

On the evolution of mental disorder : (insane self-consciousness, doubt and jealousy) / by G.H. Savage.

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ON THE
EVOLUTION OF MENTAL DISORDER.

(INSANE SELF-CONSCIOUSNESS, DOUBT, AND
JEALOUSY.)

By G. H. SAVAGE, M.D.

I HAVE long intended contributing to the hospital 'Reports' some examples of mental disorders, of which the genesis could be traced with some degree of probability. The process of the growth of mental disorder deserves careful study, not only from the metaphysical side, but also from the purely practical one of treatment. I believe I shall be able to point out processes of dissolution as well as those of evolution, and shall thus be able to suggest lines of treatment for some cases which are notoriously troublesome.

I shall only be able to give examples from a few of the many groups of disorder, and shall thus leave very large fields of observation untouched.

I have elsewhere and so often insisted upon the existence of disorder of mind quite apart from anything which can be called a physical basis of disorders, that is, distinct from any disease of brain, that I need only repeat that the more I see of insanity the less do I expect to find a coarse pathology at its root.

Microscopes and meters of one kind and another may show us more and more of the material relationships of the nervous system, but probably no measures will ever be found to gauge the special disorders of consciousness. Consciousness is the

Emmighaus

postulate of the psychologist; it is present in each, but can neither be exhibited nor examined from without. It works through a nervous system, but is no more like the nervous tissues than electricity is like the battery which generates it or the wire which conducts it. Consciousness which we arrogate to ourselves and to higher animals may exist in some less developed state wherever life exists, and I think the only hope of our comprehending it lies in digging for it in the strata of organic life which are hidden from superficial view, and following it in its disorders as well as in its development.

This self-consciousness has to be accepted as being related to the nervous tissues and yet quite distinct from them, and I shall have to refer first to cases in which this feeling is disordered, and in which this disorder leads to serious dislocations of social relationships.

As a rule, insanity is looked upon as an intellectual disorder, but those who study it more closely are impressed by the fact that disorder of feeling generally precedes intellectual troubles; this feeling of disorder may never pass further, or, on the other hand, it may be left as a temporary or permanent result of acute insanity; there are also forms of insanity which from first to last are chiefly marked by disorders of feeling and of self-consciousness.

Observers in the department of neurology have called attention to the want of record as to loss of common sensation in cases of hemiplegia and other palsies, and certainly still little or nothing is known as to the changes and losses of feeling as they occur in various forms of paralysis.

Paralysis is visible to the least instructed, but loss or perversion of feeling is hard to detect and to measure; it is similar with insanity, intellectual defects, such as delusions, are much more easily investigated than are the simpler disorders of feeling.

I shall point out the disorders of feeling which are commonly met with in hysterical and emotional conditions, and it is not without interest to notice that hemianæsthesia is most commonly seen in the hysterical, so that disorder of common sensation and disorder of self-consciousness are to be met with under similar conditions and in similar persons.

I will endeavour to make clear what I mean by self-consciousness, so that we may follow more readily its disorders. All consciousness is *self-consciousness*, known really by the individual alone, but besides the simple recognition of nerve commotions, whether started from within or from without as they affect the individual, there are phases of consciousness which are much more concerned with the nerve changes and their special perceptions than with their external causes, and it is to these we shall particularly refer. A consciousness of one's position in an environment, and a specially analytical frame of mind in connection with this position, are the chief conditions of morbid self-consciousness.

In every new relationship, whether simple or complex, whether it be merely a new muscular adaptation or a fresh sensory impression, there is a specially conscious state in young and healthy nervous systems. In such the sense of newness and inexperience soon passes, but in the rigid and in the unhealthy this does not occur. I shall call special attention to young persons who are quite unable to get rid of the feeling that whatever they do is observed and noticed by others; such cannot pass into a sensorily unconscious state parallel to healthy motor automatism. There are these two well-marked conditions.

A person performs with effort and thought an act for the first time, there being conscious adaptation of means to end; this act is next performed with less effort and with a less call upon the attention and adaptation, and so on till with repetition the act becomes fully adapted and the relationships of the muscles so established, that a faint suggestion or the mere change in the surroundings may start the whole of a complicated act, which may thus be performed automatically; thus the sudden whirr of the partridge to a sportsman, instead of producing alarm, is followed by a most complicated set of adaptations, which may be performed successfully and quite unconsciously. But I need hardly have referred to automatic acts so fully but that I wished to compare them with the normal loss of self-consciousness and its morbid revival. The boy with his first pair of breeches is convinced that everyone is noticing him and his new clothes, and the lad with his first cigar is equally sure of being noticed, but

with a short time the novelty passes off, and the new clothes or the fresh habit is neglected. Moralists are never tired of pointing out how readily one may pass from a consciousness of vice into an utter disregard of conscience, that is, of how we and our actions appear to others.

With repetition we do things unconsciously, and with repetition we do things without regarding what others think of us. This sums up the normal side of the matter, but we must remember that all things cannot be done by all men with equal facility; it is not for everyone to become a good shot or an expert dancer, and it is not for everyone to be regardless of how he looks. Some men never become sailors, and many never can speak in public without miserable self-consciousness. We meet with persons with every degree of self-consciousness, from the perfectly normal to the most insane, and I do not think anyone will expect that a state varying so slightly and depending on so many varying states of the individual and his environment can be associated with a definitive and visible pathological basis.

These states may vary normally in the same individual, and I am constantly in the habit of comparing the development of self-consciousness in disease with its causation in health. Who having suddenly become aware of the fact that he has torn his collar or lost a button, has not at once felt that everyone who spoke to him or passed their eyes over him was struck by the tear or the want? We all know that though a friend, who is taken into confidence, says that no one really notices the defect, yet the feeling of uncertainty and doubt overrides all reason, and no peace is to be had while the evil exists. The self-conscious waltzer and the student before his teacher are both examples of the same feeling.

So much, then, for normal self-consciousness as it occurs generally, but before giving examples of its disorder as met with in the insane, I wish to call attention to the fact that though conceit is allied to self-consciousness, yet it must not be considered as necessarily associated with it, and I shall give examples of exaggerations of both. Conceit may be the result of a special form of self-consciousness, and probably the result of morbid introspection depends greatly on the

temperament of the individual. The idea that every act is noticed and watched leads one man to imagine that he is being followed or spied upon, while to another it gives satisfaction and leads to a belief in his own importance, and so, from exactly the same subjective feeling, we may have one man believing himself to be a martyr, while another supposes that he is a hero, and a third takes his exaggerated self-feeling to mean that he is in some mysterious way related to all the misery of the world, and is to be a second saviour, thus combining the feeling of martyrdom with that of exaltation. I shall take opportunities of giving examples of some of these morbid mental growths in the course of this paper.

We are all self-conscious, and it is only when this feeling becomes dominant, and prevents one from performing his life's work that we have to treat it as a disease, and it is better to consider first of all some of the general and other conditions which lead up to such morbid states as interfere with the welfare of the individual, and which may also lead to further social troubles affecting others.

In some respects it can be compared with hypochondriasis, which is often associated with a morbid consciousness of the performance of bodily functions; in the one case we have a state of preoccupation and misery produced by the consciousness of the relationship we appear to hold, to our outer environment, and in the other we have a (morbid) consciousness of vital processes which ought to be performed without conscious sensations; in the latter case, as in the former, consciousness exists which should have been passed through and forgotten in the individual or his ancestors.

Some hypochondriacal feelings are but the recalling sensations which, having become organised through repetition, are revived by disease or dissolution; others are probably records of sensations which have been organised by the parents or ancestors of the individual.

The less-educated man is much more self-conscious than he who is fully cultured; 'Arry is particularly self-conscious; and to go further, the savage is more generally sensitive, I would hardly like to say self-conscious, than the civilised man.

The general restless consciousness of the savage is the result of his constant watchfulness against dangers from with-

out, and is very nearly related to the true self-consciousness of egotism, to which I am more particularly referring. Self-consciousness and want of control of expression are very generally associated; the less cultured man who is self-conscious is likely to express his opinion as to others aloud and without reserve.

As I have said already, the child passes from a state of unconsciousness into a state of uneasy consciousness only by degrees to pass into a very general and diffused consciousness; each advance in mental growth is dependent on the increasing quantity and variety of consciousness, the storage of the resulting impressions, and later the arranging of this experience into groups till these become the fixed basis upon which further building proceeds. A period comes when the foundations which have been laid reach the level of conscious memory, and the child is healthily self-conscious, the feeling being a stimulus to further efforts, but this period and this habit may become too prolonged or unnaturally developed when one of the varieties of spoiled children may arise, spoiling being quite as often the result of the seed as of the training.

