[21] "Saints' Rest."
[22] "Lothair."
[23] "Neurological Review," Vol. i., No. 1.
[24] Carlyle describes France during the Revolution as having the same attraction for paranoiacs as the U.S. have permanently ("French Revolution").
[25] "Chicago Med. Journal and Examiner," April, 1886.
[26] *Ibid.*, Nov., 1885.
[27] Dr. E. C. Spitzka, "Cooper Union Address," Dec., 1879.
[28] Macaulay, "Political Georgics," 1828:

". . . . And *boodle's* patriot band,
Fresh from the leanness of a plundered land."

[29] "Boston Med. and Surg. Journ.," 1875.
[30] "Chicago Daily Times," Dec., 1875.
[31] "Chicago Med. Jour. and Ex.," Nov., 1885.
[32] *Ibid.*
[33] "Report Ill. State Board of Charities," Jan. 28th, 1866, p. 6-16.
[34] Chicago Dailies, Oct. to Dec., 1884; "Chicago Daily Times," Oct. 25th, 1884; "News," Nov. 16th, 1884; "Tribune," Nov. 29th, 1884.
[35] "Alienist and Neurologist," Jan., 1887.
[36] "Chicago Staats Zeitung," 1881; "Daily Times," 1882-3.
[37] "Neurological Review," Vol. i.

Folie du Doute. By P. J. KOVALEWSKY, Professor of Psychiatry and Neurology at Karcov.

Every "psychiater" knows that "psychoses" are divided into two great groups: primary "psychosis" and hereditary "psychosis." These two groups differ very much in their manifestations, in their course, and in their final issue. Such a classification can therefore be considered as rational, logical, and satisfactory.

But even with such a division each separate group constitutes a very complicated whole, embracing a great number of varieties, hereditary or acquired. It would be interesting to study the connection existing between these varieties and their extent. Such a genesis and affinity can only be based on clinical observations, which, though apparently abundant, are nevertheless still insufficient.

For the present I limit myself to studying and following up the genesis of one small branch of "psychosis" known by the name of "delusion of doubt" (*folie du doute*).

Hereditary "psychosis," or "psychosis" by degeneracy, we divide into two great groups. The origin of one lies in modifications in the central nervous system, permanent organic modifications which admit of macro- or micro-scopic investigations, and of others resulting from modifications which in most cases are not accessible to the present methods of investigation, and are, in consequence, better known

under the name of dynamic modifications. To the first group we apply the denomination idiocy, from which spring idiotism, cretinism, imbecility (imbecilitas), and frequently moral insanity. The second group has for its basis the neurasthenia, which gives rise to an indefinite number of various kinds of psychosis and neurosis.

Neurasthenia is not in itself psychosis. It is only the soil from which grow up degenerative psychosis or neurosis. It forms the background from which we can draw the clinical picture of every nervous degeneracy.

Indeed, when emotional phenomena prevail in neurasthenia, pathophobia or fits of morbid fear are developed, mental derangements will predominate, uncontrollable obsessions (Zwangsvorstellungen, Westphal; Grübelsuche, Griesinger) will be developed. Vital senses, when disorganized, produce hypochondria or hypochondriacal lunacy; when reflex disorders prevail epilepsy is developed; when emotional (emotif) and vaso-motor derangements prevail, hysteria shows itself, &c. It is questionable, I think, whether hysteria and neurasthenia can exist together. These two kinds of neurosis are certainly very closely connected. They are sisters. They can exist together, and they can transfer themselves from one to the other, but whether one forms part of the other, or whether the two constitute two distinct illnesses, is a question which remains to be solved. It is indisputable that neurasthenia is more common in men, as hysteria is in women, but it is impossible to assert that it exclusively depends upon the peculiarities in the organization of the sexes, as we often meet with neurasthenia in women, and hysteria, in all its forms, in men.

Children of psychopathic and neuropathic parents inherit from them either a decided organic modification of the central nervous system or only a predisposition of the central nervous system to psychosis and neurosis. In the first case they must be classed in the group of idiocy, whilst in the second case, neurasthenia or hysteria spring up from them.

