

COWLES, (Ed.)

Insistent and Fixed Ideas.

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BY ✓

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INSISTENT AND FIXED IDEAS.

BY EDWARD COWLES, M. D.

The student of introspective psychology must assume a standard of cerebral and mental health as the basis of his study. It must be sought in the healthy mind in a healthy brain; these are the inseparable subjects of the inquiry.

The student of insanity must assume, in like manner, the same standard of soundness for that which is insane, and he must study it in the terms of psychology; and the physiological basis is definite enough, if the communications with it are maintained, to permit safe and even bold excursions among the dangers of error that beset the path of the purely intuitional school. With practical reference to such a standard, modern psychiatry has the credit of having differentiated two general groups of idiopathic mental disorders. The first group includes those that may happen to any healthy mind in a healthy brain, and are manifested in typical and regular forms and courses of mental phenomena. The other contains those that occur in unstable minds correlative to constitutional brain defect—hereditary or acquired—and that are manifested in more or less irregular forms in which the phenomena are made distinctive by being modified and varied in their order and degree from those in the first group. The term “ordinary insanity” has been

presented by the author.



applied to the disorders that spring from a relatively sound physical basis. The modern use of the term "paranoia" has been gradually enlarged till it tends to include all manifestations of hereditary and acquired chronic instability of mind. Thus there may be "ordinary insanity" in relation to the healthy brain, and "paranoia" in the unstable mind and defective brain. The general relation of these physical and psychical elements may thus be stated in terms of function: as the stable mind is to the unstable one, so are the disorders—psychoses—incident to the former, to the degenerative psychoses in the latter—or so is ordinary insanity to paranoia.

While pathology and psycho-physics are striving to let in the light upon the mechanism of mental phenomena, the clinical student must not wait for their guidance. His work is as essential to the elucidation of the truth, and his data are definite, tangible, and constant enough to endow them with scientific values. The science of psycho-pathology deals directly with the central object itself; the mind is the man, and the conservation of mental integrity is the aim. In the minute study of the psychical elements involved the clinical student has in his field as important a branch of the new psychology as the pathologist or the psycho-physicist; all must work together in the solution of the problems.

The recent words of Sir James Paget, upon another subject, are as applicable here, that the sick-room is a laboratory with its crucial experiments as real as those in which "culture experiments" are instituted in bacteriology. Kraepelin, speaking of natural science as the great method in medicine, says that "only by the inner connection of brain pathology with psycho-

pathology can we succeed in finding the laws of the reciprocal relation between somatic and psychic disturbance, and thus get to a really deeper understanding of the phenomena of insanity:"¹ Sir J. Crichton Browne strongly stated, in 1878, the absurdity of resting upon an intimate knowledge of brain-cells, or of the deviations from healthy mental states in which insanity consists. Advancement must be made on both these lines, which must converge and unite. "But," he also says, "in that particular branch of psychology that is conversant with morbid mental states, little or no work is being done in Great Britain. In the literature of insanity of to-day there is no attempt at mental analysis, and only a most perfunctory attempt at a classification of the expressions and products of the diseased mind."² Exner also, in his remarkable study of cerebral localization, found reason to complain of the inadequacy with which clinical symptoms are described in asylum reports.³

To a better purpose is Kandinsky's very full and exceptionally fine study of three cases of hallucinations. He says: "What is wanted, first of all, is a severe, accurate and detailed study of the phenomena of hallucinations, and but very few (three by Sander and one by Pick) have been studied with sufficient care."⁴ In modern psychiatry there is an evident tendency to return to the study of psychical phenomena and to break away somewhat from the dicta of the cerebralists. Insanity, in its origin at least, may be

¹ Kraepelin, *Compendium der Psychiatrie*, 1883, p. 3.

² Presidential Address, British Medico-Psychological Association, *Journal of Mental Science*, Oct., 1878.

³ Exner, *Localisation der Functionen*, 1881, *passim*.

⁴ Kandinsky, *Kritische und Klinische Betrachtungen*, 1885, p. 2 *et seq.*

as much a matter of disorder of the mind as of disease of the brain.¹

Accepting the proposition that every manifestation of mind is correlated to a definite mode and sphere of brain activity, and the aim being a convention of the two lines of study, the indications are plain to the alienist. Psycho-pathology demands, upon one of these lines, careful and detailed analyses of morbid psychical reactions. This article is an attempt to comply with that demand.

From the clinical point of view the student finds himself in a region of ever-widening interest and novelty, for so much of it is unexplored. In examining these products, some salient or eccentric growth brings to light or emphasizes common factors of the whole that would otherwise remain obscure. The infinite variety of the human mind is in nowise more plainly revealed than in its aberrations. In the whole range of its special powers or qualities they may become, singly or in groups, more conspicuous by their relative luxuriance or exaggeration, or by their absence or weakness and impairment. In the broad borderland of minor and partial aberrations there is an instructive field for study. At the points of departure from the normal states of mind is to be sought the genesis of mental disorders, and their nature is shown by the study of their origins. The nature also of the normal faculties themselves may be thus made clearer.

A most fertile source of such knowledge is to be found in that great group of limited disorders of ideation called "fixed ideas." In the understanding of these affections a great advance has been made within the last few years. They have been studied,

¹ Cf. Savage, *Insanity*, 1884, pp. 4, 21.

especially by the Germans, French, and Italians, during the last thirty years, and many names given to different varieties, but it remained for Tamburini¹ to show the common relation of these affections under the term *Zwangsvorstellungen*, first applied by Krafft-Ebing. They include the "metaphysical insanity," "insanity of doubting," and the many forms of "fears" of places and things.

Kandinsky mentions the difficulties of getting the intelligent co-operation of patients in his studies of hallucinations. The importance of the study of "imperative conceptions" is as great; and while its profit may be relatively much greater as touching earlier stages or less degrees of aberration, in these cases also the comparative integrity of the intelligence, except as specially involved, is a great aid. It is curiously possible to enucleate, as it were, certain well defined ideas and feelings, and to study their reactions between each other and the will.

The general characteristics of "the cases yet described" are thus briefly stated by Tamburini: "1st. That side by side with a fixed idea which is accompanied by fears more or less distressing, and an overpowering impulsion to certain acts, consciousness of the absurdity of such acts usually remains complete. 2d. That in all there is an almost absolute impotence of the will, not only to control the absurd ideas, but also an irrestrainable tendency to those acts. 3d. That in almost all the cases there was a very conspicuous hereditary predisposition to psychopathic disorders."

¹ *Revista Sperimentale di Freniatria*, Fascicolo 1, 1883. Translated by Joseph Workman, M.D., Alienist and Neurologist, January, 1884.

A varied collection of cases of these affections has afforded the writer a study of great interest for a number of years. In these cases the relation seems to be clearly shown of these limited ideational disorders to primary delusional insanity, as indicated by Westphal's designation of them as "abortive monomania." Not only this, but in my observations there appears to be ample evidence that there may be every degree of development of these disorders, from the slightest departure from normal intellection to pronounced delusional conceptions. Also, that instead of passing in the typical way from stage to stage, the process may be arrested at any point in its progress and remain at a chronic stasis during the remainder of a lifetime. There is a multitude of the cases of the minor degree which, as far as they go, have all the essential characteristics of "fixed ideas," but in which the "idea" is not so "fixed" as to be always dominant; it can be resisted more or less successfully at will, in the milder cases, which are in a large majority. The ideas are simply insistent, and the term "insistent ideas" is here proposed as being the more generic, and as including all forms, some of which become "imperative" and "fixed." Here the words "idea" and "fixed idea" are distinctive, in contrast with "delusion" or "fixed and limited delusion." The one is not a belief, while the other has attained the pronounced degree of an insane belief.

