"On Paroxysmal Anxiety" by Édouard Brissaud (1890)

Jesús Pérez, MD, PhD

French neurologist and scholar Édouard Brissaud (1852–1909) described the underlying pathological anatomy of numerous syndromes, many of which still bear his name, including Brissaud-Sicard syndrome (facial hemispasm), Brissaud's infantilism (infantile myxedema), and Bourneville-Brissaud disease (tuberous sclerosis), among others. He also postulated the first theory that identified the locus niger as the anatomical substrate of Parkinson's disease.[1,2]

Édouard Brissaud was Jean-Martin Charcot's (1825–1893) favorite pupil at the Salpêtrière, where he developed his academic career and held the Chair of Nervous System Diseases from 1893 to 1894 after the death of his mentor.[2] Interestingly, Brissaud did not support Charcot's theories on the psychological origins of hysteria and other neuroses. Indeed, he found some forms of conversion hysteria difficult to differentiate from simulation and proposed neural causes to explain genuine presentations.[1]

In 1890, Brissaud reported the symptoms of a 34-year-old male patient admitted to Saint-Antoine Hospital in Paris, who suffered what he called *paroxysmal anxiety* (*anxiété paroxystique*)[3(p410)]:

> [T]he patient mainly had crises at night. He woke up with the feeling of an imminent death and soaked in sweat. A few minutes later, the fear disappeared and he fell asleep again. . . . [T]he attacks also happened during daytime, being characterized by the same apprehension, and without an identifiable [psychological] trigger, [medical] explanation or justification. . . . [H]e went for walks less often than he used to . . . and began to avoid streets and squares as he was fearful of suffering crises in the middle of them . . . showing clear signs of agoraphobia.

Brissaud noted that this type of neurosis began with dyspnea and cardiac paroxysms that led to feelings of chest tightness and suffocation. These symptoms appeared to be similar to those of patients he treated for late stages of syphilis, who also presented with frequent laryngeal and gastric spasms. On the basis of this observation, he hypothesized possible anatomophysiologic abnormalities in the autonomic nervous system, specifically located in the vagus nerve or the bulbar centers, also known at the time as the *vital nerve* (*nerf vital*) and the *vital node* (*noeud vital*), respectively.[3]

The French neurologist suggested that individuals with paroxysmal anxiety experienced severe and anomalous cardiorespiratory autonomic reactions with no identifiable emotional stimuli. Subsequently, the sensory (afferent) fibers of the vagus nerve conveyed life-threatening signals caused by the parasympathetic dysregulation from bronchi, larynx, and heart to the bulbar centers, which explained the indefinable feeling of an imminent death often expressed by these patients.[3,4] Twelve years later in 1902, at the 12th Congress of Alienists and Neurologists, held in Grenoble, France, Brissaud remarked that this apprehension usually evolved toward a different, well-defined psychic phenomenon termed *intellectual anxiety* (*angoisse intellectuelle*). In defense of a clear distinction between anxiety disorders, he stated[4(p762)]:

Portrait of Édouard Brissaud from a wood engraving by Paul J. Leyat, 1879. Reproduced with permission from Bibliothèque Interuniversitaire Santé, Paris, France.

> Paroxysmal anxiety is a physical disease that manifests with a sensation of chest tightness and suffocation. [Intellectual] anxiety is a psychic phenomenon characterized by a feeling of [emotional] insecurity. If these presentations are not distinguished, future conceptualizations will remain unclear.

It is significant that Édouard Brissaud's yet largely unknown phenomenological descriptions preceded, by many decades, the often-cited pharmacologic delineation of anxiety syndromes that influenced current diagnostic classifications.[5] Furthermore, his seminal observations on the possible neural etiology of what may well resemble a subtype of panic disorder with prominent respiratory symptoms anticipated hypotheses that are still being tested.[6,7]

References

1. Freeman W. Édouard Brissaud (1852–1909). In: Haymaker W, Schiller F, eds. *The Founders of Neurology*. Springfield, IL: Charles C. Thomas; 1970:417–420.
2. Poirier J. Édouard Brissaud (1852–1909). *J Neurol*. 2011;258(5):951–952.
3. Brissaud E. De l'anxiété paroxystique. *Semaine Médicale*. 1890;1:410–411.
4. Brissaud E. Compte rendu du XIIe Congrès des Médecins Aliénistes et Neurologistes. *Rev Neurol (Paris)*. 1902;2:762–763.
5. Klein DF. Delineation of two drug-responsive anxiety syndromes. *Psychopharmacology (Berl)*. 1964;5:346–354.
6. Briggs AC, Stretch DD, Brandon S. Subtyping of panic disorder by symptom profile. *Br J Psychiatry*. 1993;163(2):201–209.
7. Klein DF. False suffocation alarms, spontaneous panics, and related conditions: an integrative hypothesis. *Arch Gen Psychiatry*. 1993;50(4):306–317.

Corresponding author: Jesús Pérez, MD, Block 7, Ida Darwin, Fulbourn Hospital, Fulbourn, Cambridge, CB21 5EE, UK (jp440@cam.ac.uk).
Author affiliations: Cameo Early Intervention Services, Cambridgeshire and Peterborough NHS Foundation Trust; and Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom.
Potential conflicts of interest: None reported.
Funding/support: Funding support was received from National Institute for Health Research (NIHR) program grant RP-PG-0606-1335.
Role of sponsor: The NIHR had no further role in the writing of the report or the decision to submit the paper for publication.
J Clin Psychiatry 2012;73(5):616 (doi:10.4088/JCP.11f07495)