

Notes on Hallucinations. II. By CONOLLY NORMAN,
Richmond Asylum, Dublin.⁽¹⁾

WHEN last I discussed the question of hallucinations before the Academy of Medicine, I detailed an interesting case in which hallucinations of many of the senses occurred, and the auditory hallucinations were confined to one ear, which was deaf.

A similar state of affairs exists in another case, which presents certain further points of interest. Briefly summarised, it is as follows:—

CASE I.—*Delusions of occult influence; thought-reading; utilisation of patient's faculties by others, etc. Hallucinations of various senses. Unilateral auditory hallucinations coinciding with unilateral deafness. Psycho-motor hallucinations involving the graphic centre.*—M. N—, male æt. 32, single, has been a soldier. Admitted (from a workhouse) February 13th, 1900. Family history could not be ascertained.

On admission.—Patient gives this history of himself: He joined the Royal Field Artillery when twenty years of age. He remained in the service for over eight years, and served seven years in India. Had sunstroke three times. Since he came home he has had “an attack of malaria, with enlargement of the spleen.” He has recently been a fortnight in prison “for being drunk and swearing in the streets.” He was obliged to swear “on account of the annoyance in the ear.” “They keep talking to me and asking questions. They can read every thought that is in my head. I believe that this system of telegraphy, the system of communicating with one another, is at work in the Transvaal. The Boers have this power, and are able to read our despatches at a great distance.” He cannot say who it is that can read his thoughts, save that it is a man and a woman. He gets most annoyance from the man. He thinks that these people are out of “the Female Hypnotic School.”

Patient's appearance is healthy. His hepatic and splenic dulness are increased. His heart and lungs are healthy. (Had rheumatic fever four years ago.)

Patient is lame of right leg and has extensive scars about the knee. This is due, he says, to a gun-carriage falling on him some years ago.

February 20th, 1900.—Believes that he must have been hypnotised some time. “This fellow [he has no idea who he is] can always talk to me and hear what I am saying. He can always find me out. If I am reading a paper they can read it at the same time. It is said to be

some system of wireless telegraphy, but I think it is a trick. I'm certain it is human voices," etc.

February 24th, 1900.—Overheard to-day using extremely abusive and threatening language, directed at some individual whom he would beat and kick, and so on, and whom he repeatedly called, "You blackmailing b——." He said he was tormented by this person, who knew everything he thought and spoke it aloud to annoy him.

February 28th, 1900.—"They annoy me as much as ever. I know they belong to some society. They want to know why I don't join the Freemasons; and what would be the use, because they could tell every thought in my head. When I'm talking to a stranger they tell out my character. It is always in the right ear."

Patient is reported as frequently answering these voices in an angry tone.

March 13th, 1900.—Patient talks in a very confident way about his annoyances. "I won't get rid of them, because some one has got hold of my head and they won't let it go." He hears these voices both by day and night, when he is awake. "They are all kinds of voices; they can read every thought in my head. Whatever I am reading is read by them in a whisper beside me."

April 13th, 1900.—Patient is sometimes very noisy, answering the voices he hears. He says there is a conspiracy against him to try and get some money out of him. "They tell me to go to the Freemasons' School, and they would get money for saying that I was selling secrets."

May 13th, 1900.—Continues to complain about these voices that he hears in his right ear. "Even playing draughts they can tell the moves on the board." "If I take up a paper they can read it with me." These are a man's and a woman's voices, and they annoy him day and night. He very frequently stops working to shout out curses at the owners of these voices.

June 13th, 1900.—When his eyes were being examined he remarked, "I used to do that myself in the glass, and I saw people in my eyes looking at me; they can see everything I am doing and read the paper in my hand." "It is like ventriloquism." "It is by wireless telegraphy."

August 13th, 1900.—Says, "It's no use; I can't get rid of these voices at all. They are always questioning me, and telling me I am a bad character." "It is all this wireless telegraphy, and I have only to shut my eyes and shake my head and they can put some people in front of me, so that sometimes I can see two priests and sometimes other people. They are now deceiving me, and I don't know who they put in front of my eyes, as they change them so often." He produces a small piece of wood and says, "The centre of that there was a piece of glass taken from the eye of a sea-gull, and it has a map of the world on it," etc. On a later occasion he presented me with a piece of dark green glass, a fragment of a broken beer-bottle, I think, saying that by holding in a particular light he could see figures ("of the blind") moving about in it, and that thereby he knew what was going to happen (? delusional interpretation of simple light effects). Pupils = both a little eccentric: react to light. K. J.'s much +.

November 14th, 1900.—Patient talks about "a lot of blackmailers."

"Mind readers, they could read the book in your hand." "I hear their voices in my ears the whole time threatening to expose my character."

February 13th, 1901.—Says he still hears voices ringing in his ears, accusing him of various deeds, *viz.*, murder, etc. He says that he is being made the medium through which a conversation is carried on between two persons. Says he can see the figures depicted in his brain and eyes. Says the voices are due to being hypnotised when he was young.

March 15th, 1901.—Says that when he reads the newspaper or books blind people read his thoughts; thus the blind, who themselves cannot read, are enabled to read through him and through his mind. When he shuts his eyes he can see these people—that is, their images—in his brain, and he knows they are able to read his thoughts because they speak what he thinks, and they repeat aloud the things which he is reading.

August 13th, 1901.—He has had voices speaking in his right ear. They kept calling him by name and accusing him of murder. He hears voices speaking to him from above, which are in communication with people outside the wall.

February 13th, 1902.—He is noisy and excited at times. He hears voices telling him that he murdered Samuel Childs. When he shuts his eyes he can see all these people in his head.