Again, contrary to the conclusions of writers on the subject, it would appear that these affections are not "chiefly limited to a constitutional origin, especially to heredity." Here arises one of the most interesting questions. Primary systematized delusions so characterize paranoia, and so close is the relation

between them and fixed ideas or imperative conceptions, that these also are included in paranoia by many writers, with the implication that these affections always signify a constitutional origin in either acquired or hereditary defect. But degenerative psychoses are not manifestations of new powers acquired by morbidity in the organism: there is not more mind in the paranoiac brain. The criterion of insanity is not essentially the formulation of incongruous, "insane" conceptions—this is common enough in the sane mind and healthy brain,—witness dreams, the play of the imagination, etc. The inability to correct some of these, or to inhibit others, constitutes the insanity. Of imperative conceptions we should expect, *a priori*, to find that the conceptions are common enough to sound minds. But where, in the scale of increasing insistence, fixedness, or imperativeness, does evidence begin of their having a paranoiac basis of hereditary or acquired defect and mental instability? So, too, of systematized delusions; if but rare in a sound mind, this is enough to establish the premise.

Proper conservatism demands at least a stay of inferences and implications in this matter. It might be expected to be nearer the truth to say that insistent and fixed ideas, especially in their milder and often "corrected" forms, are common to healthy minds and brains, or to those which have no more "acquired instability" or neurasthenia than would be argued as existing in a melancholia or mania of an ordinary insanity. As forming a symptom group of ideational disorders in the prodromal or abortive stages of ordinary insanity, they become, like delusions, emphasized in paranoia. Thus these affections being once

initiated, the gravest forms are simply more likely to be developed upon a basis of neurasthenia or the more radical paranoiac conditions; in other words, when there is hereditary or acquired nervous and mental instability.

In regard to other views that have been held of these affections, it does not seem necessary to delve deeply into the mysteries of "the unconscious" for an explanation of all these anomalies. Again, the common kinship of the recognized varieties of these affections, as shown by Tamburini, is finely demonstrated in a number of my cases, in which there have been developed, in succession in each individual case, several of the distinct forms. These transitions are not unusual, and it is probable that some of the forms now recognized as distinct, if it were possible to trace them to their origin, would be found to be secondary to the more common primitive ones.

It is not the present intention to attempt a demonstration of these propositions, which are thus broadly stated for the sake of indicating the nature and the interest of the questions that arise in these investigations. The limits of this article permit simply a detailed account of a case in which there is much to sustain the foregoing propositions. The unusual intelligence of the patient allowed a long series of mental phenomena, occupying years, to be traced even from their origin. At the outset the case was a common one of the "insanity of doubting," in which the idea was that simple acts were not right and it was necessary to repeat them to make them so. The complications that followed, and the stages of the malady through which the patient passed, came partly by logical evolution from the false premises, and partly from the growth of

a habit of methodizing thought and action ; the latter was a characteristic process of circumvention of the limited imperative conception, against which the will was powerless for direct resistance. The processes of evasion were invented and systematized by a keen intelligence, and carried out by an otherwise efficient will, to the effect of accomplishing the desired purposes without directly antagonizing the fixed ideas. An interesting feature of the case is the unique combination of the characteristic "fear" of the patient for herself, with a "fear" in behalf of, and a "jealousy" against, another person, for whom she had both "love" and "admiration." The interplay and complication of these feelings are illustrations also of the probable fact that the abnormal association of "ideas" and their accompanying "feelings" may commonly enough involve in like manner other feelings than the "fears" of which so many varieties are named. This case with its extended details is here presented as a preliminary study of the subject. The medical "reporting" of such a personal history is justified by the proffered permission of this lady and by other proper consent.

Miss M. came under my care as an asylum patient at the age of 28 years. She was of a good family in heredity and otherwise ; and both the parents were then living, and over 70 years of age. She was the youngest of ten children, all of whom had been healthy except two sisters who died of phthisis after marriage. The patient had a good physique, was a little above the average stature, and in good bodily health in all particulars. She soon established herself, in a company of lady patients of the better or convalescent class, as a person of more than ordinary intelligence

and good sense, and as usually amiable, pleasing and dignified in manner; though reticent, she was not unsocial. She was disposed, however, to dress very plainly and to be negligent in this regard, in a way that was inconsistent with her evident appreciation of what was pleasing and proper. Her intellect was, to ordinary observation, apparently unimpaired, and for a period of more than two years she revealed her morbid mental peculiarities to none but two of her physicians. She was well informed, read good books, chose the most intelligent persons as companions, could easily follow and take part in a psychological analysis of her own case, was keen of insight and quick at repartee. She was depressed at times and inclined to seclude herself in her room, and later she was sometimes irritable and sarcastic toward her associates; but in general she was known to them only as possessing the creditable characteristics above described. In brief, she was in many respects an interesting person.

To her physicians, however, she presented a medley of curious and inconsistent symptoms. She was admitted to the asylum as a case of suicidal melancholia, but as a "voluntary patient" (without a regular examination and commitment as an insane person). The immediate cause of her coming was a suicidal act. It is of special interest and importance in the diagnosis of some cases of primary disorders of intellection to differentiate them from those of the feelings characterizing true melancholia; this case strikingly illustrates the relation and contrast between these two forms of mental disease. To make this plain it is necessary to give an outline of this patient's history as it was received on her admission, and the earlier observations of the case before its riddle was solved.

There was no known neurotic heredity in the family history. She had always been physically strong and healthy, and never employed a physician. At about the age of nineteen years she first attracted attention to her mental disorder by secluding herself and refusing to see her friends. At about the age of twenty-five years her relatives became fully impressed that her condition was morbid and serious. She excluded them from her room, was difficult to manage, and spent her time in slovenly indolence.

Four months before becoming my patient she was brought to a neighboring institution for the treatment of nervous diseases. It was said that while there she was shy and silent, exercised no care of her clothing or person, neither working nor reading, lying on the bed if not watched, and all efforts to interest her in anything were failures. At times she was much agitated and felt that she was "going crazy" and said, "my proper place is in an insane asylum." She gradually became more depressed and suspicious, and entertained delusions of a gloomy character, of her own wickedness in relation to indiscretions of her early years, and of great wrong-doing. It was stated that "she developed the delusion that all who have anything to do with her would suffer injury or death; and that she made vows not to do certain things, and entertained the delusion that by breaking them she brought trouble, perhaps death, on a friend of hers." Finally, she got access to a bottle of laudanum and took "three or four teaspoonfuls," apparently with suicidal intent. "She manifested no remorse, but sorrow for her failure. When remonstrated with was sullen, and threatened to do it again at the first opportunity."

Two days afterward she was brought to the asylum.

Her intelligence, reasonableness and self-possession led to her being placed at once with the convalescent patients; and her manifest satisfaction with the change was significant in the light of later revelations. Her general demeanor was as has been described, but she was carefully watched, never allowed to seclude herself, and by night as well as by day the door of her room was kept partly open. There were signs of mental depression at times, and she was very reticent at first; but soon she began to repeat to her physicians the self-accusation before mentioned, and later told a story of having attempted homicidal acts, and alluded to other events of her history which she regarded as evidences of depravity and loss of conscience; this was not consistent with her daily, lady-like conduct. She spoke of herself as being insane, but at last discovered that she was unlike other patients who had melancholia. Indeed, the notable absence of the characteristic, underlying depression of feelings piqued inquiry. Her keenness of intellect and bright-witted though respectful rejection of the customary comforting assurances of possible recovery were entertaining as well as baffling. The assemblage of symptoms seemed anomalous. She at length said to me, "I have a monomania," and gave me more fully than before a curious, puzzling account of a long-existing fear that her ordinary acts might do harm to a lady friend whom she had always loved and admired, and whom she said she had once maliciously attempted to injure; and she manifested genuine grief about it. She readily understood and gladly accepted the explanation of the absurdity of these and other ideas, and tried to act upon this view of them. The characteristic qualities of a delusion appeared to be absent, and the depres-

sion to be secondary, or, as Krafft-Ebing says, "proceeding from the sad consciousness of the formal disorder of ideation—almost always painful and sometimes dangerous."

