Incubo*, Berlin, 1829. C. D. F. Hainlin, *De Incubo*, Göttingen, 1830. C. G. Kühn, *Pr. inert. Caelii Aureliani de incubo tractatio*, Leipsic, 1830. A. Castellano, *Dello incubo commentario medico*, Venice, 1840. J. Kutsche, *De Incubo ejusque medela*, Berlin, 1842.

[2] Ernest Jones, 'The Onset of Hemiplegia in Vascular Lesions', *Brain*, 1905, vol. xxviii. p. 533.

tection against cerebral hæmorrhage afforded by sleep is decidedly less than might have been supposed, and one cannot help thinking that the rise of blood pressure that must accompany the violent agonies of many bad dreams, and especially of Nightmares, is probably related to this fact. Vaschide and Marchand[1] have found that the blood pressure rises 25 mm. during an *Angst* attack in the waking state, and this, though clinically and pathogenetically akin to it, is much less severe than a Nightmare attack. Kornfeld's[2] observations led him to conclude that the rise of blood pressure constitutes the chief symptom of an *Angst* attack, and that the extent of this rise is the most accurate measure of the intensity of the attack. [The evidence for the rise of blood pressure during sleep disturbed by Nightmare dreams has been considered at length by MacWilliam.[3]] Thus the unanimous opinions of the older authors, from Paulus Aegineta[4] and Avicenna[5] to Boerhaave,[6] Bond,[7] Macnish,[8] Arbuthnot,[9] Forbes Winslow,[10] Hammond[11] and Foville,[12] concerning the important part played by Nightmares in the causation of apoplexy may well have had a very considerable backing of truth.

On the mental side, the frequency with which attacks of Nightmare precede or accompany the development of hysteria and insanity has been noted by the majority of

[1] N. Vaschide and Marchand, 'Contribution à l'étude de la psycho-physiologie des émotions à propos d'un cas d'éreuthophobie', *Revue de Psychiatrie*, juillet, 1900, t. iii. p. 193, and 'Ufficio che le condizioni mentali hanno sulle modificazioni della respirazione e della circolazione periferica', *Revista sperimentale di freniatria*, 1900, vol. xxvi. p. 512.

[2] Kornfeld, *Centralblatt f. d. ges. Therapie*, 1902, No. 11, u. 12.

[3] J. A. MacWilliam, 'Blood Pressures in Man under Normal and Pathological Conditions', *Physiological Review*, 1925, vol. v. p. 303.

[4] Paulus Aegineta, *op. cit.* p. 388.

[5] Avicenna, cited by Motet in S. Jaccoud's *Nouveau Dictionnaire*, 1867, t. vi. Art. 'Cauchemar'.

[6] H. Boerhaave, *Aph.*, 1709, No. 1020.

[7] Bond, *op. cit.* pp. 64, 65, 69.

[8] R. Macnish, *The Philosophy of Sleep*, 1834, p. 138.

[9] J. Arbuthnot, *On the Nature and Choice of Aliments*, 1731.

[10] Forbes Winslow, *On Obscure Diseases of the Brain and Disorders of the Mind*, 1860, p. 611.

[11] W. A. Hammond, *Sleep and its Derangements*, 1869, p. 149.

[12] Foville, cited by T. Hodgkin, *Brit. Med. Jour.*, May 16, 1863, p. 502.

writers on the subject.[1] Consideration of the actual relation of it to these affections will be postponed until some conclusion has been reached on more preliminary questions. Before entering on a discussion of the pathogenesis of the condition it will be well to consider in some detail its clinical characteristics and to define its essential features.

Striking descriptions of the condition have been given by Psellus,[2] Hammond,[3] Radestock[4] and many others. As the most graphic accounts, impossible to surpass, have been given by self-sufferers I will quote from some of the more interesting of these sources and will then attempt to summarize the most salient of the characteristics there described. Bond,[5] a century and a half ago, tersely described the chief features of the condition as follows: 'The Nightmare generally seizes people sleeping on their backs, and often begins with frightful dreams, which are soon succeeded by a difficult respiration, a violent oppression on the breast, and a total privation of voluntary motion. In this agony they sigh, groan, utter indistinct sounds, and remain in the jaws of death, till, by the utmost efforts of nature, or some external assistance, they escape out of that dreadful torpid state. As soon as they shake off that vast oppression, and are able to move the body, they are affected with a strong Palpitation, great Anxiety, Languor, and Uneasiness; which symptoms gradually abate, and are succeeded by the pleasing reflection of having escaped such imminent danger.'

[1] P. Chaslin, *Du rôle du rêve dans l'évolution du délire*, 1887, pp. 40, 44, 46, 54. D. Cubasch, *Der Alp*, 1877, S. 8. J. E. D. Esquirol, *Des maladies mentales*, 1832, t. ii. ch. xxi. P. Janet, *Névroses et idées fixes*, 1898, t. i. ch. ii. et iv. etc. G. Kelle, *Du sommeil et ses accidents en général et en particulier chez les épileptiques et chez les hystériques*. Lhomme, 'Rapport médico-légal sur l'état mental du Gendarme S . . .', *Annales médico-psychologiques*, 1863, 4e série, t. ii. p. 338. M. E. Escande de Messières, *Les rêves chez les hystériques*. Thèse de Bordeaux, 1895. Sante de Sanctis, *I sogni, studi psychologici e clinici di un alienista*, 1899, pp. 140-172. N. Vaschide et Meunier, *Revue de Psychiatrie*, fév., 1901, p. 38. J. Waller, *A Treatise on the Incubus, or Nightmare*, 1816, p. 7.

[2] M. C. Psellus, *Opus medicum. Carmen de re medica*, 1741 ed.

[3] Hammond, *op. cit.* pp. 183, 184.

[4] P. Radestock, *Schlaf und Traum*, 1879, S. 126, 127.

[5] Bond, *op. cit.* p. 2.

The picture painted by Macnish[1] is so vivid in its colouring as to deserve reproduction if only for its literary interest. 'Imagination cannot conceive the horrors it frequently gives rise to, or language describe them in adequate terms. They are a thousand times more frightful than the visions conjured up by necromancy or *diablerie*; and far transcend everything in history or romance, from the fable of the writhing and asp-encircled Laocoon to Dante's appalling picture of Ugolino and his famished offspring, or the hidden tortures of the Spanish Inquisition. The whole mind, during the paroxysm, is wrought up to a pitch of unutterable despair; a spell is laid upon the faculties, which freezes them into inaction; and the wretched victim feels as if pent alive in his coffin, or overpowered by resistless and unmitigable pressure.