Many neurologists attribute the cause of neurasthenia to the bad nutrition of the nervous system, from which results unstableness in its functions, which would seem to show that this state of the nervous system is very apt to undergo a transition leading to more serious disorders.

I allow myself a small digression. I do not consider neurasthenia as purely hereditary, for it may be the con-

sequence of drunkenness, syphilis, venereal excesses, intellectual overwork, an excited life, conditions of social life, physical exhaustion, traumatism, &c. But, firstly, in a great majority of cases, these influences may be considered as of an auxiliary nature in individuals with a hereditary predisposition; and, secondly, they appear as the primary and essential causes in a very small number of cases. We shall bear in mind only the cases of hereditary neurasthenia.

Neurasthenia is a very common disease. Beard * calls it the American disease, in consequence of the large number of people suffering from it in America. But this is not quite correct, for at the present time we Russians, as regards the number of neurastheniacs in our country, could not find a rival anywhere else, and we could, therefore, with more right call neurasthenia a Russian disease.

Having inherited from their parents an unstable nervous system, neurastheniacs preserve during their lifetime a predisposition to serious neurosis and psychosis of all kinds. Fortunately, the largest majority of such individuals under the influence of favourable conditions of life, or of successful treatment, remain with the predisposition, but with nothing worse. The large majority of men continue to live without falling ill of permanent neurosis and psychosis, and die in "a normal condition of mind." It is clear that in all such cases the nervous affection remains in a latent state. However, although they themselves, in consequence of favourable circumstances, have not suffered from these diseases, they can transmit them to their progeny, and therein lies the explanation why neurosis and psychosis can be transmitted by the grandfathers to their grandchildren.

But in consequence of the unstable state of their nerves other neurastheniacs cannot support the battle of life, and they are subject to serious affections.

On such a pathological soil the neurastheniæ can develop themselves, or only the elements of an abnormal state of the mind, such as uncontrollable obsession (Zwangsvorstellungen), or morbid fear, agoraphobia, claustrophobia, oicophobia, and, or only, hallucinations, &c.; but sometimes we meet with neurosis and psychosis completely developed, such as "hebephrenia," primary insanity, *folie du doute*, &c.

If we study these two categories of the subsequent manifestations of neurasthenia, namely, the primitive elementary

* Beard, "Nerreensohneäche."

disorders, and complicated psychosis, we find that there are more cases of the former than of the latter.

It is likewise a noteworthy fact that complicated psychosis and neurosis engendered on neurasthenic soil almost always go through a stage of elementary disorders, and seem to be the further development and the completion of these disorders brought to a state of perfection.

Thus, the case presents itself as follows:—In consequence of an hereditary taint in a very great number of cases, instability of the nervous system shows itself, *i.e.*, neurasthenia. This is the first stage of nervous degeneracy of mankind in the shape of abnormal nervous phenomena.

With most of these neurasthenic patients these pathological phenomena do not become developed further. With others these disorders continue to progress, and they enter the second stage of pathological manifestations: impulsive ideas, morbid fear, anxieties, præcordialis, &c. Thus the second stage of nervous degeneracy consists in the manifestation of elementary disorders of mental activity on a neurasthenic soil. The possibility of the development of pathophobia on neurasthenic soil (in the shape of agoraphobia, &c.) has been shown by Beard, Tamburini,* Troitsky,† A. A. Takoblew,‡ and others.

In the great majority of cases this class of patients recover, but with some the illness progresses and enters into the third stage of degeneracy—fully developed psychosis and neurosis, such as primary madness, *folie du doute*, &c. Thus degenerative psychosis constitutes the third or final stage of degeneracy in general, and before running its course it almost always goes through the first and second stages.

Such is the general view which we take of degenerative psychosis. Each of them, until the last stage, pursues a more or less known course.

For the present we shall limit our task to the study of one of these morbid states, "*la folie du doute*," which has been so admirably treated by Professor Legrand du Saulle.§ First of all, we consider the delusion of doubt as a degenerative psychosis, and, therefore, as the third stage of nervous degeneracy, and, according to our opinion, it must be preceded by the first stage, neurasthenia, and by the second,

* Tamburini, "Rivista Sperimentale, di freniatria," 1883.
† Troitsky, "Russian Medicine," 1885.
‡ A. A. Takovlew, "Arch. Psych.," vii, 2.
§ Legrand du Saulle, "La folie du doute," 1875.

pathophobia, *la folie du doute* itself constituting the third stage.