Soon after admission she began to insist that her previous suicidal act was not done with that intent, but gave a halting explanation of it. She finally overcame her reticence enough to give an intelligible and undoubtedly truthful account of the affair and its motive, essentially as follows: It appears that her intense pride had for years kept her from revealing the secret of her mental troubles; and the only exception to this was an intimation to her mother on one occasion. It was a new experience to have a sympathizing physician, and it became a source of comfort to her. Into her self-inquisition there finally came the idea of some impropriety, on her part, in finding the physician's visits to be agreeable; and upon this as a basis of self-accusation she finally determined to escape from the perfectly proper relation of which she morbidly thought herself ashamed. She thought she ought to be placed among the insane, and so conceived the plan of feigning the suicidal act, suggested by the opportunity that offered itself. She purposely limited the dose of laudanum to "a moderate quantity, and chose a time when its effect would be discovered in season to prevent serious consequences." She thought she would be sent to an asylum, and so conducted herself after the event as to insure this result. All this being regarded as evidence of absence of true suicidal feeling and motive, it formed an important factor in determining the subsequent treatment of the case as not being one of true melancholia.

She gave vague and partial accounts of many years

of mental pain, declared her hopelessness of recovery, and that death offered the only possible relief. Looking significantly about her room for points of suspension, she would say to me that she could not do it here, but if it were possible she would end her troubles. The consequent surveillance became annoying to her, and she begged to have her chamber door closed at night. When asked to promise that she would not attempt self-injury, she acknowledged the rightfulness of the request, but said, "You cannot trust me, my pledge is worth nothing; I have no conscience, and cannot trust myself; my life is ruined, and I justify myself in always gratifying my wicked desires regardless of right or wrong." She was told that she was mistaken, that she showed more than ordinary keenness of conscience, and that it was only a morbid sensitiveness of it that prompted unjust and undeserved self-reproach; that her sense of honor was so strong that I knew she could not betray my confidence, that she would be trusted, and must make the promise. The promise was made, her door closed at night, and the watching largely abated.

New information now received from her relatives gave an interesting insight into her real character. She was described by her teacher, when at the age of ten or eleven years, as the brightest of a large class of girls, and remarkably conscientious, once refusing to wear a medal awarded to her, for the reason that she thought the honor belonged to another. "She was the most truthful child" the teacher "ever knew, the life of the school, intelligent, high-spirited, and beloved." She maintained these characteristics until the age of twenty-five years. She was, as a school girl, mentally superior to her associates, and distin-

guished for her truthfulness and unselfishness. Though naturally reticent as to her personal feelings, she was bright and companionable, esteemed and admired by her friends. This corroborates the estimate made of her even under the adverse conditions of an asylum.

All went well with her for several months under the enforced parole. She grew more cheerful, and less reticent as to the details of her previous history. Then one more incident occurred which is of interest, in the aspect of the case now under consideration, as to the significance of its bearing upon the question of melancholia. Five months after her admission, a suicidal accident happened in another part of the house, in my absence; my assistants were naturally anxious. Just then this patient made, to one of them, a remark, the subject of which, when occasionally mentioned to me, had been treated as tabooed—that is, the allusion to suicide, and that she thought there was “no way here.” The revival of close watching was a natural consequence, and her offered promise “not to attempt it here” was not understood or accepted.

Aggrieved by this she made one of her self-imposed vows, which will be hereafter described as characteristic, that she would never make another promise. Upon an appeal to me, she agreed to the soundness and justice of the position that there should rightly be the guaranty of her pledge before the restoration of her privileges. She begged that the promise should be waived, for, she said, “You know how dreadfully I shall suffer if I break my vow, but if you insist, I must do it.” With my practical belief in the true nature of her malady, she was told after some days of “considering” it, and setting forth my responsibility, that the nurse would be at once directed to restore her

former privileges as if she had again given her parole ; but that if she accepted my renewed confidence, and still had it in her heart to betray it in any way, she had no right to let me commit myself to such a course. The reply was simply, " You are right, Doctor ! " Her appreciation of this proof of confidence was such that from this time forth there was no more reticence with me, but she asked that none of her associates or nurses should know her secret. The subject of suicide was practically dropped. The analysis now to be given of the mental phenomena of the case was worked out, and our relations remained upon this trustful basis for two years. She became more cheerful, and even hopeful. By dint of hours of talking, the earlier and later incidents of her mental history were made clear, and such was her intelligence that it was possible to trace to its origin the train of evolution of her morbid ideation ; also to unify, as parts of one process, the strange and apparently incomprehensible events of her life. Their consistency was also shown with a personal character of rare quality, which she was not only unconscious of possessing, but which she felt to be vicious, not as a matter of delusion, but from the intricate complication and confusion of her morbid intellection. Above all it revealed the extent to which, under the domination of a tyrannous, imperative conception, the obscuration of such qualities of character can go, and the pitiful havoc and unspeakable torment that can be created in a mind that remains intelligent and conscious of it all. The interest of the case lies largely in the clearness of the differentiation it was possible to make between the earlier and later ideational elements that made up the psychological enigma. In a characteristic way, the earlier ones either disappeared

or became obscured in the later complications, and it is rare that their growth can be so clearly traced as in this instance. The peculiar details already given are not so trivial as might appear, but are valuable as representative of the mental qualities that are to be studied in this case. The array of symptoms, at first presented, was quite typical of melancholia with suicidal impulse, and such a diagnosis was justifiable; but closer investigation made clear the distinctly ideational character of the disorder as being "the insanity of fixed ideas" in an advanced stage. The plan of management of the case was to instruct the patient with a thorough understanding of the nature of her malady and how to set up a counter habit of motive and conduct; she was urged to take a "new master"—the dictum of her physician as the antagonist of her "fixed idea." The results of her first efforts to do this and of the study of the case will be given in the form of a mental history of the patient. She left my care some time ago, but the narration is given as of the present time.

During her early years, from ten to twelve, she remembers that she was sometimes depressed and had fears of harm, even of death, happening to herself or her relatives, and with no reason for them. The word "trance" became painful to her, because she had heard this and kindred subjects much talked about; so that this word in particular suggested thoughts of herself or friends being buried alive. In her twelfth year she was nervous and ill, and in consequence was taken from school for six months. She vaguely remembers having, during these two years, the fear of harm in connection with doubts as to whether some simple acts were right. She had to repeat some such acts; but she

had become quite well of these morbid experiences before the age of fourteen years. In this year she survived a nearly fatal attack of typhoid fever and was a year or more in recovering from its consequences. It was during this convalescence that, for the first time, she confided to her mother her worries and troubles. It is necessary to make some allowance for her present disposition unduly to reproach herself, but she thinks that at that time there were two prominent features in her character: that she was at times depressed and conscience-smitten, and that she was always of a jealous disposition. She believes she overcame her reticence and revealed her feelings to her mother only because she was sick and weak. The next year, while still not strong, she resumed attendance at school. Being relatively backward, she studied very hard, but led in scholarship. Her daily journey to school was fatiguing, and there were irregularity of meals and study by night. During this year menstruation began. The feelings of hesitation in performing simple acts, like those of three years before, now reappeared. In walking, dressing or undressing, for example, she was obliged to repeat many such actions; she did this, however, only when unobserved, and then could not help it. Here was the genesis of a common form of fixed ideas,—the idea that the act performed is not right, the accompanying vague fear that some harm will follow if it is not made right, and the necessity of repeating the act to make it so. From this point all the rest follows in its morbid train.

