

SYMPTOMATOLOGY, PSYCHOGNOSIS, AND DIAGNOSIS OF PSYCHOPATHIC DISEASES

Boris Sidis, Ph.D., M.D.
Boston: R. Badger, 1914

CHAPTER XXX PSYCHOGNOSIS BY HYPNOIDAL STATES

AS an illustration of the nature of recurrent, active, subconscious sets of systems, giving rise to psychopathic affections I may take the following psychognostic study, carried out by means of the hypnoidal state.

Mr. C., a young man of twenty-five, a college student of good standing, is very able, conscientious in his work, and is scrupulously moral in his daily life.

Except for an aunt who has apparently died of tuberculosis, family history is negative. Parents are living and healthy, sisters and brothers are all well. Both maternal and paternal branches of the family are of good healthy stock, with no neuropathic or psychopathic taint. The family is well to do, and the members are

intelligent, educated, and able, so that the patient's childhood and early youth have passed amidst relatively healthy surroundings.

As a child the patient passed through children's diseases, but did not suffer from any nervous troubles. As a boy he has been of robust health, taking great delight in physical exercises and pranks characteristic of boy hood. Although he is now of a rather serious, scientific turn of mind, devoting most of his time to mathematics, mechanics, and to the various branches of physical science, he has been in his childhood and boyhood impressionable and imaginative. He was a great lover of fairy tales, an omnivorous reader of all sorts of extravagant stories and of voluminous novels.

Dreaming was his delight. Many a time he went off into a dark nook and kept on dreaming about princes and princesses; sailing in airships, ascending inaccessible mountains, scaling high peaks and then descending into mysterious caves and chasms. He lived in his imagination the world over, and in all ages. Time and place were no barrier to him. He lived "the universe over and through eternity." He lived with fairies, spirits, and genii, who built for him enchanted palaces. He was "at the creation of the universe and saw the formation of the world." Stories were to him histories, real histories in which he was the central figure, the

real hero. When very young, he had auditory hallucinations,—“angels called him by name and he listened in dreams to the music of the spheres.” He ceased to have those hallucinations about the age of ten.

On examination, patient is found well nourished. Reflexes are not exaggerated; field of vision is normal; no sensory disturbances, no motor troubles are present. Memory for disconnected impressions is good, while his recollection of past events and memory for present events are excellent. There are no disturbances of recognition. Sense of localization is good, so also is his sense of orientation. He is rather a good visualizer. A few times in his later years he experienced illusions of reversion of locality, and also hallucinations of recognition, of having seen the same place before. Voluntary attention is in excellent condition. His conception of abstract ideas, his logical acuteness for points and distinctions, for comprehension of complicated trains of reasoning and for disputation by logical processes are truly remarkable. His sleep is very good and he has no bad dreams, though he is quite an active dreamer. The color field, on closure of eyes, is “brilliant,” and his hypnagogic and hypnapagogic¹ hallucinations are often rich and brilliant in color.

Of late, the patient has been hard at work, studying for his examinations; he has been worrying over some family troubles as well as over his future career. He is somewhat nervous and restless, and occasionally a fit of irritability seems to take possession of him, an irritability which he sometimes has great difficulty to control. The patient complains of irritation of the bladder,—he cannot retain his urine for more than five minutes at a time and sometimes less than that. When he makes an effort to control his urgent desire to urinate, he begins to feel hot, his eyes begin to hurt and feel queer and bulging, and he has a distressing feeling of tension in his forehead, almost amounting to a headache.

During that time he feels confused, his attention is wandering, his apprehension of complicated trains of thoughts becomes defective, his desultory memory becomes extremely poor, he cannot repeat any series of disconnected syllables, while his logical memory for phrases and connected events becomes vague. All these distressing symptoms are instantly relieved as soon as the pressing need for urination is satisfied.

This insistent, troublesome desire of urination disturbs the patient's studies, interferes with his regular work, makes him undergo tortures in the lecture-room, or in church during

services, or when visiting some friend. When, however, he gets interested and absorbed in his work, or in some conversation, the insistent, distressing desire disappears for hours together. As soon as the interest lapses the desire reappears.

