Insanity of Persecution. By Dr. Réné Semelaigne, Paris. Corresponding Member of the Medico-Psychological Association.

Ideas of persecution may be met with in nearly all forms of mental disease, but I intend at present to deal only with the cases in which these ideas predominate and constitute the very essence of the morbid condition.

The pathological state described by Lasègue under the name of persecutory delusion can no longer be considered as a clinical entity. Lasègue himself stated this shortly before his death, and induced his pupils to revise his work. He had found in many sufferers from persecution the late appearance of ambitious ideas—that is, he said, the dotage of the delusion. The too restricted distinction between "chronic delirium" and "delusions of the degenerate" is wanting in exactness. It will be useful, therefore, to separate and to classify the different varieties. Dr. Jules Falret has devoted to this work all the energy of his green old age; he has, on several occasions, directed the attention of the Medico-Psychological Society of Paris to this interesting question, and, thanks to his insistence, it has been proposed as the subject of the Aubanel prize to be awarded in 1895.

Before proceeding further, I am anxious to explain why I discard the expression "delusion of persecution of the degenerate." And at the very outset we must ask: What is degeneration? Dr. Magnan divides the hereditarily degenerate into four great groups:—Idiots, imbeciles, the weak-minded, and the unbalanced (comparatively intelligent degenerates). Among this last class he describes a special delusion of persecution, and states that individuals may be recognized by stigmata of degeneration, either physical or psychical. The distinctive physical signs are irresistibility, accompanied by agony, complete lucidity, and satisfaction following the accomplished act. In the comparatively intelligent or high-class degenerates the systematized forms of insanity present as special characteristics a sudden onset, delusions often polymorphous, of short or long duration, but without a regular succession of determinate periods. According to Dr. Magnan and his pupils, Drs. Paul Garnier, Briand, Saury, Legrain, and Sérieux, the patients suffering from "chronic delirium" are never degenerates. "Chronic

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delirium" would thus appear to be distinct from degeneration, and that is, in my opinion, the disputable point of the doctrine.

Degeneration, said Morel, is a deviation from the primitive or normal type of humanity. According to this distinguished alienist, insanity is a degeneration, and degeneration is a cause of insanity. Degeneration is acquired or hereditary. The acquired form may be handed down to the offspring, thus becoming hereditary. It is a favourable soil for disease; and the weakest point of the organism, the point of least resistance, is that which breaks down. The brain of the degenerate invites the psychoses. Such patients may recover, for degeneration is not inevitably continuous and progressive. In certain cases it is only temporary, and recovery takes place. There is a return towards the primitive normal type.

To resume, persecution-mania only attacks those who present a predisposition to the inception and evolution of the disease—those who, in one word, happen to be in a state of degeneration. Every persecuted individual is consequently degenerate. Therefore, instead of describing a "chronic delirium" and a "delusion of persecution peculiar to the degenerate," we must admit several forms of delusions of persecution.

But before describing these different varieties it is important to distinguish the difference between melancholia and delusion of persecution.

Dr. Jules Falret thus distinguishes between these two pathological states:—

1. The persecuted are *proud*, the melancholic are *humble*.

2. The persecuted are *active*, and present the general characteristics of monomania; the melancholic are *passive*, and present the physical and mental characteristics of melancholia.

3. The persecuted have the *feeling of physical health*, and suffer only because they are made to suffer; the melancholic, on the contrary, have a *profound feeling of uneasiness, of physical and moral suffering*, and are even so miserable as to be tired of life.

4. The persecuted become persecutors, threatening and *homicidal*, whereas the melancholic tend to *suicide*.

5. The persecuted *accuse others* of making them suffer, defend themselves, and think only of strife and revenge; whereas the melancholic *accuse themselves* of imaginary

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crimes, or believe themselves falsely accused of crimes which they have not committed.*

6. The persecuted are constantly occupied with the *past or the present*, and in most cases go back very far into the past to find evils which others have inflicted upon them; the melancholic, on the contrary, occupy themselves but little with the past or the present, but they have, as Lasègue said, *a constant dread of the future*, and of all kinds of misfortunes which are going to happen either to themselves or to their families.

7. The persecuted often tend to delusions of *grandeur*, and the melancholic to delusions of *negation*.

These characteristics seem to establish a clearly defined separation between melancholia and mania of persecution. But, in practice, we meet with a certain number of patients who appear to present symptoms common to both these states. Drs. Ballet, Séglas, and Jules Voisin have lately reported certain cases of mania of persecution who in many respects resemble melancholiacs; patients accusing themselves of imaginary crimes, and feeling so miserable as to be tired of life. The observations of Lasègue and Legrand du Saulle regarding suicide in mania of persecution have been called in question; but Dr. Christian has protested against too absolute affirmation in an article published in the "Annales Médico-psychologiques" for 1887. Some have gone as far as delusions of negation; some have committed suicide. On the other hand, there have been melancholiacs who became homicidal, or who entertained ideas of grandeur.