January 6th, 1903.—Being questioned as to the relations with the blind (see entry of March 15th, 1901), he gives the following account of himself:—"When I shut my eyes the blind move my hand—my right hand—as if I was holding a pen, and so they make me write their thoughts." He exemplifies this by closing his eyes and moving his right hand along the table with the fingers in the attitude of holding a pen, but he says they do not make him actually write with a pen—he would not do that for them,—and that he feels the movements of his fingers and hand wherever his hand may be; when his hand is in his pocket, for example—or if his hand is under his head,—only his eyes must be shut. "In this way the blind can communicate with each other through me." "I see the blind in two ways—I see visions in my head and I see them spread over my body [this appears to mean superimposed upon him like an incubus], and I can also see them trying to photograph with a camera the objects in front of me. They cannot see unless what I see, but they try and photograph that." "Besides the blind, a man and a woman talk to me; sometimes, but not always, they talk indecently. Sometimes, being foreigners, they cannot understand the person who speaks silently to them from upstairs, and so they go on talking nonsense, thinking they are talking good English. This talk is mere abuse or nonsense, but not the gabble of idiots. I often hear, but cannot understand them." "They copy my thoughts and speak them over. If they move their tongue I feel it in my mouth." "The man that torments me has got hold of the dry plate of my photograph, and makes use of it to influence me and communicate with me." "The blind have a special sense more than we have—that is, their senses are more acute,—and so they know things that we cannot, and they call that thought-reading and wireless telegraphy, but it is not."

“ They give me pains in various parts ; there is a knee-screwing machine and a hip-screwing machine.” “ They make me taste bodies that are in the ground ; sometimes I have been made smell very bad smells, but I don't want to speak of that, for I think that was an accident. Some of the poor blind creatures were short taken, and made a mess.” “ I feel them touching my fingers, and sometimes they change the feelings of the whole of my body to somebody else's.” To the above account of writing the thoughts of the blind, he adds : “ I know it is not I who am writing, because I do not know what they are going to write ; I only know it by the spelling of the words they make me write.” With regard to the voices which he hears, he says that when they speak close to him low and confidentially they always speak only in the right ear, as if they were at his right shoulder ; but sometimes they speak from far away, from some distance in front of him or above him, and then he does not notice that they speak more in one ear than in another. He seems perfectly deaf in the right ear, a fact of which he is unconscious, and when the watch is placed to his right ear he says, “ It is not going.”

The well-known aurist, Dr. R. H. Woods, was so kind as to examine his hearing for me, and reported as follows :

“ I examined the patient whom you sent me and find that his deafness is of the middle ear catarrhal variety, associated with Eustachian obstruction. In the right ear he has lost his hearing for a watch ; in the left his hearing distance is $\frac{4}{36}$ of normal. In the right ear Rinne's test is -10 , whereas it ought to be $+25$; in the left ear it is $+5$. The drums are slightly retracted, particularly the right. I was able, with a little persuasion, to pass a Eustachian catheter on the right side and verify the diagnosis of Eustachian obstruction. The right ear is the one in which he complains of 'voices,' and it is in the right ear one would expect trouble from tinnitus. Whether this complaint is his translation of auditory irritation that ordinary people would call noise or not, I am unable to say—probably you will be able to judge. As far as the objective condition of his ear is concerned, the case is a common-place one.”

In this case we have, with very exquisite delusions of occult influence, hallucinations of various senses—visual, tactile, general sensibility, olfactory, and auditory. Of all these the last alone appear to be unilateral. The distinction that the patient makes between voices near and distant is interesting, as his hallucinatory state is quite analogous to the ordinary condition of a person who is deaf of one ear and does not distinguish the fact with regard to distant noises, but observes it when the noises are near.

I do not propose at present to add anything to what I said in an earlier paper on the question of unilateral hallucination, nor on the subject of auditory hallucinations in the deaf, save to refer as regards the latter to an interesting case recorded by that very keen and able observer, Professor Pick, of Prague. (I quote from an article by Séglas in a recent number of the *Annales Médico-Psychologiques* on "Unilateral Hallucinations.") Pick tells of a chronic patient who was *deaf of the left ear*, and who suffered from auditory hallucinations of the *right side*. A plug of wax was found blocking up the left ear; this was removed, and from that time *the hallucinations became bilateral*. This case seems to indicate that unilateral auditory hallucinations associated with unilateral deafness are not in all cases susceptible of the explanation which most readily offers itself—namely, that some peripheral or nerve-trunk irritation occurring in the deaf ear is interpreted in a delusional manner.

It is to be noted that the mystic influences in this case have a close resemblance to the sufferings of the victims of witchcraft in olden times. The mystic glass also is interesting, and is, perhaps, a reversion to a common idea, or may be due to something that he has heard of the magic mirror of the East. Using him as a medium, obtaining influence over him by hypnotism, etc., recall the notions of both modern and ancient superstitions. Getting control over him by obtaining possession of the dry plate of his photograph, though quite contemporary in form, is, in essence, the old notion of witchcraft, according to which the witch had only power over a person by obtaining some portion of their body—hair, nails, or the like.

But the chief point of interest in this case arises in connection with the existence of psycho-motor hallucinations. "If they move their tongue I feel it in my mouth." In other words, the patient receives ideas not in the way our hallucinated patients usually do, by the direct auditory centre, but through the speech centre. This is the commonest form of psycho-motor hallucination. Less common, and in this case more remarkable, is the psycho-motor hallucination connected with the graphic centre. Though his hand be perfectly still he feels movements as if he were writing, and he recognises the words written by the movements which he feels himself making in forming the letters. It is curious to note that this only occurs when the eyes are closed. I am not yet prepared

to say exactly why this should be, but it appears to exclude very perfectly the action of the visual centre. He does not see his fingers moving or the letters which they form. It appears to be entirely a matter of sensation of the trained movements used to express ideas by writing. Therefore, if we accept Tamburini's theory of hallucination, we must believe that we have here to deal with an irritation occurring in the graphic centre.