In addition to this insistent desire there is also present the insistent idea that along with the continuous outpour of the urine there is also an oozing out of his "vitality." This fear of loss of vitality gives rise to an almost continuous examination of the urine to discover any abnormal changes. The color, the dribbling, the feel of the urine,—all are noticed and watched with a feeling of anxiety. The patient is conscious of the absurdity of the insistent idea, but he cannot help it. The idea gets the better of his reason.

Occasionally, when he gets specially fatigued, an idea of which he feels extreme disgust enters his mind. When entering into close conversation with a male person, the idea of homosexual relations gets possession of his mind. He does not have the least desire, in fact, he feels disgust at the very thought of it. He cannot account to himself for the reason of it, whether or no it is the horror of the idea which suggests it by association of contrast; he cannot understand it; the idea to his extreme disgust flashes on his mind; there is absolutely no desire

accompanied with it, but deep disgust. The idea comes suddenly and as suddenly disappears. When the idea is gone, he afterwards wonders how it could have possibly entered his mind at all. It appears to him so “idiotically stupid.” “Why should such a disgusting, stupid thought come to one’s mind?”

The patient is also troubled by a form of folie du doute. He is not sure that the addresses on his letters are correctly written; and no matter how many times he may read them over, he cannot feel assured that the addresses are correct. Some one else must read them and assure him that the addresses are right. In the absence of others he has devised the plan of copying the address from the envelope. This is somewhat more satisfactory, but then sometimes he is seized with the idea that may be the copying is wrong. Now and then he can help himself out by reading the address aloud. The seeing, reading aloud, the hearing of the words read, and the feeling of pronouncing the words, along with the movements of copying—all those sensory stimuli seem to help to intensify the sense of reality and increase the feeling of assurance in the “real correctness” of the address.

When he has to write many letters sometimes a sudden fear gets possession of him that he had interchanged the letters and had put

them into the wrong envelopes. He has then to tear open the envelopes and look the letters over and over again to assure himself that the letters have been put by him into the right envelopes. He becomes satisfied when assured by some one else. Before he drops the letters into the letter box he must repeatedly read over the addresses to be fully sure that he has the addresses all right. This condition is not a permanent one, as this whole trouble disappears for weeks, and reappears when he is greatly worried or fatigued.

Similarly, in turning out the gas jet he must needs try it over and over again, and is often forced to get up from bed to try again whether the gas is “really” shut off. He lights the gas, then puts it out, then tries to test the gas jet with a lighted match to see whether the gas leaks and is “really” completely shut off.

Similarly, in closing the door of his room, he must try the lock over and over again; he locks the door and then unlocks it again, then locks it once more, still he is not sure; he then must shake it violently so as to get the full assurance that the door has been actually and “really” locked.

One is almost tempted to generalize that the sense of reality is weakened in the patient. But is it not strange that this weakness of the sense of reality should only be in relation to

particular ideas and acts, while it is in excellent condition as far as all other ideas and acts are concerned?

It is not the sense of reality that is at fault,—it is the special insistent idea.

At one time he suffered from palpitation of the heart, he thought he had some heart trouble, for which he visited many physicians who kept on palpating, auscultating and percussing his heart, giving him all kinds of directions and precautions, putting him on a strict diet, regulating his exercises, prescribing bromides, digitalis and strychnine. But the more physicians regulated and prescribed, the more the refractory heart kept on thumping. Finally, losing patience, he gave up treatment and felt much better.

Another trouble which has possession of him, though it is not insistent, is the fear of getting consumption, or of being infected. Sometimes the fear becomes quite troublesome, it becomes a regular mysophobia, a *déire du toucher*; he may then keep on washing himself incessantly, rubbing his skin until it gets sore. Although the patient feels quite troubled, when the fear is on him, still it is not persistent; it seems to come in flashes, and he is quite free from it for long intervals of time. Still he has the feeling that the fear is there and it requires only special conditions to have it awakened. The

mere sight of a supposed case of an infectious disease, or the contact with a tubercular patient, is sufficient to revive the state of mysophobia.

There are again times when he feels as if his will is paralyzed. This condition comes on him at great intervals, when he happens to be very tired, and he is in a state of abstraction and reverie. He feels as if he has no power of movement, he has hardly the strength to ask for a glass of water. When the water is brought to him he cannot reach out for it. He cannot account for this peculiar feeling that sweeps over him so suddenly. He knows well he is not paralyzed, and still he cannot move. It is an attack of abulia, it is his will that is paralyzed.