Healthy organic growth follows and should be associated with little self-consciousness, till a new and trying period arrives at which the sexual passion begins to show itself. This to my mind is the basis of most of the cases of morbid self-consciousness; it is as true of man as of the lower animal that there is a deep-seated desire to appear well before the other sex, and just as the blackcock will dance and display his feathers and fight to show himself off, so the youth or maiden, but more frequently the youth, will be specially anxious to display himself.

I should have liked to have entered more fully on this part of my subject, but I believe I have said enough to show that I look upon the reproductive element as a very important one in the production both of healthy and morbid self-consciousness. With advancing years this self-consciousness diminishes, but in some persons this feeling is never outgrown, and we most of us know elderly self-conscious fops who play the part of the old cock on a grouse moor, self-conscious and self-asserting long after they have ceased to be attractive. There may be self-consciousness to

a morbid degree depending on an arrest in development, the state itself interfering with a normal and proper adaptation of the individual to his surroundings.

In studying other conditions giving rise to this morbid state I would specially refer to *heredity* and *education*. In my experience distinctly neurotic inheritance is fairly common among the morbidly self-conscious, but I find the sons of clergymen, of schoolmasters and of widows among the most common examples. Doubtless there are special dangers to only sons of widows, and to younger sons brought up with sisters and without father or brothers. In nearly all these cases one hears the same story, that the boy has been a very good boy and has never been the slightest trouble to his friends. Next, as to *education*, though instances occur among boys and girls of all classes, yet the boy who has been brought up alone is more likely to suffer than the public-school boy, and among public-school boys the loafer is the one who is in more danger than the student or athlete.

Book-learning without general social education may lead to a want of nervous tone which soon may give place to disorder, and it is from this side that great danger arises to the lower middle classes, who are more given to self-culture, which they look upon as the same thing as education. Among this class I very often hear that the patient has been regular in his attendance at classes for shorthand and French, and that his evenings were spent in study. I do not understand this relationship to shorthand, but the association is too common to be accidental. Another very important point is the religious surroundings, for though here again one has met with examples among the youthful conceited agnostic, one more frequently meets with this morbid self-consciousness in young men who are aggressively religious,—men who are fond of asserting their Christianity. I am not of the opinion that the religious feeling is the cause of the morbid state, but with this condition of self-contemplation the more emotional religious forms have much in common. No one can study the lives of men like Savonarola without being impressed with the possibly unhealthy effect of the so-called devout life and the tendency there is to exalt self through the very attempts to suppress the flesh.

Thinking of one's digestion leads to hypochondriasis, and looking on one's personal responsibility leads to self-consciousness of a very dangerous kind. I now pass from this consideration of the religious element in the causation of consciousness to the part more directly played by the reproductive organs. As already said, I believe self-consciousness springs in most cases from this part of one's being. There is a very general feeling abroad that most of these disorders depend on masturbation, and I find it a very difficult point to decide how far and how often this habit is a real cause of the state. It is usual to credit every young person who cannot look you in the face, especially if he have acne as well, with this vice and to look upon him as suffering from it. Though many such persons may acknowledge the habit there are just as many who have the habit to as great a degree and yet have no outward and visible signs of it about them.

Masturbation is a very common habit, and in many cases I would even go so far as to say in most cases does no physical harm; if it could be considered as an unpleasant way of getting rid of an excretion and nothing more it would be a great blessing to society, but when quacks, medical and religious, hold out hells bodily and mental, as the certain result of the practice, it is not astonishing that the nervous and introspective become anxious and worried, and very soon, from being ashamed of themselves, they begin to fancy others are also cognisant of their ways and loathe them and make remarks about them. I must not be misunderstood, for though I believe masturbation pure and simple is a very rare cause of insanity, yet I believe that masturbation associated with an unhealthy self-consciousness and exaggerated spiritual or moral dread may lead to serious exaggeration of this self-consciousness and end in insanity, or the habit may become quite beyond self-control and may then produce serious symptoms depending on nervous exhaustion. So that I would say that self-consciousness which is a healthy state may become morbid under certain favouring conditions, and these conditions lie chiefly outside the individual himself.

I shall refer to the self-consciousness of youth, pure and simple self-consciousness with ideas of grandeur, and with

ideas of being watched and harassed; self-consciousness depending on sensory or physical defects, and, finally, the allied state of doubt and uncertainty.

I now give a few examples of the forms of disorder to which I have referred.

Conceit passing into monomania of grandeur.—A well-educated man of 28, in whose family neuroses of several forms have been present. He was a clerk in the City, and was considered to be a very steady, hard-working, rather proud young fellow, who took little interest in anything but his work.

He had had good health, with the exception of inflammation of the kidneys ten years before the present illness. Without any warning he became sad and changed in his manner, he believed persons took notice of him and watched him; he was at one time nervous and rather depressed, then for a short time he became excited, and managed to contract a gonorrhœa. He was rather restless for a time, and was under the care of two attendants before he was sent to an asylum. He rapidly developed the notion that the police noticed him because of his great importance, he repudiated his father and mother and claimed royal birth. He heard voices telling him various important things about himself. In the asylum he remained grand and solitary; he indulged in masturbation if not watched, and at times was violent.

Changes of every kind were tried, and occupation of a mechanical sort provided, but though his general health became good he is now apparently a permanently weak-minded man with fixed ideas of his grandeur.

In the next example morbid self-consciousness due to sexual vice and solitary work led to emotional disorders of a suicidal type.

A. S—, single, æt. 22, architect; just after he had been confirmed, being then at a public school, a sermon was preached against sexual vice. This deeply moved him, yet he continued to indulge in the habit. He had a head injury at football, but no serious result seemed to follow this. He told me that a year before I saw him he had given up masturbation, but had worried a good deal about seminal emissions; he became restless, suddenly emotional, and almost hysterical; he also com-

plained of a miserable self-feeling, and that everyone noticed him and seemed either to suspect or avoid him. This feeling prevented him from working or applying himself to anything, and he felt inclined to put an end to himself by suicide. In this case the young fellow had become weak and anæmic, and the first indication was to get him away from his old surroundings, to try congenial companionship, and wait.

These cases do not require the amount of moving about and employment which they generally receive; an intelligent, bright companion and a pleasant sea voyage is the best treatment, but it must never be forgotten that a large number of these cases never improve, whatever is done for them.

Young men belonging to all the various professions break down with this self-conscious weakness under various conditions, and their profession and their surroundings affect the nature of their disorder.

I have met with a young medical man whose great trouble was that he blushed and that everyone noticed this. It is quite common to meet with people who blush with great facility, and also with some who worry a little because of this, but the class to which I specially refer do not blush abnormally in any way, and yet have the feeling that they do. A subjective feeling of this kind may lead to suicide or homicide, in the one case the patient being unable to endure the sensation, and in the other revenging what he considers filthy allusions to the supposed cause of the habit.

In the next case a student of medicine, suffering from organic heart disease, developed the most extraordinary conceit, and a belief that every distinguished post was open to him; he believed everyone noticed him and wished to pay their homage to him. His delusions, as will be seen from a letter of his, were very like those of a general paralytic in their generality, but his conduct differed from that of the benevolent general paralytic, as, with all his belief in his power and greatness, he was not willing to yield anything to anyone else. The letter was as follows:

“DEAR DOCTOR,—I told you the Cabinet had given me the Peerage, but did not explain why. It was for founding the University of Exeter, and Gladstone, Hartington, Duke of Devonshire, Northcote, and Granville were behind it. My

position is the best in England ; I have a hospital of 218 beds, with a dispensary for 1200 patients, besides eye and dental hospitals and private asylums. I have a special M.D. London degree, hygiene, pathology, and mania added. I shall give special lectures for the M.D. and Fellowship. I shall rearrange Oxford and Cambridge, and provide head masters for public schools. I am to receive £30,000 a year," &c.

He signed himself "Vice-Chancellor, Physician Extraordinary, Professor of Obstetrics."

Residence in Bethlem led to a rapid improvement, and finally to recovery from his mental disorder.

In the young cases with conceit, there is a tendency to write long and bombastic letters, big words and frequent underlining being very characteristic. Take this as an example, from a letter from a son to his parents : "Piety begins at home and, if I cannot play the part of a Pius Æneas, I'll content myself with the rôle of Fidus Achates. Furthermore and without stretching a point, either I could prove myself *Fidelis inter perfidos*, a loyal son and true Christian, even among hyper-Calvinists and strict Baptists, one who will show his faith by his works." He filled pages of paper with similar effusions.

In one man, who from his brilliancy and conceit, recalled certain of our poets, the self-consciousness led to a most overbearing behaviour towards his widowed mother and sisters. He believed himself to be the leader of literary taste, and gave himself up to every sensual indulgence. He lived a life, for several months, of the most sensational character, thinking that everyone was watching him, and, in consequence, he posed before the world. He endangered his life, as well as his reputation and that of his family, before he was placed under control. In his case, though travel and companionship were tried, nothing made any real impression upon the self-satisfaction and conceit, which remained long after all the sparks of brilliancy had died out.