I was lately called to attend a lady suffering from melancholia, and tormented by an irresistible impulse to attack those around her. The sight of children inspired her with a desire to tear and eat them. She could not look at strawberries and cherries, because the red colour gave her ideas of blood and murder. "I should like," said she, "to kill all past, present, and future generations, to destroy all that ever was, is, or will be." And she added: "I never had such a clear memory as at present. I remember the names of persons seen when I was a little child, and long forgotten, and I wish to kill them." This was a woman of remarkable intelligence and of the highest culture. She could converse on many subjects, and even corrected the proof sheets of a book while thus affected. It was with an

* It is necessary to carefully distinguish between these two classes of melancholiacs.

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inexpressible anguish that she waited for the executioner who had to inflict on her the fearful tortures decreed for so great a criminal. At last, one morning she declared that she knew her crime; she was the Anti-Christ; she had guessed it in the course of the night.

So, if we meet with ideas of homicide and of grandeur in certain cases of melancholia, we may also ascertain the presence of self-accusation, suicide, and even delusions of negation in those suffering from delusions of persecution.

Baillarger has pointed out psychical hallucinations, and Séglas has described verbal psycho-motor hallucinations, so called in order to direct attention to the intervention of the motor centres of language. This physician, and later Dr. Jules Voisin, have lately proposed to designate under the name of the psycho-motor variety of persecutory delusion certain states characterized by a sudden doubling of personality, with want of will power, and impulsive motor hallucinations. Those patients most frequently explain their symptoms by ideas of demoniacal possession. Some blame hypnotism or the telephone. They are, at the same time, victims of obsession and possession; their thoughts are guessed and stolen; they find themselves compelled to speak by an internal power, or are absolutely incapable of uttering a word.

But this form is not always primary and inceptive. There are those who only present psycho-motor hallucinations after long years; and, on careful investigation, some of these hallucinations may be observed in nearly all varieties of delusion of persecution. They are very frequently met with in women whose derangement appears about the change of life, and are then nearly always auditory hallucinations. With others, on the contrary, the phenomena of hearing are confined to insane interpretations; these are in most cases individuals with a hereditary taint, who, instead of presenting the type of the proud persecuted, are rather the humble persecuted. They say, indeed, that people harbour ill-will against them, but they admit that it is with good reason. Drs. Ballet and Séglas have directed attention to these guilty self-accusing victims. They may, at any moment, and under the sway of exasperation, commit a murder, but they are rather inclined to suicide. The generative organs appear to exercise a certain influence on the evolution and form of their insanity.

Lasègue had pointed out the "persecuting persecuted,"

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Dr. Jules Falret repeatedly insisted on this clinical variety, and induced one of his pupils, Dr. Pottier, to make it the subject of his thesis. Further, the legal responsibility of this class was the subject of a discussion at the Congress of French-speaking alienist physicians held at Lyons in 1891.

Nearly all alcoholics present ideas of persecution. But we meet with some, generally hereditary cases, who, under the influence of alcohol, are seized with a true systematic delusion of persecution. This delusion often disappears after a few months, but it may continue, and even become permanent.

Certain senile cases who, in the previous course of their existence, have not presented any clearly marked morbid troubles, may be seized with delusions of persecution, beginning with attacks of dizziness, and presenting certain special characteristics.

To resume, there is not *one* persecutory insanity; there are several. To propose a clear and distinct classification of them would be difficult. I rely on you, gentlemen, to assist me in this undertaking, and shall, firstly, propose two great groups—on the one hand, the *persecuted who are proud* or self-satisfied; on the other, the *persecuted who are humble*.

A. The first group, the persecuted who are proud, has been the more minutely investigated, and contains five varieties:—

1. Delusions of persecution, with systematic progressive evolution.
2. Delusions of persecution of reasoning persecutors.
3. Delusions of persecution of alcoholism.
4. Delusions of persecution at the climacteric.
5. Delusions of persecution of senility.

B. The second group, the persecuted who are humble, contains the patients who present delusions of persecution, with ideas of guilt. These patients have generally no hallucinations of hearing, but insane interpretations of the sense. They are inclined to suicide, and frequently present a doubling of personality.

Let us take a rapid glance at these different types:—

1. *Delusion of Persecution, with Systematic Progressive Evolution*, which is the typical variety. It is the form described by Dr. Magnan under the name of "Chronic insanity, with systematic evolution;" by Dr. Garnier under the name of "Systematic progressive psychosis." Dr. Jules Falret has, in a masterly manner, explained its evolution in his lectures

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at the Ecole Pratique, and at the Salpêtrière. This variety may be divided into three periods.

a. Period of incubation.

b. Period of invasion.

c. Period of typical state.

To these three periods is sometimes added a fourth, as we shall see presently.

a. Period of Incubation.—The beginning of the disease generally occurs about the age of puberty, after a very long period of incubation, of which the patient is unconscious. He has not yet adopted determinate delusions. It is the period of *primary anxiety* of Dr. Magnan, the period of *insane interpretation* of Dr. Falret. The patients falsely interpret true facts; they apply to themselves words they hear pronounced around them; they are distrustful, they isolate themselves, and are restless, moving from place to place.

b. Period of Invasion.—Hallucinations of hearing begin to be formed. They consist at first of words, separate short sentences, and coarse expressions directly addressed to the patient. To the hallucinations of hearing are added hallucinations of general sensibility, which generally follow, but sometimes precede them.

