

## REFERENCES.

- (1) The Writer.—“Observations on Insane Epileptics, treated under Hospital Principles,” *Journal of Mental Science*, July, 1908.
- (2) I. Walker Hall.—‘The Purin Bodies of Food Stuffs,’ (published 1903).

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*Communicated Insanity.* by ARTHUR W. WILCOX, M.D.  
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BUT why the term communicated? Is insanity catching? Such was the question asked by this Journal some five years ago referring to a case of so-called communicated insanity mentioned in a county asylum report. In this article I shall endeavour to bring evidence to show that in some few cases apparently it may be so.

Hack Tuke<sup>(1)</sup>, writing on “Folie à Deux” some twenty years ago, accepted communicated insanity as the best English equivalent known to him for this French term.

His classification was as follows :

- (1) Cases in which an insane patient distinctly infects another person with the same mental disorder.
- (2) Cases in which a person becomes insane from companionship, not in consequence of the direct transference of morbid ideas, but in consequence of the shock arising out of the painful impressions caused by witnessing the attack or by the strain of nursing a patient.
- (3) Cases in which two or more persons become insane simultaneously from the same cause.
- (4) Cases in which one lunatic infects another lunatic with his special delusions.
- (5) Twins.

The last two divisions I shall not again refer to, as it is not uncommon to find in asylums patients who copy the actions and suffer from the same delusions and hallucinations as other patients with whom they are brought into daily contact, but as these persons are already insane they can hardly come under the category of cases of communicated insanity in its strict sense ; while *la folie gémellaire* is now generally recognised as being quite distinct from *folie à deux*.

Hack Tuke admits that if we restrict ourselves to the idea of contagion or communication of mental disease to another we must dismiss from the above divisions the second and third categories, but he found it convenient to use the term *folie à deux* in a wider sense and to include them as did the French writers. The term *folie simultanée* given us by Régis accurately describes the third division, although he himself used it as a synonym for *folie à deux*.

Communicated insanity affecting large numbers of people, sometimes religion and sometimes politics being the exciting cause, has occurred throughout all ages. Lombroso declared that there are mental epidemics as well as physical, and he attributed the frequent outbreaks of anti-Semitism, by which his own race was afflicted, to this cause.

The latest example of an epidemic of contagious political insanity in our own times is seen in the unlawful and in every way extraordinary conduct of the suffragettes. Whatever the justice of their cause may be, most people will agree with the stipendiary magistrate who, with a pleasing alliteration, characterised their conduct as "neither polite, politic nor political." It has been pointed out that should the hunger strike have been allowed to continue and any one of this misguided band of females been permitted to commit suicide by starvation, the verdict of the coroner's jury would undoubtedly have been to the effect that she committed the act "whilst temporarily insane."

The first case recorded by Tuke in the above-mentioned article comes under his first division. Neither of the patients, a gentleman and his wife, had an insane inheritance. The wife was an Irvingite, who was induced to try some experiments with the planchette. She was the more strong-minded of the two, and in the author's opinion it was she who drew her husband into the same path rather than the planchette. She became a demonomaniac (Esquirol), was deluded and suffered from auditory, visual and olfactory hallucinations. She then infected her husband, who became the victim of exactly the same distressing delusions and hallucinations as his wife. Both patients ultimately recovered, although they utterly refused to be separated during their period of alienation. The husband, however, admitted some time after he had been able to return to his business that he still heard voices when

tired, but that he did not listen to them or tell anyone about them.

Ten years ago E. W. Griffin reported in this Journal an interesting case, which falls under the second division of Tuke's classification.

Two sisters were admitted to the asylum (one four days after the other) suffering from acute mania. No family history of insanity could be ascertained. Both had been nursing a third sister suffering from mental aberration, and became insane, not from any direct transference of morbid ideas, but from shock arising from the powerful impression caused by witnessing the attack and the strain of nursing the patient. Four years later J. R. Lord added another to the recorded cases of true *folie à deux*.