Self-consciousness and conceit, in proper proportions, are the almost constant accompaniment of some mental power, and I believe that there is to some extent a constant survival of the conceited in the struggle for existence, but the over-development or the unrestrained growth will lead to many and

various forms of mental disorder which require special care and consideration.

A nearly allied condition is that in which the self-consciousness leads the individual to believe that others look at him with special affection, notice, or regard, and this may lead to rather different disorders, all of which are associated with exaggeration or self-importance. It is not uncommon for a young man to aspire in his love-making so that for a time he adores at a distance and in silence, but, in certain cases, the natural modesty of youth is overborne by desire or misled by delusion,

A young man, a clerk in the City, working hard in his office, was kindly and encouragingly treated by his master. Tales of the good apprentice marrying the master's daughter, doubtless, were in his mind. He notices the kindnesses bestowed as if they had a very particular application, and begins to haunt the daughter of the house, and attending the same church, placing himself in her way, and considering that every service she accepted from him directly or indirectly pointed to the conclusion he was expecting. Chance of some sort left him in the presence of the girl alone, and he, much to the astonishment of all, declared his passion for her. From this time he was sure that he was persecuted, and that the course of true love was not meant to run smoothly, and that all these rebuffs were only to try his constancy. It was of no use that the lady explained his mistake, and that she was, in fact, engaged to another, he only looks upon this as the strongest test of constancy which can be applied to him. The unhappy youth loses his occupation, is too preoccupied to get another and stands a very good chance of passing into a state of physical and mental weakness from which he will not recover.

In another case a young weakly curate, full of sentiment and religious zeal, went through the same experience in relation to the squire's daughter and by his pressing attention caused annoyance and scandal.

In these cases no amount of what would ordinarily be accepted as evidence is of any service, so that though the lady returns letters unopened and photographs unnoticed, and even gives personal explanations, yet the feeling that he is the

selected one and is only to be tried, over-rides everything else. Such cases occur with both men and women and may arise under different conditions than youth, and I shall recur to them when speaking of some of the disorders of the menopause; for expectancy and unsatisfied longing may produce in the unmarried woman the same ideas that the morbid self-consciousness and belief in attractiveness may have in the young man.

Before leaving these cases I would say they are not without danger both to the patient and to the beloved, and I have no doubt some of the suicides and murders which occur have their origin in the feeling that the man is being separated from the only person who really cares for him. As to treatment, it is always well to try the effect of emphatic personal denial, for in some, this is enough, if not to destroy, at least to loosen the hold on the delusion, so that it may be overcome. I generally get the lady to write a very emphatic denial, and also, if possible, to state particulars which show that the idea has had no possible origin with her, and this letter I make the patient read and re-read, while I point out that similar mistakes occur commonly as a symptom of disease. These patients are mostly anæmic and often are addicted to masturbation. It is well to try to correct any physical or moral weakness. Removal from home; a voyage and complete change of surroundings are useful, for slight though these symptoms are, they are often the precursors of others which end in permanent mental destruction and need prompt treatment.

Self-consciousness bordering on hypochondriasis relieved by necessary work and anxiety.—A clergyman, æt. 31, son of a clergyman, married, with one infant child. As a boy he had learnt to masturbate, but says he gave it up as not affording him any gratification. When he married he was over-indulgent for a time. He had suffered on several occasions from malaria contracted abroad. He slowly passed into a state of physical weakness with dyspepsia, and at the same time he could not decide on any definite course of action. He was driven to distraction by his inability to make up his mind. He no sooner began to do anything than he wondered if he ought not to be doing something else; this feeling of doubt also

entered into his profession, and he consulted brother clergymen as to whether he was fit for his office. When he came to see me the same thing occurred, so that no sooner had we settled one point than an allied one cropped up. I recommended that he should get away to some healthy quiet place in Switzerland where he could gain physical strength and have no duties, but while he was arranging to go, his child was seized with a sudden and severe illness, so that he had both night and day calls upon his energy and patience, and he was able to respond, and the child recovered. The illness over, he had no time to react, for he was then required to do extra clerical duty as his rector was ill. He did this, then went off for a rest to a hydropathic establishment, and here he steadily improved in every way.

We constantly meet with cases in which we feel sure that a sudden call upon their latent energy would do good, but we cannot effect this by any means in our power. Our forefathers in their way tried to do something by shocks and sudden baths, surprise baths and the like, but the results were not satisfactory; at the same time we must remember that such calls upon a person, apparently nervously exhausted, are responded to, and may do good. Similar good results may follow the occurrence of severe bodily illness in the patient himself, though our blisters and counter-irritants may have altogether failed to do good.

In the above case there was constant feeling of dissatisfaction with himself, the result of constant introspection, this led to an insanity of doubt and indecision, all of which passed off when real trouble called forth the energies of the man. This is to my mind full of interest, for it is so like what one meets with in the hysterical, who are nervously weak yet can be called upon for efforts which they can and will make, the only difficulty is to know how to educe the force. The person who takes little exercise soon gets stiff, and the succeeding efforts are followed by such reminiscences of the exercise that it is not persevered in; yet by repetition this passes off and strength is gained, nature not always being an infallible guide as to giving up effort and the like because pain follows. The tension produced enables the working to be started, and once in full swing the effort to keep the machine moving

is but slight. It seems to matter very little how we can get the steam up, whether by over-feeding and massage or by strain and anxiety; if we but get it started aright it will go on.

The case of a young man developing suspicion as the result of want of occupation and living too narrow a life.—Single, æt. 32, of limited means, just enough to prevent the necessity for work; he lived with his sister. He is said to have been an example of sobriety and morality. He says he has not had any sexual disorder or vice, but from certain circumstances I believe he has been a regular masturbator. Without any special cause he began two months before I saw him to be timid and suspicious; he fancied people were following him; there was a feeling as if there were someone unseen at his back; he was not sleeping well, being restless and his sleep unrefreshing. He dreamed a good deal, but was not disturbed by erotic dreams. He was annoyed by whispering, which seemed to be in the next room to the one he occupied, or else downstairs. He had complained neither of visions nor of bad tastes, but he had had bad smells, which, however, did not trouble him very much. His digestion had been bad for some months. He had cold extremities and want of energy. He fancied people were talking about him, and that they noticed something in his face which made them say, "He is a fool." He believed there was a plot against him, and he went to ask some of his friends if they knew anything of such a plot. He knows himself to be over-sensitive and nervous, but yet he cannot get over the feeling of nervous dread and the idea that he is looked upon as a fool. He has not developed any actively homicidal or suicidal tendencies. In this case change of scene and some occupation is the best thing to be recommended, for though one cannot help thinking that suitable marriage might do good, the responsibility of recommending such a thing is too great, for though marriage may do good, it may cause immense misery to the wife, and may start a neurotic family.

The next case is that of a lady with similar symptoms.

Self-consciousness nearly allied to hypochondriasis in a single lady.—Æt. 37, of good family history, so she says, except that her mother died of diabetes. She was educated, like

most English girls, a great deal at home. She was bright, healthy, and intelligent, with a good deal of the energy which had made her father a successful man, but with no object in life, as she is of independent means and has no religious or other hobby. She thinks she was always dreamy and romantic, and that she had feelings unlike those of other people. She had two attacks of rheumatic fever, which seem to have left her heart unaffected. In early girlhood she had an accident while riding, which was followed by retroflexion of the uterus, and this seems to have begun the self-conscious trouble. She consulted many general and special physicians, and gradually became a chloral taker; for this she went into a doctor's house and was cured the habit. She is now subject to all sorts of subjective troubles, which she calls "congestions." She has had "congestion of her liver several times," and now her head is the seat of these sensations, so that she feels confused and giddy. She is at the times of these congestions quite unfit to think or do anything. She says any kind of excitement or alcoholic stimulant will cause these feelings. She is convinced that only fluid food is of any good to her, yet she is strong and hearty, can walk well and sleep fairly. Menses are regular, and she is in no way worse at the periods. She is full of her "feelings," and she cannot make up her mind to do anything. While consulting a doctor, she will in the most calm way take out a few grains of chloral, and take it to prepare her for her talk. She is full of self-contemplation and recognises the working of most of her organs in a painful way. Yet she is bright and intelligent. She has none of the consciousness that others are noticing her, and thus her case is more nearly allied to hypochondriasis. She cannot apply her mind to outside work for long at a time. I tried the effects of antipyrin with some good, but the thing she needs is an object in life, which I cannot supply. I sent her to the house of a doctor at the seaside, and for a time she got on well as the doctor had very pronounced views as to work and duty, but the surroundings had to be changed, and she went to another house, where active friction between the wife and patient caused excitement but did no good. I fear the prospect of ever getting any world's work out of this lady is small. She is damned

with enough of the world's goods, and so will waste her energies in watching herself and consulting doctors.