After making one effort the spell is broken.

Occasionally an insistent idea gets a hold of the patient, an idea which is distressing to him and which makes him miserable. He thinks of tearing out his eyes and put them under some weight and have them crushed. If the patient sits in a chair, he thinks of putting the eyes under the chair and have them crushed. If he goes in a car, he thinks of having his eyes crushed under the wheels of the car. He tells me that the insistent idea is sometimes so vivid and real that he can almost feel the cars passing over the eyes, and that he can almost hear the eyeballs crush and crack. The patient fully realizes the absurdity of the idea, but it keeps on coming

against his will. The idea comes in flashes, leaves for some time, and then comes again when he expects it least.

By means of the method of hypnoidization, or by induction of hypnoidal states the following data were obtained:

When a young child the patient lived with an old grandfather of his who suffered from bladder irritation with incontinence of urine, obliging the old man to go to the toilet room almost every five minutes. He was much attached to the poor old grandfather, whose sufferings evidently made a deep impression on the child.

The grandfather was also absent-minded and he had to try to close the door or turn the key in the closet many times before he could fully be assured that the closet door was locked. The grandfather had also difficulty and hesitancy to handle the various things given him. When he asked for water, the glass given him was sometimes left on the tray for several minutes before he was reminded to take it. All this the child watched with great sympathy and distress. Being a highly impressionable, sensitive, and imaginative child, can we wonder that his mind has been deeply impressed with what had taken place before him every moment of his young life?

It was also in relation to his grandfather that he over-heard people say that “the vitality is oozing away.” In his childish mind he connected the oozing of vitality with the act of urination. This was still further emphasized by his reading of quack literature about “the fearful results of oozing vitality” during puberty and manhood. All this was manifested in a state of anxiety and trepidation for the “oozing vitality,” and, though those sad experiences have all gone from the patient’s conscious memory, they have not, on that account, ceased their life existence,—they have simply lapsed from his personal consciousness, but only to become submerged into his subconscious life; and from the depth of his subconsciousness these dissociated, disaggregated experiences of child-life kept on recurring as insistent psychomotor states with all the intensity of anguish of the original experiences.

Instead, however, of the symptoms being associated with his grandfather, they have, by a very natural process of confluence and foreshortening, become grouped around the emotions which the patient has actually gone through at that time of his life, and have hence become associated with himself. The patient was living over again in his own subconscious life the life experiences of his deceased grandfather, experiencing all those various

distressing symptoms for which the patient could consciously give no account. May we not in a certain sense say that the grandfather's sufferings have been transmitted to the grandson? May we not say, be it in a figurative sense, that the grandfather's life has become resurrected in the subconscious self of the grandson?

The abulia manifested by the patient no doubt took its origin in what may be termed the subconscious "grandfather cycle" of experiences. Other experiences belonging to different cycles have also co-operated subconsciously and have helped to give rise to the state of will-defect. In one of the hypnoidal states it has come to light that, when the patient was quite young, probably not more than six, he was taken to the bedside of a child of twelve who was stricken down with some form of paralysis. Once the experience struggled up in the hypnoidal state it stood out clear and distinct. The patient could in his mind's eye see the courtyard, the house, the people and the paralytic child lying helpless in his little bed, a kind of a crib. Even now when the subconscious experiences have become identified not as his own, he still feels a sinking sensation "in the pit of the stomach," and feels the helplessness of the paralytic child. We can hardly realize what a deep and lasting impression such an experience

may have on the tender mind of an extremely sensitive and highly imaginative child.

The great sensitivity and impressionability of the child can be gathered from another fact that also became revealed in one of the hypnoidal states. At about the same age of six or seven, the period to which the cycles of dissociated experiences belong, and which have later on given rise to most of the distressing symptoms from which the patient has been suffering, when the child was in school, a man with a paralyzed right hand happened to come into the schoolroom. The child represented to himself vividly this same condition of paralysis in his own hand; he felt his hand and fingers growing powerless and his arm hanging limp by his side. Finally the feeling of helplessness and mental anguish became so intense, the paralysis so real that, overcome by his emotion, he fainted away. He felt sick for a few days. There is little doubt that such experiences have largely contributed to the patient's abulic state in which his will to move his limbs and especially his hand is paralyzed.