'The modifications which nightmare assumes are infinite; but one passion is almost never absent—that of utter and incomprehensible dread. Sometimes the sufferer is buried beneath overwhelming rocks, which crush him on all sides, but still leave him with a miserable consciousness of his situation. Sometimes he is involved in the coils of a horrid, slimy monster, whose eyes have the phosphorescent glare of the sepulchre, and whose breath is poisonous as the marsh of Lerna. Everything horrible, disgusting or terrific in the physical or moral world, is brought before him in fearful array; he is hissed at by serpents, tortured by demons, stunned by the hollow voices and cold touch of apparitions. A mighty stone is laid upon his breast, and crushes him to the ground in helpless agony: mad bulls and tigers pursue his palsied footsteps: the unearthly shrieks and gibberish of hags, witches, and fiends float around him. In whatever situation he may be placed, he feels superlatively wretched: he is Ixion working for ages at his wheel: he is Sisyphus rolling his eternal stone: he is stretched upon the iron bed of Procrustes: he is prostrated by inevitable destiny beneath the approaching wheels of the Car of Jugger-

[1] Macnish, *op. cit.* pp. 122-125.

naut. At one moment he may have the consciousness of a malignant demon being at his side: then to shun the sight of so appalling an object, he will close his eyes, but still the fearful being makes its presence known; for its icy breath is felt diffusing itself over his visage, and he knows that he is face to face with a fiend. Then, if he looks up, he beholds horrid eyes glaring upon him, and an aspect of hell grinning at him with even more than hellish malice. Or, he may have the idea of a monstrous hag squatted upon his breast—mute, motionless and malignant; an incarnation of the evil spirit—whose intolerable weight crushes the breath out of his body, and whose fixed, deadly, incessant stare petrifies him with horror and makes his very existence insufferable.

'In every instance, there is a sense of oppression and helplessness; and the extent to which these are carried, varies according to the violence of the paroxysm. The individual never feels himself a free agent; on the contrary he is spellbound by some enchantment, and remains an unresisting victim for malice to work its will upon. He can neither breathe, nor walk, nor run, with his wonted facility. If pursued by any imminent danger, he can hardly drag one limb after another; if engaged in combat, his blows are utterly ineffective; if involved in the fangs of any animal, or in the grasp of an enemy, extrication is impossible. He struggles, he pants, he toils, but it is all in vain: his muscles are rebels to the will, and refuse to obey its calls. In no case is there a sense of complete freedom: the benumbing stupor never departs from him; and his whole being is locked up in one mighty spasm. Sometimes he is forcing himself through an aperture too small for the reception of his body, and is there arrested and tortured by the pangs of suffocation produced by the pressure to which he is exposed; or he loses his way in a narrow labyrinth, and gets involved in its contracted and inextricable mazes; or he is entombed alive in a sepulchre, beside the mouldering dead. There is in most cases an intense reality in all that he sees, or hears, or feels. The aspects of the hideous phantoms

which harass his imagination are bold and defined; the sounds which greet his ear appallingly distinct; and when any dimness or confusion of imagery does prevail, it is of the most fearful kind, leaving nothing but dreary and miserable impressions behind it.'

A more accurate and no less graphic account is given by Motet.[1] 'Au milieu du sommeil, le dormeur est pris tout à coup d'un profond malaise, il se sent suffoqué, il fait de vains efforts pour inspirer largement l'air qui lui manque, et il semble que tout son appareil respiratoire soit frappé d'immobilité. Ce qui pour le rêveur est le plus pénible, c'est le sentiment de son impuissance. Il voudrait lutter contre ce qui l'opprime, il sent qu'il ne peut ni se mouvoir ni crier. Des ennemis menaçants l'enveloppent de tous côtés, des armes s'opposent à sa fuite, il entrevoit un moyen de salut, il s'épuise en vains efforts pour l'atteindre. D'autres fois il se sent entraîné dans une course rapide; il voudrait s'arrêter, un gouffre béant s'entrouve sous ses pas, il est précipité, et le sommeil s'interrompt après une violente secousse, comme celle que produit, dans la veille, une chute, un faux pas. Tout ce que l'esprit peut inventer de dangers, tout ce qu'il y a de plus effrayant, se présente dans le cauchemar. La sensation la plus habituelle, est celle d'un corps lourd qui comprime le creux épigastrique. Ce corps peut prendre toute sorte d'aspects; ordinairement c'est un nain difforme qui vient s'asseoir sur la poitrine et regarde avec des yeux menaçants. Chez quelques personnes la sensation pénible est, pour ainsi dire, prévue. Le cauchemar commence par une véritable hallucination; l'être qui va sauter sur la poitrine (éphialte) est aperçu dans la chambre, on le voit venir, on voudrait pouvoir lui échapper, et déjà l'immobilité est absolue; il bondit sur le lit, on voit ses traits grimaçants, il s'avance et quand il a pris sa place accoutumée, le cauchemar arrive à son summum d'intensité. A ce moment le corps est couvert de sueur, l'anxiété est extrême; parfois s'échappent des cris, des gémissements, et enfin un réveil

[1] Motet, *ibid.*

brusque, accompagné le plus souvent d'un mouvement violent, termine cette scène de terreur.'

From these and other descriptions we may say that the three cardinal features of the malady are (1) agonizing dread; (2) sense of oppression or weight at the chest which alarmingly interferes with respiration; (3) conviction of helpless paralysis. Other accessory features are commonly present as well, but they will be discussed after the triad just mentioned has been considered in more detail.

The dread that occurs in Nightmare and in other unpleasant dreams is best denoted by the German word *Angst*, for there is in English no term that indicates the precise combination of fearful apprehension, of panic-stricken terror, of awful anxiety, dread and anguish that goes to make up the emotion of which we are treating. The striking characteristic of it in pronounced cases of Nightmare is its appalling intensity. That Shakespeare well appreciated this is shown by Clarence's outburst on awaking from such a dream.[1]

> As I am a Christian faithful man
> I would not spend another such a night,
> Though 'twere to buy a world of happy days,
> So full of dismal terror was the time.

After describing the experience that was the cause of so much misery he continues:[2]

> I trembling waked, and for a season after
> Could not believe but that I was in hell,
> Such terrible impression made my dream.