There are two specially interesting points in this history: first, a diabetic inheritance, which I some day hope to be able to say more about, for I have the histories of so many neurotic patients whose ancestors have died of diabetes. I am not the first to notice this correlation. Next the description of having "weird feelings as a girl" is common, and points in the same direction as do other self-conscious feelings. I have met several girls whose education had been of the unhealthy subjective kind, girls whose promise as musical geniuses was enough to ruin their futures as women. In some such I have had the most poetical descriptions of these feelings of the unreality of things; they could not be satisfied that they were not in a day-dream; thus one told me that she never quite knew where her real life fitted into her dream life; she felt, sleeping and waking, a steady flow of the same sort of feelings. In another case the girl said she had a feeling as if she had lived all through her life before, and knew exactly what was coming. Associated with this feeling of mystery and unreality there is generally a want of ordinary affection. Though many of these cases are unfavorable, yet I have seen several after years of struggle recover when they have been removed from their cramping surroundings.

The next case is just such another, but as there are several additional symptoms I add it.

A single lady, *æ*t. 35; all her family said to be nervous and one brother odd, to say the least of it. She has always been very energetic and healthy, seeming to throw herself into objective pursuits of all kinds both in work and play, yet at root it turned out that she found all these things were vanity and vexation, or rather emptiness. She was musical and religious. She has lived with another single lady, and has been noted for her habit of rushing about in search of the fulfilment of duty; she seemed to be haunted by a feeling that she must do something every moment of the day; she was an example of the unrest of weakness of purpose. Her menses were regular, her appetite and digestion normal, she had had an attack of a nervous nature some five years before from which she recovered slowly; she complained of

constant weight at vertex and of cold extremities, her fingers were purple cold, she suffers from chilblains, she sleeps "like a top," but there is a feeling as if the sleep were a coma, a time of unconsciousness, not a healthy sleep, and this feeling means a good deal, for this kind of deep unrefreshing sleep may give rise to the idea that the sleep is produced by drugs, and that liberties are taken in her sleep. She is depressed but not melancholic, without interest rather than miserable, she feels things are all wrong and that she cannot set them right, though they all seem to centre in her, she has strange dreamy feelings of the unsatisfactoriness of it all, and that as she wakes each morning the weary round has once more to go on. She has no delusions and no hallucinations.

Here is a strong but nervous woman with dreamy feelings of unreality, deep sleep, vertical oppression, and cold blue hands. Such cases are common and need very careful handling. In this case I appealed to the skin, ordering a hot bath with mustard in it every other night, methodical work, which was to be done slowly, her meals, with some stimulant, to be eaten slowly. She was to get up early, and undress and go to bed quickly and in good time. Such cases always prefer to lie in bed and dawdle in undressing. This treatment needed supervision, but was satisfactory in its results.

Self-consciousness associated with deafness.—A young man of good family and position, whose ancestors had suffered from gout and some of them also from diabetes, but in whom there was no history of insanity, who had been brought up at a public school, and was athletic and bright. He received a severe injury to one ear at football while at school, and this caused deafness on one side. More recently he had some catarrh of the other ear which caused deafness on that side. He went into his father's office and soon began to imagine the clerks were speaking about him. The mode of origin of this idea is plain; he was placed in the office, but on a different footing from the others; he was partly deaf, and could not hear all that was being said by his associates, and as his position kept him apart from them and their interests he began to imagine they referred to him when speaking. He was recommended to marry, and followed the advice. This did him some good and took him out of himself for a time, but soon the old

ideas returned under the same conditions, and I was asked to see him after he had consulted a surgeon as to his ears. My suggestion was to go away for a considerable time, to associate freely with people, and to return to work. My advice was followed, and the last I heard was satisfactory. I would only add that the deafness was doubtless the chief predisposing cause of the disorder, and I am sure that we shall have to recognise this as not an uncommon cause of morbid suspicion. The natural tendency of the deaf person is to ask, "What are they saying about me?"

I have notes of a good many cases in which morbid suspicion was associated directly with the development of deafness. At the climacteric one meets with a good many women who are nervously disturbed, and it is not uncommon to find deafness in these cases. I do not know if aural surgeons have specially noticed these cases, but whether the deafness is part of the disorder or not I cannot tell, but I meet women who at the menopause become both deaf and suspicious; the suspicion almost always consists of ideas that other people, neighbours and others, are speaking evil of them, or that there is a conspiracy of some sort to ruin or injure them. They notice that people avoid them, and that they talk in an ambiguous way. It is very common to meet in these persons with ideas of a sexual nature, so that they imagine people are endeavouring to seduce them, or to impress others with the notion that they are not proper. In these women the prospect of doing good is small, for though associated with the climacteric, which is a passing disorder, the deafness is permanent, and cannot be got rid of. I would not overlook the possibility that the deafness and the tendency to delusions may both be part of a form of, or the expression of, widespread degenerative changes in the higher nervous centres, and this is rather supported by the intractability of these cases.

There is one specially interesting class of cases in which the origin of the self-consciousness is easily traceable; I refer to those in which there is some physical peculiarity.

Dwarfs from old times have been described as of sour and cynical disposition, and I think there can be no doubt that the temper and disposition are greatly influenced by the appearance of the individual. I shall have occasion to mention

several instances, in one at least of which the removal of the cause was associated with relief of the symptoms.

The young child pays little or no attention to such peculiarities as hairy moles, squints, or the like, but as he advances in years the remarks of thoughtless school-fellows call special attention to the defects, and a state of morbid susceptibility arises which may readily pass reasonable limits.

Once let the child, especially if a nervous, sensitive one, become aware of his peculiarity, and he will rapidly believe that everyone who looks towards him is noticing his defects, and this expectancy soon begets further sensitiveness, so that he believes everyone who passes him looks at him and notices him.

I have met with a young girl who with early torticollis had one-sided development of the face, so that, though her profile was an unusually pretty one, the want of symmetry gave her full face an unpleasant aspect. As long as she was sheltered from coarse remark and the roughness of the outer world all went well, but her father losing his fortune while she was still a girl she had to find employment in the world, and she soon developed the morbid over-sensitiveness which led to all the miseries of insane self-consciousness. It required considerable care to get the girl over this period; it was only done by stimulating her interest in the objective and getting her to see the trouble her illness was causing to others, while her general health was looked after.

In another case a girl who had very conspicuous eyebrows, which met over her nose in a bushy mass, was annoyed by this, and fancying everyone noticed it, became sullen and solitary. Steadily the self-consciousness increased, she heard remarks made about her, and became dangerous to herself and to others, and had to be sent to an asylum. I have met with cases in which hairy moles have led to similar results.

In one man who had lost all the hair from his body, self-consciousness, which after all was not very exaggerated, for the peculiarity of his aspect did attract a great deal of attention, gradually increased to an insane point, and with it illusions and hallucinations developed. Thus he heard people remark about him and suggest all sorts of unpleasant things as the cause of his peculiarity; he fancied they accused him

of all sorts of sexual vice, that some said he was a woman in disguise, and others that he was a sodomite. He heard suggestions that there "were plenty of women about," and was driven to keep his rooms or only to go out after dark, and then he avoided frequented places. His life became intolerable, and he talked of suicide.

He was seized with a serious bodily illness, and during this time was kindly and carefully nursed by a woman, for whom he developed a rather strong but not unreasonable attachment. He told me she alone of all whom he had recently met treated him as a suffering man, and he was anxious to know whether he might try the effect of marrying her, if she would consent, as a means of getting rid of the mental troubles, which he now fully recognised to be delusions or exaggerations. After very careful consideration I agreed that he might marry if he told the woman his history, and also so arranged that she could not come into all his money, but only an allowance if anything happened to him. This was to prevent the marriage being purely a speculation on the woman's part. She really had some liking for him, and was willing to marry him, knowing all and also being told of the nature of the experiment and of the possibility of its failure.

The marriage was consummated, and for a time all seemed to go well, but in the end the old ideas re-developed, and the wife was assaulted and nearly murdered by her husband. I own this is not a satisfactory result, and one for the very trying of which I might be blamed, but I cannot blame myself as by it I gave the patient one chance more of recovery.

Another case, which I have reported in my 'Manual,' is that of a woman. The growth of hair on the chin of a middle-aged woman led to intense misery, so that she fancied that her husband had taken a dislike to her, and that also her children would no longer consider her a mother, and thus she brooded over her unhappiness till she believed herself to be inhuman, peculiar, and out of the order of nature, and that she would have to be destroyed. She was for a time suicidal, and, escaping from the country home she was in, she left a paper behind telling her husband that she must kill herself, and that it was all on account of the vile hairs. She was prevented from carrying out her intention, and in due course

I had the hairs removed by the actual needle cautery, and she steadily improved and has remained well.

