

Axel Munthe: a model of values for current neurological practice

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ABSTRACT

Introduction and objectives. Dr Axel Munthe specialised in what he called nervous diseases. Trained in prestigious settings in Paris, under Claude Bernard, Pasteur, and Charcot, he moved in intellectual circles (Henry James, Maupassant) and the highest levels of society. With his keen critical eye and boundless generosity toward the less fortunate, his character and doings exemplified model values that we should adopt in current practice. Our objective is to identify these values in his autobiography *The Story of San Michele* and analyse them alongside the neurological diseases he describes.

Results. We have identified facing reality and providing treatment (sedation) to patients facing imminent death; resilience; unlimited capacity for inspiring confidence and offering solace; simplicity and accessibility; disregard for material wealth; acceptance of homosexuality; and empathy for women. His curiosity and critical views led to friction and ruptures with his teachers, but his contributions in certain areas surpassed theirs. He did sterling work in hysteria, hypnosis (restricted to selected indications), general paresis, pain, signs of visual hallucinations, and alcoholism/substance abuse.

Conclusion. A distinguished figure in the medical and intellectual spheres, Munthe found that his critical eye and opposition to abuse of power by scientists created obstacles that he was nonetheless able to overcome. He demonstrated empathy for the marginalised people of his time. Munthe taught others to comfort and treat patients in the agony of death, was able to gain people's trust, and valued his clinical work above material wealth. His values, applied to the doctor-patient relationship, are as relevant as ever.

KEYWORDS

Axel Munthe, neurology, disease, values

Introduction and objectives

The relationship between medicine and literature is both ancient and interactive. For medicine, this relationship sheds light on historical, clinical, and social aspects that are certain to enrich historical research, improve our practices, and increase our understanding and censure of the social and medical shortcomings of the epoch in question. For literature, this relationship is a source of inspiration and also of material in cases of well-written narratives.¹

Disease, whether viewed through the photographic lens of a realist or experienced and evoked by a narrator, has a literary and dramatic essence that has served as the backdrop for a wide variety of stories. The realist and naturalist currents of the 19th century provide the best examples.²⁻⁵

When scientific medicine appeared at the end of the 19th century, doctors witnessed the rise of the modern era. These advances were a giant step forward as doctors relinquished empirical medicine and the Hippocratic tradition in favour of experimental medicine. In Europe, Paris became the capital of medicine and the latest advances in neurology. In fact, the book that clearly set forth and defined the basis of scientific medicine, which must always be based on observation and experiments, was published in Paris in 1865. Its author was Claude Bernard, who was incontestably the father of modern medicine.⁶

Axel Munthe, a doctor and in his later years, a writer, was a student in Paris at that time under Claude Bernard, Pasteur, and Charcot. Studying in this auspicious setting

under such masters was a privilege in his time, and he quickly gained prestige as the result of his excellent training. Munthe, a Swede by birth (Oskarshamn 1857–Stockholm 1949), disembarked in Menton, France, at the age of 19. At the time, he was searching for a climate that would help him overcome pulmonary tuberculosis, and that is in fact what he found. He began studying medicine and upon graduating in Paris in 1880, he was the youngest doctor in France. Shortly thereafter, he opened a private practice and quickly became a favourite among wealthy and aristocratic patients, especially women with ‘nervous diseases’. This would become his specialty, although he was heard to say that nothing was wrong with these women and nothing could be done for them. They were the hysterical women identified by Munthe’s professor Charcot, and the differences of opinion between the two doctors regarding patient management and use of hypnosis to treat hysteria led them to part ways.⁷

We are indeed fortunate to be able to read his most important medical anecdotes, described in *The Story of San Michele*,⁸ *Memories and Vagaries*,⁹ and *Red Cross and Iron Cross*.¹⁰ The latter two narratives describe his experiences in the Naples cholera epidemic and the Great War, but we will focus on the former, his most polished and informative book.

A reading of *The Story of San Michele* reveals a list of model values for any doctor. These memoirs also contain descriptions of diseases and patient profiles that would remain valuable historical documents outside of their context. Our objective is to showcase the author’s values and present the clinical descriptions worthy of re-examination and historical analysis because their ethical and humanitarian reflections constitute valuable lessons.

Methods

We analysed the Spanish translation of *The Story of San Michele*⁸ based on the original 1929 edition and extracted the following: 1) Values, meaning the positive qualities that make a person admirable, according to one definition of the term provided by *Diccionario de la Real Academia Española*.¹¹ More specifically, according to Ortega, ‘value’ refers to a condition that is irreducible into its components, and something new, distinct, and unique in an individual.¹² In truth, material things lack value, and since this quality is only assigned by mankind, it becomes desirable. 2) Clinical or therapeutic descriptions, especially (but not exclusively) those with neurological interest or touching on neuropsychiatric topics.