Bond[3] is equally emphatic: 'I have often been so much oppressed by this enemy of rest, that I would have given ten thousand worlds like this for some Person that would either pinch, shake, or turn me off my Back; and I have been so much afraid of its intolerable insults, that I have slept in a chair all night, rather than give it an opportunity of attacking me in an horizontal position.'

[1] *King Richard the Third*, Act i. Sc. 4, l. 4.
[2] *Op. cit.* l. 61.
[3] Bond, *op. cit.* p. 71.

Macnish,[1] in the more distended style that is his wont, says: 'There is something peculiarly horrible and paralyzing in the terror of sleep. It lays the energies of the soul prostrate before it, crushes them to the earth as beneath the weight of an enormous vampyre, and equalizes for a time the courage of the hero and the child. No firmness of mind can at all times withstand the influence of these deadly terrors. The person awakes panic-struck from some hideous vision; and even after reason returns and convinces him of the unreal nature of his apprehensions, the panic for some time continues, his heart throbs violently, he is covered with cold perspiration, and hides his head beneath the bedclothes, afraid to look around him, lest some dreadful object of alarm should start up before his affrighted vision. Courage and philosophy are frequently opposed in vain to these appalling terrors. The latter dreads what he disbelieves; and spectral forms, sepulchral voices, and all the other horrid superstitions of sleep arise to vindicate their power over that mind, which, under the fancied protection of reason and science, conceived itself shielded from all such attacks, but which, in the hour of trial, often sinks beneath their influence as completely as the ignorant and unreflecting hind, who never employed a thought as to the real nature of these fantastic and illusive sources of terror. The alarm of a frightful dream is sometimes so overpowering, that persons under the impression thus generated, of being pursued by some imminent danger, have actually leaped out of the window to the great danger and even loss of their lives.'

The *second cardinal feature* in the attack is the sense of stifling oppression on the chest as of an overpowering weight that impedes the respiration often to the extreme limit of endurance. Radestock[2] regards this inhibition of respiration as the central symptom of the attack: 'Steigert sich die Athembeklemmung zur Athemnoth, welche im Wachen als beschwerliches Athemholen empfunden wird, so entsteht das vielgefürchtete Alp-

[1] Macnish, *op. cit.* p. 68.

[2] Radestock, *op. cit.* S. 126.

drücken.' ('If the interference with breathing increases to the point of suffocation, felt in the waking state as a great difficulty in drawing breath, then there comes about the greatly dreaded Nightmare.') Erasmus Darwin,[1] on the other hand, maintained that there cannot exist any actual difficulty of breathing, since the mere suspension of volition will not produce any, the respiration going on as well asleep as awake; he, therefore, doubted the observation. Waller[2] pertinently remarked to this that 'any person that has experienced a paroxysm of Night-mare, will be disposed rather to give up Dr. Darwin's hypothesis than to mistrust his own feelings as to the difficulty of breathing, which is by far the most terrific and painful of any of the symptoms. The dread of suffocation, arising from the inability of inflating the lungs, is so great, that the person, who for the first time in his life is attacked by this "worst phantom of the night", generally imagines that he has very narrowly escaped death, and that a few seconds more of the complaint would inevitably have proved fatal.'

3. The *third typical feature* of the malady is the utter powerlessness, amounting to a feeling of complete paralysis, which is the only response of the organism to the agonizing effort that it makes to relieve itself of the choking oppression. Many writers, such as Kelle,[3] Hodgkin,[4] etc., put this in the forefront of the picture, and Macnish[5] considers it a diagnostic feature in distinguishing Nightmare from other forms of unpleasant dreams. He writes: 'In incubus, the individual feels as if his powers of volition were totally paralyzed; and as if he were altogether unable to move a limb in his own behalf, or utter a cry expressive of his agony. When these feelings exist, we may consider the case to be one of nightmare: when they do not, and when, notwithstanding his terror, he seems to himself to possess unrestrained

[1] Erasmus Darwin, *Zoonomia*, 1796, vol. i. Sect. xviii. 3, p. 205.
[2] Waller, *op. cit.* p. 13.
[3] Kelle, *op. cit.* p. 23.
[4] T. Hodgkin, *Brit. Med. Journ.*, May 16, 1863, p. 501.
[5] Macnish, *op. cit.* p. 73.

muscular motion, to run with ease, breathe freely, and enjoy the full capability of exertion, it must be regarded as a simple dream.' Erasmus Darwin,[1] indeed, held the view that the malady was nothing more than too deep a sleep; 'in which situation of things the power of volition, of command over the muscles, of voluntary motion, is too completely suspended; and that the efforts of the patient to recover this power constitute the disease we call Night-mare'. This paralysis is perhaps most characteristic with the voice. To quote Macnish[2] again: 'In general, during an attack, the person has the consciousness of an utter inability to express his horror by cries. He feels that his voice is half choked by impending suffocation, and that any exertion of it, farther than a deep sigh or groan, is impossible. Sometimes, however, he conceives that he is bellowing with prodigious energy, and wonders that the household are not alarmed by his noise. But this is an illusion: those outcries which he fancies himself uttering, are merely obscure moans, forced with difficulty and pain from the stifled penetralia of his bosom.'

The relation to one another of the members of this triad of symptoms is admirably portrayed by Cubasch[3]: 'zu einer beliebigen Stunde der Nacht fühlt der Traümende plötzlich, oder nach und nach, dass die Respiration behindert ist; irgend ein Wesen, meistens ein zottiges Thier, oder eine hässliche menschliche Gestalt stemmt sich dem Schläfer auf die Brust, oder schnürt ihm die Kehle zu, und sucht ihn zu erwürgen; die Angst wird mit der Athemnoth immer grösser, jede Gegenwehr ist unmöglich, denn wie durch Zauberkraft sind alle Glieder gelähmt; der Unglückliche sucht zu fliehen—umsonst, er ist wie angewurzelt an die Stelle; die Gefahr, die Angst wird immer grösser, da endlich überwindet eine letze furchtbare Kraftanstrengung das feindliche Wesen, eine heftige Bewegung erweckt den Träumenden aus seinem Schlafe und—Alles ist vorüber, nur der kalte Schweiss

[1] Darwin, cited by Waller, *op. cit.* p. 12.
[2] Macnish, *op. cit.* p. 140.
[3] Cubasch, *op. cit.* S. 8.