One of her schoolmates, a distant relative, was a girl of her own age, called in this history C. She was beautiful in person, lovely in character, and destined to exercise an extraordinary influence upon the after-

life of the patient M. The latter was the intellectual superior, but became jealous, she says, of the attention C. received, although she admired and loved her very much. M. did not manifest this evil feeling in any way, but it gradually developed to one of strong hatred, or one that seemed to be such in her extreme conscientiousness. In connection with this feeling there were evolved thoughts of harmful things that might happen to C., and then of self-condemnation as if she were guilty of desiring them to happen. This seems to have begun in the natural feelings common to all conscientious persons. M. next questioned herself if she would not be tempted to do violence to C. should there be an opportunity. This became mixed with the repetition of her acts; there was first a feeling of vague fear if she did not repeat them; then there came to be associated with the insistent idea a definite feeling of fear of harmful consequences to C. if the morbid impulse of repetition were not obeyed; then for a time this fear was dispelled by compelling herself to repeat the special act a certain number of times, more or less on different occasions. This fear of injuring C. was harmonized with her so-called hatred of her, as it was not so much because of the pain of contemplating possible harm to C. as because of the suffering M. feared would be inflicted upon herself by her offended conscience, if any such harm as she thought of did happen to C. It would be as if her thinking of harm in connection with C. had made it happen to her, and M. were to blame for it. Up to this point the morbid process had advanced through several stages of evolution and complication. M. realized all through this that she would not be even morally responsible perhaps, should such harm happen, but she went on all the same, yield-

ing to the domination of the morbid idea, which her will was powerless to resist, and fearing the self-accusations of her conscience—both the actual and the possible.

After this there came the apprehension that something would happen to C., and M.'s mind became tormented with thoughts of her own probable sufferings from the blame of which she knew her conscience would accuse her. She soon became unable to read, or hear, or think of any painful thing, or of death, as happening to any human being, without feeling and fearing that it might happen and then was about to happen to C., and mentally anticipating her own consequent sufferings. Thus these processes kept her mind full of painful feelings. She found a way to allay them by forcing herself to think of some person known to her, other than C., whom she would mentally substitute for the latter, and whom she would set up in her mind, the moment the morbid idea came, to be the recipient of the imagined or suggested harm. This worked well for a while, but soon began to be refined upon. It became necessary to choose for the substituted person some one with many opposite characteristics to C.; for example, there had to be a difference in age, sometimes of sex, initials of name, color of eyes and hair, stature, distance as to residence from C., and at last peculiar requirements as to time, place, etc., etc., to an endless extent. Next it became necessary to have ready in mind a number of chosen persons, two, or three, or four of whom, as the case might be, must be thought of in a certain order, etc. After a while, thinking of these persons ceased to give mental relief and another set had to be chosen, to wear out in turn. The process was this:—if in reading or in conversation or in any way,

by direct suggestion, or by the law of association of ideas, the thought of personal harm to any one came into her mind, the thought of C. as suffering that harm came also. Before the mental action thus interrupted could proceed she must call up the mentally prepared substitutes and imagine them as possessed of all the prescribed characteristics, and in the certain order, etc., as having the harmful thing thought of inflicted upon them. This imagining relieved her, but at last it became necessary to wish it to happen to them, then by degrees to imprecate it upon them with increasing intensity of oaths and cursing, although it shocked her very much. She became very expert in this process of exorcising the fear the morbid idea would arouse; she could go on directly with the conversation, for example, and keep up appearances. Her pride in this regard, her perfect concealment of this whole matter from every one, was extraordinary and very characteristic of the malady. It was only after six years of suffering, and at the age of twenty-two, that she first revealed something of it to her mother.

The process of relieving her mind of the painful idea when suggested in any way not connected with any acts of her own has been described. On the other hand, in regard to these, the hesitating and repeating impulse also grew upon her, and finally crept into all her acts. It will be remembered that she feared they would cause some harm to C. if not done right. She could at first relieve herself from this state of doubting or hesitating in an act, by exerting indirectly the inhibitory influence of self-control over the morbid repetition impulse, as for example, by intellectually prescribing that she should repeat the partial or full accomplishment of the interrupted act a certain number

of times, more or less on different occasions. As this process became more complicated and difficult to conceal, her intense pride in maintaining appearances led to devices for abbreviation. If she fell into a state of indecision in the attempted doing of any act, and needed to compel action to avoid betrayal of herself, she could succeed by strongly vowing that she would do it, adding the stimulus of harm to C. as the self-imprecated penalty of failure; of course, this involved all the dreadful consequences to herself. To reinforce this process, also, vowing became swearing, and then came the necessity of the most fearful and blasphemous imprecations upon herself, to compel herself to do or not to do certain acts, then or thereafter, upon pain of inflicting injury upon her friend, and of all its dreadful consequences upon herself. All this was sufficiently complicated, but she regards these things as primary in the sequences of complication and mental entanglement that were afterwards evolved. These two things, however, have run through all the phases of the fifteen years' existence of the malady: "the binding of herself over," as she says, by vows and oaths in a complicated system of methodizing all her acts, and the process of substituting vicarious sufferers of every harmful thing thought of, in order to shield her friend, and secondarily herself, from the consequences of imaginary harm to her friend. There was self-accusation, however, just as if she had maliciously wished the harm upon her friend. But all this was her secret. There was indeed a skeleton in her mental closet, animated by the Satanic double of her own mind, that tyrannized over her conscience and thoughts with a world of intricate formulæ of thinking and doing. She says she has lived two lives.

The conditions so far described were quite fully developed when she was eighteen years of age. She had become unable to study, and then left school; for two years she led a listless, aimless life, she says, with loss of her natural inclination for reading, acquiring accomplishments, etc. She maintained her social relations in every way, however, and was sufficiently cheerful and spirited in manner, except with members of her own family. New complications were then evolved. She began to be compelled to give up her dearest friends. An innocent remark made by one of them might suggest the painful association of ideas in M.'s mind; or she might meet at a friend's house some person against whom she had acquired an aversion through her morbid idea. To be rid of the distress the painful memory would cause on meeting her friend, or visiting her house again, she must be rid of such friends; thus, one by one, she had to avoid them. Otherwise, also, the morbid idea brought in its train many others, and these brought another set, and so on in a wide-spreading combination, the outcome of which would finally narrow down to imaginary harm to C. If M. tolerated her friend any longer, and thus necessarily all the bad company of harmful ideas, she felt that she became a party to the combination, and thus subject to blame by her conscience under the compulsion of the tyrannizing idea.

The obstructive influence of the morbid association of ideas interfered with all the minor acts of her daily life. It affected the taking of certain articles of food, or going to certain places; interdicted certain things, or permitted them on certain days and not on others. Colors, pictures and ornaments were banished from her room. She was fond of dress, but certain materials

and many colors could not be worn, although she most liked them. Certain days were tabooed for shopping, because they were anniversaries of painful events in her morbid calendar; and certain shops could not be entered. When the new dress was obtained, very likely it could not be worn because of some newly imagined danger of potential harm to her friend. Thus it became more and more difficult to keep up appearances among her well-dressed associates; and retaining all of her pride in this regard, she began to seclude herself. Later, this led to the neglectful personal habits before described. Acts relating to all these things were complicated or prevented by her vow. She would not reveal her troubles to her friends—in fact, was ashamed and afraid to do so.

Finally, her relatives were made anxious by her peculiarities, and after a scene she submitted to the visit of a physician, who was told something of her physical condition. She was taken away to the country and greatly improved in a short time. But while there she heard of the death of a young neighbor, whom she had mentally used in the substitution process of wishing he might die to save her friend. This was a great shock to her, and she says that if she had deliberately killed the young man she could not have felt worse. For a year after that her condition was distressing; she secluded herself, became despondent and irritable. A new phase of her mental condition now developed, and there was a reaction from the unquestioning submission to her compulsive idea, and the growth of the feeling of resentful desperation. When about twenty years old she was again taken away to the country, and without any warning, "as if the fates had willed it," she was

taken to visit at the home of her friend, C., where she spent three months. It was a dreadful experience; she felt that she must and did keep up appearances. All her former admiration of her friend's character and beauty revived, but with it of course came the antagonizing jealousy, and these opposing feelings went on together. Her friend was lovely, fortunate and happy; she felt herself to be the contrary, and managed to evolve the notion that her friend was somehow to blame for her own sufferings. But again, a pleasant conversation would dispel the evil feelings, and she would wonder how such terrible things could exist in her mind. She does not know how the thought of injuring her friend arose, but the habit of mental vacillation between doing and not doing took up the thought and made her miserable. She knew the place where a razor was kept. She condemns herself unsparingly for all that followed, but she sometimes thinks that she became involved in a mental obligation to put herself to the test of going as far as possible with the act of killing C. and stopping just short of really wounding her. One day, in a room that suited the purpose, she approached C. from behind and drew the razor close across her throat, greatly frightening her; but M. succeeded in laughing it off as a joke. After this there was, of course, new and real cause for self-reproach, and the feeling took possession of her that she was at heart a murderess, and that this was the result of her former wicked self-indulgence. Finally, after a year of this worry, she was forced to get a young friend to spend the night with her before whose throat, when asleep, she drew a razor. This cancelled, as it were, the former act.