In the three cases which follow, the patients describe "voices" which they hear or feel in their mouth or throat or chest, but which, whether their own voices or the voices of others, do not come to their cognizance through their ears in the ordinary way of hearing. These appear to be pure cases of psychomotor verbal hallucination. In Case 2 it will be observed that there are two voices, one of which the patient hears seemingly in the ordinary way, while the other is felt rather than heard, and is her own. In Case 3 voices are heard in the throat and chest. They are the voices of others speaking through the patient. In Case 4 telephones speak to the patient from her voice inside, and also she is compelled to repeat in her mind the blasphemous and indecent words she hears. There is a vague notion of double voice here, questioning and answering.

CASE 2.—*Hypochondriacal delusions. Occult influences, electricity, etc. Auditory hallucinations. Double voice. Psychomotor hallucination relating to the action of the vocal organs.*

B. C.—, female æt. 60, widow, small shopkeeper; religion, Roman Catholic. No hereditary history of mental disease. Said to have been healthy up to the oncome of present illness. Being a dressmaker most of her life, she was of sedentary habits. Financial circumstances were so straitened as to give rise to anxiety. Patient's only son, in whom her daughter states "she centred all her affection," died three years ago. Some six months later her mother died after a long illness. Patient then became "melancholy and religious." Then she began to think everyone was looking at her in the street, and that certain people made her unconscious and took out her heart.

Admitted December 8th, 1902.—On admission thin, with rather haggard countenance. Expression somewhat anxious, vigilant rather than depressed. Loud first-sound murmur, most audible at the apex. Arteries tortuous and rigid. Urine free from albumen. She is a gentlemanly person, somewhat timid and suspicious, but tractable. Converses with some intelligence on general subjects, and is capable of

talking for some time without displaying delusion. When medical officer began to examine her chest, patient said she heard a friend's voice saying that such was not to be done. When she eats, her food goes up her back. People draw it up out of her stomach. There is "a split in her head." Hears two voices "in her head" answering one another. One is like her own voice.

December 9th, 1902.—Hears a voice abusing and using indecent language, and then she hears her own voice using pleasant language, such as "God bless you." A voice told her that it was through a slit in her head she hears, but she cannot feel any slit. When going into church one day she was struck across the chest with electricity; she does not know by whom. People in the street used to speak of her as she passed, and "voices" in church used to say to her, "Go to Communion," "Go to Father So-and-so," and the like.

December 15th, 1902.—Inclined to deny the voices at first; then describes them as before. The voice which replies to the abusive voice is her own voice. Besides the voices, she speaks of "brine," which is a sort of tingling pain that runs down to her feet and toes. Suffers also from what seems to be an abdominal sensation, which she calls "crickets"—(possibly delusional interpretation of the feelings produced by a dilated heart palpitating in the epigastrium).

December 22nd, 1902.—The abusive voice is often indecent, accusing her of being about to have children by a priest, and the like. Then a voice, apparently her own, replies. The tingling pain is better; it was electricity. She says she called it "brine," because it gave her the sensation of being pickled.

January 8th, 1903.—Has had fainting fits. Heart's action very irregular. Notes under these dates exhibit no change in mental phenomena, except that she grows less inclined to talk of her hallucinations.

February 8th, 1903.—Talks of the voices as "delusions," and says she is "cured." But says they *were* real. When at Communion she used to hear them say "Your son is coming home," and the like. The "electricity" which she *used* to feel on her skin was a feeling of "softness"—a "creamy" feeling. She is restless and uneasy, always importuning to be sent home.

March 3rd, 1903.—Hears the voice of one of my colleagues constantly at night, telling her she will soon be going home. Thus she heard him tell her last night that she would go away to-day, and she consequently expects to go. The voices are conveyed by "a fluid."

March 6th, 1903.—She talks spontaneously and by preference of nothing except of getting home, repeating this topic over and over again with a monotony resembling that of the melancholic. Questioned steadily, however, she admits that she still at times hears abuse and indecency; then hears her own voice saying prayers and blessing her, and telling her not to mind. "It is the voice of God, for it is always good, but it comes like my own voice, speaking so that I can hear it. *You* could not hear it, for I do not speak, but *I* hear it and feel it. The answer to the cursing comes to me in my own voice, and when I feel it I at once know that God is supporting me against the cursing." She added, returning to her favourite topic, "I don't hear anything now except Dr. Cullinan telling me I shall go home."

CASE 3.—*Neurasthenia. Hypochondriacal delusions. Psychomotor hallucinations relating to the action of the vocal organs.*

C. D—, female æt. 36, single, artisan class. No hereditary taint ascertained. She is stated to have had “water on the brain” when she was ten years old. This affection was characterised by stupor and delirium. She was always afterwards “delicate and nervous,” restless, and inclined to roam about in an aimless way. She was observed to have a peculiar habit of staring at her hands, probably associated with some hypochondriacal ideas. It is impossible to determine when the present attack began; it appears to be merely an exaggeration of her habitual condition. Medical certificate states that she thinks her body is dried up, and that she hears voices in her head.

Admitted August 29th, 1901.—On admission she was emaciated and pale, with fixed fretful expression. Though she looked very frail no definite signs of physical disease could be discovered, save an impairment of percussion over apex of right lung. She was fretful and somewhat resistive; resents examination. “It is the soul that is the matter. I am a case for a priest.” Will not say that her soul is lost, but she has “saved it by prayer; it was at one time a beautiful soul.” “I heard beautiful voices of saints in myself.” Saw the Holy Ghost, but was asleep then. Her “body is drying up,” and she has “lost her inside.”

August 30th, 1903.—Complains (untruly) that she was blistered yesterday in a bath too hot and containing mustard. Vague hypochondriacal complaints. “Was a beautiful-bodied girl when I came here; had a beautiful body and beautiful limbs; now my heart is destroyed and every bit of me; my skin is changed.” She heard beautiful voices of saints coming from her own throat. She was emphatic that she did not hear these voices in her ears, but in her throat (here she put her hand on the epigastrium). She went on: “The voices were voices of saints and lady nuns, sometimes of countrywomen.” They come specially when she is praying, but also at other times. They are as if it is she who speaks, but the voice is not hers. She recognises several voices quite different from her own.