Results

Values

1. Position regarding death: confrontation and comfort

Munthe advocated courage in the face of death, a phenomenon he wished to understand fully from a very early age. He witnessed death on a large scale in Naples, Capri, and Verdun, each of which was racked by natural disasters or war. He volunteered for the front lines and obsessively threw himself into the fray, bent on saving his fellow man from the clutches of death. Munthe’s ability to sense impending death was based on both psychological and clinical factors (agonal respiration with a Cheyne-Stokes pattern). When the damage was irreversible, Munthe felt that his duty was to help patients die well. To this end, he made use of sedatives, particularly morphine, thereby supporting the indication for what we today would call palliative sedation, intended to treat refractory symptoms in patients whose conditions are terminal and irreversible.

...the layer of snow under which I lay buried... Gradually I became aware of an indistinct sensation slowly groping its way through my benumbed brain.... I recognised it at once, it was my old hobby, my incurable curiosity to know all there was to know about Death. My chance had come at last.... I do believe that it was this last survival of my normal mentality, my curiosity about death, that saved my life.^{8(p291)}

[I saw him] at Naples....at Messina....at Verdun...It is only since I have seen Him operate on a large scale that I have begun to understand something of the tactics of the warfare. It is a fascinating study, full of mystery and contradictions....The battle is regulated in its minutest details by an immutable law of equilibrium between Life and Death....Death, the giver of Life, the slayer of Life, the beginning and the end.^{8(p178)}

During the night the doomed men [infected with rabies] had been helped to a painless death.^{8(p70)}

For this author, death was undeniably associated with suffering, especially physical, but also psychological. His duty as a doctor included remaining with the patient until his last breath. Munthe offered harsh criticism of the ‘greats’, such as Charcot, who were silent about this critical facet of medicine, and he held that those who achieved death without suffering were fortunate.

[Charcot] was indifferent to the sufferings of his patients, he took little interest in them from the day of establishing the diagnosis until the day of the post-mortem examination.^{8(p285)}

...the greatest blessing that [God] can bestow on any man: to die in his sleep.^{8(p451)}

2. Unlimited resilience and ability to give comfort

Munthe knew how to gain the trust of his patients. His goodness, generosity, and open-mindedness shone forth in his clinical practice. As a result, he was able to enjoy considerable success with his hysterical female patients, and also among those with more varied and severe disorders. He beat back the onslaughts of severe and advanced illness, and transmitted this staying power –which psychologists today call ‘resilience’– to his patients. His resilience was one aspect that set him apart from his colleagues and contributed to his fame. He shared his belief that “I have not been a great doctor, but I have been a very successful one, simply by inspiring confidence”.¹³ This talent allowed him to cure patients by what he himself called the power of suggestion; using modern criteria, we would describe it as an effect based on expectations, that is, a placebo effect. This is more common in affective disorders, but not limited to them, as Munthe was able to demonstrate. He presents his values in the text excerpted below:

I was not a good doctor...but there is not the slightest doubt that I was a successful doctor. What is the secret of success? To inspire confidence. What is confidence?...I do not know, I only know that it cannot be acquired by book-reading, nor by the bedside of our patients. It is a magic gift granted by birth-right to one man and denied to another. The doctor who possesses this gift can almost raise the dead. The doctor who does not possess it will have to submit to the calling-in of a colleague for consultation in a case of measles.^{8(p49-50)}

...for even then I seemed never to be afraid of responsibility. I discovered later in my life that this was one of the secrets of my success. Another secret of my success was of course my constant luck, more striking than ever before....^{8(p257)}

I laid my hand on her forehead, and told her it [attack of angina] would pass off immediately, a minute later the terror went out of her eyes....Four days later she had another to all appearance quite similar attack, she died in less than five minutes. You are always trying to explain to your patients what you cannot even explain to yourself. You forget that it is all a question of faith not of knowledge, like the faith in God. The Catholic Church never explains anything and remains the strongest power in the world....^{8(p182)}

From his texts, we witness that, first of all, Munthe assumed his clinical duties with an enormous sense of responsibility. In his view, the rest is accomplished by luck and an innate, unlearned gift, which he describes as the ability to inspire confidence. His unquestionable ability to gain the trust of others clearly constitutes a value according to the definition given above. The patient perceives his assurance, and the effect, suggestion, or placebo delivers results. Evidence-

based medicine was still many years away, and the doctor-patient relationship followed a more protective or paternalistic model in which the doctor’s personal prestige, more than the prestige of the profession, played an essential role in his duties.