c. Period of Typical State.—This is the period of systematized delusion. Some patients, as Foville said, hurry over the first stages, but the affection is generally very chronic. This period may be subdivided into three—(1) *Ideas of vague persecution.* The patient says, "They electrify me, they abuse me, they mix injurious substances with my food, they fling bad odours at me," etc. (2) Ideas of *collective persecution.* He believes in mysterious influences (the devil, secret societies, Jesuits, Freemasons, the police, etc.). (3) *Personification of the delusion.* It is no longer a collection of individuals; it is some person in particular who persecutes the patient. The latter has made his choice of the persecutor—a relative, a friend, a neighbour, a servant, a priest, a doctor, a real or imaginary being. These patients are very dangerous, because from being persecuted they readily become persecutors; and, if they are not dealt with in time, they take revenge. Quite lately one of my friends, Dr. Gilles de la Tourette, was shot by a female patient who wished to kill a specialist in nervous diseases. Fortunately, he was but slightly wounded, and the patient was placed in an asylum, the only place suitable for her. This period very

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seldom ends in true dementia; they may go on to 70 or 80 years of age, and still retain their full intellectual activity, along with systematic delusions.

The period of delusional systematization gradually culminates in fixed delusion. The patients have then a special vocabulary and language, which at the first word, render the diagnosis of that state easy. With the abuse directed at them are mixed words of consolation; good voices answer the bad, and take up the defence of the patient. It is then that psycho-motor hallucinations and the doubling of personality are manifested. Their thoughts are stolen, they hear them repeated before they have been able to open their mouth. Sometimes words are spoken to them which they do not understand. This indicates a very chronic condition.

d. Period of Ideas of Grandeur superadded.—Delusions of ambition, constant in some, are not so in others; they are, however, very frequent. Ideas of grandeur are added to ideas of persecution, but do not efface them; often hidden, they may exist when not suspected. They are produced in three different ways—1st. By the logical process of Foville. The patients, in seeking the cause of the persecution to which they find themselves exposed, finally imagine themselves to be persons of great consequence. 2nd. By the intervention of hallucinations of hearing; the voices keep telling them that they are such or such a great personage, that they belong to a Royal Family, etc. 3rd. Sudden apparition, often within the space of one night. The patient awakes in the morning with an idea of grandeur which has come to stay. Some can specify exactly the day and the moment when the idea originated.

Professor Mairet, of Montpellier, thinks that the delusion of grandeur is more or less marked from the very first, and that the germ of it may be discovered in the personal antecedents, even before the development of mental trouble.

2. *Delusion of Persecution of Reasoning Persecutors.*—Nearly all the persecuted may, at a given moment, become persecutors, and have recourse to acts of violence; there are some who, falsely interpreting a true fact, reason about their delusions, and pose before the public as enjoying the full possession of all their faculties. These patients, by so much the more dangerous as their derangement escapes recognition, had been recognized by Lasègue. Dr. Jules Falret has also described their mental condition most minutely; and Dr. Pottier has referred to them in his thesis

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in 1886. These patients present the bodily and mental characteristics of moral insanity. They present the physical and psychical stigmata of morbid heredity. There are frequently anomalies of the generative organs. From their very childhood they are odd, eccentric, averse to discipline. Their life is full of adventure and excitement. They are generally intelligent, and often enjoy a remarkable facility of elocution. They discuss their grievances, and earnestly endeavour to justify themselves by copious arguments. Tortured by a thirst for notoriety, and by the desire for revenge, they continue to dog the footsteps of those whom they have chosen for their victims. They have recourse to letters, to visits, to threats, to law-suits. Some day, at last, they do not obtain the reparation looked for, and they use violence.

If they are put under arrest, their mental condition is difficult to demonstrate, because they are reticent, and very cleverly hide their delusions. A short stay in an asylum is sufficient to calm their excitement. They protest against being confined, they write to everyone, and finally manage to procure their liberation. They then recommence their attacks, either on the same persons or on the doctor of the establishment where they have been confined.

Most frequently these patients present no hallucinations of hearing nor of general sensibility; but they have occasionally insane interpretations. In general they are proud, but their ambitious notions differ from those of the other persecuted. They have a high idea of their merit, but never go so far as to believe themselves God, King, etc. We often observe cerebral congestive or convulsive attacks, which are renewed several times in the course of their existence. Dr. Jules Falret observes that most of them die of some affection of the brain. In no case does their mental state lead to the chronic periods of persecution with systematic progressive evolution.

We may distinguish three varieties of reasoning persecutors, the *criminal*, the *litigious*, the *amorous*.

In the case of the first, the ideas of persecution end in an attempt at murder. The most dangerous are those whose delusions escape notice until the day when a murder attracts public attention. The skilled physician, appointed to examine the murderer, often finds it most difficult to render the true mental state obvious; the newspapers exclaim that alienists see madmen everywhere, and that their whole science con-

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sists in (sometimes) saving the guilty. The direct examination of the patient is often insufficient, for he dissembles with rare ability. All the acts of his life must therefore be carefully reviewed, his daily conduct must be thoroughly investigated, his manner of living must be well inquired into. His writings may be of great use for diagnosis—*verba volant, scripta manent.* The correspondence of reasoning persecutors is generally voluminous, and consists of begging letters, letters full of abuse or threats, endless demands and profuse pamphlets. We often find words traced in special characters, underlined with coloured ink, etc. Occasionally we meet with a special vocabulary (neologisms).