September 5th, 1901.—Attributes her thin and fragile condition to the cleansing bath she received on admission. Says she was as beautiful as a statue till then; had a beautiful bust, etc. Used to sing like her friends, but she means “the saints” by “her friends.”

September 12th, 1901.—“Body wasted; bowels closed; growing smaller and drying up,” etc. By the gift of God she spoke with the voice of a nun whom she knew, etc.

September 19th, 1901.—Small causes, such as physical examination, visits of parents, etc., produce much agitation, during which she speaks more freely than at other times of her delusions. “Beautiful body is quite spent,” etc. Hears voices which she describes as heard “in my throat and in my chest.” She has rather improved in physical condition, and it is now noted that the lungs are clear.

September 28th, 1901.—Hears other people’s voices speaking through her. If saying her prayers hears another person’s voice saying them for her.

October 14th, 1901.—“I used to imagine that I spoke like saints and nuns. I used to hear their voices in my throat and chest.”

October 29th, 1901.—She hears a lady's voice in her chest, sometimes when she herself is speaking, sometimes when she is not speaking. Generally dull and very inaccurate about dates.

Notes made in November and December, 1901, show indications of catarrhal trouble in the lungs. Under treatment by cod-liver oil, etc., this cleared off, and in January, 1902, she had begun to gain flesh. During this time she remained dull and hypochondriacal, and sometimes spoke of her voices as "imaginary," "perhaps fancy," and so on, and sometimes as being quite real. Hears them in the chest and throat.

May 29th, 1902.—It is noted that she does not know where she is living. The old hypochondriacal notions continue. She employs herself in the workroom, sewing, etc. Usually speaks of her hallucinations as of things past.

August 29th, 1902.—"Used to hear voices," but does not now. Tells of them as real, but if pressed will say, "They may be imaginary." Dull and self-absorbed. Is almost always praying, but employs herself at needlework.

March 6th, 1903.—Though rather self-absorbed, speaks freely when questioned about her "voices." "They are the voices of saints and holy people. They come in my throat, not in my ears; it is like as if I was speaking, but I am not speaking, and the voices are not mine."

CASE 4.—*Persecutory delusions. Impulse to suicide. Auditory hallucinations. Psycho-motor hallucinations relating to the action of the vocal organs.*

D. E.—, female æt. 36, married, servant class. No satisfactory family history obtainable. Her first child was born about four months before admission (natural labour so far as is known), and since then she has been ill. Is said to have suffered from hallucinations, visual and auditory, and to have attempted about six weeks before to drown herself and her infant.

On admission, March 27th, 1902.—Fairly nourished, pale, pupils wide and sluggish. She has a fixed and somewhat anxious expression, suggestive of listening. Says that she was told by telephone that her husband is not her husband, but her brother. She says things pass from the ceiling to the floor, but this was electricity. Did not try to drown herself and her child, but only thought of it.

March 28th, 1902.—Little sleep, "owing to my mind; I had suicide and everything in my head." Also heard a "clicking" in her ears. Often hears a voice like the telephone "humberging me with a lot of questions."

April 2nd, 1902.—Preoccupied, restless, quarrelsome. Sounds at night like someone speaking through a telephone, saying indifferent things with some application to patient.

April 10th, 1902.—Hears the telephones constantly—not in her ears, but in her throat or mouth. The language is mostly abusive and vile. While my assistant, Dr. Cullinan, was questioning her she paused to listen to such voices, and repeated to him what they said. Afterwards

she said to me, "The telephones speak to me from my voice inside" (laying her hand on her chest). "It is like my own voice; it is some one speaking with my voice. I hear it in my mouth." While I spoke to her she assumed a listening attitude, and her lips moved a little. Questioned, she said she had then heard the voice; it said, "Why don't you marry the man that took the teeth out of your head?" I remarked to her that her lips had moved, and asked her whether she had not been merely talking to herself. She said, "No, some one moved my lips."

April 27th, 1902.—"There are some questions answering to me." "Cursing and bad language." They are tormenting and putting questions into her head. She gives it to be understood that indecent and blasphemous words are suggested to her, and that she is compelled to repeat them in her mind.

May 27th, 1902.—The telephone continues to talk to her, but she has "put down" the bad talk. No more dirty words and curses. Indifferent references to her past life and surroundings.

June 27th, 1902.—Complains that she is pulled by the head at night to make her shaky, etc.

July 27th, 1902.—Quite astray as to dates; dull and sluggish; volunteers little information. A voice tells her her mother is here.

September 27th, 1902.—Does not yet know the names of the medical and other officers of the asylum. While an A.M.O. was examining her to-day, patient quite irrelevantly said, "Bloody hell." Asked why she said this, replied that someone answered her back.

December 27th, 1902.—Tranquil and works a little, but does not gain intelligence. Does not know where she is, nor the names of those around. Says she does not hear voices now, but used to hear a voice calling—a far-away voice.

March 6th, 1903.—"The telephones speak in my mouth. I do not hear them in my ear, but they talk with my voice in my mouth."

In none of the following cases are the descriptions given by the patients quite so exact as in the above, yet in all a condition exists which I think is identical with the former cases.

CASE 5.—System of persecution. Neologisms. Mystic influence. Mental action interfered with. Impulses to suicide and murder. Psycho-motor verbal hallucinations.

Male æt. 27, single, a post-office employé. Father was a patient in the Richmond Asylum, Dublin, where the present patient was admitted July 26th, 1902. He then presented a highly-organised system of delusion. Was the victim of persecutors, who were an American gang of "sporders," "spookers," or "worsters." They play upon him by means of an "ether connection." They reproduce scenes on the brain like a cinematograph.

On August 2nd, 1902, he is tormented by electrical instruments called "tykes" and "spankers," the action of which is similar to that of "the corps of wireless telegraphy."

August 26th, 1902.—His sleep is disturbed; does not get proper sleep; it is like a stupor or torpor. This comes from the “spooking business.” During the two following months the notes indicate hallucinations of hearing and vision.