3. Displaying simplicity and accessibility

It is no easy task to operate within this paternalistic model of medicine while presenting a simple and accessible image to one’s patients, especially the humble patients to whom Munthe dedicated so much social and clinical effort. He was well aware that fame and fashion were set against his profession, and upon realising that he had fallen into their clutches, he was able to recognise and confront his demons. He had no qualms about hiding the fact that he was a doctor in order to gain the acceptance of the most downtrodden groups and understand their ways. He admired old-fashioned family doctors, in whom he recognised all of these virtues, as a species that would vanish in his lifetime. His lifestyle, austerity, and modesty nudged him toward this conclusion. It was due to all of these qualities that he was able to feel the human empathy that permitted him to understand and pity others. Having reached this point, as a true pioneer of clinical medicine, he was able to help his patients achieve a comfortable death. As stated in the text,

If you come across a fashionable doctor, watch him carefully at a safe distance before handing yourself over to him. He may be a good doctor, but in very many cases he is not. First, because as a rule he is far too busy to listen with patience to your long story. Secondly, because he is inevitably liable to become a snob, if he is not one already, to let the Countess pass in before you....Thirdly...he will become indifferent and insensible to the suffering of others, like the pleasure-seeking people around him.^{8(p50-1)}

...old Doctor Erhardt, one of the best doctors and one of the most kind-hearted men I have ever met...his reputation had stood the wear and tear of over forty years....Although over seventy he was still in full possession of his mental and physical vigour, day and night on the go, always ready to help, rich and poor all the same to him. He was the most perfect type I have ever seen of the family doctor of bygone times, now almost extinct—so much the worse for suffering humanity.^{8(p377)}

You cannot be a good doctor without pity.^{8(p51)}

4. Ascetic lifestyle and disregard for riches

The Swedish doctor counted himself fortunate in many respects, including his economic status. Nevertheless, his

aim was never to accumulate wealth. When he built his mansion at San Michele, he himself acted as the architect, and he used local workers and materials in what was in fact a low-budget operation.¹⁴ His devotion to his duty, especially to his poorest patients in and around Naples, San Michele, Capri, Lapland, and Verdun, displays total altruism. He was able to recognise that the soul, not the body, was what required the greatest investment. The happiness derived from the simplest and purest ways of life provided him with lessons for both life and death, which he studied so attentively.

All that is really useful to us can be bought for little money, it is only the superfluous that is put up for sale at a high price. All that is really beautiful is not put up for sale at all but is offered to us as a gift by the immortal gods....The poor man sleeps better than the rich man. Simple food tastes in the long run better than food from the Ritz. Contentment and peace of mind thrive better in a small country cottage than in the stately palace in a town.^{8(p398-9)}

5. Empathy for homosexuals

Munthe believed homosexuality to be a natural variant of the sexual impulse. He was aware that the condition was on the rise in his society and time. Believing homosexuality to be congenital, he attributed the supposed increase in its incidence to environmental factors that would produce new human variants within the decadent *Homo sapiens* species. The result might be an improvement over the current variant.

Sexual inversion is more difficult to tackle. In many if not most cases it cannot be considered as a disease but as a deviation of the sexual instinct natural to certain individuals where an energetic interference often does more harm than good....the actual formulation of the law is founded upon a misunderstanding of the uncomfortable position in our midst of this numerous class of people. They are no criminals, but mere victims of a momentary absent-mindedness of Mother Nature, perhaps at their birth, perhaps at their conception. What is the explanation of the enormous increase of sexual inversion? Does nature revenge herself on the masculinized girl of to-day by rearing an effeminate son from her straightened hips and flattened breasts? Or are we the bewildered spectators of a new phase of evolution with a gradual amalgamation of two distinct animals into a new, hitherto unknown specimen, last survival of a doomed race on a worn-out planet, missing link between the *Homo sapiens* of to-day and the mysterious Super-Homo of tomorrow?^{8(p315-6)}

Consistent with his ideas, the author expresses scepticism about the efficacy of fashionable treatments intended to “cure” homosexuality. He regarded himself as a specialist

in nervous disorders, rather than a hypnotist; however, he was familiar with hypnosis and would use it where other remedies had failed. In one such situation, Munthe used hypnosis to treat a man referred by none other than Charcot and Professor Krafft-Ebing from Vienna; both had tried, and failed, to hypnotise the patient. As one might imagine, Munthe, with his great powers of suggestion, succeeded where they had failed. Both patient and doctor were convinced that the procedure had been successful, but the outcome dashed his initial hopes:

The words were hardly out of my mouth before his eyelids closed with a slight tremor, he was in deep hypnotic sleep in less than a minute. It looked hopeful at first....I lost sight of him. A year later I heard by mere accident that he had killed himself.^{8(p320)}

Munthe’s ideas and convictions regarding homosexuality changed over time, and his views on the effectiveness of and indications for hypnosis would also evolve, as will be examined shortly. Munthe accepted homosexuality as a natural and congenital variant that did not require medical treatment:

Had this unhappy man consulted me a few years later when I had acquired more knowledge of sexual inversion I would never have attempted the hopeless task of curing him.^{8(p320)}

6. Respect for women

The writer’s biography abounds in passionate love affairs, although none are mentioned in *The Story of San Michele*. It is even rumoured that he had an affair with the Queen of Sweden, who sometimes visited San Michele. The book is dedicated to her. Nevertheless, there is no proof of Munthe’s having had an affair with the Queen, apart from the remarks and gossip from the locals which reached the ears of some Axel Munthe historians.¹⁴ His position regarding women is distant and respectful of their intellectual capacity:

Women are not less intelligent than men, perhaps they are as a rule more intelligent. But their intelligence is of a different order....The law of differentiation between the sexes is an immutable law of Nature which runs through the whole creation to become more and more accentuated the higher the types are developed.^{8(p184)}

His discourse continues on the same subject, but it becomes ambiguous when he cites women as having a more limited ability for achieving excellence and great creativity, whether in the arts or the sciences. On the other hand, he remains convinced of women’s superior

courage, greater resistance to adversity, and stronger determination. He also considered a woman's capacity for love as being more generous and human than a man's essentially instinctive and animal urgings.