She spent the three years following the age of twenty with friends in various places, being unwilling to

return home. Matters secretly went from bad to worse with her, and the hope of some outlet from her mental troubles grew less, but she preserved appearances fairly well. It was during this period that she made to her mother the partial confession already mentioned. A sister died, about whom she suffered great remorse because of some unkindness shown her a few years before, and she confessed her feelings to an older sister. This did her some good, but soon all was as before. During the next two years she gave up her social relations more and more, ceased attending church, making calls, etc., finally saw only two or three friends.

During these five years a number of the persons died whom she had used in the process of mental substitution for C. ; this cut her off from her associations, if she had any, with the families of those persons, besides causing an increase of her unhappy feelings. She did some reading, was sometimes taken to places of amusement, and could laugh and be companionable, but this was always hard. She often wished that she might die, but the idea of suicide never suggested itself, except to excite wonder, quite in a normal way, that any one could have courage to commit the act. There was always the love of life and longing for freedom from her troubles. In the latter part of this period she remembers that sometimes when alone with a young, old, or weak person, the thought would seize her that she could kill that person, and that there was nothing to prevent it but her own weak will. It did not grow to be an impulse to do the act ; it was only a thought of it. The morbid mental operations before described still went on, but became more systematized. Among a number of strange

experiences at this time, the following may be mentioned: On one occasion, in a public library, she read in one of Dickens' stories a graphic account of a murder by cutting the throat. This affected her very painfully, as if it described a crime of her own. She had no peace till she went again to the library, and from the same book had secretly torn the leaves upon which the murder was described and rended them into shreds. Again, she found in a newspaper an announcement of the death of a person of the same name as C. This so worked upon her mind that she had to select the name of a young lady friend, and adding a letter to it, "to protect herself," she wrote an obituary notice and had it published in the same paper. This caused a great deal of talk, but M. held her peace. On the principle of substitution this act relieved her mind of the suffering she had been enduring. It had been just as if C. had really died and by M.'s own hand—or what was the same thing, because of her own thoughts; she cancelled the idea by the vicarious sacrifice of the other person.

This brings her history to the age of twenty-five years, the time when her relatives recognized her morbid condition, as was stated in the account first obtained. By that time she had reduced herself to the practice of staying much at home and in her room. She did not leave the house for ten months, and again did not leave her room for a year. She became very neglectful of personal care, with all which that implies. At the beginning of this period she had much insomnia, demanded and obtained sedative medicines. These were increased in strength as they lost their effect, till a narcotic mixture was furnished her which she took at will. She "would have it, and did have

it!" She took stimulants also. It can only be learned that the medicine was given at the suggestion of the druggist who prepared it, and was a "preparation of valerian and other strong nervine remedies." It was probably not so potent as she supposed, but the family physician, whom she utterly refused to see, thought "too much of it would be injurious." She could not be induced to give it up, because while taking it she had some peace of mind. In fact, it was the only way of peace for all concerned. She was not thought to be insane. Under its effect and that of stimulants she "could review and analyze, with calm indifference to the suffering, the mental operations of the past ten years." It came clear to her, she says, that her condition was one of insanity. She called it a case of "monomania," and regarded the ideas associated with C. as delusional. She had a comfortable feeling of independence in regard to her conscience, but if the influence of the medicine was not kept up, the mental pain came back. At the end of two years she had increased the medicine largely. Then she also called her father to account for a conversation she thought she overheard, which she found to be a hallucination, and ascribed it to the medicine. She readily recognized it to be such, and this is undoubtedly the only instance of the kind in her history. This, with the druggist's repeated warnings of harm, led to a strenuous effort to stop the narcotic. This made her angry, an unusual event with her; in a characteristic way she vowed she would take no more, and stopped at once. She was sent to the country with an intelligent companion, where she spent a month with great bodily improvement. She was perfectly correct in conduct and attracted much respectful attention. Soon after this, by her own desire, she was placed under special

treatment, and what followed has been narrated. In the first four months she gained physically, in weight and otherwise. Then came the affair of the laudanum and the diagnosis of insanity. Immediately before this she had written a long and interesting letter to her home. The physician's telegram to her relatives announcing her transfer to the asylum was followed by one from herself saying that she was well and telling them not to worry themselves.

The events of her first five months in the asylum have been described with sufficient detail, including the incident which led to a free revelation of her mental history. True to the characteristic habit of negation and antithesis, her pride and reticence had long been accompanied by a fear lest she should betray her secret, and then by an impulse to do so. Both the fear and the impulse grew upon her. But to detail her troubles to me soon came to be a great relief and comfort. Thus was developed another characteristic of these cases—the desire for never-ending repetition. Once engaged in conversation with me, there was no embarrassment in discussing the painful ideas—*no process of stopping for vows, etc.* There was but little material change in her mental operations for the year and a half while the analysis of them which has been given was going on. In general she was much more comfortable, she said, than before her long seclusion at home. This period of comfort represents a remission of the malady which is another of its characteristics; such remissions may last for months, or even years. She occupied her time very well in reading, sewing limited however to a few articles, etc. Later she was able to have some bits of ornament or color in her room. The morbid ideas continued oppres-

sive, but they were managed more methodically and readily than formerly. She was continually having distressing experiences, because of such circumstances as that the name of one nurse and the color of the eyes of another called up painful associations. She preferred that my wishes should be made known to her as directions rather than as requests, because she was thus saved from the difficulty always attending any voluntary action ; but the aid gained in this way never amounted to much. Any act that was made a matter of my explicit command could only be obeyed through the system of vows ; she could not follow the advice to act under a "new master," as against the imperative idea. The following description characterizes her mental habits fairly well. When she "came up against" any question of doing or not doing something, the thought of the act seemed instantly attended by a great crowd of associated ideas. There was, as it were, a first series of things of which she had to think in a certain order, because they were directly involved in some way with the contemplated act. Then the first series involved another series, and so on through a permutation of very diverse ideas, narrowing at last to the one idea, that through all this indirection the act would carry harm to C. Then, if strongly impelled to do the act, as for example if she wished it or needed to maintain appearances before others, etc., she had to "bind herself over" in the way heretofore described to protect C. from the possible harm. It sometimes happened that after she had bound herself to do or not to do some act, the contrary became imperative. Then there was a dreadful process of counter-vows and "binding over." The associated assemblage of ideas varied for different acts and from

time to time. When the ideas arose she had to run them all over in her mind in a recitative way, always to the same central and final idea. She became very expert at this, and speed was acquired by methodizing the process and by practice, so that she mentally touched the heads of things as she ran through the mental formula. Yet, strangely enough, she could carry herself with perfect serenity and self-possession in the eyes of all but her physicians. It required a great deal of study and analysis to disentangle the thread of evolution of all these subtle and complicated phenomena. She declared that she was then able to talk of them for the first time, but that she could give only the most meagre idea of it all. This writing itself is inadequate in representing what she did give. She said, "When I try to describe my years of trouble, so many distressing thoughts come into my mind that I cannot prune my words of what is not essential."