The sayings and doings of litigious persecutors, instead of ending in criminal prosecutions, culminate in civil law-suits. These are the patients described by Dr. Krafft-Ebing under the name of "querulants." They are liars, untrustworthy, endowed with a special aptitude for distorting the truth.

The amorous persecutors incessantly pursue the object of their passion. They spy on all his actions, frequently overwhelm him with burning declarations of love, and the objects of this amorous persecution are often obliged to apply to the police for protection.

3. *Alcoholic Delusion of Persecution.*—The persecuted, said Lasègue, seems to have more than one feature of resemblance to the alcoholic. But, he added, the more we study these two forms of delusion, the fewer are the points in common. If Lasègue were still alive, he would undoubtedly have modified his views. All alcoholics entertain ideas of persecution, but a certain number have delusions of persecution with special characteristics. Professor Ball has, in his course of lectures at the Asylum of St. Anne, directed attention to this class. "They have numerous and continuous hallucinations of hearing; they are surrounded by enemies; they dread imaginary plots, and sometimes they are able to point out their persecutors. But what specially distinguishes this alcoholic delusion is that it is essentially curable, and, if certain alienists have admitted that a considerable proportion of the persecuted could return to intellectual health, it is probably the alcoholics to whom, either wholly or in part, the result of these statistics is due." Professor Schüle, Physician at the Asylum of Illenau, also describes acute and chronic alcoholic delusions having the characteristics of the delusion of persecution. The acute

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form, subsequent to an excess of drink, is cured after a few months. The chronic form, which is only met with in the advanced stages of intoxication, presents derangements of motility and sensibility, erroneous interpretations of sensory impressions, especially at night, hallucinations of hearing, sight, and touch, but the delusional ideas are rarely united into one logical system. Premature dementia soon becomes complete, but transformation sometimes occurs with the appearance of ambitious ideas. There is, therefore, an alcoholic delusion of persecution with physical or mental characteristics. The physical characteristics (slight trembling, anæsthesia, partial convulsion, etc.) are passing symptoms of alcoholism. As mental characteristics we find frightful dreams, exaggerated terrors, subjective perceptions and even hallucinations of sight. These ideas of persecution are generally mobile, and disappear after a certain time. The symptoms gradually decrease, and often there is a cessation of the delusion which may pass for a cure.

The persecuted alcoholics are often inclined to suicide. I was called lately to attend on a patient who had poisoned himself to escape from his persecutors. This man, 52 years old, belonged to a respectable family, but had lately been addicted to absinthe. For some months he was under the impression that the passers-by looked cross at him or sneered while pointing him out. Then he heard someone speak under the floor of his room. These voices accused him of crimes, and threatened to have him thrown into prison. He attributed this to the persons living in the flat beneath him, and soon he fancied that his cook was in league with them to cause his disappearance. One morning, in terror, he swallowed the contents of a glass filled with copper solution and turpentine. When I saw him, a few hours afterwards, he told me about his persecutors and his anguish. But the hallucinations had disappeared. "I suffer too much," said he, "to hear their words; but if they recommence I shall jump out of the window." He had no occasion to carry out his project, for he died on the following day.

4. *Delusions of Persecution at the Climacteric.*—Delusions of persecution at the change of life present a rapid evolution; hallucinations of hearing are nearly always constant, and appear early; the disease quickly presents the symptom of double personality, and is in most cases incurable.

Dr. Savage has specially directed attention to a deafness

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in both ears, which at first is hardly noticed, and which develops simultaneously with the hallucinations of hearing. It frequently begins with fits of dizziness, a symptom of the congestive state peculiar to this period of life. These persecuted individuals become suspicious without motive. They change their way of living, and avoid their friends. Sleeping little at night, they often get up, search their room and the neighbouring apartments. They often change their residence, and complain of their neighbours. To the hallucinations of hearing soon are added hallucinations of general sensibility, and finally psycho-motor hallucinations. People read their minds, steal their thoughts; their words are repeated as soon as they have been conceived. Double personality sets in. To the voices of enemies are joined the voices of friends, who take up the defence of the patients. These persons are victims of obsession and possession. It is in this class of patients that we find the witches of the Middle Ages, those possessed by the devil, and those led in imagination to the witches' sabbath. Dr. Séglas has, within the last few years, collected a considerable number of observations on this subject. The devil still holds sway over certain weak or backward minds, but he is generally dethroned by magnetism, electricity, and the telephone. Certain persecuted patients imagine themselves to have become the tool, the slave, of such or such an individual. Dr. Séglas mentions an instance of a woman who believed herself possessed by five priests; one of them was in her head, one in her belly, one in her stomach, two in her throat; they dictated to her the acts of her life. In 1884, when I was resident physician at the Hospice de la Salpêtrière, I had under observation a female patient, 44 years of age, who was just in the beginning of her delusion of persecution, and whose clinical history is as follows:—

A. B. C. had a strongly-marked morbid heredity; her maternal grandmother and one of her aunts had been deranged; her father, a very nervous man, had died of consumption; her mother had always exhibited an irritable and intractable character. Until the age of forty-three the patient did not present any morbid symptoms, except rather frequent returns of facial neuralgia. For the last few years, she said that she had seen lights appearing which again immediately disappeared; this was, according to her, a sign of prosperity; if, on the contrary, a sudden shadow appeared before her, some misfortune was imminent. In the night of the 1st of July, 1883, she saw her room