November 26th, 1902.—“I am an automatic lunatic; I can sing, dance, or do anything through the wires that are acting on me.” “They can address me by the mouth; they can make me speak by forcing the tongue.”

January 5th, 1903.—He tells of an attempt at suicide (truly) made some time before his admission: “I felt strange, as if some person had made me subservient to his will-power and urged me to do things I did not want to do; this, I believe, is known as mental telepathy. I was tormented by means of a voice, the owner of which can remain at a distance and hold up his victim to contempt. One day I was much tormented, and an impulse which I could not resist came upon me, when I was in my brother’s workshop, to lift up his shoemaker’s knife and draw it across my throat. The cut was slight, but I and my mother and brothers and sisters were all terribly frightened. More than once terrifying impulses seized me to take a hammer and knock out my brother’s brains. Once I took the hammer up, but I dropped it and ran away. Afterwards my relatives were in collusion with my phantom persecutors. I suspect also a man called R—; he is a master of wireless telegraphy. Thus while a race is being run at Aintree he reproduces it by wireless telegraphy in a theatre in Liverpool. It is a system of personation. They frustrate my intellect; they worry and confuse the mind; they rush the intellect. They are called ‘shrivers.’ They can reproduce the incidents of your life as clearly in your sleep as if you were awake. They work on the mind and make one a mere automaton. From creeping melancholy to the distorted maniac they can reproduce every form of lunacy. They use my mouth to articulate their words. They make me say words I don’t want to say—smutty words, for instance,—and they make me sing silly popular songs.”

January 26th, 1903.—Said to my colleague, Dr. O’Reilly, “They can talk to you through my mouth.” Asked to demonstrate this, he shouted, “Will you give over?” (cease), and answered loudly to himself, “No.” Said he could not prevent the answer that he was compelled to give; it was not he who spoke, but his phantom persecutors through his mouth. He is an industrious person, and intelligent in various handicrafts, painting. Good-humoured when addressed. When alone he is liable to loudly and angrily revile his persecutors, but he has never been heard indulging in the automatic talking and singing of which he complains.

CASE 6 is a case which can only be abstracted here, as it is too voluminous to be detailed. A married man, now aged about 60, formerly a butler and of intemperate habits, has been under observation four and a half years. He suffers from paranoia persecutoria, with well-marked hallucinations of perhaps every sense save that of mental action. His thoughts are not compelled, but he is tormented in every other way. Hallucinations of general sensibility, dolorific, and of the muscular sense; true tactile hallucinations; thermal; hygric (hallucinatory sensa-

tions of moisture) ; visceral ; genital ; olfactory ; true gustatory ; visual (elementary and common) ; respiratory ; auditory (elementary, common, and verbal). In May, 1899, he spoke of a voice that was sometimes puffed into his mouth by the same agency that puffs smells into him, and that acts upon his breath, but he hears it in his ears. He was satisfied that it was not his own voice, because "it goes into me, whereas my own voice comes out of me." In April, 1900, he said, "By day I hear the voices through my ears the way I hear you speak ; by night they are mostly working on the breath, going in and out of the mouth."

We seem to have here a not very fully developed condition of psycho-motor verbal hallucination. The case is interesting as showing very extensive engagement of sensation. The somewhat rare hygric hallucinations are well marked (sensations of being wetted, drenched with water, etc.). This form of hallucination was first described by Baillarger. Ramadier, in describing some cases, attributed it to a special form of sensibility (sense of moisture). Tambroni is disposed to think that what he has entitled the hygric sensibility may even be localised in the convolution of the hippocampus. Ravenna and Montagnini, in a careful study of the subject (*Riv. di Pat. nerv. e ment.*, Sept., 1902), give a guarded support to Tambroni's view. We also note in this case the occurrence of respiratory hallucinations, by which name I propose to designate those sensations of suffocation, interference with the breathing, etc., which are so common. It would probably be correct to consider these also as psycho-motor hallucinations. Perhaps the same may be said of the minor conditions of hallucination of the muscular sense, in which a patient complains, as occurs in this particular case, of sensations of lassitude in special muscular groups, feeling as if his limbs were too heavy to move, etc. It is so, certainly, as Séglas has pointed out, with regard to hallucinations as to movements of the limbs ; and that author has dealt, in the same connection, with the very interesting hallucinations which occur in persons who have lost a limb by amputation and are able not merely to feel pains in the extremity which has been removed, but also to experience sensations as though lost members were being flexed, extended, supinated, pronated, etc.

Séglas has suggested, no doubt justly, that hallucinations of the muscular sense may have brought about beliefs in transportations by witches, rides on broom-handles, etc. A case occurred in my clinic last year in which an elderly male drunkard suffered from hallucinations of vision (blue lights flashed upon

him) and a sense of being transported through space at night. He felt himself lifted up, bed and all, and carried to and fro through the air, and then brought back again. With these hallucinations, delusions that "electrical parties" were working against him. Made apparently good recovery in about three months.

In another recent case a woman *æt.* 36, who had been drinking, suffered from dysnoia, confusion, loss of orientation, transient delusions, now exalted, now depressive, auditory visual and visceral hallucinations, and entertained beliefs that her voice was changed, and that she was carried from place to place. The last was for a time her most prominent complaint. Thought the transport was effected by an electric machine. She recovered in about six weeks' time.

In another case, which I saw through the kindness of my friend Dr. Molony, who was then Physician to Swift's Asylum, a lady was subjected to a very terrible form of torture. As soon as she fell asleep she was removed to the Zoological Gardens and handed over to the various animals, who outraged her all night. Though this was said to have occurred in sleep, it was evident from the distress and terror which she exhibited that the sensations experienced were very real, and the sensation of being transported was as distinct as the specific sexual sensations. Subsequently, as I learnt from Dr. Molony, this poor lady, after an illness of twelve years' duration, made a good recovery.