I think on the whole much better of women than of men....They have far more courage, they face disease and death much better than we do, they have more pity and less vanity....Love means to a woman far more than it means to a man; it means everything. It is less a question of senses than man generally understands. A woman can fall in love with an ugly man, even an old man if he rouses her imagination. A man cannot fall in love with a woman unless she rouses his sexual instinct, which, contrary to nature's intention, survives in modern man his sexual power.^{8(p183)}

With its dedication and commitment, a woman's love survives to the end; in contrast, a man's sexual instinct dies with monogamy, and only moral codes will help him to restrain himself:

Love itself is short-lived like the flower. With man it dies its natural death in marriage, with woman it often survives to the last transformed in a purely maternal tenderness for the fallen hero of her dreams. Women cannot understand that man is by nature polygamous. He may be tamed to enforced submission to our recent code of social morals, but his indestructible instinct is only dormant.^{8(p184)}

Diseases

Munthe studied medicine at a time when medical specialties were just beginning to emerge, and his studies represented the forefront of scientific knowledge. He trained under such key figures as Charcot, who would occupy the world's first chair of neurology. The stage was set for neurology, a specialty poorly differentiated from psychiatry at that time, to develop an interest in patients with a long list of what were considered nervous symptoms, entities with an unknown origin and a poor prognosis. It was such a group of predominantly female patients that was responsible for Munthe's fame. The hysterical women of La Salpêtrière provided a spectacle that piqued the interest of the medical world and also attracted the social and literary circles typical of the Paris nightlife; they would meet in after-party sessions to witness the famous Tuesday lectures.¹⁵ In addition to Freud, Munthe, and Charcot's better-known disciples, such great writers as Maupassant and Zola also attended, and so did politicians and aristocrats. This environment, to which Munthe dedicated an entire chapter, is unquestionably the one that transformed him into what he called a nerve specialist. His experience and

independent, creative spirit made him critical of the way these patients were regarded and managed. The major themes in his descriptions are listed below.

1. Hysteria

Munthe makes numerous references to hysteria. From the very first pages, we read of aristocratic ladies who displayed numerous and imprecise symptoms (fatigue, discomfort, apathy, sadness, headache, and pain described in vague terms). They insisted on receiving constant care on their own exacting terms, but soon became so yielding that they often fell in love with the doctor. Colitis was the euphemistic diagnosis assigned to these patients at the time, and it allowed them to satisfy their desires for illness and pampering. While this was taking place in the private environment of selective Parisian practices, hospitals also paid considerable attention to patients whose profile was similar but whose living conditions were more humble. Here, they were known as hysterics and treated with hypnosis.

Munthe was well-acquainted with these disorders. He recognised each of the phases in transference resulting in love, which often manifested by the patient's sending letters and photographs, and he reached this conclusion before Charcot himself. However, Munthe was not very fond of these patients. He was fully aware that their personalities were largely responsible for these symptoms, and he also knew that there was very little he could offer them. Munthe believed that his true calling would lead him to more important deeds and places where he was truly needed, such as disaster-stricken areas or the miserable slums on the edges of large cities.

The dozens of undisciplined and unhinged ladies of all ages that Professor Weir-Mitchell alone used to hand over to me...[as did] Professor Kraft-Ebing [*sic*] of Vienna...[and] the master of the Salpêtrière [Charcot], though never with a word in writing.... But it is not easy to be patient with hysterical women, and as to being kind to them, one had better think it over twice before being too kind to them, they ask for nothing better. As a rule, you can do but little for these patients....They remain what they are, a bewildering complex of mental and physical disorders, a plague to themselves and to their families, a curse to their doctors.^{8(p421-2)}

I had plenty of other interests in life than to look after rich Americans and silly neurotic females.^{8(p329)}

Despite his scorn and scepticism, his ability to diagnose and treat these patients was extraordinary. This was well-understood by elite doctors in Paris, Berlin, Vienna, and

Rome, who sent him their celebrity patients. His fame grew to such an extent that wealthy Americans often visited his practice in Rome. Two noteworthy examples of his success included the resolution of a case of paraplegia and the dramatic end of a false pregnancy:

[Mrs. P.] had been laid up on her back for nearly three years after a fall from her horse....she had even consulted Charcot....I realized that it was the shock and no permanent injury to her spine that had paralyzed her limbs and that faith and massage would put her on her legs in a couple of months. I told her so what nobody else had ever dared to tell her and I kept my word. She began to improve before I had begun the massage. In less than three months she was seen....stepping out of her carriage in Villa Borghese and walking about....It was looked upon as a miraculous achievement....^{8(p350-1)}