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crossed by luminous rays. The following nights she could not sleep, and felt electric shocks in her limbs. She heard cracking in the furniture, stones falling down the chimney, and taps at the window panes. In the night between the 13th and 14th of July she heard a voice, that of her Father Confessor, the Abbé G— ; but it was not he. It was the Abbé P—, Vicar-General of Rheims, who borrowed this voice to speak to her. At this period she still believed that the voices wished for nothing but her welfare. She no longer remembers the words spoken to her during this night, but she does remember that she answered, "Well, we shall have to get married." This reply drew down upon her violent reproaches. From that moment the voices continued to make themselves heard. On the 16th of August she left Rheims, in obedience to their command, at six o'clock in the morning, and visited Our Lady of Liesse in order to pray; she returned to Rheims the same evening. At the moment when the train passed before a place called The Mill of Betny, the voice said to her, "You shall not go further." These words remained on her mind, and on the following day she entered on the same journey, but on foot. On passing before the tomb of Monseigneur G— she was obliged to remain two hours motionless and without sitting down. Then she repaired to a chapel right opposite the grave and remained there two hours more without being able to move. Seeing that she was looked at, she imagined that she was taken for a thief, and, upon command of the voice, set out again on her way. She walked straight on as far as the Mill of Betny, and then she wanted to stop. But the voice commanded her to continue her way, forbade her any rest, and conducted her by different ways. The persons whom she met immediately guessed where she wanted to go to, and pointed out the way for her. Night having surprised her in the open country, she slept in an inn, and set out again on her journey on the next day. She arrived at the station of G—, and then the voice gave her leave to take the train to Our Lady of Liesse. She returned to Rheims on the following day, and stated that all her neighbours looked at her with curiosity. On the 9th of September she was forbidden by the voice to leave her room, and for nine days she satisfied her hunger with one loaf, for she was not allowed to open the door for anyone. The chief of the police, called by the neighbours, ordered the door to be opened. On the 1st of October she attended a novena in honour of Saint Remi. At this moment she heard different voices, and found that they belonged to priests. It was a synod, in which she was chosen to perform a religious mission, of its purport she was ignorant. One voice rose and was opposed to having the mission entrusted to her. That voice was the voice of the Abbé P—, Vicar-General.

In the course of the month of December, being at confession, the patient for the first time became aware that she was persecuted; until then she thought that the commands which she received had no other

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aim but the good of religion. The Abbé P—, hidden in the confessional, answered through her mouth. From that day she ceased to go to confession.

In Passion week of 1884, that is to say in the last days of the month of March, not knowing how to get rid of the obsessions of her persecutor, she decided to apply to the Archbishop of Rheims; and she succeeded, in spite of the stubborn resistance of the Abbé P—, who deprived her of the remembrance of words, in writing a letter in which she exposed the persecution of which she was the object. In consequence, that very evening the persecuted woman's mind became more active. Three days after, on the eve of Palm Sunday, at the moment when she was going to visit the cemetery, she passed near the mortuary, the gate of which was half open, and perceived a great black shadow dressed in a soutane. She guessed that it was the Abbé P—, who was waiting to kill her; she hurriedly turned back and barricaded herself in her room. Only two days later she decided to go out to visit the cemetery, and to cover her parents' grave with flowers. In the cemetery she was compelled to look around her incessantly and to blow in the same direction as she looked.

On the following day, at two o'clock in the morning, an hour in which these persecutions became especially violent, she felt herself warned to watch the door which the Abbé P— intended to force. She got up, and for four hours held on to the key, which she saw being turned in the lock as soon as she left it one second. That very morning she had a new lock put on, and an iron bar put through the ring of the key; but every night the Abbé P— continued to bang the door, and she heard steps on the staircase.

Determined to put an end, in some way or another, to these perpetual anxieties, she repaired to the chief of the police, and afterwards to the Archbishop of Rheims, who advised her to leave the town and to go to Paris. She arrived in Paris on the 15th of April, but the Abbé P— did not cease to persecute her.

Her family, uneasy about her, caused her to be placed in La Salpêtrière, on the 1st of May, 1884. For the first six weeks the patient spoke little, she had no right, she said, to reveal what was going on within her. Then she related the persecutions of which she was the victim.

On the 1st of July she entered the infirmary, and in the course of the night felt great pain in the abdomen; it was the Abbé P— who wished to force her to have her menses.

About the end of September she announced that the persons who were well disposed towards her were triumphant, the Abbé P— had lost his power, and he was *morally* bound to die on the 12th of October. The persecutions gradually decreased in intensity in proportion as the Abbé P— was dying; finally on the date fixed the persecutor had ceased to live.

For a few days the patient had no longer any hallucinations, and

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was at last able to pray, which she had been unable to do for a long time. Only one thing tormented her; she had darts and shoots in the belly, which she imagined she saw increase in size from day to day. She understood that, during the night of the 1st of July, when she felt such excruciating pains in the abdomen, she had become *enceinte* by the Abbé P—.

In the last days of October the persecutor returned to life; he incessantly abused the patient, choked her, gave her shakings in all her limbs, and sent her pains in the womb to cause abortion.