She always declared that she had no conscience, that no question of moral right or wrong influenced her; that ceased long ago. Her only criterion was to do as near her liking as was permitted by the tyranny of her controlling ideas. She said that in her desperation she did not hesitate in her thoughts to do anything, however wrong it might be, if she desired it, and she could accomplish it by her process of "binding herself over" under penalties for not doing it. In this way she could sometimes defy or rather evade the consequences of acts that at first seemed likely to be harmful. She said, if a duty came in conflict with the ruling ideas she yielded the duty, but if a selfish inclination came up she could evade the harmful consequences. She said also that she had long led two distinct lives: one was entirely within herself,

with its great complication of motives, ideas, and suggestions, and the other was a false pretense; she was a walking hypocrisy, possessed by an insane idea, without any rightness of conscience or natural affection, selfish and wicked and without repentance for many wrong and disgraceful acts intelligently committed. She betrayed her real conscientiousness by bewailing the wickedness of her conduct. She charged herself with misusing the system of vows which she thought should have been reserved for proper purposes of relief from her painful feelings, when trying to do *right* things; she misused a blessing, she said, in employing it to get indulgences for doing wrong. But she made too much of the questions of right and wrong in regard to ordinary matters. Her bewailment, however, was more a matter of intellection than of depth of feeling; the former was so forceful that it was accompanied by a large measure of the corresponding feelings which she knew she ought to have under such circumstances, were they real ones. The depression of feelings was from a sense of oppression of ideas. But through it all there was evidence that all of this was qualified by some consciousness of the fictitious character of that which dominated her mind. In other words, it was still true that, were the domination removed and normal ideation made possible with relation to its limited disorder, she would have been a well and happy woman.

In regard to abstract, painful ideas, not connected with any acts, the like need of her special system continued. Certain words always troubled her in her reading. During the comfortable period of a year and a half now being described she became able to read quite freely until the last, when it was almost impos-

sible. The word "murder" was the worst, and all others expressing acts of violence were almost as bad; next came such words as "jealousy," "hatred," "malice," "sin," and "shame." If, when reading, such a word appeared before her eyes, there was instantly in her consciousness the crowd of associated ideas, and along with them the thought of C. as the object of the act or the subject of the feeling indicated by the word, as if it were M.'s own act or feeling. Thus through some one of a multitude of chains of associated ideas the thought of harm to C. was reached from the "jealousy," "hatred" or "murder-thought." The effect of this had then to be annulled by the self-imprecation of some penalty upon herself if harm did happen to C. It appeared from this that the process of substitution of vicarious sufferers had been changed to one of self-imprecation after the time when she felt herself to be guilty of the deaths of the substitutes and had enacted the murder scenes. To avoid the pain that the future deaths of such persons might cause she chose the new method,—and it was as if she said, on all these occasions, "Let me be punished as guilty of all those acts and the new harmful thoughts, should anything happen to C." This substitution of herself protected C.; then, C. being protected, her own possible future remorse was warded off. When in the presence of others, this process might be dispatched quickly and unobserved; or, if reading, it might be necessary for her to put the book away and go to her room, and there, walking agitatedly to and fro, the whole process had to be gone over many times. On many occasions, at last, she had to find the book and the word repeatedly, and as many times begin anew. Again, the book must be taken to her room, and there

the reading of the word initiated a repetition of the process ; she must seek the word and repeat the process many times. There were so many special words, and suggestions of painful ideas in innocent words, that reading became too painful to be attempted.

In the constant mental conflict that was going on the negations of conduct frequently involved questions as to what she ought to do and ought not to do. In this more comfortable period she once told me that a case like hers would be found in Mr. Howells's last book. She said, "Penelope Lapham had the same trouble I have, but not a millionth part as bad," and referred me to Penelope's struggle with her dilemma after Corey, contrary to expectation, had proposed to her instead of her sister, much to her own mental distress. Some time after this event Penelope said : "It's easy enough being sensible for other people. But when it comes to myself there I am ! Especially, when I want to do what I oughtn't, so much that it seems as if doing what I didn't want to do, must be doing what I ought." This saying, and others like it, were so true to nature as to make Penelope's case distinctly one of the "insanity of doubting" in one of its more common and milder forms ; but fortunately she "recovered," and this was by the logical process of the substitution of the more dominant idea strengthened by the deeper feeling.

During the latter part of this period she was allowed to go about alone in the neighborhood of the asylum "on parole." No explicit promise was exacted, however ; she was directed not to go beyond certain limits, with a tacit obligation on her part not to do so. She was better for this, and the privilege was continued for a number of months after she entered upon the next period, which is now to be described.

She afterward said of herself that a crisis seemed to come in her mental condition. All the complications and agitations reached such a tangle of difficulties that she felt powerless to cope with them and seemed to come to a standstill. She said that her conscience reasserted itself in a natural way and began to punish her for her wickedness by compelling her to do everything contrary to her wishes. There was now a real depth of feeling, though morbid, that she deserved punishment, and her conscience seized upon every opportunity for inflicting mental pain; this she felt to be simple justice. At this point in the case there is to be recognized an exacerbation common in the course of such maladies; but more than this, there was now initiated a state that more nearly resembled true melancholia—an essential disorder of the feelings. The gloom and despondency became more pronounced. She had to make herself disagreeable and hateful to the people she liked the best and respected the most, just because they were sources of comfort to her. She said: "It is as if all the wrong things I have ever desperately allowed myself to do and think about now stand around me as creditors of my conscience." A denial of everything pleasant or desirable was thus commanded. She had to speak unkindly to her favorite nurse, for example, and then cried because she had been compelled to do what would make her appear ungrateful.

A change now came about in regard to her relations to me. At first, as has been said, her revelations to me were satisfying, and she had little of the temptation to tell her story to others, which she formerly feared she might be compelled to do. Her sole source of comfort was in such conversations, but the need of this grew upon her, and at last it became impossible to

give her time enough to satisfy her. The temptation to tell others returned with the worry about it, and in the end she yielded to it in some degree. It also came about that she felt the comfort she gained from my visits should be forfeited as one of her punishments. This became the prime issue in her struggle with her avenging conscience. She fought it for months, avoiding meetings with me, "vowing" she would never tell me another word of her troubles, but just as often breaking her vows and talking freely whenever in my presence. Her sufferings increased because these things involved harm to C., and new penalties, and only grew from bad to worse. She began to say, "I must go from here to avoid this suffering; there is no other way. The only hope I ever had has been here, but this I must abandon; anything is better than the suffering I endure here. I must be deprived of my greatest blessing." She felt that if she went away she must leave hope behind. And so the culmination of this phase of the mental phenomena was gradually reached.

All this state of things was believed to be a passing phase of her malady, and she was urged to hope that another remission would come. She could possess herself of this while it was being told to her. A curious thing came about at this time. Not only was the comfort of hopeful words intensified to her, but it was reinforced by telling her how foolish and absurd her mental performances were. But, true to the habit of growth of her morbid mentation, there was need of greater emphasis in the telling to give her equal comfort. At this time an interview usually ended by her saying, "Now, before you go, you know what I want you to tell me—tell me what you think of me. It helps me to hold on to the idea; what you say seems

all real and true to me, but it goes when you go, and I am as helpless as before." As the effect of this, the kinship of human minds had an illustration. My gentler characterizations became chidings and rebukes, and at last denunciations, which exhausted my polite vocabulary. It was curious to observe the calm content with which these objurgations were received, and a little startling to realize the personal comfort of such an unwonted outlet for sentiments that must be habitually repressed. Thus it came to pass that this poor patient brought it upon herself to be the "vicarious object" of stinging words which might have been more fitly spoken.