It is that of a mother, who in a very short time infected her daughter, their mental disorder taking the form of paranoia chronica.

This infection was probably helped, the author thinks, by a similarity of mentalisation and temperament, the network of delusions, which was a prominent symptom in both cases, being probably elaborated between them—a double contagion, each infecting the other. Both complained of persistent annoyance for the last twelve years by a Salvation Army officer, who, as a matter of fact, had been abroad for the last nine years. They constantly saw this person running in front or walking behind them in the street and looking through the window at them when they entered a shop. This took place both when they went out together or separately. They blamed this poor man apparently for all the evils, real and imaginary, which had befallen them during these years.

Within another year Goodall mentions a case of a father and two daughters admitted to the same asylum at the same time.

In this case there existed neurotic degeneration in the family, lonely surroundings, unusual anxiety, stress of mind amongst those attacked, and a terrifying suddenness of onset in the first case. Another curious feature was that death occurred in the same way and from the same cause in two of the cases.

Urquhart refers in his *Morison Lectures*, published some two years later, to the case of two sisters, the younger of whom brought the elder to the asylum possessed of the necessary papers for her detention. Both presented the same pronounced

delusions of persecution, both had experienced the same mysterious influences, both had to obey simultaneously commands issued to them at the same moment, and both had seen the same visions. The elder sister, who dominated the younger and was the suggester of every morbid idea, had been insane for a considerably longer time than had the latter. The two cases were not by any means simultaneous in inception or development or symptomatic phenomena, and the author thinks that in this particular instance the occurrence of two cases of insanity in the family was only what might have been predicted. A history of heredity was ascertained, although at first denied, and he says (the italics are his), *I do not believe that any case of this kind could be traced to a family other than neuropathic.*

He points out that the incidence of *folie à deux* is more common in France and Ireland than in Scotland, and, I would add, than in England also.

A typical case of *folie à deux* in which the wife infected her husband has recently been under my own observation. The wife on admission was suffering from paranoia. She was a steady, hard-working woman, æt. 49, who had been married to her present husband for the last seven years. She had two children by a former husband, as had also her present husband by a former wife. No hereditary history of insanity could be obtained. Her father died at the age of forty-two of bronchitis and asthma, and her mother at the age of seventy-one of the like diseases. Two brothers and one sister were alive, and healthy mentally and physically. She had been confined in an asylum for a short time a few years ago, but I did not obtain this information until some time after her admission.

Her medical certificate was to the effect that she saw and heard certain people, generally two men and a girl, about the house at night, and also following her about during the day. She described them as "show-people," and said that they wanted her head to put in their show. Her husband's daughter and her own daughter by her former marriage she believed were bringing these people to take her away, and that her only neighbour was lodging them. Her husband corroborated these statements, which he believed to be true in every detail. After her admission she quickly lost her hallucinations, but continued to be a paranoid with systematised delusions of suspicion and persecution against her own and her husband's daughter. She would describe how these show-people would throw stones at the window, and if this did not annoy them sufficiently would climb up a ladder and blow foul gases, smelling of sulphur, into the bedroom. They also, by means of electric batteries she thought, would make her hands twitch and her mouth be drawn to one side, or she would find that she was rocking to and fro on

her chair, or in the night-time that she was being dragged out of bed. She assured me that her husband when he came to see her would confirm all that she had told me, and that he also endured similar sufferings. During her residence in the asylum she was industrious and well conducted and gave no trouble. She was ultra-polite, dropping a curtsy when addressed, and evidently prided herself on her manners. She was loquacious, and fond of bragging how well she had brought up her daughter (who she said had married beneath her), and what a good education she had given her. She would also mention the names of numerous gentry who would speak as to her own good character and respectability, although these were never in question.