auf dem ganzen Körper, ein laut hörbares Herzklopfen erinnert den Erwachten an den verzweifelten Kampf auf Leben und Tod, an die grässliche Todesangst, die er soeben zu überstehen hatte. Dieses sind in Kürze die Erscheinungen des Alps; nie fehlende Symptome sind die Athemnoth und die mit ihr vergeschwisterte Angst, das Gefühl eines schweren Körpers auf der Brust, das Unvermögen, irgend welche Gegenwehr zu leisten, oder irgend eine Bewegung zu machen.' ('At any particular hour of the night the dreamer feels, either suddenly or gradually, that his respiration is impeded. Some kind of Being, most often a shaggy animal, or else a hideous human form presses on the sleeper's breast, or pinions his throat and tries to strangle him. The terror increases with the suffocation, every effort at defence is impossible, since all his limbs are paralysed as though by magical power. The unhappy person seeks to escape, but in vain, for he is rooted to the spot. The danger, the terror, becomes ever greater, and then at last a final frightful effort overcomes the adverse Being, a vigorous movement wakens the dreamer from his sleep, and all is over —only the cold sweat over the whole body and a loudly audible beating of the heart serve to remind the waking person of his desperate life and death struggle, of the horrible and deathly terror he has just had to endure. These are in short the signs of Nightmare: invariable symptoms are the suffocation and the dread accompanying this, the sensation of a heavy body on the breast and the impossibility of offering any defence or of making any sort of movement.')

At the culmination of the attack there are commonly present many accessory evidences of the effort with which the patient, in a mortal panic, has escaped; such are, an outbreak of cold sweat, convulsive palpitation of the heart, singing in the ears, sense of pressure about the forehead, a terror-stricken countenance. Many writers, including Bond,[1] Waller,[2] Motet[3] and Fos-

[1] Bond. See quotation above.
[2] Waller, *op. cit.* p. 55.
[3] Motet, *loc. cit.*

gate,[1] lay especial stress on the exhaustion and malaise that immediately follow. Throughout the next day it is common for the patient still to suffer from malaise, heaviness, depression, dread, lack of confidence, pains in the head and weakness in the lower extremities. In cases of recurrent attacks the dread of the coming night may be so great that the patient avoids going to bed, and sometimes spends night after night in a chair. Bond[2] relates the case of a gentleman who was bled and purged by way of treatment until he was too weak to endure more. 'He, therefore, was obliged to sleep in a chair all night, to avoid Night-mare. But one night he ventured to bed, and was found half dead in the morning. He continued paralytic for two years; and after taking the round of Bath and Bristol to no purpose, he died an Idiot.' The signs that indicate to the patient that he is in danger of the attack recurring are well narrated by Waller[3] as 'a weight and great uneasiness about the heart, requiring often a sudden and full inspiration of the lungs. If I sit down to read I find my thoughts involuntarily carried away to distant scenes, and that I am in reality dreaming, from which state I am only aroused by a sense of something like suffocation, the unpleasant sensation before mentioned about the heart. I am relieved for the moment by a sudden and strong inspiration or by walking it off, but there is present a strong inclination to sleep, which if followed inevitably results in Incubus.'

Though the agonizing struggle usually subsides very soon after waking, it is not rare for the attack to continue for some time in spite of clear consciousness. In the second quotation from Macnish given above there is a graphic description of this, and it may further be illustrated by the following sketch drawn by Waller[4]: 'The uneasiness of the patient in his dream rapidly increases, till it ends in a kind of consciousness that he is in bed, and asleep; but he feels to be oppressed with some

[1] B. Fosgate, 'Observations on Nightmare', *American Journal of the Medical Sciences*, 1834, vol. xv. p. 81.
[2] Bond, *op. cit.* p. 65.
[3] Waller, *op. cit.* pp. 56, 57.
[4] Waller, *op. cit.* pp. 22, 23.

weight which confines him upon his back, and prevents his breathing, which is now become extremely laborious, so that the lungs cannot be fully inflated by any effort he can make. The sensation is now the most painful that can be conceived; the person becomes every instant more awake and conscious of his situation: he makes violent efforts to move his limbs, especially his arms, with a view of throwing off the incumbent weight, but not a muscle will obey the impulse of the will: he groans aloud, if he has strength to do it, while every effort he makes seems to exhaust the little remaining vigour. The difficulty of breathing goes on increasing, so that every breath he draws, seems to be almost the last that he is likely to draw; the heart generally moves with increased velocity, sometimes is affected with palpitation; the countenance appears ghastly, and the eyes are half open. The patient, if left to himself, lies in this state generally about a minute or two, when he recovers all at once the power of volition.'

We have now to consider a few points concerning the circumstances under which the attack takes place. Some writers, such as Cubasch,[1] Waller,[2] etc., emphatically maintain that it can arise only during sleep, and indeed only during exceptionally deep sleep. We saw above that Darwin made this the basis of his explanation of the condition. There can be no doubt, however, that attacks in every way indistinguishable from the classical Nightmare not only may occur but may run their whole course during the waking state. Rousset's thesis is based mainly on the study of such an attack, which he rightly considers[3] to be of the same nature as the ordinary Nightmare. Macnish, in relating a self-observation,[4] says: 'The more awake we are, the greater is the violence of the paroxysm. I have experienced the affection stealing upon me while in perfect possession of my faculties, and have undergone the greatest tortures, being haunted by

[1] Cubasch, *op. cit.* S. 7, 9. [2] Waller, *op. cit.* p. 21.
[3] César Rousset, *Contribution à l'étude du cauchemar*, 1876, p. 24.
[4] Macnish, *op. cit.* p. 132.

specters, hags, and every sort of phantom—having, at the same time, a full consciousness that I was labouring under incubus, and that all the terrifying objects around me were the creation of my own brain.' In another place[1] he devotes a chapter to this condition, which he designates 'Daymare'; Still,[2] using a kindred term, has given an excellent description of a similar condition in children. It is however probable, as was long ago indicated by Fosgate,[3] that it is chiefly or perhaps exclusively recurrent attacks, of the nature of a relapse, that occur during the waking state, and that a person who for some time has been free from the malady will be again attacked only during sleep.

The most likely times for Nightmare to appear are either within the first two or three hours of sleep, or else in the morning in the torpid state that so often supervenes after an over-long or over-deep sleep. Motet[4] and Pfaff[5] state that it generally occurs in the first half of the night; Waller[6] says that it is almost always produced by sleeping too long, frequently by sleeping too soon, and that in his own case indulging in sleep too late in the morning is an almost certain method of bringing on an attack. I have noticed that the attack tends to recur at about the same time in the same subject, and have the impression that it more frequently appears in the early part of the night than in the morning. Macnish[7] states that dreams of all kinds occur more frequently in the morning than in the early part of the night, but this is a kind of fact that is not easily established and more modern observations lend it but little support.