Returning to Case 6, we have here to note another feature—namely, an interesting form of association of hallucinations. "My mind is tortured by a voice, and at the same time my body is tortured with the practice upon it of pains and darts; the practice does not come without the torturing voices, nor the voices without the torturing practice."

CASE 7.—A married man *æt.* 38, engineer, of intemperate habits, and having a bad family history, exhibited at first what appears to have resembled ordinary dysnoia, then developed delusions of jealousy, and then, forgetting these, a system of persecution. Has been under treatment for four years, and while he retains to the full his ideas of persecution he has gradually arrived by the way of martyrdom at the belief that he is the chief teacher of Jesus Christ and the Paraclete, and that all the world is "in simile" with him, and so on. He has been tortured by electricity, and, as he himself says, all his senses are tampered with. He has, by the way, true gustatory hallucinations (sweet and acid tastes) confined to the back of the tongue.

May, 1899.—His “thoughts are anticipated and his mind known before he speaks at all;” his “eyes are made looking-glasses for others;” further says, “I am employed as a telephone. It is something within me that is connected.” Talks of “a communication like a voice—something speaking to me in my mouth and throat. The word comes from my throat; it is not formed in my brain; it is formed by some superior power, either your will-power or electricity.”

August, 1899.—“All my thoughts are spoken by my tongue-soul to every person in the world. My soul is in touch with all the souls in the world—even silent thought.” He also talks in a not very intelligible way of his “picture thoughts.”

CASE 8.—*Delusions of persecution with tendency towards ambition. Hallucinations of general sensibility—visceral, olfactory, genital, visual, auditory, double voice, not very prominent psycho-motor verbal hallucinations. Mystic influence. Tendency to neologism, etc.*

E. F—, female æt. 53, widow, tailoress, Roman Catholic. An aunt is stated to have been insane, and patient says that a sister was epileptic. Patient married many years ago a man much older than herself. The marriage was childless. Husband died five years later. After a few years she had an illegitimate child, who died at birth. Since that event she lived a virtuous and industrious life (now for many years). She is said to have been temperate. Her present illness is said to have been of one and a half years' duration.

Admitted May 23rd, 1894. She then presented numerous hallucinations and delusions. She was the subject of mysterious attacks and persecutions, which had caused her to frequently change her lodgings and go from place to place (*persecutée déménageuse* of Ball). “Voices” at night. “Darts” of pain, more or less everywhere, but particularly about the genitalia. Sensations of tightening, of dilatation of the vagina, and specific sexual sensations. “Visions,” sometimes of the machine over the ceiling, that works all this mischief, sometimes of abominable and impure objects. As is so often the case, she says, “I do not see these things; I am made to have a vision of them.” Snuff and soot are put in tea; the food that is given is rotten. Frightful smells, apparently fæcal, disturb her. Dust is blown into her room and nearly stifled her. Her abdominal viscera are dragged down and are tightened. Incontinence of urine is occasionally produced. She was forced to laugh, and forced to cry, and forced to do things. When she tried to read, some one would read with her. People assumed her form for improper purposes. They talked evil of her through the city, and made her friends to shun her. They put things against her character into the public Press. The voices were described as having a peculiar character. They were “drumming” voices. A “drumming” voice is produced by speaking with the lips closed and the teeth open. The person drummed to can hear the voice, and others cannot. The voices thus heard were some friendly, some hostile, and maintained an attack and defence, some vilifying patient, others saying it was a shame to torment

so excellent a woman in that horrible way. Further notes of this case are very long and detailed, and it will be impossible to more than indicate the most interesting points. In February, 1895, she stated that she was born for a high position, to which she has never attained, and that she knew she was humbled (by her torments) in order finally to be exalted to her proper sphere. This seems to be an example of the not uncommon building up in a pseudo-logical way of exalted delusion on a foundation of persecutory. The case, however, is not one of Magnan's *délire chronique*, for the persecutory notions still subsist, while the ambitious ideas have not increased and are rarely referred to. She continues much in same condition for the past eight years. Sometimes one particular phase of persecution is more complained of than another, but there is no real change. Asked (May, 1899) whether she heard voices anywhere except in her ears, she laughed and replied, "How can one hear but with one's ears?" and immediately added, without further suggestion, "But they use my throat as a telephone to speak their own voices through." One has been careful since then to avoid suggestion of any kind, but she occasionally refers among her other complaints to the telephone voice inside.

CASE 9.—*Paranoia persecutoria. Mystic influence. Neologism. Hallucination of the sense of mental action. Compulsory whispering of thoughts. Subjective sense of compulsory talk (coprolalia, etc.).*

A. B—, female æt. 23, single, of farming class; religion, Roman Catholic. No hereditary history of insanity. Patient had convulsions when about two years old; otherwise she is said to have been healthy and normal up to March, 1902. At that time she is said to have begun complaining that people talked to her through the walls. Her brother observes that "she became very crafty and deceptive" (*i. e.* suspicious). Admitted October 30th, 1902.

On admission, a well-developed and well-nourished young woman, presenting no physical peculiarity save that she is somewhat pallid. Self-satisfied, precise in manner, and very disputatious. Though good-humoured enough, she does not readily reply to questions, as she prefers to interrogate her questioner, demanding to know what she suffers from, how her mind is affected, and so forth. Says she has slept little of late, being annoyed by "voices" coming through the walls from the next house. She was also annoyed by the bishop and clergy; they sat and willed that she should come to Confession; this did not influence her, but it annoyed her.

October 31st, 1902.—Says "the actions and attitudes" of the young men in the next house used to annoy her. They had a sort of "pantomime" which she cannot more particularly describe; each had a "rôle;" they "syllable-ised" their words, and made a smacking of the lips. Her own family were cognizant of this annoyance, as she heard a laugh from the next house which she recognised as being her sister's laugh. Also heard a voice from the next house threatening death to her soul if she did not stand up for it, etc. Could not remain in the

church after the priest had come in, because she had no control over her talk, and everything that was said or whispered she was obliged to repeat; a weight came over her chest, and she had to repeat all she heard. Thinks the priests have some hand in this.