Now as to the homosexual ideas, what was the cause of ideas of sexual inversion, unaccompanied by any desire, foreign to the patient's nature and associated with a feeling of almost "nauseating disgust"?

In one of the hypnoidal states subconscious experiences emerged which, after a little tapping and close following of the course of the warped train of subconscious associations, finally assumed the shape of the following connected account:

When about the age of eight and a half he entered a private school in which there were also boys of the age of sixteen. Two of those boys gained his friendship and one day took him out for a walk into the woods. There they told him of a secret club they had formed and asked him to join it. The little boy was much pleased by an invitation to join a club of big boys. They then took him farther away into the woods into some lonely corner where they proceeded to enter into homosexual relations and urged him to imitate them, ending their urgings by forcible seizure. The little fellow got frightened and ran; the big boys gave chase, but they soon gave it up, as he hid himself in some thick bushes. He told his parents about it and was taken out of the school. This experience lapsed from his conscious memory, but remained firmly imprinted on his subconscious memory, giving rise to the apparently unaccountable homosexual ideas at which he felt so much disgust. The homosexual ideas were really foreign to his character and no wonder his whole nature felt revolting disgust toward them.

There are other ideas, some of an insistent, some of a pleasing character, some of an apparently persisting aesthetic type, ideas and ideals, unaccountable on any other view, but on the theory of dissociated states and disaggregated subconsciousness. We cannot possibly describe here all of them, but we can bring a couple, typical of the rest. Why should the patient be pleased and even become sexually excited at the sight of a green petticoat? Why should the smell of heated iron, the sight and feel of starched clothes be so agreeable and even sexually exciting? Why should a prominent abdomen, large hips, long, pendulous breasts, a few small black patches, interspersed with some little red pimples on the face have a sexual attraction and possess the significance of sexual stimulations? Why, again, should his idea of feminine beauty be jet black, curly hair; large, black, lustrous eyes; a pale, somewhat dark, skin; a pouting mouth; a low forehead and a slightly protruding chin? The method of hypnoidization, or the induction of hypnoidal states gives an insight into these apparently unaccountable and whimsical mental states revealing their origin in subconscious sets of mental systems of his early boyhood and childhood.

Now in the hypnoidal states the image of a female figure emerged, a figure which the

patient recognized as a nurse of his whom he had up to his fifth year. She was a young woman of not more than thirty, of tall stature, with big hips and pendulous breasts, her face bearing the markings of small black plaster patches and red pimples. He sees her ironing some white goods while he tucks and pulls at her dress, at her green petticoat.

She used to fondle him, kiss him, embrace him and press him to her breasts with which she often let him play.

All those subconscious experiences of the patient's childhood have helped to endow definite sensations and peculiar physical characteristics with an otherwise unaccountable attraction and sexual significance.

Likes and dislikes, if they belong to the fundamental instincts, can be traced, if one is sufficiently persistent with the hypnoidal state and the method of hypnoidization, to definite, dissociated, subconscious system, meaningless in the patient's present life adaptations.

Similarly, in the case of the patient's peculiar ideal of feminine beauty, the hypnoidal states brought out the underlying subconscious systems. When the patient was of the age of seven he lived in the same house with his maternal aunt who had a little girl who was his companion in his plays and games, whom he worshiped and adored. It was that little cousin

of his that possessed all those physical characteristics,—black, curly hair; large, black, lustrous eyes; a low forehead; a pouting mouth; a pale, dark skin; a slightly protruding chin,—characteristics which have formed the foundation of his psychopathic ideal of feminine beauty. These subconscious states gathered all the more latent force from the circumstance that the little girl fell a victim to an infectious disease, scarlet fever, and the little fellow stood at the deathbed of his little cousin.

All those experiences may be regarded as belonging to the patient's "sexual cycle" of subconscious life activity.