We shall not stop to describe neurasthenia, as this morbid state is known to everyone. It appears in early childhood, embracing the whole nervous system—the mind, the vital senses, the organs of sense and motion, and the vegetative functions. On this background of continually-changing nervous anomalies, there appear from time to time short attacks of fear, which have something particular, and have their own peculiar physiognomy. These phenomena were, for the first time, carefully described by Westphal * under the denomination of agoraphobia. Flemming † thinks that this morbid state was first described in the year 1832, and Höring‡ ascribes it to Alexander Balbinus Lombardus, who, in 1512, observed the vertigo in public places. However, the first careful clinical description was made by Westphal, and, amongst French authors, it is Legrand du Saulle§ who has masterly treated this subject. This state generally occurs when an agorophobic crosses a place or a street, when he feels intense fear that he will not be able to accomplish this act. The respiration becomes short. The throat is seized as it were by nippers. The heart palpitates, and gets benumbed. The hands, feet, and the whole body tremble. The knees bend. The patient is ready to fall. He would cry, but he is deprived of his voice. He feels as if he was far away from the whole world; and has an everlasting feeling of intense horror; and, at the same time, he is perfectly conscious of the absurdity of what he feels. A trifling circumstance is often sufficient to free the patient from this dreadful state of fear—the presence of a child, be it even a year old (Cordes ||), a passing carriage, a stick, an umbrella, the light of a lantern (Legrand du Saulle). Patients fall into this state at the sight of open places, broad streets, churches, theatres, large rooms, &c.; others when they find themselves near an open window, looking into a square, or even at the only thought of open places. Considering that in all these cases the causes of fear were open places, Westphal called this disease fear of open places, agoraphobia (Platzfurcht).

* Westphal, "Archiv. für Psychiatrie und Nervenk.," Vol. iii., No. 1.
† Flemming, "Allgem. Zeitsch. f. Psychiatrie," Vol. xxix., No. 2.
‡ Höring, "Allgem. Zeitsch. f. Psychiatrie, Vol. xxix.
§ Legrand du Saulle, "Etude clinique sur la peur des Espèces," 1878.
|| Cordes, "Arch. Psychiatrie," Vol. iii., No. 3.

However, further clinical observations showed that such fears manifest themselves not only in the presence of open spaces, but that there are likewise some neuropates who are liable to the same fears at the sight of enclosed places, a closed room, a workshop, &c. Professor Ball * described this state of morbid fear under the name of claustrophobia, and Raggi † (Milan) under the name of clitrophobia. This same pathological state had been already described by Morel,‡ one of whose patients could not bear the sight of the rooms in the lower floor.

As this same kind of fear shows itself in patients at the sight of open, as well as enclosed places, it would be more rational to unite these two diseases under one common denomination. This Beard did, calling them "topophobia," fear of places.

But this is not all. In many cases morbid fear shows itself under circumstances which have nothing in common with spaces. Brück relates the case of a clergyman who fell into a state of terror when his head was uncovered. Whilst under a tree, or an umbrella, he ceased to be subject to this state of fear. Cordes'§ patients were subject to the same fears in crowds. A patient of Krafft-Ebing feared to break her teeth. I knew the case of a young lady who was in a state of terror whenever she was in a carriage. She fancied that her mother and children were under the wheels. The uncle of this patient is an agoraphobic, her grandmother had a morbid fear of water, even in a glass. With certain patients the same fear prevails at the sight of needles, glass, dirt, &c.

I know a lady who during her pregnancy could not bear the smell of tobacco, and subsequently the sight of her husband, whose presence caused her to fall into a state of prostration and despair, and brought on vomiting. Soon after she feared water, whilst washing or drinking, and soon after the mere thought of water brought on fits of fear and anguish. Subsequently she could not bear the sight of her own hands. When she saw them suddenly she used to have fits of agitation, anguish, fear, and despair. Such a state of things lasted the whole second month of her pregnancy.