November 6th, 1902.—“No control over my talk. Have to repeat what I hear other people say. This is distressing, for they often say bad things. There is ecclesiastical influence in it.”

November 13th, 1902.—“Better. The ‘reserve’ part of the talking is better. Have more control.” Still she says she has to repeat the indecent things that were said to her through the wall at home.

November 13th, 1902.—“The other patients repeat at night everything I say during the night.”

December 15th, 1902.—To the writer she said, “I am weakened by influence. It must be ecclesiastical influence. In some respects my thoughts are hindered. The free use of my thought is hindered. I am compelled to speak in childish language, and my speech” (contents of) “is influenced; besides, I have no guard on my talk. I do not know what does it. It is mysterious; there is ‘that other matter.’” (Refuses to explain this last phrase; it seems to mean something besides priestly influence and the influence of young men.) “They speak, and then I *have* to repeat, and sometimes to reply.” Speaks somewhat vaguely of a gramophone.

December 30th, 1902.—“The train of my thoughts is destroyed. I can’t think without whispering the words.” Still hears the voices of people at her home. As her home is fifty miles away she accounts for this by means of the gramophone.

January 30th, 1903.—“I was under priestly penance; they wanted to get my mind weakened, but could not get a thorough hold on it. They got students to talk some kind of pantomime; sometimes I hear it now, but it may be the patients here.”

February 28th, 1903.—The ideas are becoming more grotesque. Says she is “worked on by theology and medicine,” and “suffered from penance in a sense intermixed with medicine.” Her muscles have been deformed since she came here. Her limbs require no renovation, and they have been utterly deformed. Her body is lying in state, and any deformities practised upon it (apparently by the medical staff) are entirely illegal.

Throughout she has remained tidy and smart, rather pert and saucy, extremely suspicious, able to work at needlework, etc., though apt to be lazy and self-absorbed if left to herself. She never indulges in objectionable language. Sometimes she has been heard talking to herself, but the contents of her conversation cannot be known, as she at once becomes silent when she is observed.

In many cases, as Séglas has pointed out, the accounts which the patients give of themselves are so incoherent and unintelligent that the mode of hallucination is rather obscure, and yet we have strong grounds for thinking that it is truly psycho-motor. That seems exemplified by the following cases :

CASE 10.—A male, labourer, æt. 39, married, father of eight children. Used to drink hard; said to be sober for some years. Some two years ill when admitted on February 13th, 1901. At first, voices, at curiously varying distances, repeating to him everything that was in his mind and making a toy (*i.e.* puppet) of him. Later on he complained of inward dread, caused by the voices assuring him that the whole place was about to be destroyed. Then he announced that he is filled with the Spirit of God and is the greatest prophet since Jesus Christ; has foretold various historical events, etc. Again, the exalted ideas recede and he is persecuted—"I suffer pains for others; I have none of my own." Hears voices of girls, who use dirty language; has a heavy pressure on his body; is "tormented by a system of suckage." In July, 1902, he said to me, "It is caused by 'cheefening changes;' my mind is full of visions; voices roll up from my stomach and nearly choke me; I pronounce with my tongue, but they come so quickly I can scarcely articulate them and have not time to understand them as they come out; they roll like balls out of me."

CASE 11.—Male, single, æt. 35. He is called a labourer, but he has been some ten times in jail, as well as twice in asylums, and may be probably classed as an habitual criminal. For the last eight years he has, he says, been tormented with voices. He was admitted to the asylum from prison in July, 1900, and apparently prison discipline and abstinence, following upon extreme alcoholic excess, caused the aggravation of an habitual state. His symptoms briefly were, on admission, voices, flashes of light, blows on the head, bangs on the heart. He complained also that the minds of others went out of them and were communicated to him. There was an instrument over his head to which he attributed the execution of all these annoyances.

In January, 1901, things had got rather worse. His head was twisted at night by electricity. Sometimes he saw his persecutors in the air "like a picture, but when I look again they are gone." At that time he stuffed his nose at night to procure sleep, for "the electric affair comes down through my nostrils."

A year later he gave a fuller explanation in these words:—"There used to be a very strange thing coming down through my nostrils; it was like a false breathing; it was turned into a voice, and I was supposed to take a meaning out of it; sometimes it was calling names—'blackguard,' 'son of a w—,' and the like; sometimes prayers; sometimes (according to the humour of the place where you would be sleeping, or according to your own humour) the words would be friendly and call one good names; but most of it was double-meaning things; you could take no sense out of it."

CASE 12.—Male æt. 36, single, fireman on an Atlantic liner. He has lost the sight of one eye through an old accident, but this fact has no apparent bearing on his symptoms. His hallucinations are not unilateral. He came to consult me in the year 1901, having been at one time in an English county asylum, from which he was discharged unrecovered. He recognised his own mental unsoundness, but attributed it to the machinations of persecutors. He said, "They started

those pocket reflecting kodacs with me three years ago, and illuminated my whole system and brain and intellect. They upset my head by this. They drew my mind and imagination; they took my mind out on the breath. It was my own mind which they kept repeating as they drew it out. When I was at sea in the stoke-hole they spoke to me through my nostrils; in this way they spoke through me to another man. They passed all kinds of smells upon me. They prodded me in the limbs and in the guts and in the penis. They produced sensations of lust" (and sexual orgasm). "I have seen the blue flash of light when they were illuminating my head."

CASE 13.—An old male sufferer from chronic paranoia, probably of many years' duration. Has been under treatment about four years. Generally noisy, violent, and rather incoherent, with episodes of depression and self-blame. Voices accusing him of all sorts of crimes. His chief complaint at all times is that his tongue is always wagging. "My tongue is cursing me every day, and I can't stop it; is there nothing will control a man's tongue? I have my senses and can't hold it; in spite of me it is always wagging and cursing." He is apt to denounce all doctors as rogues because they cannot keep his tongue from wagging.