We may turn now to other subconscious systems which may be designated as the "infectious cycle." What is the origin of the patient's mysophobia? Why and whence his fear of death and palpitation of the heart? As a very young child and at a very tender age he had a rather rich experience in witnessing death agonies. He was present at the deathbed of his great-grandmother just at the moment when she gave up the ghost in the arms of his grandfather; he also watched the death agonies of his aunt who died of tuberculosis. When at the age of seven and a half an epidemic of scarlet fever broke out in the house; his sister, his younger brother and his cousin, fell victims to the

contagious disease, and he was present at their death-bed.

During the hypnoidal states an image of a figure suddenly appeared before the patient's mind, held the hand over the heart, then fell, blood gushing from its mouth. The patient could not identify the figure, but he felt it was some real experience. It is quite probable that this related to some actual event of his early childhood. The fear of infection and of death, as well as the palpitation of the heart consequent on such fears, were, by means of the induced hypnoidal states, traced, as have been the rest of the recurrent psychomotor states, to dissociated subconscious experiences.

But why those insistent ideas about the eyes? For some time this could not be answered. One time, however, the patient happened to go into a deep hypnoidal condition, he fell into one of those intermediary states closely bordering on hypnosis. In this intermediary, subconscious state new episodes from the patient's child-life emerged. We may characterize this cycle of subconscious experiences as "the great-grandmother episode." An ancient great-grandmother of his lingered in the same house with the patient. While in his deep hypnoidal state the patient could clearly see the tall figure of his great-grandmother. She was greatly

emaciated, skin and bone, and he stood in awe of her.

Now this great-grandmother of his suffered from inflammation of the eyes. In the hypnoidal state the patient could recollect the many different liquids she used as washes for the eyes. She lived in a dark room and complained she could not see, the eyes pained her so much.

And now a new experience emerged. Once the patient happened to get an inflammation of the eyes. How he dreaded those great-grandmother's bottles! He had to undergo the ordeal of having his eyes bathed by his great-grandmother's various washes. He also remembers some horrible stories told of people who have pains in the eyes, how the eyes "swell and bulge and then crack and burst." He also recollects stories of people with "glassy eyes," who can take the eyes out and have them "crushed and cracked by passing objects." We can well imagine what a deep and lasting, though subconscious, influence such gruesome tales may exert on the sensitive mind of a highly imaginative child.

Thus by means of the method of hypnoidization, or by the induction of hypnoidal or intermediary states, the various threads of the complex web of insistent or recurrent psychomotor states with their concomitant symptoms have been traced to dissociated,

subconscious systems, having their origin far back in the dim regions of the patient's child life.

The dissociated subconscious experiences, like the moment consciousness of low types, kept on recurring with the same or similar mental content and psychomotor reactions, giving rise to apparently unaccountable, irrational, insistent ideas and emotions, deeply affecting the patient's self-consciousness.

All those experiences have no meaning in the patient's present life activities. They are pathological, just because they are meaningless, not adaptable to the present environment. Biologically they have as much meaning in the economy of the individual as the appendix and a host of other rudimentary organs, functions and processes. Psychopathic states are cases of atavism within the life history of the individual.

The following case may serve as a good example of hypnoidal psychognosis, revealing sets of subconscious systems as the basis of psychopathic symptoms.

M. L. nineteen years of age.

Family history is negative, his parents died when the patient was young, and he was left without kith and kin, so that no data could possibly be obtained.

Physical examination is negative. Field of vision is normal. There are no sensory disturbances. The process of perception is normal, and so also is recognition. Memory for past and present events is good. His power of reasoning is quite limited, and the whole of his mental life is undeveloped, embryonic. His sleep is sound; he dreams little, wets his bed since childhood. Digestion is excellent; he can digest anything in the way of eatables. He is of an easy-going, gay disposition, a New York "street Arab."

The patient complains of "shaking spells." The attack sets on with tremor of all the extremities, and then spreads to the whole body. The tremor becomes general, and the patient is seized by a convulsion of shivering, tremblings, and chattering of teeth. Sometimes he falls down, shivering, trembling and shaking all over. The seizure seems to be epileptiform, only it lasts sometimes for more than three hours. The attack may come any time during the day, but it is more frequent at night.