But now there came a climax in this pitiful history. Like a law of mental habit, the idea of vicarious atonement or substitution that had run all through all these phenomena from the first came into play again. What was told her made her seek for hope though she could not have it. It occurred to her that she might substitute physical for mental suffering—some serious illness or great calamity—some personal injury that would stand in her mind as a lasting token of ample punishment; then the demand for penalties would be satisfied, and her mind would be left free to enjoy in peace the common comforts of life. She invented a plan which bore some resemblance to her former suicidal scheme. On taking a morning walk outside the asylum, she procured a small pistol, and late in the evening, when her neighbor, whom she did not wish to disturb, was out of her room, she shot herself in two places, the shoulder and the hip, making simply flesh wounds. She was perfectly calm about it and explained that she tried to wound the joints, which she thought would cause permanently painful and crippling injuries. She protested that she care-

fully avoided endangering her life ; for she had virtually pledged herself not to do that. The wounds were trifling and soon healed, her disappointment knew no bounds ; the last hope was gone, as she felt ; her mental depression rapidly deepened in a kind and degree unknown before ; in death was her only relief ; she regretted the lost opportunity when she had the pistol. There was now a condition like true melancholia ; the suicidal impulse was pronounced, and honestly declared.

She was of course closely watched. Her former state continued and grew worse ; she punished herself in every way—in regard to taking food, and in personal care, etc. She would stand in a fixed attitude unable to move for a long time. She contrived new ways of mental punishment—for example, another patient thought she had committed the unpardonable sin, and M. assuming this to be the worst of all sins, imprecated upon herself the punishment, whatever it might be, due to that sin. This idea, however, was so intangible to her that it failed to become embodied in her system of thought. Even in her state of true melancholia there was yet something lacking of the profound feelings of depression and self-condemnation characteristic of that state.

On a later occasion several attempts were made to hypnotize her—to try the effect of “therapeutic suggestion.” She did her best to aid in this, but was more amused than otherwise by her swift conclusion of its futility. She said it never could be done, the prime obstacle being that she could ordinarily never go to sleep without having first cleared, or exorcised, from her mind all the thoughts of evil consequences which had attached themselves to the events of the day and to which she felt that she might perhaps not have done

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full justice. The poor woman's prayers even had been for years imprecatory. She had, at times, piously prayed for help and strength, but the thought of possible consolation from this source made such relief a subject of punitive deprivation; moreover, her dreadful misuse of the privilege of addressing the Deity debarred her from the proper use of it. Another of her peculiar methods was in some respects not unlike the last. There were times when she could gain herself a respite for a day by first binding herself over to do everything in the natural way for twenty-four hours and not to make any "vows." She occasionally got a great deal of comfort from this device, but at the end of the period she always had to review it and balance accounts in detail. At last, however, after her conscience "had turned upon her," there was an end to this expedient.

This history, already a long one, must be ended here. In this, M.'s last and worst state, it finally seemed best to try the effect of some change, which she earnestly desired, and she was transferred to another asylum. She bore herself passively, but with an evident feeling of regret and as if she had indeed left hope behind. There was immediate improvement in manner, and in the course of a few months her condition became much more comfortable. The change to new surroundings to which she felt indifferent was a great relief. Freed from the oppression of the questionings as to talking with me, she remembered helpfully my explanations, reasonings, and advice. A year later she was as well as I had ever seen her, appearing very well, intelligent, and ladylike to all who knew her. The secret mental processes went on, however, and, though more submissive, she had little hope. She said her coming to meet me was opposed in her thoughts

as formerly, but in her strong desire for the interview there was no hesitation in determining to have it in spite of all consequences. There were no preliminary vows, but she knew she would "have to pay for it afterward." It was natural, vivacious, and most interesting in the abundant proof it gave of mental integrity aside from the limited derangement. At its close she begged me, in the old way, to assure her that it was right to have seen me. No definite information as to her subsequent history has come to my knowledge.

The details of this long story were corroborated in many ways by the agreement of their many repetitions when discussed from different points of approach. Like most persons under the control of morbid ideation, she was in the habit of saying to me, "You would have a different opinion of these things if you could only know more about them; they are so many and so complicated that they cannot be told." Every new and often repeated analysis of the essential nature of her mental processes was readily understood and gladly accepted by her, only to be followed by some new phase of ideation, or memory of past trouble, which would stand more positively in her consciousness than the clear explanation of it all, which she constantly tried and failed to apply.

This history may be briefly summed up. The telling of the story is meant to show the natural and logical growth of complicated phenomena from the central morbid idea; they depended upon this as the limbs, twigs and leaves hang upon a tree. However distinct and strange any newly revealed product of her system of thought might seem to be, its unity with the rest clearly appeared upon analysis. The minor formulæ of her mental operations were all more or less insistent or imperative, strictly according to the closeness of

association of the ideas with the central and ruling one ; and corresponding also to the degree of fixation of such methods of mentation, by repetition, practice and habit. All these products of mental phenomena are explainable upon the basis of normal psychical law.

The problem of this case was to discover the genesis, the growth and the fixation of the central idea, which in this instance had the peculiarity of being unusually complicated. In the first place, there was probably no special hereditary influence in its origin ; the paranoiac element is excluded ; certainly the right to infer it must be questioned. If it be said to have been "acquired" because of the typhoid fever at the pubertic period, etc., a neurasthenia must be admitted. But if acquired organic defect be admitted also—while inquiry is excited as to the consistency of this inference—it remains that the "fixed idea" was conceived some years before, disappeared, and was revived and developed when the supposable new factor of paranoiac defect came in.¹ But not only was the conservative

¹There seems to be confusion and inconsistency in the meaning of terms used in the discussions of this subject. The terms psychosis and degenerative psychosis admirably characterize certain general notions of the mental states they represent, but as definitions there is danger of their use as cloaks for conjecture. Most writers hold that fixed ideas "*almost always*" have a neurasthenic basis ; this rates them as psychoses and functional. But as ideational psychoses they lie in the foreground of primary systematized delusions typical of the admitted degeneracies in paranoia. Hence the temptation to unify the view and to regard *all* the "imperative conceptions" as degenerative psychoses ; under cover of this term they are brought into the category of paranoia. But this term distinctly introduces among the psychoses the new notion of chronic hereditary or acquired defect in the organism. Upon a foundation of heredity it is easy to conceive such organic defect ; to invoke a like foundation as "acquired" through a simple concurring neurasthenia has the vagueness of assumption and conjecture. These, therefore, have really no support, in the case of fixed ideas, except the fact of the ideational origin of the latter and their kinship to paranoiac delusions. But the clinical fact remains that their milder forms, at least, are commonly incident to healthy minds ; often independent of neurasthenia, they make no trouble, and fail of recognition because they

tendency to maintain intellectual integrity significant; so also was the absence of the characteristic habit of symbolism. Paranoiacs are prone to symbolism, whereby meanings are betokened by trivial things, and delusional ideas are quickly conceived—for example, the accidental placing of three apples in a row might be believed to represent the Holy Trinity. For this reason there was a negative importance in the limitation of the strong disposition to substitute persons and things the one for another. This did not bring out any innate tendency to symbolism, as was likely to have happened had it existed. There was always validity in the factors of her mental equations; the thing substituted was equivalent to the other in quality or effect, and there was logic in the process.

At the root of the whole matter there was a bodily condition somewhat neurasthenic. There was also an unusual intellectual endowment and rare conscientiousness. Upon the mental plasticity of childhood

are so little out of harmony with concurrent conditions. Starting with these mild forms, may they not be purely functional, even along with neurasthenia, for some degrees in the scale towards their culmination in the admitted degeneracies? The recognition of two general degrees of fixed ideas (answering to psychoses and degenerative psychoses, between which differentiation is as impossible as to mark the changes from youth to old age) is not out of analogy with the same division that is claimed as necessary in describing delusions. Cf. pp. 6-7.