I left La Salpêtrière on the 1st of October, 1885, and since that time have but seldom seen the patient. She used to receive me with pleasure, and relate the misdeeds of the Abbé P—.

Dr. Séglas, assistant physician of the Salpêtrière, in January, 1889, four years later, described her condition as follows:—"She has predominant hallucinations of hearing, but, side by side with the *attack* there is also the *defence*, and as the ideas of persecution, so also the ideas of defence are based upon hallucinations. The consoling hallucinations which appeared only a few months after the distressing hallucinations were at first, like the latter, perceived by both ears. Later on they became epigastric voices, but yet they were accompanied by a sense of hearing, which the patient distinguishes from the hallucinations of hearing that occurred in the beginning. It is probably like a kind of low voice. At the same time they were accompanied by very clear motor symptoms.

"There are some," she said, "which come and speak in the mouth and compel the tongue to move, but the mouth remains shut and no sound proceeds from it. I understand what the voices say by the movements of the tongue without pronouncing anything." At other times she pronounces the words in a low or even in a loud voice. Again, certain sounds of those conversing with her are expressed by her mouth, and when she speaks she distinguishes her voice from the others whose tone and accent are different. From some time back pure hallucinations of hearing are very rare, almost restricted to attack, and in the form of epigastric voices or by the mouth. But that is rare; most frequently, on the contrary, they prevent her from speaking. For a considerable time also, this patient has presented the phenomenon of the echo of thought. At present, although the ideas of attack still exist, and are very distinctly marked, yet it is defence which predominates, and to such an extent that the patient says she has triumphed, she is powerful, she wins the day. Now that she has been victorious in the struggle she will go forth sooner or later, and her history will instruct her fellow-sufferers. Let me add that during the last few months her intellectual faculties seem to become less clear; and the delusion is much less coherent."

I have to apologize for having reported the case at such length, but it fully and clearly sets forth the delusions of

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persecution of the change of life, and it but rarely happens that one physician can follow the evolution of the disease from the beginning.

5. *Senile Delusion of Persecution.*—Senile delusions of persecution begin by symptoms of dizziness and congestion. The patients imagine that they are ruined, that they are robbed, that people want to kill them. They believe themselves the victims of all those who surround them, relatives and neighbours. They are possessed by fear, and, in this respect, may be compared to the sufferers from melancholia. They have numerous hallucinations of sight. They see ghosts, terrifying objects; there are phantasmagoria, figures passing along the wall. Are these hallucinations of peripheral or central origin? It would be interesting to solve this question, but numerous autopsies would be required. Dr. Christian, physician at Charenton, has observed in one of those patients hallucinations of sight which continued for five years, and which autopsy demonstrated to have been caused by a tumour of the pituitary gland, compressing the optic nerves.

Among the senile persecuted, some preserve their hallucinations and suspicions for a long time, others rapidly fall into dementia. I am at present attending a gentleman sixty-nine years of age, who, during his whole lifetime, had exhibited an imperious and difficult character, but whose intelligence had always been clear and precise, and whose conduct had been irreproachable. Twenty years ago he had an attack of apoplexy which left no apparent injurious effects, either physical or moral. For the last three years he has become suspicious, full of fear, not daring to remain alone; on the walls figures appear, making grimaces, and insects of different shapes. He refused to eat under the impression that his cook wished to poison him. One day he went out for a few minutes and disappeared for twenty-four hours. He was found trembling in the suburbs, and said that the car-drivers wanted to kill him. Since that time this idea haunts him; as soon as he hears the rolling of a carriage he imagines that the drivers want to get hold of him; he sees them invade the garden, climb through the window, and penetrate into the house. Dementia is now making rapid progress.

The senile persecuted often have ideas of suicide and want to kill themselves to escape from their persecutors, but these ideas of suicide are not the result of reasoning and are

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not consistent. They partake of the senile form of the delusion.

B. *Humble or self-accusing persecuted.*—By the side of the proud or self-sufficient persecuted there are also the humble persecuted who confess themselves to be guilty. They are for the most part individuals of inherited morbid tendencies, presenting physical stigmata of degeneration, especially in reference to the genitalia. In general they have no hallucinations of hearing, but suffer from insane interpretations. They are guilty victims, differing in that respect from the proud persecuted, who are innocent victims. They feel anger against their persecutors, and even in a moment of exasperation may have recourse to acts of violence, but as a rule they cherish no real hatred, and they are rather despondent than aggressive.

If they have few hallucinations of the senses, they sometimes present hallucinations of general sensibility, and pretty often at a given period psycho-motor hallucinations which finally demonstrate the double personality. Drs. Ballet and Séglas have recorded several cases of this variety, which well merit attention, and which should not be mistaken for melancholia, with which, however, it has certain points in common.

In the case of the self-accusing persecuted the ideas of persecution are in general tenacious and persistent, with occasional periods of remission.

But between these two groups—the persecuted who are proud and the persecuted who are humble—one meets with intermediate cases. At the last meeting of the Société Médico-Psychologique of Paris, Dr. Séglas reported the case of a woman who had been during a long period humble, anxious, and self-accusing, and who had made several attempts upon her own life; and who afterwards became self-sufficient, inclined to suspect others, and aggressive.