It has always been a generally accepted opinion that Nightmare is more likely to attack a person who is sleeping on his back, and this view is strongly maintained by,

[1] Macnish *op. cit.* ch. vi. p. 142 *et seq.*
[2] G. F. Still, 'Day Terrors (Pavor diurnus) in Children', *Lancet*, Feb. 3, 1900, p. 322.
[3] Fosgate, *loc. cit.*
[4] Motet, *loc. cit.*
[5] F. R. Pfaff, *Das Traumleben und seine Deutung*, 1873, S. 37.
[6] Waller, *op. cit.* p. 110.
[7] Macnish, *op. cit.* p. 47.

among others, Burton,[1] Lower,[2] Bond,[3] Macnish[4] and Rousset.[5] To avoid the supine posture in sleep has commonly been a therapeutic recommendation, and we shall presently see that the observation has been made to play an important part in several hypotheses concerning the malady. On the other hand Fosgate[6] and Hammond[7] find the posture assumed in sleep to be of little importance in relation to the onset of Nightmare, and Splittgerber[8] modified the usual view by saying the attack generally occurs in persons lying either on the back or on the left side. Waller[9] has pointed out that, on account of the feeling in the chest as of some weight pressing him down, the sufferer is often deceived about his original position, especially as during his struggle he tends in any case to assume the supine posture. Boerner[10] and Cubasch[11] consider even that the prone posture is commoner in attacks than is the supine. In my experience the supine posture is decidedly the more frequent of the two, as is generally believed. I have never known of an instance of true Nightmare occurring when the patient was in a lateral position, though presumably in very exceptional cases this may be so, for Macnish[12] has given clear accounts of attacks that he has suffered in every position, even when sitting in a chair.

We now come to the vexed problem of the pathogenesis of the malady, and the temptation is great to follow the example of Cubasch,[13] who avoids discussion of previous opinions by saying: 'Ich übergehe die verschiedenen Erklärungen, die von medicinischer Seite aus versucht wurden, die sich aber alle nicht beweisen lassen, oft sogar geradezu unmöglich sind.' ('I pass by the

[1] Robert Burton, *The Anatomy of Melancholy* (1621), 1826 ed., pp. 134, 434.
[2] R. Lower, *Tractatus de Corde*, 1669, p. 145.
[3] Bond, *op. cit.* pp. 71, 74, etc.
[4] Macnish, *op. cit.* pp. 139, 272.
[5] Rousset, *op. cit.* p. 41.
[6] Fosgate, *loc. cit.*
[7] Hammond, *op. cit.* p. 186.
[8] F. Splittgerber, *Schlaf und Tod*, 1866, S. 166.
[9] Waller, *op. cit.* pp. 73, 74.
[10] J. Boerner, *Das Alpdrücken, seine Begründung und Verhütung*, 1855, S. 8, 9, 27.
[11] Cubasch, *op. cit.* S. 22.
[12] Macnish, *op. cit.* p. 128.
[13] Cubasch, *op. cit.* S. 17.

various medical explanations that have been proffered, since they are all unproven and often even absolutely impossible.') The criticism passed on medical views of Nightmare by Waller,[1] that 'in all probability every one of them is wrong, so that it can be of little utility to inquire into them', would be as true to-day as when it was written nearly a century ago if it were not for the epoch-making work of one man—Professor Freud—on the psychogenesis of dreams and the relation of them to the neuroses.

It would be a laborious and certainly unprofitable task to review most of the hypotheses on the subject that at various times have been put forth, and the only reason why some of the chief ones will be enumerated is that in my opinion there is a kernel of truth in all of them, however widely they may at first sight seem to diverge from the view here to be sustained. As a preliminary remark one may say that, from the very multiplicity and protean nature of the 'causes' to which the malady has been attributed—ranging from an elongated uvula[2] to the ingestion of West Indian alligator pears,[3] which is said to be an infallible recipe for the production of a Nightmare—the prediction might be ventured that writers have in general mistaken for the true cause of the malady factors that play a part, of varying importance, in the evocation *of a given attack*. In other words there is an *a priori* probability that there is an underlying abnormal condition, which may be regarded as the predisposition to the affection, and that there is a large number of superficial factors which may be concerned in eliciting the manifestations that we call attacks of Nightmare. It has previously been held that this predisposition is of relatively slight importance in comparison with what may be termed the exciting causes—just as we commonly regard it to be with such diseases as scarlet fever, where our attention is focussed on the external

[1] Waller, *op. cit.* p. 69.
[2] J. H. Rauch, 'Case of Nightmare caused by elongation of the uvula', *American Journal of the Medical Sciences*, 1852, N.S., vol. xxiii. p. 435.
[3] Waller, *op. cit.* p. 105.

abnormal posture causes embarrassment of the heart directly, Hammond and Scholz that it does so only by impeding the circulation. Kant[1] formulated the remarkable opinion that Nightmare was a beneficent process the function of which was to wake the individual and so warn him of the danger to which he was exposed from the effect of the constrained posture of his circulation. As we shall presently learn, Freud also sees a teleological function, though of a vastly different kind, in the waking from Nightmare.

The supine posture even, normal and unconstrained, has been incriminated by some writers as the efficient agent in the production of Nightmare. This view was greatly elaborated by Bond,[2] who founded on the basis of it a most complicated hypothesis concerning the mechanism of the circulation, and ascribed all sorts of harmful results to the dangerous practice of lying on the back. He asks,[3] as Kant did, 'Are not these monstrous dreams intended as a stimulus to rouse the sentient principle in us, that we might alter the position of the body, and by that means avoid the approaching danger?' Splittgerber[4] and Rousset[5] also consider the supine position is in itself harmful, though the latter ascribes to it only a predisposing rôle in that it sets up a passive congestion of the brain which allows active congestion to supervene and originate the attack. Waller,[6] on the other hand, held that the importance of posture as a cause of embarrassment of respiration or of the circulation had been greatly overestimated, on the ground that he personally had repeatedly suffered from Nightmare in every position, even when sleeping with his head leaning forwards on a table.