Suddenly she turned pale and sat quite still clasping her hands protectively over her abdomen....I sprang from the chair and looked attentively at her. All of a sudden I recognized that face, I knew it well, it was not in vain I had spent fifteen years of my life among hysterical women from all lands and of all ages. I told her sternly to wipe off her tears, pull herself together, and listen to me without interruption.... I told her at last as gently as I could that she was not going to have any baby at all. She bounded from the sofa, her face scarlet with rage and rushed out of the room shrieking at the top of her voice....^{8(p364)}

This patient sparked a fierce debate as different figures in Rome's high society voiced their unshakeable opinions as to whether or not the patient was really pregnant. The case went beyond the strictly medical sphere, to the point that the debate (and wagers placed on the outcome) permeated the city's cultivated society with truly comic results.

2. Hypnotism

The famous hypnotism demonstrations held on Tuesdays in the Amphitheatre of La Salpêtrière were mandatory for all of Charcot's followers. They were also well-attended by famous actresses, journalists, writers, and *demi-mondaines* with a morbid interest in hypnotism. These sessions were held all day in different hospital wards so that Charcot's disciples could practice their craft by keeping the patients in a constant semi-lethargic state. Munthe was fully aware of how theatrical the sessions were. He had an excellent understanding of hypnosis because he had taken the trouble to examine it with a critical eye. He compared what he learned at La Salpêtrière with his studies in Nancy under Professor Bernheim, whom Charcot viewed with unveiled contempt. The overwhelming acceptance of Charcot's view of hypnosis by the rest of his students and Paris society in

general could only be understood as the result of the suggestibility phenomenon and mob hypnosis. This was Munthe's opinion, and he freely voiced his criticism of what he witnessed in Paris.

To me who for years had been devoting my spare time to study hypnotism these stage performances of the Salpêtrière before the public of Tout Paris were nothing but an absurd farce, a hopeless muddle of truth and cheating. Some of these subjects were no doubt real somnambulists faithfully carrying out in a waking state the various suggestions made to them during sleep—post-hypnotic suggestions. Many of them were mere frauds, knowing quite well what they were expected to do, delighted to perform their various tricks in public, cheating both doctors and audience with the amazing cunning of the *hystériques*. They were always ready to 'piquer une attaque' of Charcot's classical *grande hystérie*, *arc-en-ciel*, or to exhibit his famous three stages of hypnotism: lethargy, catalepsy, somnambulism, all invented by the Master and hardly ever observed outside the Salpêtrière. [I condemn] these Tuesday gala performances in the amphitheatre as unscientific and unworthy of the Salpêtrière.^{8(p302-3)}

It is not necessary to describe the exaggerated spectacles viewed by the public. Munthe fell from Charcot's good graces due to his critical dissent and his attempt at saving one patient from these sessions, the semi-lethargic state she would enter during them, and her inevitable confinement in a *salle des agités* or asylum. He made no effort to hide his disapproval, and Charcot heard him; in fact, "*assez, monsieur!*" were his last words to Munthe.

Munthe had made a good study of both the natural basis and practice of hypnosis. As a result, he was familiar with the limitations, indications, and potential results of using the technique.

Speaking of myself who have never been what is called a hypnotiseur but a nerve doctor compelled to make use of this weapon when other remedies had proved useless, I have often obtained marvellous results by this still misunderstood method of healing. Mental disorders of various kinds with or without loss of will power, alcoholism, morphinomania, cocainomania, nymphomania can as a rule be cured by this method.... The great benefit derived from hypnotic anaesthesia in surgical operations and childbirth is now admitted by everybody. Even more striking is the beneficial effect of this method in the most painful of all operations, as a rule still be endured without anaesthesia—Death.^{8(p315-6)}

The author describes his experiences attending large groups of dying soldiers, in the Great War in 1914, who died relaxed and almost unaware of their circumstances. He believed all subjects could be hypnotised, not just hysterical

ones, and that hypnosis could not be performed at a distance. He dispelled myths about the actions hypnotised individuals could carry out; in truth, they would only be able to do what they were capable of doing while fully conscious. In any case, he recognised the risks associated with hypnosis, and felt that they were sufficient to warrant prohibiting public sessions.

3. General paresis

General paresis, very well-known at the time and documented in monographs translated from the French,¹⁶ took its toll on famous figures of the day, many of whom counted Munthe as their friend or doctor. Special mention is made of Guy de Maupassant.¹⁷

It was during one of these lectures [*Leçons du mardi*] that I became acquainted with Guy de Maupassant then already famous....We used to have endless talks on hypnotism and all sorts of mental troubles, he never tired of trying to draw from me what little I knew on these subjects. He also wanted to know everything about insanity, he was collecting just then materials for his terrible book 'Le Horla', a faithful picture of his own tragic future....How far he was responsible for his doings is another question. The fear that haunted his restless brain day and night was already visible in his eyes, I for one considered him already then as a doomed man. I knew that the subtle poison of his own *Boule de Suif* had already begun its work of destruction in this magnificent brain....