I conclude by begging you to excuse me, gentlemen, if I have abused your patience; but I was anxious to ascertain your opinion on this important question, hitherto merely outlined. I shall be grateful to you if you will spare me neither your advice nor your objections. Mental science cannot but gain by public discussion, especially when the speakers belong to the Medico-Psychological Association of Great Britain and Ireland.

DR. NICOLSON, in speaking to the paper, said it would be a mistake for anyone to attempt to hastily criticize the paper which Dr. Semelaigne had taken so much trouble to compile, and in which he had placed before the meeting, in

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excellent language and clearness, experiences which had fallen within his sphere of work on this particular subject. Therefore he (Dr. Nicolson) would merely mention one or two suggestions and points that had occurred to him during the reading of the paper. The first of these dealt with actual cases where violence had been committed, and which had come under his own observation at Broadmoor. A remarkable difference exists in the number and character of the cases on the male side as compared with those amongst the women. The number of homicides in Broadmoor amounts to about 340. The proportion of cases of homicide is, for the whole population, 53 per cent., for male inmates alone 43 per cent., and for female inmates alone 82 per cent. But, curiously enough, in many cases the homicidal act amongst the women is preceded, not by delusion of persecution, but rather by an anxious and insane melancholy which results in the homicidal act being committed from motives of kindness. Dr. Nicolson said he would not enter into the history of that, more than to say that it is a feeling which anyone may recognize as occurring to friends on the approach of death, and their consequent severance from some pet horse or dog. We can understand such an one at the last saying "Rather than that my pet should be ill-treated by those into whose hands it may fall I'll kill it myself, or leave instructions for it to be killed." And so the insane woman, crushed by a feeling that she is condemned to all eternity, and that her child will come to a bad fate —the workhouse or the gaol—deals with it as an ordinary sane individual would sometimes do with his horse or his dog from the best possible, or at all events from kindly motives. On the other hand, amongst the men there can be no doubt that delusions of persecution are present in a very large number of cases. And then, passing from that, one might refer to what one might briefly term the drink cases. Dr. Nicolson's experience was that there are three forms where drink has been the means of inducing homicidal results as the outcome of mental derangement. Firstly, there are cases of delirium tremens resulting from mere alcoholism—excessive use of intoxicating drinks. Secondly, there are those cases where, with some existing insanity or predisposition to insanity, chronic drinking and toping lead to delusions of persecution and to morbid suspicions. Thirdly, there is the group which has not been very extensively worked out, and they are those where for a considerable time some delusions of persecution have been presenting themselves in an ordinary melancholiac—where the individual has had enough strength of mind left to restrain himself from acts of violence, until a comparatively slight indulgence in alcohol (often "to keep him up," as the friends say, when he has been refusing his food) terminates his capacity to control himself, and brings about the violent or the homicidal act. These are classes which exist, and which it might be worth while to take up and work out. The only other point referred to by Dr. Nicolson dealt with the cases where there is distinct evidence of the *growth* of delusions in sane people, the most typical examples of this being those instances where our public servants fancy that their merits have been overlooked, and develop a grievance which ultimately upsets their mental balance in a sort of monomaniacal form. And this has in quite a number of cases become a monomania with distinct and definite ideas of persecution. I am quite sure we are all very grateful to Dr. Semelaigne for his paper, and it suggests so many things that one can only regret that time is so limited.

Dr. CLOUSTON—I am sure that we are very much indebted to Dr. Semelaigne for his paper. It is upon a subject which we have not discussed sufficiently in this country—not so much, certainly, as in France. The only remark I have to make is in regard to the pathological basis of "suspicion." When we come to inquire into the pathological condition of the brain we shall find that nearly all these cases of morbid suspicion are attended by anæmic conditions. Where there are paralysis and such gross lesions the notions of persecution are not so common. If we look, on the other hand, to exhausted brains and syphilitic brains in the second stage, where there is a certain

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amount of syphilis of the arteries, etc., we shall find that these delusions tend to prevail. Also in chronic alcoholism we know that in most cases they are not liable to morbid suspicions. Where you have a certain amount of degeneration of the blood forming glands and capillaries the man tends to be suspicious and sometimes to commit crime. One always inclines to hold that any brain developing suspicion is an anæmic brain. We must remember that suspicion is a protective instinct. These delusions are a mere exaggeration of a necessary mental quality. In regard to Dr. Semelaigne's introductory remarks about degeneration, I think that perhaps we are in danger of using the word degeneration to cover nearly everything. There is a little French book recently published in which the word "degeneration" is scattered broadcast. It covers mental, moral, and physical defect, from original sin down to complete dementia.

Prof. BENEDIKT—A persecutory insanity does not exist. The sentiments and ideas of persecution are present in all forms of insanity, and also in healthy life, and they have some importance, primary or secondary. In the question under discussion, the expression "degeneration" is used in a special sense—in the sense of Magnan. In this form the persecutory delusions have a special and extreme importance.