Of late years there has been a reaction against the views that placed in the foreground the circulatory troubles, and that culminated in Maury's[7] work, where the varying state of the cerebral circulation was made to

[1] I. Kant, *Anthropologie*, 1798, Sec. 34, S. 105.
[2] Bond, *op. cit.* ch. ii.
[3] Bond, *op. cit.* p. 23.
[4] Splittgerber, *loc. cit.*
[5] Rousset, *op. cit.* pp. 38, 39.
[6] Waller, *op. cit.* p. 69.
[7] L. F. A. Maury, *Le sommeil et les rêves*, 1865.

cause of all disturbance of mental life that takes place in dreams; for none of the external interferences acting on the mind withdrawn into itself, whether they proceed from the distant outer world or from the bodily organism that encloses it more nearly, is adequate to explain the turmoil of dream life in its whole depth and extent. Or else whence comes it that in the phantastic imagery of our dreams, just as in our waking life, anxiety is more at home than joyousness of spirit, uneasiness than peace of mind, impurity than chastity of heart, care than childlike trust in God?')

This penetrating query of Splittgerber's well reveals the wide gap between the agents operative according to the physical explanations and the predominating features actually observed in the attack. In reality, to regard the discovery of any conceivable modification of the quantity or quality of the cerebral circulation as a satisfactory and final explanation of such a phenomenon as a sudden and mortal dread of some assaulting monster displays such a divergence from the principles of psycho-physiology as to leave no common ground on which the subject can be discussed.

We need not further consider, however, *a priori* probabilities, for on the purely observational side we find that what at once strikes anyone who begins to study the malady uninfluenced by previous views is the singular lack of correlation between the alleged causes and the actual attacks. In other words, the most damaging criticism of all the hypotheses mentioned above is the simple observation of the frequency with which on the one hand the alleged factors occur without being followed by Nightmare, and with which on the other hand given attacks of Nightmare occur without having been preceded by any of the alleged factors. Let us take any one of them as an example, for instance gastric disorders. As a plain fact it may be observed that only a minority of individuals who suffer with Nightmare also suffer from gastric troubles, while on the other hand the percentage of patients with gastric ulcer, carcinoma ventriculi, or any

other form of gastric disorder—except possibly the so-called nervous dyspepsia that is found in patients suffering from *Angst* neurosis—who are subject to Nightmare is correspondingly small. Take again the question of posture; is there the slightest reason to believe either that the sufferers from Nightmare are peculiarly apt to sleep in constrained attitudes, or that their cerebral circulation is specially liable to be disorganized by the adoption of a supine posture? As to the over-full stomach hypothesis, how many patients who dread the Nightmare, or for the matter of that, how many other people, so distend their stomachs just before retiring to rest as to set up an embarrassment of the heart and lungs enough to cause acute poisoning with the carbon dioxide of non-aerated blood? On the other hand, healthy individuals who are in reality thus poisoned or who are suffocated in any kind of way, from immersion under water, from the choke-damp of colliery explosions or from the leak of a gas stove, may pass through various distressing experiences and may suffer from many mental symptoms, but they hardly ever undergo an attack at all resembling that of Nightmare.

Any sceptical inquiry, therefore, immediately reveals two facts. *First*, that all the alleged causes of Nightmare often occur, both alone and in combination, in persons who never show any symptom of Nightmare; a patient whose stomach is half destroyed with cancer may commit all sorts of dietary indiscretions, including even indulgence in cucumber—the article of food that is most looked askance at in relation to Nightmare—he may even sleep on his back, and still will defy medical orthodoxy in not suffering from any trace of Nightmare. *Secondly*, that a habitual sufferer from Nightmare may be scrupulously rigorous in regard to both the quality and quantity of all that he eats, may in fact develop a *maladie de scrupule* in this direction, that he may martyr himself with elaborate precautions to avoid these and other 'causes' of the malady, and by means of a contrivance of spikes ensure against ever lying—let alone

sleeping—on his back, but despite all his endeavours he will have to endure as many and as severe attacks as before.

Thus, apart from any theoretical considerations, purely empiric observation compels the conclusion that any part played by the factors we have mentioned above must be an exceedingly subordinate one, and that what we have called the predisposition of the individual must be a factor of overwhelming importance. My own experience has convinced me that in individuals healthy in a certain respect presently to be defined it is impossible by any physical or mental agent to evoke any state resembling that of Nightmare, while in other individuals unhealthy in this respect nothing will prevent the recurrence from time to time of Nightmare attacks, and further that these can be elicited in them by the most insignificant of morbid incidents.

This is the reason why all attempts to base on experimental evidence the physical hypotheses concerning Nightmare have had to be carried out on persons who habitually suffered from the malady; such are, for example, the oft-quoted experiments of Boerner,[1] who succeeded in evoking Nightmares by covering the nasal passages and otherwise obstructing the breathing of sleeping individuals, and of Radcliffe,[2] Hoffmann,[3] Macnish[4] and Waller,[5] all of whom employed various ill-digestible articles of diet. Such methods notoriously fail when applied to individuals who are not already subject to Nightmare.

It is therefore evident that some quite different standpoint is needed from which the problem, and especially the question of predisposition, can be attacked anew. This, it seems to me, is best obtained by considering the phenomena themselves in a more direct and less theorising way than before.

[1] Boerner, *op. cit.*
[2] A. Radcliffe, cited by H. Spitta, *Die Schlaf- und Traumzustände der menschlichen Seele*, 1882, S. 237.
[3] E. Th. Hoffmann, cited by Spitta, *op. cit.* S. 238.
[4] Macnish, *op. cit.* p. 133.
[5] Waller, *op. cit.* pp. 105, 106, 109.

Looked at quite simply, the prominent manifestations of Nightmare are seen to be an overmastering dread and terror of some external oppression against which all the energies of the mind appear vainly to be fighting. They are thus pre-eminently mental manifestations, the central one being a morbidly acute feeling of *Angst*. We have therefore to enquire into the nature and origin of this emotion in general.

It may at once be said that *Angst*, when developed to anything approaching the morbid extent present in Nightmare, is altogether a pathological phenomenon, and in fact forms the cardinal feature of the well-defined malady known as *Angst* neurosis. It is interesting to note in this connection that many years ago Sauvages[1] and Sagar[2] pointed out the kinship of Nightmare and what was then called panophobia (an important clinical type of *Angst* neurosis). Long prior even to this, Burton,[3] in his discursion of Symptomes of Maids, Nuns, and Widows' Melancholy had given an excellent description of *Angst* neurosis and had remarked 'from hence proceed . . . terrible dreams in the night'. He further pointed out that the symptoms were cured by marriage, an observation which in a modified sense contains a considerable nucleus of truth.