But I have already given instances enough to show that in cases of personal disfigurement there may be developed morbid self-consciousness, and with it expectancy, that remarks will be made upon the peculiarity till the remarks are produced as hallucinations. Further, though these cases are unfavorable as long as the disfigurement lasts, yet they may be cured by developing an objective life or by removing the cause. In some cases I have seen the whole fabric of delusion break down under the stimulus of work, illness, or greater mental excitement. In one case a young woman who was very much disfigured by smallpox set herself to earn a living, and seemed to have outgrown the self-conscious misery of her disfigurement, but when she later developed general paralysis of the insane she lost her higher control, and for a time again became morbidly self-conscious, only to lose it with the loss of all mental power.

In the next cases the self-consciousness takes another form, so that a want of confidence arises instead of the conceits to which I have referred, and the patients are tortured by the perpetual state of doubt.

This symptom is very common in the milder cases of insanity of youth and adolescence, and may be associated in varying degrees with other symptoms of mental disorder, such as melancholy or hypochondriasis.

Insanity of doubt.—In this again we shall meet with a simple exaggeration of what everyone has experienced, and probably will experience, all his life. Each will remember times and conditions in which he was not far removed from the patients whom I am about to describe, though fortunately the feeling has passed with rest or refreshment, only to be looked back upon as a past painful experience. It is necessary to repeat nearly all acts more or less carefully and consciously before they can become so harmonised that they are performed with the healthy limit of consciousness or altogether without this. The most perfect harmony results from unconscious automatic acts. In our daily life we talk of routine acts, by which we mean acts which have been so repeated that they have become organised, and need no

consideration. Thus, that a clerk should answer a letter, direct an envelope, close the letter, and put it with others in the post-bag, should be so much a matter of routine that he need not know to whom the letter has been addressed. But in some persons under some conditions no act can be done and done with. There is a kind of shadow of the act following it from which the person cannot escape. He has hardly completed one act than he wonders if it has been done properly, and even a second and a third experience does not leave him with any definite feeling of security. This excess of doubt, as I have said, is known to each and all of us. The young clerk who is sent for the first time to the deed chest, and is told to be sure he locks it carefully, very naturally returns to make sure that he has made the box quite secure, and it would not be surprising to hear that he had even looked again before leaving the office. Again, when there is any danger, such as from fire, the same is a perfectly natural precaution. The man who has taken a candle into a workshop where there are shavings or into a stable in which there is a lot of loose hay naturally inspects the whole a second time before locking the door, but the doubt which cannot be satisfied by any amount of evidence is unreasonable doubt, and is a symptom of mental disorder.

There seems to me to be at least two very striking conditions which may lead to this insane doubt. First, there may be a state of physical weakness, the state in which there is doubt and uncertainty about everything. We are bold and careless very much in relation to our perfect healthiness. In some of the cases of doubt the most striking symptom is that of physical weakness, there is a hunted, worn, harassed aspect, there is a flabby, moist, tremulous tongue, want of appetite, irregularity of the bowels, and a tendency to restlessness or to torpor with cold extremities. There is often a desire to apply the faculties, but fatigue follows soon. In these cases there is often either inheritance of phthisis or of some other physical degeneration; on the other hand this insane uncertainty may be the expression of very strong neurotic heredity. The whole balance is unstable, and I have come to look upon such cases as parallel to those in which stammering is very marked. In the two there is inability to arrange the

powers, in the one case of expression, and in the other of judgment. I dare say there are many who will consider this simile far-fetched, but it will serve to explain my meaning, and need be accepted only for what it is worth.

In one case a young fellow in a public office had recurring periods of doubt, during which he was never satisfied with what he had done last, and he gradually was drifting into doing nothing because of the annoyance which not being certain that things were properly done gave rise to. He was overgrown and weakly, his general health was weak, and he was without any real nervous power. Rest and change for a time caused him to recover, and I trust that the recurrences will cease as he gets older, but I cannot say they certainly will.

The very best example I ever met with was also that of a clerk, of foreign birth, whose mother was a nervous woman, the rest of his family being strong. He says that his memory is a very remarkable one, and that he can recall things which took place when he was two years old. He was a passionate child and also was impulsive, so that a sense impression would commonly start a destructive act, for which he knew he would be punished, but which he could not control; thus, he would see his face in a mirror, and at once smash the glass. When about nine, he began to find it difficult to get rid of his last act or thought; he did a thing, but could not be satisfied whether it was really done or if it had only been partly done, or not begun at all, only intended to be done, yet he studied and did very well in his educational work. He became a sociable man, with plenty of outside amusements. He was not strictly moral, looking upon such questions in a way which is more common in Southern Europe than in England. He had had a sore on his penis once, but had not worried about it, and had had no further trouble from it. Four years before I saw him, when he was about twenty-seven, he came to England, and he has been in steady and well-paid employment ever since, but doubt has been growing on him. He manages, when pressed by the necessities of work, to do all right, but as soon as the stress is over, and he has only to do the quiet methodical part of his work, then his miseries begin. As an example, he told me

he would have two letters to answer. He would do this rapidly, then he would direct the two envelopes, after which his trials began, for he would no sooner put the letter in one envelope than he would have to take it out to make sure that it was right, and no sooner had he returned it than he had to repeat the process, till at last he would, in desperation, seal down one; and it would take him long before he could satisfy himself that the other was in the right envelope, and he would often unseal both again, to go through the same process of examination and doubt. The letters at length sealed, he ran off to the post to get rid of them at once, but even then he would listen to be sure that they fell to the bottom of the box, and he would sometimes go to the office to ask, and when the feeling was worse than usual he would telegraph to know if the letters had arrived. With bills of lading and with cheques he would have the same trouble. At home he would return to the water-closet a dozen times, to see that he had pulled up the plug, and would search lest he had dropped soiled paper about. In sexual matters he would pass through miseries of doubt as to his impotence, and would seek the other sex rather to gratify his curiosity than his passions. No other defect could be detected,—he ate well, slept well, and even enjoyed society and went to concerts and plays; he was in no way emotional. His doubt was well shown by his relationship to me, for he had hardly left my consulting-room than he returned, to make sure that he understood my directions, and again, in the afternoon I found him waiting for me, with my prescription, wishing me to alter the name, as he could not rest with the name on the prescription, for fear he should lose the prescription with his name on and my address. He declined to write any details of his case to me, as he felt that, having written them, he would be miserable, lest he had said too little or too much. In this case I fear there is little doubt but that he is congenitally weak and unstable, and that nothing will give him confidence. I told him to look upon it as a mental stammer, and to remember that stammerers can sing without stammering; that perhaps he would be able to do things if he could get them set in order and method by others.

In these cases of doubt we sometimes meet also with in-

quisitiveness, hence the German name for the disorder, "Grübelsucht." One patient under me could not resist the desire to see everything which came in his way, and would be miserable if not able to pursue, if not to gain his end. If, for example, he saw a piece of paper in the road he would rush after it regardless of the danger from passing carriages. If he managed at the time to overcome the desire he would almost certainly when he had got home make an excuse to return to the City, hoping to pick up the paper, yet if he picked up, in the first instance, or on his return, any piece of paper, still his unrest remained. If in passing along the streets he saw anyone reading a paper he found it impossible to resist getting near and trying to look at it, and on more than one occasion he had his head punched in consequence of this inquisitiveness. In this case the patient has never been in an asylum, but has managed to pursue his work with success, though he owns that at times he feels inclined to give way. These two last groups of symptoms are naturally connected with the foregoing ones, there being in at least some of them an exaggerated self-feeling.

Feelings of blushing and of dirt on the skin.—It is, as I have already said, not very uncommon to meet with a painful self-consciousness about blushing, so that the patient may wish he were dead, because he is sure that he is conspicuous in consequence of his blushing, and in these cases there is very often allied to this a moral self-consciousness which is equally morbid. Thus, the blushing youth, like the one who has a peculiar aspect in his eyes, believes that he is suspected of sexual vice of some sort. In these blushing cases it is common to meet with a history of early and excessive masturbation, and the same holds good of those in whom a feeling as of dirtiness exists. In most asylums there will be found young patients who are always washing themselves. In some there is at once given a history that the idea of the skin being dirty is the ground, but in other cases the washing goes on without the development of any related delusion.

It is often hard to know where properly to class these cases, as there is no doubt that in some the whole arises from morbid skin sensations in which there may be very little morbid self-consciousness, while in others the feelings are

very nearly allied to those met with in the blushing self-conscious patients.