Two months later I saw Guy de Maupassant in the garden of Maison Blanche in Passy, the well known asylum. He was walking about on the arm of his faithful François, throwing small pebbles on the flower beds with the geste of Millet's Semeur. "Look, look," he said, "they will all come up as little Maupassants in the spring if only it will rain."^{8(p296-302)}

Those who have read Maupassant will know that Boule de Suif was a character from one of his most beloved stories; she was a prostitute who showed all the signs of suffering from neurosyphilis.¹⁸ It is well documented that Maupassant contracted that illness as well; Munthe, as a doctor and close friend of the writer's, provided one of the most reliable testimonies. Maupassant's maniacal end could not have been more literary.

Another prominent figure with neurosyphilis was the Swedish consul in Paris who suffered from delusions of grandeur. He was treated in Passy by Dr Blanche, who would be immortalised by Van Gogh.

At midnight I received an urgent message from his wife to come at once. The door was opened by the Consul himself in his night-shirt. He said that the dinner had been postponed to await the arrival of the King of

Sweden and the President of the French Republic, who had just made him a Grand Cross of the Legion of Honour. He had just bought Le Petit Trianon as summer residence for his family. He was in a rage with his wife for not wearing the Marie Antoinette pearl necklace he had given her, called his little boy le Dauphin and announced himself as Robespierre—folie de grandeur!....My poor friend suddenly got violent, I had to lock him up in the bedroom....In the morning he was taken to Doctor Blanche's asylum in Passy. The famous alienist suspected from the first general paralysis. Two months later the diagnosis was clear, the case was incurable.^{8(p269-70)}

4. Hallucinations and other visual perception disorders

We read detailed descriptions of the author's autoscopic experiences in which the 'other' follows, talks, or even argues with the 'real' Munthe. Visual hallucinations of the self are particularly common in subjects experiencing stress and fatigue; in this period, they were commonly thought to be linked to the doppelgänger concept. These events have been described by Maupassant,¹⁸ by Henry James who was also a friend of Munthe's, Dostoevsky, and other great names in 19th century literature. It is very likely that they would have affected Munthe himself, given his highly trained and exquisitely cultivated mind, but interpretation and analysis of these phenomena lie outside the scope of this article.¹⁹ The following description is excerpted from *The Story of San Michele*.

Well, I had another consultation there that same day about another, far worse case, a man this time. This man was me or rather my double, my Doppelgänger, as Heine called him.

'Look here, my friend' I said to my Doppelgänger as we were leaving St. James's Club arm in arm, 'I want to make a careful examination of your inside....It is a fine opportunity for you who are fond of beautiful things, the richest shops of London are here.... Anything you would like to possess shall be handed over to you, all that you have to say is that you would like to have it....

...He said he wanted nothing else of all that he had seen in Bond street, except perhaps the little Aberdeen terrier who had been sitting waiting patiently for his master outside Asprey's....

We returned to Paris the next morning... Since then he has hardly ever left Avenue de Villiers [the prosperous quarter where Munthe's home and consult were located]....In the night he comes and bends his head over my pillow, imploring me for God's sake to take him away, he says he cannot stand it much longer or...^{8(p331-3)}

The autobiographical resonances of his double are obvious: disinterest in material things, love of animals, affinity for hard work, and spells of boredom and depression.

We can also identify visual perceptual distortions, which are closely related to the above visual phenomenon. Subjects visually perceive more or less complex figures, and this usually occurs in poorly lighted places or at night-time. These phenomena are linked to the patient's mental state and they are actually quite common in the general population.²⁰ The text contains the following excerpt.

Often as I sat there I thought I saw a tall figure in a long mantle wandering about under the half-finished vaults of the loggia below, carefully examining the day's work, testing the strength of the new structures, bending over the rudimentary outlines drawn by me on the sand. Who was the mysterious overseer? Was it the venerable Sant'Antonio himself...? Or was it the tempter of my youth who twelve years before had stood by my side on this very spot offering me his help in exchange for my future? It had become so dark that I could no longer see his face....^{8(p340)}

5. Pain

Sensations of pain were present in the different moments of suffering experienced by his patients, especially those near death. Munthe fought death again and again, winning some contests and losing others, but his goal was always to lessen the patient's pain. Other specific conditions that should be highlighted include sciatica, for which he proposed an original treatment with massage, a novel technique at the time. In fact, this idea occurred to him when he noticed that one of his friends and colleagues had enormous hands, coupled with a sad lack of patients and resources. His idea was a great success for both parties.