The *Journal of Mental Science* for January, 1888, received just as this article is going to press, contains the conclusions, p. 532, of Professor Kovalevsky in an interesting article on *Folie du Doute*. He recognizes several degrees, and conditions of origin, of these affections. But he starts with neurasthenia as the common soil from which they spring, belonging to the group of degenerative psychoses including pathophobia and the other forms of these ideational disorders; and neurasthenia itself is regarded as rarely acquired or other than purely hereditary in relation to these cases. This fails to recognize the larger background in the normal field of intellection, where the accidental and irregular coordinations of idea and feeling, indulged, or otherwise fixed by habit, are the germs and often growths which are not degenerative but spring up more readily in soils of purely acquired neurasthenia, or of hereditary degeneracies.

strong impressions were made by unpleasant ideas about "trance" and the horror of being "buried alive." Apprehensions for herself and relatives were engendered in this regard. Here was a quick soil for the natural questionings as to the right and wrong of her conduct to grow to be questionings as to whether her acts were right in respect to their effect upon herself or those dear to her. It was but a shade of change to conceive that her acts were not right in the sense of not being safe, which includes the idea of harm as a consequence. This is the usual significance of the phrase "not right" in these cases. The attendant fear of harm was natural and logical. This combination of the idea and its attendant feeling once formulated, the "impression" once made, the idea became "insistent" and then "fixed," and the "path" was formed by repetition and habit. Here then was the "fixed idea" that some of her acts were not right, which included the idea of harm. This is a common and primitive form of fixed ideas; it was the root of all that grew up afterwards. Next followed the necessity, common in such cases, of repeating acts to make them right, which led to the doubting and hesitating over an act as to whether it was right or not, and to the repeating, doing and undoing of acts. Thus is explained the paradoxical "doubting" associated with "fixed ideas." Here next was the basis of the habitual negations of thought and conduct—the doing offset by undoing, the balancing or cancelling of one thought or act by another thought or act—the substitution of one thing for another. From the root-idea that an act was not right came its larger growth and its offshoots, intensifying the impression of the primary idea upon the organism. This was further intensified by the feeling of fear normally attending the idea of

harm, the impression of the whole being deepened by habit; its hold upon the soil being strengthened by its growth.

At the beginning, before the age of twelve, the seed of the malady was planted. Its growth was arrested and she appeared to be well till three years later. It might not have appeared again had it not been favored by physical debility. A new growth began; she repeated her acts to make them right. She was relatively backward in her studies, and had a natural desire to excel her companions, which she did. Her love of admiration and attention was perfectly natural, as was her feeling of rivalry towards C., whose unusual loveliness of character and person was more attractive than her own superiority of intellect. Such was Madame de Staël's life-long envy of beautiful women. Such thoughts and feelings are common enough among the young; it was natural enough that her sensitive conscience should reproach her. Thus, with the mental habit already formed there was set up a self-inquisition as to her feeling toward her friend, whom she was afraid of hating, as she soon morbidly accused herself of actually doing. It was but a step then to the thought of harmful things that might happen to her friend, and but another to self-condemnation for thinking of them, as making her equally guilty as if wishing them to happen. Of course there was exaggeration of feeling in this, but so far in its development there was not, necessarily, anything that might not be common to many conscientious young people. This idea of harm attending her acts, and the accompanying feeling of fear, readily became a concrete idea of harm to C., and to this was added the conception of her remorse as a consequence of harm to C., as if she had wished it. This of course

strengthened her specific fear of harm to C., and reinforced the general idea of harm, and therefore the impulse to repeat her acts. Ultimately the question of harm to C. attended all her acts. This established the central idea and mental habit out of which came all its after-growth. From this point the evolution of the mental phenomena was plain enough, as given in the details of its history. The need of repeating acts and "vows" many times—often a definite number—for the sake of emphasis, was a manifestation which characterizes what is called the "counting" variety of cases of fixed ideas. This did not become a prominent feature of this case because it was left behind by larger complications. The substitution process was most curious and constant, but it was only an out-growth of the primary fact in these cases of doubting, balancing and offsetting one thing against another in an endless series of negations. This process was also one of the remarkable devices for circumventing the dominating idea, as if the characteristic paralysis of the will was limited in respect to that, and the fixed idea stood as an irresistible intruder in her consciousness, while otherwise the will and the intellect were free to evade its control. The murder-acts were simply dramatic as far as homicidal impulse was concerned. They were extreme examples of what is common in such cases, particularly in the "metaphysical" variety,—an idea at first repulsive worries by its insistence, becomes involved in a process of negations, and at last reasons itself into dominance. Such transitions from one extreme to another of thought and feeling are but exaggerated examples of the law whose order we follow when

"We first endure, then pity, then embrace."

The kindred nature of the great variety of these affections is well indicated by the broad designation of "insistent ideas," as was suggested in the introduction to this article. These aberrations from the normal of well-balanced ideation and feeling, being once initiated, may develop graver forms in cases of the more positively degenerative type, because of paranoiac heredity or acquired defect,—in other words, when there is hereditary or acquired nervous and mental instability; and such cases may more or less quickly develop primary delusional insanity. The commonness of these affections in their milder forms as simply insistent ideas, and their outgrowth from the ordinary and natural operations of the mind, is a matter of great interest. The commonest superstitions, and idiosyncrasies of formulations of ideas and feelings, which control conduct and enforce habitudes, are of this order in their slight departures from sound reasoning. There may be many degrees of these affections before they are recognized as positive disorders. This view of their common origin can best be illustrated by a series of cases in which the early phenomena are more nearly within the range of observation. But even the history of this case is not inconsistent with this view; nor is it so, as against that of their origin being usually constitutional. For the same reasons it is hardly necessary to search the mysteries of "the unconscious" for the genesis of phenomena which admit a simpler explanation. Many of these affections are to be easily understood as simply accidents or idiosyncrasies of ideation, arising from an incongruous association of ideas, happening according to the common law of contiguity, and becoming fixed in proportion to the intensity of the impressions and by the laws of habit. This may happen in a healthy

brain, by mental shock, or by a slower process. This case is an example of the operation of these laws in a plastic organism, with the qualities of a sensitive conscientiousness and fertility of thought, favoring the particular idiosyncrasy. The morbid premise of the fixed idea being once established, it had its own logical sequences. The collateral ideation was normal enough and continued so for many years. There was normal sensibility and feeling except in relation to the fixed ideas and their complications. The will was dominated only in respect to these, and otherwise free and efficient.

The origin of these affections is distinctly ideational, but they well illustrate the inseparable nature of thought and feeling, especially when their genesis is favored by disordered states of feeling. The laws of habit play a most important part in the fixation of such ideas, and much is here to be learned of the nature of the great influence of habit in all forms of insanity. These affections, through the possibility of their comparative isolation, permit the study of the formation of delusions. Again, the rôle of the attention is a leading one in these mental phenomena; the attention is commanded in proportion to the insistence of the ideas. In extreme cases of this kind of limitation of the attention there is, side by side with it, more or less activity of consciousness. But it is in this direction that these mental states merge with those described as characteristic of the hypnotic state in its varying degrees of unconsciousness, and of the "limited attention" peculiar to that state. That condition characterized by Professor Stanley Hall's phrase, "tonic cramp of the attention," is most strikingly shown in these affections. The law of suggestion of ideas is active, and even by auto-suggestion the mental attitudes are

induced so analogous to physical "cramp." Also the relation of these attitudes to physical reactions is striking. "A diffusive action in the nervous system accompanies all emotion"; for example, a common sequence is fixed idea, fear, pallor, and heart disturbance, etc. It seems in many cases as if the "path" between the ideation and the sympathetic nerve became so open and direct that there is the changed sequence of fixed idea, heart-quake, and last the conscious fear. At all events this last is swiftly overtaken by the automatic organic attitude of fear; and this quick reflex from the idea undoubtedly increases the fear. The man is frightened by his own trembling; he is "a coward upon instinct." This amounts to mental suggestion from the physical field, just as when the hypnotized are put into bodily attitudes that suggest hallucinations. Again, the alliance of these mental states with some forms of "hysteria" is undoubted, and explanatory of it. The medico-legal importance of these conditions occupies a wide field; this very case presents interesting features in this regard.

All these things show the unity of the great problem into which the clinical study of mental phenomena leads. The propositions here advanced involve such important questions, and more than these, in the investigation of this subject; and this case is interesting as presenting so much of the evidence that has led to these views.

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