Séglas, to whom we owe the phrase psycho-motor verbal hallucinations, and to whom we are also indebted for the most complete description of the syndrome, associates the "inner voice," the communication from spirit to spirit, and the like, with this condition. I have not detailed above any cases of this condition in which the connection between the mental impression received and the motions of the vocal organs was not pretty distinctly experienced by the patient. Even thus limited, these cases present several features of interest. Their resemblance to each other is striking. The frequency with which the formation of neologisms coincides with this class of hallucination is probably not accidental, nor is the existence of the double voice, nor is the almost invariable notion that the patient is a machine used by external agencies to communicate with others. The great prevalence of these hallucinations, though they have attracted little attention from English writers, must be apparent. Lugaro is within the mark when he says, in a recent article, that they can be counted by tens in every large asylum. In fact, I believe, if they are searched for, they will be found to be among the commoner symptoms of paranoia hallucinatoria. The study of the phenomena of psycho-motor hallucination confirms the now generally received doctrine of Tamburini as to the origin of hallucinations, and

is not inconsistent with the adoption of Tanzi's view, which may probably be justly considered an amplification and development of the opinions of the former author. But to this topic I shall return on a future occasion. Meanwhile I must express my obligations to my colleagues past and present, Dr. D. F. Rambaut, Capt. Sheehan, Drs. Cullinan, Fleury, Redington, and others, to whom I am indebted for many valuable notes among those from which the above cases have been abbreviated.

(¹) Read at the Medical Section of the Academy of Medicine in Ireland, March 13th, 1903. A paper dealing in a more summary way with psycho-motor hallucination was read at the meeting of the Irish Division of the Association, January 28th, 1903, when the discussion here reported occurred.

DISCUSSION

At the Meeting of the Irish Division, January 28th, 1903.

Dr. DRAPES thought it unwise to seek to locate the origin of hallucinations in any single region. As an irritation of any spot in the sensory path from a particular part may lead to pain referred to that part, so a lesion in any region of a sensory tract may give rise to an hallucination of the particular sense involved. That hallucinations may have a peripheral origin is shown by their frequency in cases of cataract, but of course they might also be of cortical origin. He referred to a patient of his own, suffering from a gross lesion of the brain, who had curious associated hallucinations,—a blaze of light followed by a loud report, loss of taste in half the tongue, and certain motor hallucinations. He thought those of *delirium tremens* were due rather to affection of the end-organs.

Dr. DAWSON was inclined to differ from Dr. Norman as to the need for assuming a special sense for moisture, the feeling of which was, he thought, a composite sensation made up of those of temperature and of touch, the latter being excited by alteration of cutaneous tension, etc. He agreed with Dr. Drapes in thinking that hallucinations might take origin at different levels. He did not see that even associated hallucinations need necessarily arise at a higher level than the cortical areas of sensation, as the intimate commissural connection of centres which commonly act together would be sufficient explanation.

Dr. NOLAN was relieved to hear that Dr. Norman had the same difficulty as himself in reconciling the various theories of hallucination. On the whole he considered that there was a distinct evolution of hallucinations, as where a vague noise is first heard, which gradually develops into a voice or other definite sound, a course of events which he had seen in many patients at the Richmond Asylum. In another case now under care the patient, who when sane suffered from retinal disease, had hallucinations of vague shapes before his eyes. Later he became melancholic on learning from an oculist that his case was hopeless, and then these shapes changed to those of definite objects.

Dr. EUSTACE asked whether in the experience of others olfactory hallucinations were common in general paralysis of the insane.

Dr. NORMAN, in replying, said that hallucinations were fairly common in cases of cataract, and presented the usual difficulties of explanation. He and Dr. Dawson were familiar with a case similar to that mentioned by Dr. Nolan, in which appearances were seen as of particles of moss falling like snowflakes before the eyes, these being probably due to affection of the diseased nerve-endings in the incipient optic atrophy from which the patient was suffering. The appearances became more complex as the disease progressed, taking the form of monkeys and devils. As to the evolution of hallucinations, sometimes an intelligent history was obtained of elementary hallucinations gradually developing into more complex ones, which often ended in the verbal form; sometimes, however, verbal halluci-

nations existed from the beginning. Cases of involution were even more instructive, such as that of a woman who had suffered for some years from voices of two persons accusing her of various crimes, but now says she no longer hears them, but that the sound "still comes upon her like a thought." This could best be explained on the supra-sensory theory of Tanzi. So complex a thing as an hallucination of the human voice could hardly originate merely in the sensory centre, stimulation of which would only produce a sense of noise. He had met with olfactory hallucinations in general paralysis.

Clinical Notes and Cases.

Clinical and Pathological Notes. By Dr. M. J. NOLAN,
Resident Medical Superintendent, Down District Asylum,
Downpatrick.

THE notes of the four cases to which I invite attention are of general interest rather than of purely psychological bearing; yet I feel they may not be the less attractive to you on that account. To others outside our specialty they may perchance help to demonstrate the indissolubility of the physical and mental aspects of our work in asylums. *En passant* it may be remarked that it has become rather too much the fashion of late for those who should know better to speak of our special avocation as "divorced" from the pursuit of medicine proper. For though existing modern methods necessitate a separation *a mensâ et thoro*, which holds the sick insane aloof from the sick sane, yet apart from the exceptional difficulties which beset us, our bond with general professional work is no less binding than that true, refined, and catholic specialism which searches out in connection with a diseased eye, ear, or nervous system, the concomitant manifestations of a constitutional dyscrasia.

CASE 1.—*Swallowing of foreign bodies by a dement; safe passage of large nails per anum; perforation of stomach by a large bristle, which burrowed into the anterior abdominal wall, causing a chronic abscess, and necessitated surgical treatment; recovery.*—M. R—, æt. 43, admitted to the asylum December 15th, 1880, suffering from secondary dementia. A brother and an aunt had been insane. He had always been regarded as