Insane jealousy.—Already I have been considering conditions in which perfectly natural feelings have by overgrowth or by want of control become so morbid as to deserve the title of insanity, and now I shall submit cases in which jealousy is developed insanelly. By jealousy I mean sexual jealousy; and before entering further on the subject I will consider several of the predisposing conditions which give rise to this morbid state of feeling. It is most common as the result of long-standing bodily or physical disorder of function of mind or body, or of both. It is common in both men and women, but is the more common among women; it is met with in women about the time of the menopause; it is more common in married than in single women, but it is represented in unmarried women by a feeling that there is a concealed lover, or one who is prevented declaring himself, or that someone is conspiring to ruin morally the patient. In all these cases the sexual relation is one of the elements.

It is not uncommonly associated with other disorders of the nervous system, such as occur at the climacteric; it often occurs in association with alcoholic excess. It is not generally associated with eroticism, but must be looked at as rather related to the dread of losing a possession than as the loss of a pleasure.

In many cases the husband's conduct has contributed to the end. A very important question for medical men is—when and under what conditions they are to step in when this insane jealousy appears as a symptom. It is not enough to decide that the jealousy is unreasonable or that the person has delusions; to satisfy yourself you must be sure that the delusion and the morbid feeling would be likely to be followed by acts which would be injurious to society before you have a right to sign a certificate which bears on its face the statement that you consider the patient to be not only insane, but unfit to be at large. To be the husband of an insanelly jealous wife, or to be the wife of an equally insanelly jealous husband, may be a trial, but in marriage the accepting the contract for better or for worse connotes that a great deal of suffering may have to be borne without attempting evasion.

I shall have occasion to point out cases in which the jealousy was such as to need seclusion and detention; while, on the other hand, I shall also refer to others in which the misery had to be tolerated and even sympathised with.

I purpose placing the following cases under two or three separate heads. I shall first give cases of insane jealousy as met with in married men and married women; I shall refer to jealousy of the mother; and lastly, to insane jealousy of friends, and false ideas as to lovers.

Insane jealousy exhibits various forms, so that we may meet with cases in which suspicion, ideas of persecution, of poisoning and the like may arise, or we may have little beyond an exaggerated form of jealousy. The symptoms may develop almost suddenly, or they may develop so very gradually that no dividing line can be marked between the natural and the insane jealousy. These cases exhibit the varying conditions under which the insanity may develop, and we shall see that, as might be expected, insane jealousy is more liable to occur in otherwise nervously unstable people; and also, that there are some specially dangerous periods which may be called unstable times in men's and women's lives. Besides this, we have to remember that certain conditions, such as alcoholic intemperance and the habitual use of narcotics, may lead to a nervous instability predisposing to insane jealousy. In the cases about to be described, it will be seen that very grave questions, both social and moral, are raised, for in some cases the question as to whether the accusations are the result of delusion or of fact may mean that a family is broken up or not. Again, in consequence of insane jealousy, suicidal tendencies of a very marked kind may develop, or homicidal and infanticidal impulses may arise, it being no uncommon thing to find the insanely jealous wife driven by her feeling not only to destroy herself but her children, so as to save them from what she looks upon as moral contagion. It is also noteworthy that in many of these cases false accusations are made not only against the possibly guilty husband or wife, but also against perfectly uninterested and innocent persons. I believe that among the many cases in which abusive post-cards are sent indiscriminately through the post many are the result of jealousy, and in most of

these cases I believe that the cause for jealousy will be found to be either groundless or small in proportion to the suspicion.

First, I shall give examples of insane jealousy occurring in married men.

A man, A. J—, was admitted into Bethlem Royal Hospital suffering from delusions and of having threatened to injure his wife. On admission, though weak and in ill health, there were no signs of sensory or general mental disorder. He talked calmly and collectedly about his wife and family, and complained that he had been kidnapped and sent to the asylum without any real cause. When pressed, he said that it really was not so much the fault of his wife as it was of others who played upon her weakness. He belonged to an active religious sect, and he had himself been a conspicuously pious man, and even in his present state he said he was quite willing to forget and forgive his wife for her past offences. When argued with as to the improbability of the faults of which he accused her, he simply said that he knew them to be true, and that was enough. No amount of outside evidence altered his impressions, and I must say that for some time I was in doubt as to whether he was not after all suffering from a wrong; but on seeing his doctor and interviewing his wife I felt convinced that this was one of the cases in which the jealousy had sprung up as a delusion, and this was confirmed by his making an accusation against me after I had on two occasions seen his wife at the hospital, and it was some time before he would again treat me with any degree of friendliness. As time went on the idea or delusion seemed to have less hold upon him, so much so that he was allowed to go out from the hospital with attendants, and after a trial in the country he was sent home on leave of absence; but though at first he appeared to be satisfied, and to be willing to perform his ordinary work, soon restlessness and doubt began to disturb him, and before long he was as convinced as before that his wife was deceiving him. He laid all sorts of ingenious plots to endeavour to detect her in her fault; and, though no one else was satisfied by the result of the experiments, he being prepared to be satisfied, was convinced, and it became necessary to take steps to have him again sent into the

asylum because of his dangerously homicidal tendencies, he had not only convinced himself of the weakness and wickedness of his wife, but he had also made up his mind that a deacon of the chapel and the medical man were both parties to her infidelity. After a second sojourn in the hospital he was again at liberty for a time, but the same series of events recurred, and he had to be sent to a county asylum, where he has now been for some years. I may add that in the county asylum he behaved so well that it was with difficulty that the superintendent could be persuaded that he required to be retained as a dangerous lunatic. In this case a weakly nervous man without any definite cause, save that he to a great extent depended for his livelihood upon the exertions of his wife, developed insane ideas of a jealous type which rendered him for the time dangerous, and which led later to a condition of chronic weak-mindedness with insane delusions, a monomania of jealousy.

In the next case, a barrister of considerable power and in fair practice, who came of a nervous family, and who had had a great deal of anxiety and worry, slowly became sleepless and dyspeptic. Next he became querulous and dissatisfied, so that all about him seemed to cause friction and annoyance. Sleeplessness led to further nervous and bodily weakness, and mental instability. He was, as it were, in a condition to receive any unfavorable suggestion as to any of those about him. As it happened, he fancied his wife was less careful of his interests than she had been formerly; then he looked out for some cause, and soon persuaded himself that his brother was substituting himself for the husband; and though in reality no change in their domestic relationships occurred, yet, being expectant, he soon noticed and especially marked every time that his brother visited his house; and so, though the visits were neither more nor less frequent than before, he was convinced that they were more numerous and in many ways altered from their old character. He then ordered his brother not to come any more, but this did not satisfy him, and he was convinced that every time his wife was away from her home she was making some appointment with this brother; and as the life of the wife became almost unbearable, it became necessary for her on occasions to meet this accused man, and

so the dread or suspicion of the husband became confirmed, and in the end the patient had to be sent to a private asylum, where he made himself as objectionable as possible to all about him. He accused the doctors of complicity in the plot, he caused all sorts of disorders and troubles among the other patients, and was considered far too troublesome for a small private asylum. He was sent to Bethlem; for some time he was a firebrand, accusing doctors and attendants of all sorts of offences against social and moral order. Being a Scotchman and a lawyer, his ideas on the observance of the Sunday were strict in the extreme. He looked upon the Ten Commandments as of even more binding importance nowadays than Acts of Parliament, and would allow no infringement of the keeping of the Sabbath according to his ideas without violent protest. After hearing from him on several occasions the accusations against his wife and brother, I determined to confront the accused and accuser, and point by point to endeavour to upset his views. For some time, instead of producing peace, it seemed that all my endeavours rather tended to fan the discord, and the wife declined to have any more interviews with her husband till he was in a better frame of mind; but I insisted, and so far succeeded that he admitted that in some particulars he had been wrong. This I took as a fresh starting-point, and used all endeavours to upset his other false notions. Almost suddenly the whole seemed to clear away, and one morning he asked to see me in my office; when he began by saying that he now knew he had been wrong, and that he could not understand how he ever came to have such ideas about his wife, who was after all one of the most kind and considerate of persons on earth; but he said truly, the tendency of his mind being to expect that she had lost affection for him, the slightest thing was found enough to support these preconceived ideas. To quote Othello, as he said, "trifles light as air are to the jealous confirmations strong as proofs of Holy Writ." Having said this, he asked if I could believe he had lost all false notions, and he expressed himself as willing to undergo any period of trial before final discharge. I sent him on leave of absence, and he was discharged recovered, and has remained well ever since.