During the attack the patient does not lose consciousness, he knows everything that is taking place around him, he can feel everything pretty well; his teeth violently chatter, he trembles and shivers all over, and is helpless to do anything. There is also a feeling of chilliness, as if he is possessed by an attack of "ague." The

seizure does not start with any numbness of the extremities, nor is there any anaesthesia or paraesthesia during the whole course of the attack. With the exception of the shivers and chills the patient claims he feels "all right."

Patient was put into a deep hypnoidal condition. There was some catalepsy of a transient character, but no suggestibility of the hypnotic type. In this hypnoidal state it came to light that the patient "many years ago" was forced to sleep in a dark, damp cellar where it was bitter cold. The few nights passed in that cold cellar he had to leave his bed, and shaking, trembling, shivering and chattering with cold he had to go to urinate, fearing to wet his bed, in expectation of a severe punishment.

The patient, while in that intermediary, subwaking, hypnoidal state, was told to think of that dark, damp, cold cellar. Suddenly the attack set on,—the patient began to shake, shiver and tremble all over, his teeth chattering, as if he was suffering from great cold. The attack was thus reproduced in the hypnoidal state. "This is the way I have them," he said.

During this attack no numbness, no sensory disturbances, were present. The patient was quieted, and after a little while the attack of shivering and cold disappeared. The room in which the patient was put into the hypnoidal state was dark, and accidentally the remark was

made that the room was too dark to see anything; immediately the attack reappeared in all its violence.

It was found later that it was sufficient to mention the words "dark, damp, cold" to bring on an attack even in the fully waking state. We could thus reproduce the attacks at will,—those magic words had the power to release the pent-up subconscious forces, and throw the patient into convulsions of shakings and shiverings, with feeling of cold and chattering of the teeth.

Thus the apparent epileptiform seizures, the insistent psychomotor states of seemingly unaccountable origin, were traced to dissociated, subconscious systems, now lapsed and meaningless in the patient's present environment and life reactions. They are recurrent reversions, atavistic manifestations of lapsed, now meaningless groups of psychomotor reactions.

Mrs. L., sixty years of age; married. Family history is good. Parents died of old age; brother died of apoplexy. Patient had one daughter who died some fifteen years ago.

The patient complains of sensitiveness of the stomach, of kidney trouble, and of nervousness. During the attacks of nervousness she is restless, sleepless, and is undergoing "death agonies." The suffering is so intense that, in spite of her religious scruples, the thought of

suicide forces itself on her mind. She has an insistent fear of getting insane; the fear is so intense that she paces the floor night after night, like an animal in a cage.

She is unable to eat and hardly drinks anything when the attack is on. If she attempts to eat, she rejects it immediately. "While my brain is perfectly clear to take up any intellectual pursuit, if I attempt, for instance, to purchase anything in the way of apparel, my brain gets on fire and I walk the floor in a frenzy of excitement, not having the least idea as to the choice I should make. I am not able to sleep or eat, and what little food I eat does not digest. Although so disabled in judgment as to myself, my friends often come to me to aid them in their decisions in matters of apparel, because they value my judgment, which is perfectly cool, when I am deciding for them."

Though the oculists do not find anything special the matter with her eyes, she complains of weakness and occasionally of complete darkness settling on the eyes, at first in the form of a mist, and then, becoming denser, ends in total darkness, a form of functional amblyopia. She also complains of severe headaches,—the head feels at first dizzy, sore, painful, throbbing, and hot, as if it were on fire. Patient also complains of trophic disturbances, of a dry skin, of swellings and rashes on the body. For years

she has been suffering from those trophic disturbances which she terms "erysipelas."

When the attack sets on, the patient becomes greatly depressed,—the hands and the feet are cold; the bowels are constipated; there is irritation of the bladder; tinnitus aurium is present; there is a feeling of pressure in the head with dreams of a distressing character; then the headache grows in severity and becomes throbbing. After a time trophic disturbances appear, such as rashes in the form of "pimples and swellings," with oedema of the legs, of hands and eyes.

Now and then the patient has seizures of coughing spells, and has insistent fears of some impending lung troubles. Occasionally she has epileptiform attacks with slight tonic and clonic convulsions, accompanied with unconsciousness or semi-consciousness. Some years ago she used to have "attacks of helplessness," and even of complete paralysis. She also suffered from tingling sensations in the extremities, "numbness all over," becoming fully anaesthetic over the whole surface of the body.