* Professor Ball, "De la Claustrophobie Annal. Medical. Psychol.," 1879.
† Raggi, "La Clitrophobie," "Gazette des Hopitaux," 1878, No. 49.
‡ Morel, "Du délire émotif. Arch. génér de Medecin," 1866.
§ Cordes, "Arch. f. Psychiatr. und Nervenk.," Vol. x., No. 1.

A great many other cases of morbid fear have been described by several authors. According to the circumstances under which these cases of fear were subjected to observation they received different names. Thus appeared the denominations of agoraphobia, fear of open spaces; claustrophobia and clitrophobia, fear of enclosed spaces; topophobia, fear of space; astrophobia, fear of lightning (Beard); anthopophobia, fear of crowds; monophobia, fear of solitude; panphobia, fear of everything; misophobia, fear of dirt (Hammond); vikophobia, fear to return home (Salemi-Pace); hypsophobia, fear of heights (Arndt); botophobia, fear of cellars, &c. And until now some authors are describing various morbid fears, to which new denominations are given, and will continue endlessly to be given.

The feeling of fear is natural to man (impulse, unpropitious circumstances), and when there are reasons for it, has nothing pathological in itself. It may be considered pathological only when the causes which brought it on are in disharmony with it.

In the present case, its pathology consists in the fact that the fits of fear are caused by an absurd and abnormal impulse, the patient being perfectly conscious of their absurdity. These phenomena come within the full meaning of impulsive feelings (Zwangsempfindung). We have already seen that morbid fear can be produced in different people by various causes and circumstances, and we should be obliged to give distinct names for each kind of morbid fear, but as the number of cases and phenomena in the world is infinite, we incur the danger of rendering endless the terminology of morbid fears; and we suggest, therefore, to bring all these different kinds of morbid fears under one denomination—pathological fear, or pathophobia.

In some individuals the cause which brings on an attack of fear continues to be the same throughout their lives; whilst with others the causes change. I have, for instance, observed a case * in which the patient had attacks of fever in open and enclosed places. The aforementioned case of a lady who feared her husband, water, and her hands, is an instance of fear brought on by different objects.

I shall quote another case which has come within my own personal observation. A lady belonging to the aristocracy,

* P. J. Kovalewsky, "Arch. Psychiatr." Vol. vi., p. 2.

very nervous, with psychopathical heredity, had a child. She had the imprudence to let this child go to her parents, a considerable distance off. This made her very anxious. She could neither sleep nor eat well. A fear of dirt made itself manifest in a short time. She used to wash her hands constantly. Everything she touched soiled her, and required to be cleaned. The skin of her hands began to pain her, as she used to wash them more than 200 times a day. The contact of any object, whatever it might be, even her own body, and the mere thought of touching something implied the necessity of washing. She soon began to wash her dresses; first her cotton, and then her silk and velvet dresses; the uniforms of her husband, and fur coats. It became necessary to put her under restraint. However, six days later the child returned, and she recovered.

We shall mention another case of Dr. Baillarger. A gentleman on meeting women invariably asked his companion whether the lady was pretty or not, and, in order to tranquillize the patient, it was necessary to answer in the negative. However, on one occasion, when starting for a long journey, at the time the train left he omitted, on meeting a lady, to put the usual question. When he was settled in his place late at night he put the question to his companion, who had the imprudence to say that he had not noticed the lady. The dreadful consequences which this answer produced could only be calmed by returning to Paris for the specious purpose of ascertaining the fact concerning the lady.

These cases prove how the phenomena of pathophobia can become more and more complicated, and pass over into the third stage of degenerative psychosis—the delusion of doubt (*folie du doute,* Legrand du Saulle).

Before describing this third stage I shall point out another fact which, until lately, stood isolated, but which must be considered as a link in the chain of stages previously mentioned.

It has long ago been known that in the pathology of mind there are cases when patients did not move their hands or feet under the influence of a false idea that their limbs were made out of wood or glass, and that they would break them. I know of a case, which came under my personal observation, of a patient refusing to work because his hands were of gold.