He had told me that the duke was suffering from sciatica, that his knees were giving way, that he was almost unable to walk, that he had consulted in vain all the leading surgeons of Paris. I said I had ventured to come to-day to tell the Professor that unless I was greatly mistaken the duke could be cured by massage. A compatriot of mine, a great authority on sciatica and massage, was actually in Paris...Guéneau de Mussy, who like most French doctors of his time knew next to nothing about massage, accepted at once....A rapid examination made it clear to us both that it was indeed an excellent case for massage and passive movements.... A fortnight later I read in the 'Figaro' that the famous Swedish specialist Doctor Norstrom [Munthe's friend and colleague] of world-wide reputation had been called...it was a marvellous recovery. Doctor Norstrom was also attending the Duc de Montpensier crippled with gout for years.... Then came the turn of Princess Mathilde, soon to be followed by Don Pedro of Brazil, a couple of Russian Grand Dukes, an Austrian Archduchess and the Infanta Eulalia of Spain.^{8(p325-6)}

It was very true that his friend was not famous. Thanks to Munthe's ability to pass himself off as a friend of an expert, and his advantage over French colleagues due to his familiarity with a treatment that had already been successfully used,²¹ his friend found his calling. His studiousness and interest in the newest literature were already apparent in his student days.

6. Alcoholism and other substance abuse problems

Realist literature has provided vivid descriptions of how near epidemics of alcoholism ravaged the poorer classes in Munthe's time. It was a stigma that marked marginalised populations, and according to degeneration theory, it was one of the traits of lineages destined for extinction.⁵ In Munthe's book, however, we find the effects of alcoholism on the other end of the social spectrum, and in a surgical colleague in particular. This surgeon had a monkey named Billy and both were addicted to drink. With humour and irony, Munthe relates how he treated the monkey first for a burn and later for alcoholism, but first he provides a description of the owner.

Surgery was his specialty, he was in fact the only surgeon among the foreign doctors....

...The old doctor was a great believer in whisky to steady one's hand before an operation. To judge from the number of empty whisky bottles in the corner of the terrace his surgical practice must have been considerable. Alas! They were both addicted to drink....The doctor had told me whisky was the best possible tonic for monkeys....

...I cured him of dipsomania, he became in many ways a quite respectable monkey.^{8(p356-61)}

Drugs, whether used as stimulants, a means of producing new sensory experiences, or simply to follow a trend, were common in the select society in which the author moved. One example, already provided, was Maupassant's account of a sensation of having been split in two. Munthe does not clarify whether these experiences resulted from drug use or from general paresis of the insane.

He was still producing with feverish haste one masterpiece after another, slashing his excited brain with champagne, ether, and drugs of all sorts.^{8(p298)}

One day he told me that while he was sitting at his writing-table hard at work on a new novel he had been greatly surprised to see a stranger enter his study notwithstanding the severe vigilance of his valet. The stranger had sat down opposite him at the writing-table and began to dictate to him what he was about to write. He was just going to ring for François to have him turned out when he saw to his horror that the stranger was himself.^{8(p298-299)}

Munthe also describes how he himself used morphia as a sedative. At different moments of his life, he was affected by insomnia that was situational rather than chronic. In one excerpt, he mentions using morphia to relieve extreme fatigue and secondary insomnia.

I made myself a hypodermic injection of a triple dose of morphia and sank down on the couch in my consulting-room with a swollen throat and a temperature of a hundred and five. Anna was quite frightened and was most anxious to send for Doctor Erhardt. I told her I was all right, all I wanted was twenty-four hours' sleep, she was not to disturb me unless the house was on fire.^{8(p386)}

We have unearthed no evidence of the doctor's being affected by opium dependence in his long lifetime.

Discussion

Axel Munthe had the good fortune to benefit from the best training in neurosciences available in his time. He was aware of this and dedicated considerable effort to rounding out his theoretical and practical knowledge in order to become what he called a specialist in nervous diseases. We find that the young doctor who took Paris by storm was not only well-trained and hard-working, but also critical and courageous. This is sufficient to explain how he came to question entire established systems, such as Charcot's views on hypnosis. He dared to compare Charcot's approach to hypnosis to those from other schools, draw his own conclusions, and denounce the overuse and abuse of that technique in La Salpêtrière. These actions cost him his professor's support. Nevertheless, despite their definitive rupture, Charcot was well aware of his former student's abilities. In fact, he continued to recommend patients to Munthe for hypnosis, especially the most desperate cases, although he did so without even the courtesy of sending a note to request his assistance. It seems reasonable to conclude that Charcot's wounded pride would not allow him to mend the relationship, but his actions implicitly show his acceptance of Munthe's superior skills in hypnosis.

Munthe was able to establish and compare indications for hypnosis and he understood the technique's limitations. In doing so, he also displayed the commendable values that guided his professional and personal life. For example, he recognised homosexuality as a variant form of sexual inclination and therefore considered it completely inappropriate to provide medical treatment for the "condition". This belief was well ahead of its time; the society in which he lived was highly influenced by

degeneration theory.^{5,22} The echoes of this theory were to pervade sociology, psychology, anthropology, philosophy, and of course literature, which also provided the first criticism of that theory. Munthe's courage in recognising different sexual orientations without placing them on hierarchical echelons was ground-breaking. His views on women were also advanced in that he claimed that women and men were equal in terms of ability and social value. Here, however, his position is more ambiguous; he ascribes great achievements to men alone and professes that only men show an innate tendency toward polygamy. His love life alone would fill a book and provide the best information about his true beliefs, but his autobiography says little on this topic.