In the next case I was for a time misled, and believed myself that the accusations made were well founded. An elderly man, a master baker by trade, had married a wife a good many years his junior, with whom he had lived in perfect amity, and against whom no shadow of doubt had ever been raised, when admitted into Bethlem he was suffering from profound melancholy with suicidal and homicidal tendencies. He was loth to enter into any explanation of the cause of the depression, but later said that it was all on account of his wife, and that he had conceived it to be impossible that one who had been so much devoted and attached to him should have so lowered herself as to act as she had. He felt he could never get over it, but that it was useless keeping him in an asylum because of his wife's frailty. After a few weeks' treatment he began to improve in general health. He took his food with more appetite, slept better, and gained in weight. He was sent then down to the Convalescent Home, and at the expiration of two months he was brought back with the idea of sending him on leave. I spent an hour or more listening to him and to the explanation of his feelings. He told me in the most matter-of-fact way, without any hesitation or without any appearance of passion, the circumstances of the wrong which he supposed he had suffered. He named his enemy, and entered into the most minute details which convinced him of the iniquity of his wife. Not only was his manner so cool, his facts so carefully marshalled, but the pity with which he looked upon his wife, and his forgiveness of her so complete, that I felt convinced that there must be some very distinct ground for his accusations. It was therefore arranged that though he went on leave of absence he should not go home. This plan was carried out, and at the end of a month he returned for his final discharge; but before leaving he asked for a private interview, at which with tears in his eyes he told me that there was not the slightest foundation for any one of the accusations which he had made against his wife, but that he and his wife had from the first lived an ideally happy married life, and he could find no possible cause in himself or in her for the origin of the delusions. In this case a man was able to bring a most grave charge against his wife with such clearness of detail and with such calmness of manner

that, though thoroughly used to the false accusations of the insane, I was misled. And this patient might readily have sued for a divorce or revenged himself upon an imaginary evil-doer as the result of insane jealousy.

In the next case, jealousy of the same or similar nature occurred in a man of forty who belonged to a highly nervous family, but whose mental disorder really depended upon intemperance in drink. For some years, while a commercial traveller, he had lived very freely, and for a month or two before admission he had done little else but drink. He developed delusions of various kinds, believing that he was being persecuted, watched, and followed. He believed, too, that poison was being put into his food, and, later, that this was all done by some one to get rid of him; and, finally, he was convinced that his wife was a party to the plot, and that she, a pretty young woman, was tired of him and wished to be free. No sooner had this suspicion entered into his mind than he was prepared to find paramours on every hand. At first when in the hospital he was friendly enough to me, but later he began to suspect that I not only tapped his brain and read his thoughts, but that I had some method by which I was able to attract his wife and to alienate her affections from him. As soon as he had made up his mind on this matter he became eminently dangerous to me personally, and it was many months before he became free from delusion, reasonable, and fit to be discharged. It is only right to add that the recovery was followed by a return to his old habits, and by a relapse into his mental disorder. This last case is one of a series in which alcohol has given rise to insane jealousy, and later I shall give an example or two of the same variety of symptoms developing in women.

The next series that I have to record contains married women in whom jealousy has developed, and the majority of these cases have occurred at or about the climacteric.

In the first case the insane jealousy of the wife prevented the husband from earning a living, and this is one example from many in which insane jealousy has a similar result, so that the jealous wife, thinking that her husband is squandering his money on others, becomes convinced that her accusation is true because the amount of money that he now has to

give her for housekeeping and other expenses is greatly reduced.

Mrs. D—, belonging to a rather bright but nervous family, æt. 45, married to an artist, having one child, aged eight, from the first was exacting and intolerant; expecting that by marriage she would attain ease and comfort she was disappointed in the result. Her husband was obliged to study from nature, and having a special talent for portraiture naturally studied from the nude. The wife, who otherwise was not emotionally or religiously a prude, objected most strongly to her husband's just endeavour to perfect himself in art, and would destroy his studies, and in every way cause annoyance and disgust both to him and to his patrons by her accusations against him of impropriety. No evidence sufficed to satisfy her that it was perfectly legitimate to study the human form in all its simplicity. Every fresh study was supposed to represent a new mistress, and was the cause of fresh trouble and discord. She soon began to suspect that even lady sitters who came to have their portraits painted were no better than they should be, and after one or two visits to the studio they were generally sent away by the insolent and enraged wife. Not satisfied with this, she tried by every means in her power to get a kind of power over him by which she thought she would be able to control his actions; thus she would write to his club, to his lawyer, to his relations, on post-cards and in envelopes that were scribbled over on the outside with accusations of misconduct. Though able to control herself and talk perfectly reasonably to strangers, yet if once induced to talk of studies from the nude or lady sitters she at once betrayed an exaggerated and, I believe, insane jealousy. In this case, as in many others, one had to admit the possibility of there being some truth in the accusations, and therefore had to decline to take any steps in removing the patient to an asylum or to place her under control. It is almost a daily experience of mine to meet with women at the climacteric who are more or less the victims of insane jealousy, or perhaps it were better to say only of jealousy, but of jealousy which for the time at least causes an infinity of misery, and often leads to the very faults which were at first delusions. The above case is one of the mildest which I shall narrate;

and though many are very little worse, yet they may require no restraint, though they may need careful watching and very considerate attention. In most of these cases the husband has in some way or other contributed to the trouble, or else circumstances and the conditions of life have been such as to lead almost naturally to the disorder. Thus, in one case, a professional man who had not succeeded well in life, and was always dwelling upon the possibilities which seemed to have passed him by in the race of professional success, dwelt also upon his condescension in marrying a wife of no special distinction; and the two sources of irritation seemed to develop in the wife's mind an idea that her husband would be very glad to get rid of her. She was left a great deal alone, living in a country house. Melancholic ideas grew, and she was convinced not only that she was useless, but that she was harmful and in the way. I saw her and recommended complete change and removal from home in the companionship of a lady friend. This at first seemed to have but little effect, but later improvement took place, and the ideas of unworthiness passed away; but still the fancy that her husband wanted to get rid of her persisted, and the lady companion or the governess was to her mind too familiar with him. Slowly even this idea cleared up, and I have little or no doubt that with time and the completion of the menopause recovery will take place.

In the next case intemperance played some part in association with the climacteric. Mrs. B—, wife of ironmonger, æt. 43, married, no children. Father said to have died of brain disease; mother was insane, having suffered from ideas very similar to those from which her daughter is now a victim. The patient worked very hard before her marriage as a student, and during her rather solitary life quarrelled with most of her relations. Periodically she took to drink, apparently without any desire for stimulants, but just from a craving for forgetfulness. After her drinking bouts she would be very contrite; her general health was good, and for a time after her marriage she seemed happy enough; but later, without cause, she declined cohabitation. She would lie on the floor instead of lying on the bed. Her sleep was fair, appetite good, but she was morbidly sensitive, being afraid of going out

because she thought people noticed her. Quite suddenly she became jealous of her husband, and the periods of jealousy seemed to be as variable as the periods of intemperance. She accused him of familiarity with servants and with every woman in the house without the slightest foundation. She made similar accusations against her husband's assistants; and though she made these promiscuous accusations some members of her own family were inclined to agree with her in support of these delusions and in opposition to her husband. The only possible mode of treatment was removal from home surroundings and careful observation to prevent drink, while habits of industry and objective interest were developed. The probability of anything but temporary relief following was but small, the strong inheritance, the intemperance, and the recurrent nature of the attacks of mental instability all pointing to a permanent instability of mind.

In the next case a lady about forty, who had married a widower with children, but had no children of her own, gradually passed into a condition of doubt and suspicion about her husband which seems to have arisen out of domestic worry and anxiety associated with disappointment in her husband's position and her own childlessness. Her mother and another relation had suffered from insanity. Her family and that of her husband had had quarrels as to money matters; there had been a good deal of domestic anxiety; in fact, the whole family seemed at loggerheads. Besides this she was suffering from amenorrhœa. This was associated with a feeling of confusion in her head; at the back of the neck there was a feeling of fulness, and her nose and eyes felt as if they were strained. She was jealous of everyone who happened to come about her house, even extending this feeling to an old aunt. In this case too I looked upon the disorder as chiefly connected with the early menopause, and as likely to pass off in time. In one other similar case the wife was jealous more of the male friends of her husband than of women, and her state of mental worry when she could not be satisfied as to the fitness of her husband's companions was almost ludicrous. But even in this I believe there was a form of jealousy not unlike that already described, for in more than one case I have met with women who seemed to be so

jealous of their husbands' reputation that they caused considerable worry and annoyance by their inquisitorial investigation of the character of their husbands' friends. In some of these cases it was clear that the wife was jealous of what she supposed to be an alienating or perverting influence—a fear, in fact, that she should be replaced in any way by another; and in some other cases the feeling was rather that the husband's moral character might be corrupted by evil influences, and that thus she would ultimately suffer. In some of these latter cases the jealousy seems to develop first from nervous inheritance, assisted by solitary or restricted home life; or preoccupation in some work, which, though enthralling at the time, leads practically to no permanent occupation, so that the woman who has spent years in assisting her husband in one form of work or another finds that after a time she has spent her energies in work which, though contributing greatly to his success, yet in the end leaves her without occupation, his success meaning the removal of her enforced habitual work.