An examination of the patient shows her to be greatly emaciated; poorly nourished; skin is dry and crackling. There are a few macules and papules, a few wheals and remnants of dried-up vesicles and blebs. Near the margin of the mucous membranes some fissures and

excoriations are found in various stages of healing and crusting. The tongue is coated, furred and there is a heavy smell from the mouth. The lungs are in good condition. The heart-beat is irregular, aortic second sound is slightly accentuated. Patellar reflexes are greatly exaggerated. The eyes do not accommodate well,—the left eye is somewhat defective in convergence during the act of accommodation. Pupillary reaction is rather sluggish. The tympanic membrane of the left ear is slightly thickened, and hearing is defective on the left side. She also suffers occasionally from noises, “buzzing in the head” and dizziness.

Motor activities and sensitiveness to all forms of sensory stimulations are in good condition. No oedema could be found, except a slight puffy condition below the eyes. Several examinations of the urine showed the latter free from any trace of albumin. Patient can see well, but she gets easily fatigued when reading or sewing,—a darkness then comes over her, and everything seems to be enveloped in a mist which is getting heavier and thicker. Field of vision is normal. No reversion of the color field is present.

Memory for present and past events is excellent. Attention is good, but she cannot keep her attention for any length of time; she then begins to complain of fatigue and sometimes

gets an attack of severe headache. Intellectual powers are well preserved, and, in fact, are quite vigorous. Patient is well educated, writes well and has a deep interest in philosophical, especially in theological problems.

Hypnagogic and hypnapagogic hallucinations are well developed; field of vision on closure of the eyes is very rich in colors. Sleep is greatly disturbed, she suffers from insomnia, and when she falls asleep she has quite elaborate dreams, often of a distressing character. Once she had a visual hallucination of her daughter, and another time she had the peculiar hallucination of the reality of the presence of her daughter, who did not appear to the "bodily senses," but to the "inner mental vision," a form of pseudo-hallucination. She has a yearning after something, she does not know what, and is in constant fear of losing her mind.

The fear of insanity is occasionally so intense that she suffers agony. Her general mood or affective state is one of great depression and misery.

A psychognostic examination by the hypnoidal states revealed the following data:

When at the age of five, the patient happened to see an insane woman in a maniacal condition. The image of that woman never left the patient's thought, conscious or subconscious, so deeply was her mind impressed with that

event. She was greatly frightened and the thought kept recurring: "Do little girls get insane?" Since that time she became possessed by the fear of insanity. In her ardent imagination she actually felt that she was getting insane.

When asked about her dreams, the patient was unable to tell anything, but in one of the deeper hypnoidal states she remembered that she used to dream about that insane woman standing near her bed, bending over her and even touching her. Many times she was in such agony of fear that she wanted to cry out, but was unable to do it. When she woke up, she cried in great terror. When the patient gave birth to her child, she was afraid the child would get insane; many a time she even had the feeling, as if the child was insane.

Thus the fear of insanity is traced to an experience of early childhood, an experience which, having become subconscious, is manifesting itself persistently in the patient's consciousness.

The patient's parents were very religious, and the child was brought up not only in the fear of God, but also in the fear of hell and the devil. Being sensitive and imaginative, the devils of the gospel were to her stern realities. She had a firm belief in "diabolical possessions" and "unclean spirits." The legend of Jesus exorcising in the country of the Gadarenes

unclean spirits, whose name is Legion, was to her a tangible reality. She was brought up on brimstone and pitch, with everlasting fires of the "bottomless pit" for sinners and unbelievers. In the hypnoidal state she clearly remembered the preacher who used every Sunday to give her the horrors by his picturesque descriptions of the tortures of the "bottomless pit." She was in anguish over the unsolved question: "Do little sinner-girls go to hell?" This fear of hell made the little girl feel depressed and miserable, and had poisoned many a cheerful moment of her life.