Another of this author's values was his ability to gain his patients' trust and keep them company. In fact, he credits his successes to his ability to inspire confidence in patients, and this is particularly interesting when we consider that he was investigating and treating highly suggestible and controllable patients for hysteria. While he had a good understanding of his abilities, he also knew how to prioritise his efforts, which he devoted whenever possible to needy patients on the lowest end of the social spectrum. Considering that he trained in the heyday of medical nosography, he showed exemplary dedication, altruism, and willingness to sit with his patients while they were dying. His professors, with Charcot at their head, were more interested in assigning patients a clinical or anatomical pathology diagnosis and less concerned about comforting them or reducing their suffering. Munthe denounced this approach quite bluntly, which also set him apart from his more brilliant contemporaries.

By demonstrating his preference for humble people and rejection of material wealth, this writer and doctor advocated a way of life that differed greatly from that of the medical elite in his time. As the capitalistic model developed and expanded, so too did an emerging class of doctors who became very wealthy and were able to influence the social and political spheres.^{5,23} Munthe also kept his distance from their kind, even though his prestige would have allowed him to join this elite group in Paris, Rome, or London. In contrast, his ideals were more spiritual in nature. He valued detachment and dedication based on reflection, as we see in his mystical experience in his refuge at San Michele.

Death plays a major role in his professional duties. He sat by the deathbeds of several hundred patients in all, or perhaps thousands if we count his efforts in times of war

and natural disaster. He understood loneliness and pain and made an effort to detect any clear signs that would point to these symptoms. His literary descriptions of how he would seat himself on one side of the patient's bed, with Death on the other, reveal how he pictured his struggles. He knew that the act of dying was often painful; in fact, he called it the final intervention, and the most painful of all since patients endured it without anaesthesia. On these grounds, he advocated generous use of morphine and sedatives for the dying. At the same time, he was a practising and devout Catholic, which also bears witness to the courage of his convictions and his ability to resist both conventionalism and adversity.

His acquaintance with death also led him to learn the embalming trade, although he did so under somewhat fanciful circumstances. Embalming began to take hold in the second half of the 19th century. Preserving bodies, which was useful for moving or even exhibiting them, required anatomical knowledge and surgical skill. Cheating death of its power of decomposition was becoming fashionable all across Europe among the upper classes at the time. The trend, which also reached Spain, evolved alongside the anthropological societies that originated in Paris with Paul Broca. The pioneering figure in our country was Dr Velasco, an anatomist and surgeon whose candidature had been rejected by the University of Madrid. His private practice was made famous by his skill as an embalmer; in fact, his first 'project' was his own daughter. Dr Velasco founded the Anthropological Museum in Madrid, and in doing so gave rise to a legend, described by S. Giménez-Roldán in a recent publication.²⁴

Munthe's open, expansive character, highly cultivated mind, and fluency in several languages permitted him to forge relationships with prominent figures among the international cognoscenti. I must first mention Henry James, who spurred him to write his memoirs, and whose visits to San Michele are described in them. Secondly, we find Frederic W. H. Myers, a psychologist known for his secular studies of existence beyond the grave; he was a friend of William James, whom he cared for on his deathbed. Munthe also describes his everyday dealings with high-level diplomats, especially those from his country. As we know, he was a close friend of the Queen of Sweden, who made regular visits to San Michele. But none of his friendships was as striking as that with Maupassant, a French literary genius who produced outstanding novels and even better short stories. His stories make use of the fantasy element of visual phenomena

resembling simple or complex hallucinations, as well as perceptual distortions of different types.¹⁸ Maupassant's close friendship with Munthe meant that the latter was among the first to appreciate his works. It may also explain why Munthe's book would include the phenomena of autoscopia or viewing one's double²⁵ in a device intended more for purposes of self-analysis than as fantasy. He also describes perceptual distortions that may resemble complex visual hallucinations.²⁶ These phenomena present at night or in poorly-lit places, and the ones he experienced at the end of his life coincided with a documented loss of visual acuity that was made worse by the intense light and white walls in San Michele. This was very likely to have been age-related macular degeneration with clinical signs of Charles Bonnet syndrome.²⁷ As might be expected, these hallucinations reflect the author's religious obsessions.

Medicine in the 19th century was able to expose the reality of the diseases and deficiencies common among the poor. This occurred at the height of the industrial revolution, during a period of rapid economic growth in which wealth let doctors attain a high social status. Diseases were specific to the rich or to the poor, as in the cases of hysteria in La Salpêtrière or neurosis among Freud's Viennese bourgeoisie. Munthe was mindful of the need for care for the destitute and ranked empathy higher than the mere monetary value of medical attention; above all, he knew how to inspire confidence. Furthermore, he always practised medicine according to up-to-date evidence and his own high standards. As a result, when we speak of Munthe, we evoke values that should be taught to all doctors, and the youngest generations in particular; these guidelines for the doctor-patient relationship should be recovered.

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