In 1867 Russell Reynolds * published a case of paraplegia resulting from a sickly fancy or fear of an illness. Analogous cases were observed by Prof. Erle,† Prof. Tchiriew,‡ and others. It is remarkable that all these patients could move their paralyzed limbs whilst they were in bed, but were unable to walk. Charcot § observed similar phenomena in hysterical subjects, and I noticed them in many persons that were in a state approaching to hysteria. Dr. Sovetow‖ described the case of a patient who could freely move his feet in bed, could go up and down a staircase, could walk on a floor (divided into squares), but who fell when he had to walk over a smooth floor. He was unable to walk from the fear of falling. Sovetow, with the view of forcing this patient to walk, had a stick made with a transverse piece of wood adjusted at the end in the shape of a cross, so that at every step the patient had to overstep this transversal piece of wood. By these means the patient was made to walk.

I had under my personal observation ¶ a case of tabes dorsalis, the cause of which was the fear of falling ill of this malady. The patient was decidedly neurasthenic from childhood, and during the last five years had undergone great misfortunes. His brother-in-law, father of eight children, died of tabes. The sight of this living corpse struck so forcibly the imagination of my patient that he had a constant dread of being seized with the same illness, the symptoms and development of which were well known to him by the sad case he had before him, and by the study of books. He was constantly watching for similar symptoms in himself. He soon felt pains in the back, and sudden and violent pains in the extremities, and unsteadiness in the gait. He could not stand with his eyes closed; pains round the waist, and disorders of the sphincters. After a careful examination of the patient, it became evident that the illness was of an illusionary character, which had been brought on by the dread of falling ill. In a month, under the influence of an anti-neurasthenic treatment, the patient completely recovered.

We believe that these cases can be justly considered as

* Russell Reynolds, "Brit. Med. Journ.," 1867, 5.
† Erle, "Ziemssen's Handbuch Special Pathologie."
‡ Prof. Tchiriew, "Medical Messenger," 1884. (Megucaseckia Brocmunkr.)
§ Prof. Charcot, "Le Progr. Médical," 1885, and others.
‖ S. N. Sovetow, "Arch. Psychiat.," Vol. iii., 2.
¶ P. J. Kovalewsky, "Centralblatt f. Nervenheilkunde," 1885.

forming links between pathophobia and *folie du doute*. It is possible that we may still be in want of some intermediate links, but we hope that clinical investigations will soon complete our knowledge on this point.

The delusion of doubt is not new in science. Cases of this kind were known to Esquirol.* Falrét, *père*,† described them under the name of "*folie du doute*," and so did, after him, the French savants, Parchappe, Trélat, Baillarger, Falret, *fils*, and others.

Something of the kind has likewise been described by Griesinger‡ under the name of "Grübelsucht," or "Fragesucht." But this is not *folie du doute* in its full meaning; it only constitutes part of it. The patients are tortured by a series of absurd questions. For instance, why has man one nose and not two? Why is his hat in his right and not in his left hand? &c. "Fragesucht" is frequently observed in the "*folie du doute*," but it does not characterize the general aspect of this disease.

It is to Legrand du Saulle§ and to Prof. Ball‖ that we owe a complete clinical investigation of this disease.

We shall not give here a full description of this alienation. We shall limit ourselves to stating that the disease presents a series of pathophobic phenomena, often accompanied by uncontrollable obsessions, "Anxietas præcordialis," tic. (Prof. Charcot).¶ The characteristic symptoms of this disease are, according to Ball: (*a*) The presence of consciousness (Doyen** is of the same opinion); (*b*) absence of hallucinations; and (*c*) an imperative want of the confirmation of the patients' doubts by other persons.

(To be continued.)

---

* Esquirol, "Maladies Mentales."
† Falret, J., "De la folie morale," 1866.
‡ Griesinger, "Arch. f. Psychiatr.," Vol. i., No. 1.
§ Legrand du Saulle, "La folie du doute."
‖ Prof. Ball, "L'Encephale," 1882, No. 2.
¶ Prof. Charcot, "La Semaine Médicale," 1886.
** Dr. Doyen, "L'Encephale," 1885, No. 4.