What a lasting effect and what a melancholy gloom this fear of ghosts and of unclean spirits of the bottomless pit produced on this young life may be judged from the following facts:

When the patient was about eleven years old, a young girl, a friend of hers, having noticed the patient's fear of ghosts, played on her one of those silly, practical jokes, the effects of which on sensitive natures are often disastrous and lasting. The girl disguised herself as a ghost in a white sheet and appeared to the patient who was just on the point of falling asleep. The child shrieked in terror and fainted. Since that time the patient suffered from nightmares and was mortally afraid to sleep alone; she passed many a night in a state of

excitement, frenzied with fear of apparitions and ghosts.

When about the age of seventeen, she apparently freed herself from the belief in ghosts and unclean powers, but the fear acquired in her childhood did not lapse, it persisted subconsciously and manifested itself in the form of uncontrollable fears. Unless specially treated, fears acquired in childhood last through life.² She was afraid to remain alone in a room especially in the evening. Thus, once when she had to go upstairs alone to pack her trunks; a gauzy garment called forth the experience of her ghost-fright,—she had the illusion of seeing a ghost and she fell fainting to the floor.

When about the age of eighteen, she began to teach mathematics in a school and worked hard. Being ambitious to advance, she studied assiduously after she was through with her school duties; she worked hard and worried much over her prospects of advancement. It was from that period that her headaches date as well as her first attack of nervous prostration.

When she got married, the duties of housewife and of social relations made life still more strenuous. Motherhood served only to increase the nervous strain and anxiety all the more so as her child was constantly ailing up to the age of five. After years of devotion and of

motherly self-sacrifice she succeeded in bringing up her daughter, who became the very soul of the patient's being.

What a fearful blow it must have been to this frail woman when her only daughter, in the full bloom of her young womanhood, at the age of twenty, began to ail, to sink in health, and was declared an incurable case of tuberculosis. Day and night did the unfortunate mother watch in anguish over her only child. She actually lived through the distressing cough, the gastric and trophic disturbances, the loss of appetite, the nausea, the inability to retain food, the weakness, the helplessness, and the complete prostration of her daughter who did her best to cheer her poor, suffering mother who, with an aching heart, eyes blinded with tears and with a mind distracted by anguish and anxiety, felt her head in a whirl; choking sensations, darkness, fainting spells began to seize on her, spells of darkness against which she struggled in throes of convulsions.

In one of the hypnoidal states I happened to press on the throat, accidentally producing choking sensations, when the patient began to feel faint and, losing consciousness, became convulsed with epileptiform tonic and clonic contractions. The state of unconsciousness, of semi-consciousness or of "Dämmerzustände," lasted about twenty-five seconds, the patient

coming back with a deep sigh and with no memory of what had taken place during the attack. I was thus enabled to reproduce at will the original attacks.

The patient told me that with all her "faith in the Lord" she rebelled against "Providence." "I have blasphemed the Lord,—He is not as good as a loving mother."

The daughter passed away in the arms of the mother, who from that time on had been living through the disease of her child with all the symptoms of trophic disturbances and death agony, but much more complicated and intensified by the agony which she herself had then undergone. Dress, receptions, visits became painful to her, because of the daughter with whom all those enjoyments have been associated. The whole life experience of that period of anguish has persisted in her subconsciousness and has been forcing itself with all its vehemence on the patient's personal self. All those symptoms, however, disappeared during the treatment.

Thus the whole symptom-complex of the disease could by means of the hypnoidal states be traced to dissociated, submerged, subconscious experiences, or to subconscious sets of systems, coming in the form of attacks of insistent mental states, or of recurrent

psychomotor states, now meaningless, harmful, psychopathic.

1. This term has been used by me for dream hallucinations of the intermediary state in passing from sleep to waking, in contradistinction to hypnagogic hallucinations of the state of falling asleep.

2. "Every ugly thing," says Mosso, "told to the child, every shock, every fright given him, will remain like minute splinters in the flesh, to torture him all his life long.

"An old soldier whom I asked what his greatest fears had been, answered me thus: 'I have only had one, but it pursues me still. I am nearly seventy years old, I have looked death in the face I do not know how many times; I have never lost heart in any danger, but when I pass a little old church in the shades of the forest, or a deserted chapel in the mountains, I always remember a neglected oratory in my native village, and I shiver and look around, as though seeking the corpse of a murdered man which I once saw carried into it when a child, and with which an old servant wanted to shut me up to make me good.'" Here, too, subconscious experiences have persisted throughout lifetime.