Many hypotheses have at different times been framed concerning the nature of *Angst*; thus Arndt[4] attributed it to an abnormal functioning of the heart, Wille[5] to irritation of the brain centres, Roller[6] to irritation of the medulla oblongata, Krafft-Ebing[7] to cramp of the cardiac arteries, and Meynert[8] to impoverishment of the cortex induced by the vascular contraction following on stimulation of the cortical vasomotor centres. The sub-

[1] F. Boissier de Sauvages de la Croix, *Synopsis nosologiae methodicae*, 1763, vol. iii. p. 337.
[2] J. B. M. Sagar, *Systema morborum symptomaticum*, 1776, vol. ii. p. 520.
[3] Burton, *op. cit.* vol. i. Pt. i. Sec. 3, Mem. 2, Subsect. IV. p. 302.
[4] Arndt, Wille, Roller, R. Krafft-Ebing, cited by Th. Puschmann, *Handb. der Geschichte der Medizin.*, Bd. iii., 1905, S. 717.
[5] *Ibid.* [6] *Ibid.* [7] *Ibid.*
[8] Th. Meynert, *Psychiatrie*, 'Klinik der Erkrankungen des Vorderhirns', 1884.

ject, however, remained in total obscurity until Freud[1] published his now classical papers on *Angst* neurosis, in which he established the nosological independence of the affection and stated his conclusions on its nature and aetiology. In these papers he pointed out how important a part is played in the generation of this malady by various abnormalities in the functioning of the sexual activities of the individual. The association in general between the sexual instinct and the emotions of fear and dread is a very intimate[2] one; it is, however, impossible here to enter into a discussion of the exact relationships of the two, the more so as it is proposed later to deal fully with the subject in another paper.[3] Suffice it to say that the type of emotion designated as *Angst* is in general closely connected with sexual emotion, and in particular with pathological 'repression' of it or with unsatisfactory functioning of what may broadly be called the psycho-sexual system of activities. Since Freud's writings it has gradually become recognized how important is this factor in the production of *Angst* neurosis. Stekel[4] has recently published an impressive array of evidence in support of this view, and to anyone with any experience in the psycho-analytic method of psychotherapy the remark is a mere truism. The same conclusion has also been reached along other routes by workers, such as Strohmayer,[5] Warda,[6]

[1] Sigm. Freud, 'Über die Berechtigung, von der Neurasthenie einen bestimmten Symptomenkomplex als "Angstneurose" abzutrennen', *Neurolog. Centralbl.*, 1895, S. 50. 'Zur Kritik der "Angstneurose" ', *Wiener klinische Rundschau*, 1895. A translation of both papers is reprinted in Freud's *Collected Papers*, 1924, vol. i p. 76.

[2] When this essay was first published (1909) the shocked printer changed the word to 'distant', and, in spite of my correcting it in the proof, saw to it that 'distant' was the word that appeared on publication.]

[3] 'The Pathology of Morbid Anxiety', *Journal of Abnormal Psychology*, 1911, vol. vi., reprinted in my 'Papers on Psycho-Analysis'.

[4] W. Stekel, *Nervöse Angstzustände und ihre Behandlung*, 1908.

[5] W. Strohmayer, 'Zur Characteristik der Zwangsvorstellungen als "Abulieneurose" ', *Centralbl. f. Nervenheilk. u. Psychiatr.*, 15 Mai, 1903, Bd. xxvi., and 'Über die ursächlichen Beziehungen der Sexualität zu Angst- und Zwangsvorstellungen', *Journ. f. Psychol. u. Neur.*, Dez., 1908, Bd. xii. S. 69.

[6] W. Warda, 'Über Zwangsvorstellungspsychosen', *Monatsschr. f. Psychiatr. u. Neur.*, 1902, Bd. xii. S. 1, and 'Zur Pathologie und Therapie der Zwangsneurose', *Monatsschr. f. Psychiatr. u. Neur.*, 1907, Bd. xxii. Ergänzungsheft, S. 149.

Loewenfeld[1] and many others, who do not perform psycho-analyses.

A word must here be said about the modern psychological theory of dreams, which we also owe entirely to Freud.[2] Detailed analysis of many thousand dreams, performed by his free association method, convinced Freud that, without exception, every dream represents the fulfilment in the imagination of some desire on the part of the patient, a desire that has either been 'repressed' in the waking state or else could not for some reason or other come to expression. In most of the dreams of adults, where the dream appears on the surface to contain no evidence of any desire, the operative desire is one that is unacceptable to the subject's consciousness and has therefore been 'repressed'. This repressed desire can now be allowed to attain imaginary gratification only when it is not recognizable by the subject, so that it appears in another form by becoming distorted, perverted and disguised. The mechanisms by means of which this concealment of the original desire takes place have been formulated into precise laws by Freud, and of course cannot here be even enumerated. This exceedingly epitomized statement of the theory, however, will perhaps serve to indicate the outstanding fact that in most cases the dream as related by the subject bears superficially no likeness to the mental processes to which it owes its origin. One or two corollaries also may be mentioned. It is a general law that the more intense is the 'repression', in other words the greater is the conflict between the repressed desire and the conscious mind, the more distorted will be the dream that represents the fulfilment of that desire, and the less recognizable and likely will seem to the subject the interpretation of it. Broadly speaking, there is an inverse relationship between the amount of distortion present in the ideas themselves (condensation, symbolism, etc.) and the

[1] L. Loewenfeld, *Die psychischen Zwangserscheinungen*, 1904, S. 470, and *Sexualleben und Nervenleiden*, 4e Aufl., 1906, S. 258 *et seq.*

[2] Sigm. Freud, *Die Traumdeutung*, 1900.

amount of *Angst* present. Thus a repressed wish for a particular sexual experience may be represented in a dream by imagery which, though associatively connected with them in the unconscious, is very dissimilar in appearance to the ideas of that experience: or, on the other hand, the ideas may appear in the dream, but accompanied by such a strong emotion of dread that any notion of their representing a wish is completely concealed from consciousness. In practice one finds in fear dreams all admixtures of these two mechanisms, and it is instructive to observe how the analysis of either type leads to the same conclusions about the underlying content of the dream.