Dr. ATKINS—I think that the most important of Dr. Semelaigne's remarks is the differentiation of the various types of persecutory delusion. Now, in this country, as Dr. Clouston has remarked, we have not sufficiently investigated the various forms of persecutory delusion; but still I don't think that we see the same number of forms of this disturbance as is witnessed in France and on the Continent. At the same time, we will find, I think, that in this country there are special types of this form of persecuting delusion. Recently I have been interested in reading the remarks made at a meeting of the French Psychological Society, and I have observed several cases which I believe bear out the view that this form of persecutory delusion is really an entity in itself. I have known a senile case in which the delusions developed till he arrived at the higher type of negation, and denied his own existence, the functions of his body, and everything. Unfortunately, I was unable to examine his brain after death. I have also at present a patient who imagines that invisible foes are tearing out his hair and plucking him by the nose, and he hears their voices distinctly. It is a perfectly organized delusion, and will last during life. But in this country we see cases where recovery follows more rapidly than in the degenerate forms. I entirely agree with Dr. Clouston when he says that they are the outcome of anæmia, and where that anæmia leads to a general degeneration of the brain itself, and where it produces such conditions of degeneration as to perhaps lead to permanent dissolution. But whether there are such types in this country as Dr. Semelaigne described is extremely doubtful. If a person examined a brain under a microscope I don't know whether he could distinguish between that of the sufferer from negative delusion and that from persecutory delusion.

The PRESIDENT—I think we are extremely indebted to Dr. Semelaigne for the full and able paper with which he introduces this discussion. I observe with satisfaction that he seems to differ from Magnan as to the existence of that form of insanity which has been described as chronic delirium. This, as Dr. Semelaigne has told us, consists of a condition which is supposed to begin with persecutory delusions, proceed to ambitious delusions, and end in dementia. Such cases, indeed, one has been accustomed to see from time to time. But the result of my observation is entirely in accordance with Dr. Semelaigne's—that they do not constitute a distinct type. As the persecuted lunatic breaks down and becomes imbecile he is very liable to exaggerate his own importance and acquire delusions of an exalted type. I think it is not possible to divide the forms of insanity into the number of very distinct classes which some of our Continental brethren are inclined to adopt. Cases may be regarded as types—sometimes

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very remarkable and distinct, yet melting into each other, and not really to be described as separate entities. Dr. Atkins has spoken of forms which we see in this country of persecutory insanity of brief duration. This is no doubt the same form which is described by some German writers as Wahnsinn. It was not acknowledged a few years ago as an acute form of disease, but now it is clearly and generally recognized. There is a point I should like to dispute with Dr. Clouston, namely, his notion that the condition of persecutory delusion depends upon anæmia. He has distinguished between the condition of a man suffering from acute alcoholism and one suffering from arterial degeneration resulting from chronic alcoholism. But I don't know whether a man suffering from alcoholism can get a sufficient supply of blood to the brain at any stage. His brain may, indeed, contain a quantity of blood, but not of proper quality, and I question whether his cortex is not anæmic in the strict and physiological sense of the word when he is in a condition of acute alcoholic excitement. When the blood is laden with poison it fails to nourish his brain as it ought. Thus the thing is not so simple as it seems, and the problem is not to be disposed of in this off-hand way. Besides, there is another point quite against the anæmic theory. These conditions of persecutory delusion are generally of life-long duration. Now, having ventured to dispute Dr. Clouston's judgment in these matters, I am anxious to express my agreement with him in much of what he says about the abuse of the word "degeneration." We owe a great debt to the French school of Morel and many of his followers. But I think in France, and also in Italy, the subject has gone far beyond reasonable limits. Dr. Clouston has spoken of Dr. Féré's book. Well, it is moderate, and Dr. Féré is a scientific writer. But the tail of Morel's school has gone great lengths in absurdity. One of the most amusing books I have read lately is that of Max Nordau, "On Degeneration." In it all the gods of modern idolatry—novelists, poets, painters, sculptors, and musicians—are described as degenerate. The delighted Philistine hears that Wagner is degenerate; that Oscar Wilde, of whose success in the Metropolis his hungry countrymen over here are justly proud, is degenerate; that the odious Tolstoi is degenerate; that the more odious Ibsen is more degenerate; and that the miserable Zola presents not only the moral, but the physical signs of degeneration. Well, this is all very amusing, and delights the Philistine. I read the book with great enjoyment, for I am a Philistine of the Philistines; but as a scientific work I am afraid it is a failure.

Dr. Rohé said—I fear that some of the remarks of Dr. Semelaigne have not been taken in, as we say at home. In the first place, as you remark, since we have come to study these cases, which have been brought to our notice by the French school, we know a great deal more than we did before about particular cases. Except in a general way, I did not gather that Dr. Semelaigne intended to set up separate classes by his description—his very admirable description, as it seemed to me—of the cases that have come under his notice. I was especially interested in his division of senile persecution, because we have been in the habit of simply classifying all those cases as cases of senile dementia; and, having been unable to place them under an ordinary classified description, I have got a good deal of light from him upon that point. I have been a good deal interested by Dr. Nicolson's description of the number of homicides among the women under his care. The remarks, Mr. President, which you made about degeneration seem to me to be a little extreme. It is just as you understand the use of the word. Both of us seem to consider and understand degeneration in a different sense from that in which it is used by Dr. Semelaigne and the French writers generally. Degeneration is usually used as something coming from "original sin," or inheritance, and degeneration, as Dr. Clouston uses it, is applied to cases resulting from alcoholism or syphilitic disease of the brain. There are, therefore, two uses of it. But there ought to be something of unanimity in our views when we understand what we mean by the words we use.

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