I had an interview with the husband when he visited his wife about a month after her admission. I found that he also was the subject of paranoia, with exactly the same delusion as that under which his wife laboured, and that he had suffered from many of her hallucinations also. He was a steady, hard-working farm labourer, in a good situation and well thought of by his employer. No family history of insanity was obtainable. He stated that he regularly got up at five o'clock in the morning, milked fifty cows, and then occupied the rest of the day in working on the land. He was very comfortable and happy with his present wife for some time after their marriage. She then began to complain of constant annoyance during the day and night by some show-people. It was a month or two before he also became one of their victims, and not until his wife had often wondered why he, too, could not see and hear them. He first noticed that during the evening, when his wife was sitting reading or sewing, she would be pulled forward or backward and nearly fall off her chair, or her hand would twitch and her mouth be drawn to one side. She would also almost nightly waken him and say, "They've come," and then nearly fall out of bed. He then found that he began to have exactly the same experiences. When his wife now began to suffer, he, too, would find that he was being pulled off his chair, that his hand would twitch, or his mouth be drawn to one side. Now, when she woke him in the night and asked him if he heard them, he would hear a noise like the winding-up of a clock, and also a "fizzing" noise, and then both he and his wife felt that they were being pulled out of bed. He never saw anyone, but had no doubt but that it was the show-people who did it, having been "put up" to annoy them by their respective step-daughters. His own daughter did not wish him to marry again, but to give up his cottage and go to live with her and her husband. When asked if he really believed that these show-people wanted his wife's head to put in their show, he said that it seemed a funny thing to say, but that he was quite sure that there was something in it. He had slept soundly and had not been worried in any way since his wife left him, but he was very fond of her and anxious to have her back again at home. A month later I again saw him. He had suffered no annoyance of any kind since his wife was taken away, but said he felt very lonely. He was still convinced that his own daughter and his wife's daughter were "at the bottom" of all the annoyance he and his wife had suffered when together. He said that if people annoyed them again when his wife returned he would do anything to stop them, even if he had to get his gun and shoot at them.

The authorities were notified of this threat, but as he continued to pursue the even tenor of his ways, no steps were taken for his certification as a lunatic.

Four months after her admission the wife was sent out on trial, and three months later finally discharged as relieved.

A few weeks after she left the asylum she wrote me a letter, which clearly showed that she was still the subject of persecutory delusions.

Since then I have been unable to glean any further tidings of her, or to learn whether her hallucinations returned and were again communicated by her to her husband when she rejoined him.

In my opinion he would most probably never have suffered from delusions or hallucinations had he not been infected by his wife. Here we have the case of a simple unimaginative yokel married to a woman (in spite of the opposition of their respective families) to whom he was extremely attached, and whom he evidently regarded as both his intellectual and social superior.

It is not surprising that when she developed these delusions of suspicion against her own daughter and his, she should after some time have impressed him with their truth, or that by constant reiteration of her aural hallucinations by day and night after some months she should have succeeded in convincing him of their actuality.

Had not fate proved unkind in his second matrimonial venture, would not this ploughman have been content after his hard day's work to homeward plod his weary way and to leave the world, material and spiritual, to darkness and to—the poet?

(<sup>1</sup>) *Brain*, vol. x, 1888, p. 408.

*Examination of the Cerebro-spinal Fluid as an Aid to Diagnosis in Certain Cases of Insanity, with Special Reference to the Protein Reaction described by Ross and Jones.*(<sup>1</sup>) By JOHN TURNER, M.B., Essex County Asylum, Brentwood.

THE value of Wassermann's reaction in the diagnosis of syphilitic and the so-called para-syphilitic diseases is now generally conceded, but, apart from the technical difficulties in carrying out the test, which places it beyond the means of all except those working in well-equipped laboratories specially licensed, the fact that it merely enables one to diagnose a previous syphilitic infection in nearly all its stages, detracts somewhat from its value as a means for the special diagnosis of general paralysis or tabes. Wassermann's reaction tells us what nearly every patient is able, if willing, to tell us; whereas the protein reactions, especially that described by Ross and