Closely connected with the above may be placed the following example. Mrs. S. M—, æt. 50, healthy-looking, who was in a milliner's business before she married at the age of twenty-six. In marrying a young, industrious, and sober artisan she felt that in a way she had lowered herself, but together they determined to rise, and by untiring industry and the most extreme economy they saved money and were able to start in a business of their own. For the development of this they sacrificed everything, never taking any recreation and seeking no form of outside amusement. Their lives became more and more centred on the success of their business. No servant was kept on the score of economy, and the menial offices of the house were done by the wife, either very late at night or extremely early in the morning, so that neighbours should not see the way they were pinching and sparing. As I said, she felt socially above her surroundings, and avoided all her neighbours, thus still further restricting her life. A time came when a husband's success was attained, and she had the dream of her life—a little home in the suburbs; but the want of constant regular occupation, and the want of the companionship of her husband, left a blank which was filled

by surmisings. She was always wondering why her husband did not come home, though two miles from the shop, to his midday meal, why he was not always home at exactly the tea-hour, and so on. In fact, doubt entered into her life, and this once having entered spread fast and far. Next, she discovered that he wrote letters to people of whom she knew nothing, forgetful that no longer had she an intimate knowledge of his extending business. She secured pieces of blotting-paper from his office, and spent hours in trying to decipher the names. It is not surprising that she found occasionally the word "dear" reproduced on the paper, but this led to her imagining that he was corresponding with other women than herself. Next she discovered that living near them was a woman with an illegitimate son. She watched and waited, and examined blotting-paper till at last she imagined that she had met with this woman's name on the blotting pad. Now she was fully convinced that her suspicions were well grounded. She noticed that the cabman and others looked at her as she passed, and she on more than one occasion heard words which she believed meant that they knew she was being made a fool of. After bearing in silence for some time with what she looked upon as a wrong she accused her husband openly of her suspicions. His denial only convinced her of his guilt, and after many scenes and much trouble she determined to destroy his property and the beauty of her little home rather than that it should be enjoyed by others. I was called to see her on the day when she had wrecked the house, and I never saw such a scene of destruction as she had made. Not a garment of her husband's was left unharmed; hats with their crowns out, coats with their sleeves off, stair carpets cut into shreds, curtains torn beyond repair, chairs with their backs or legs broken, sofas broken into pieces, ornaments, clocks, crockery, everything that could be destroyed was utterly ruined. The family plate had been melted on the kitchen fire, and a gold watch treated in the same way. The wife, when remonstrated with, made the straightforward statement that she had done it determinately and without remorse. She talked freely about her past, and spoke of the hours and years of toil which had been spent in building up a fortune which she determined no one but herself should enjoy. It was neces-

sary to send her to an asylum, where she still is, and where it is likely she will remain, at all events till the climacteric is past, and even then I am doubtful as to her recovery.

In the next case somewhat similar conditions led to a very similar but less actively disastrous result. Mrs. M—, married, æt. 45, with three children, had recently shown signs pointing to the climacteric period, and had been at the same time taking chloral and drinking to excess. She had had several injuries to her head, and at one time had ptosis and external strabismus and double vision. Her husband, a successful but self-made man, of selfish yet kindly disposition, was willing to pay anything to get his wife well, but was not inclined in any way to sacrifice his habits or his comfort in contributing to that end. He had completely lost all patience with her, and allowed her to drift her own way. When I saw her, she had been under treatment at a hydropathic establishment, and had much improved in general health. She told me that her husband was altogether abandoned and wicked, that she could have no respect, and consequently no love for him. She declined to give any evidence on the matter, contenting herself by saying that she knew perfectly well what sort of a man he was. On being pressed she said that their servants were in it; she blamed her brother for having induced her to marry her present husband, saying that she had been prevented from marrying the only man she ever loved, and that she had married her present husband for his money and position. She said he would be glad to get rid of her, but she fancied he would not poison her himself, being too much of a coward. While talking to me she was restless and fidgety; though there were no evidences of recent intemperance she was wild and extravagant in behaviour. She was certified and placed in an asylum where she has improved very greatly in general health, but still has the same ideas about her husband; and in this case, as in the last, the prospect is not favorable.

In the next case the jealousy assumed another form, it being a jealousy of a sister who had become married to a gentleman for whom she herself had a great fancy. Miss I—, single, æt. 41, father peculiar, mother drank herself to death, she and her sister have lived a rather solitary life

in an old country manor-house. Her younger sister became engaged and later married to a gentleman who had been frequently visiting the house, and for whom the patient had a strong attachment. She seemed to have given way to drink, and had been hysterical. There was some delirious excitement without fever, which did not seem to depend upon drink, but after the recovery from this feverish attack she became extremely irritable and jealous, so that she took no interest whatever in the preparations for her sister's wedding, and was so odd that she had to be watched. The wedding passed off satisfactorily, and everything went on fairly well, though she had to be watched in consequence of suicidal tendencies, till the return of her sister and her husband, when, evading the nurse, she managed to get into a pantry, where she cut her throat seriously. Fortunately, the larger arteries not being divided, she got over this satisfactorily, and she was kept at home for some time in a silent melancholic state, believing that she was possessed by the devil. She was sent to an asylum, where after two or three months of treatment she improved considerably, and within another three months was discharged recovered. This case may seem to be rather out of the general category which I have already given, but I have little or no doubt that a real or supposed cause for jealousy started the disorder which, for a time, exhibited itself in insane jealousy, and later passed into a condition of melancholia with suicidal tendencies; and this case deserves to be placed parallel to the next, in which a single lady, of between thirty and forty, of unstable nervous inheritance, having devoted her life to a definite religious object, was greatly pained to find herself, as she supposed, replaced in the affections of the matron of the institution by another and younger lady. She brooded over her wrongs, and showed a good deal of nervous irritability before anything serious happened. She was sent for a change to one and to another part of the country, but on her return she demanded an explanation of what she supposed to be an injury and a slight passed upon her. She could not get what she wished, and after making a final appeal to the matron, in a moment of rage stabbed that lady in the neck. She from that time suffered from other nervous symptoms. She has been a sufferer from

neuralgia in various parts of the body. She is morbidly self-conscious and alarmed lest people should imagine things against her. In her nature there seems to be a well of affection which is never sufficiently drawn upon, so that the outpouring of affection in her case seems to develop into an insane jealousy. And this example is a good type of what is seen under other and similar conditions; and there are several varieties which I will only here allude to, but I think my picture of this form of disorder would be incomplete without their addition.

Of such a character is the insane jealousy of some mothers for their children, of which I shall not give examples here as they exhibit nothing special.

Almost yearly in Bethlem are received middle-aged patients, either single or widowed, who have a fixed idea that someone is wishing to marry them, but is prevented by the machinations of some evil-disposed persons. Thus, a lady matron to a prison, a widow of about forty-five, was convinced that a titled man, a governor of a neighbouring prison, was only prevented from marrying her by the plans of some of her enemies. She wrote letters to this gentleman, and when she received answers from him at first she believed that they were not in his handwriting, and later she was convinced that if in his handwriting they were not really the outcome of his wishes. She believed that he was only trying or testing her and her affection, that she was being tried as silver in the fire, and that she would come out brighter and more fitted to take the position in store for her. In this case no amount of evidence altered her ideas in the slightest. Letters were obtained, interviews were had, and finally, when the gentleman left the country for a period of years, she still believed that it was all part and parcel of a plot.

In these cases we may have little or no mental or physical disorder evident beyond the false idea as to the marriage or engagement, and this may nevertheless be sufficiently troublesome, and may cause a very great deal of trouble to interested persons. Thus in one case the unfortunate man happened already to be married, and so the poor lady caused trouble in the family of a middle-aged doctor. Accusations of this kind may be comparatively trivial, but when we think of the num-

ber of cases in which similar and allied charges are made, and the difficulty there is to refute any such charge, it is well for us to recognise that there may be slight mental disorder associated with fully developed delusions apart from all other evidence of sensory or intellectual loss.

I feel that it is hardly necessary for me to say more about the cases which I have grouped together, the chief interest being that the whole series is directly connected with the reproductive functions, and that in the examples given there are connecting links between what may be looked upon as perfectly normal feelings associated with the development and the performance of the function and the most insane delusions following on perversion of these functions and feelings.

I am constantly in the habit of speaking of the development of egotism as associated with the nutritional development, and the growth of altruism as similarly linked with the reproductive function, and in the cases given it will be seen how the desire to please in the one case leads to exaggerated self-consciousness in the other; the fear of the loss or the dread of being replaced by others is a stimulus to the morbid jealousy. In the latter cases it is certain that in some the loss of sexual desire has something to do with the dread, and in others the belief that she is no longer attractive to her husband is the origin of the false ideas; in some coldness on the part of the husband, due to increasing years and natural decrease of passion, may lead to similar fancies. In any case the fact remains that there are a number of cases in which a natural feeling passes into a disordered one, and needs to be treated as an insanity.