When the distortion of the wish-fulfilment is insufficient to conceal from consciousness the nature of the repressed desire, in other words when the conflict is so great that no compromise can be arrived at, then the sleep is broken and the subject wakes to his danger.[1] When the desire shows such vehemence as to threaten to overpower the repressing force exercised by consciousness, and at the same time is of such a nature as to be in the highest degree unacceptable, then we have present the conditions for the most violent mental conflict imaginable. Conflict of this fierce intensity never arises except over matters of sexuality, for on the one hand the sexual instinct is the source of our most resistless desires and impulses, and on the other no feelings are repressed with such iron rigour as are certain of those that take their origin in this instinct. The mere dimly realized possibility of becoming against his will overmastered by a form of desire that the whole strength of the rest of his mind is endeavouring to resist is often sufficient to induce in a given person a state of panic-stricken terror. These intense conflicts never take place in consciousness, for if the desire is repressed it definitely passes out of consciousness, so that the subject is not aware of either the source or the nature of them.

The subject raised by these reflexions is so extensive

[1] Sigm. Freud, *Die Traumdeutung*, 2e Aufl., 1909, S. 358.

that it is only possible here to state, in what may appear an over-categorical way, a few conclusions, the evidence in support of which must be considered elsewhere. The considerations brought forward above, cursory as they are, may however serve to introduce the main thesis of this essay, namely that *the malady known as Nightmare is always an expression of intense mental conflict centreing about some form of 'repressed' sexual desire.* This conclusion, however, is probably true of all fear dreams, and we can carry it a step further in the particular Nightmare variety. In this dread reaches the maximum intensity known, in either waking or sleeping state, so that we should not be surprised if the source of it lies in the region of maximum 'repression', *i.e.* of maximum conflict. There is no doubt that this concerns the incest trends of the sexual life, so that we may extend the formula just given and say: *an attack of the Nightmare is an expression of a mental conflict over an incestuous desire.*

The definite proof of this conclusion is best obtained by the psycho-analysis of a number of cases. Those who have employed this method know that every case thus studied can be traced to repressed desire, and that the translation of this desire into consciousness is followed by permanent cessation of the malady. The object of this essay, however, is not to discuss psycho-analysis but to point out that in the conflict theory of Nightmare we have a view that better than any other is able to generalize the known facts of the condition. For this reason I shall confine my attention to the facts and observations collected and recorded by writers who were uninfluenced by any inkling of the psychological theory, and shall attempt to show how harmoniously on this theory the diverging views and observations can be reconciled.

The view just advanced may at once be illustrated by considering the description of a case recorded by Bond[1] a century and a half ago. 'A young Lady, of a tender, lax habit, about fifteen, before the Menses appear'd, was

[1] Bond, *op. cit.* Case I. p. 47.

attack; the external stimuli are of minimal significance. We thus have the key to the easily verifiable observation that these external 'causes' can bring about an attack only in persons who are subject to the malady, and that on the other hand the most scrupulous avoidance of all these alleged 'causes' will not prevent attacks with those in whom the predisposition is sufficiently pronounced. It is probable that most of the causes that have been given by various writers in this connection may play some slight part in the manner we have indicated, though I am convinced that the significance of them has in the past been greatly exaggerated. For instance, that a heavy repast is apt to be followed by an accession of erotic desire is an observation acted on by every *roué*; that it, like alcohol, tends to dull the activity of the conscious inhibitions of the waking state and so release suppressed mental trends is so well known as to make it comprehensible that it may occasionally play some part in the evocation of Nightmare; *Sine Cerere et Baccho friget Venus*. A full stomach may also act by arousing the sensation of a heavy weight lying in, and therefore on, the abdomen. The relation of diet in general to erotic dreams is fully dealt with by Spitta.[1] Again, in considering the effect of respiratory obstruction as an inciting cause of Nightmare, one has to remember the important, though commonly ignored, connection between stimulation of the upper air passages and erotic excitation. That these passages constitute an erotogenic zone of varying intensity was first pointed out by Sir Morell Mackenzie[2]; the subject has been fully discussed since by Endriss among many other writers. This connection holds good in disorders as well as in health, so that pathological irritation or obstruction is apt to arouse various partial, *i.e.* perverse combinations of the sexual instinct. Thus the observations made in

[1] H. Spitta, *Die Schlaf- und Traumzustände der menschlichen Seele*, 1882, S.

[2] Sir Morell Mackenzie, 'Irritation of the Sexual Apparatus as an etiological factor in the Production of Nasal Disease', *The American Journal of the Medical Sciences*, 1884, p. 4.

another explanation in Macnish's remark, made in the days when long voyages were common, that the attacks more often occurred at sea than on shore. Bond[1] quaintly observes that 'Melancholy persons, profound Mathematicians, and fond pining Lovers, are most subject to this affection', and Bell, a still earlier writer,[2] says that it affects those who 'are Melancholly, of few and gross Spirits and abounding with Phlegm'.

In subjects who pass as being mentally normal, Nightmares never occur as isolated morbid phenomena; on investigation it will always be found that other manifestations of *Angst* neurosis are present, with or without evidences of hysteria. In short, Nightmare may in such a subject be regarded as a symptom of this affection, and should be treated accordingly. This fact was partly realized nearly a century ago by Waller[3] when he wrote that 'Nightmare may be considered only as a symptom of great nervous derangement or hypochondriasis'. I may add that in my experience 'repression' of the feminine or masochistic component of the sexual instinct rather than of the masculine is apt to engender the typical Nightmare, a fact which probably explains why the malady is usually more severe, and possibly even more frequent, in men, with whom this component is more constantly and more intensely repressed than with women.

In subjects who deviate still more from the normal, more alarming evidences of a lack of harmonious control of the psycho-sexual activities may be present, such as satyriasis or nymphomania, as in a case recorded by Ribes.[4] This, however, is decidedly uncommon. Also, as was previously mentioned, the affection is frequently met with in various forms of mental alienation, particularly manic-depressive insanity and dementia præcox, and especially during the early stages of the disease.

We may summarize the conclusions reached in the

[1] Bond, *op. cit.* p. 27.
[2] Andrew Bell, *op. cit.* p. 13.
[3] Waller, *op. cit.* p. 7.
[4] F. Ribes, 'Observation d'un cauchemar causé par la nymphomanie', *Mém. de divers d'anat., de phys., etc.*, 1845, t. iii. p. 127.

statement that Nightmare is a form of *Angst* attack, that it is essentially due to an intense mental conflict centreing around a repressed component of the psycho-sexual instinct, essentially concerned with incest, and that it may be evoked by any peripheral stimuli that serve to arouse this body of repressed feeling; the importance, however, of such peripheral stimuli in this connection has in the past been greatly over-estimated as a factor in producing the affection.