

*Animus* signifies spirit, soul in the higher sense ; Ger. Geist. Animus is a spiritual and not a carnal idea. Of disease of the animus or soul we cannot speak in a medical or scientific sense. The circumstances which surround the soul fall within the range of speculative science, and belong not to medicine in the scientific signification of the word.

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*Personal Identity, and its Morbid Modifications.* By J. CRICHTON

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THE answer to Shakespeare's question, "What's in a name?" as conveyed in Juliet's subsequent remarks, is, at least in some points of view, unsatisfactory ; for placing aside all regard to beauty or euphony of sound, there is yet much either of good or evil connected with every name that rises to our lips or is silently repeated in our minds. There is, to a sensitive being, a pleasure or a pain connected with it, in which memory, experience, and association have wrapped it round. True, the pleasure or the pain may be of infinite and almost imperceptible minuteness, but it is nevertheless an atom in our emotional existence, and is added to the sum of our mental experiences. This is the case with the words used to designate the objects which surround us, but is more obvious with those applied to places which we have visited or known, and to persons whom we have encountered, or with whom we have been familiar. But the importance and significance of a name are most clearly appreciated and understood, when viewed with reference to the articulate sound by which we ourselves are called by our fellow men. This we will find, upon reflection, to be a very important part of ourselves, to be intimately united to our "dear perfection," and to adhere to us with wonderful tenacity, so that it is difficult to throw it aside. At the same time it is well known that a man may be legally stripped of his name, that on a sufficient payment, he may be permitted to denude himself of a beggarly appellation and to clothe himself in one of aristocratic splendour. Yet even after this has been formally accomplished, the savour of his rags will still, we opine, hang about him. The memory of his discarded title will still, ever and anon, come back upon him like vestiges of a state of former existence, and

\* I owe an expression of gratitude to Dr. Hitchman for permission to avail myself of the cases in the Derby County Asylum, as illustrations for this paper.

will probably produce a mental confusion bordering upon double consciousness. Nor does it seem wonderful that a man's name should stick very closely to him and be difficult of divorce, when it is remembered how intimately it has been connected with all his conscious states from his very baptism, and how he has come to associate it almost indissolubly with the first person singular, the Ego, simple and concrete. Firmly grafted, as a man's name is upon his belief in his own personal identity, and being almost the sole expression of personal identity, as it certainly is, to many of the uneducated masses of mankind; it is not wonderful that it should be a permanent and persistent fact, difficult to be got rid of. For amongst the most fundamental principles of mind, is the conviction, out of which all names have arisen, that a man continues to be always himself; that he is at any given moment the same person that he was the moment before, and that he has always been, since he came into existence. This belief is, in fact, the very essence of mind, and arises necessarily out of the succession of momentary conscious states; just as corporeal identity springs out of a succession of material atoms endowed with certain vital functions.

There is such a thing as corporeal identity, notwithstanding the revelations of physiology and chemistry. It may be perfectly correct that our friend A. B.'s body is in no particle the same with that which he wore ten years ago. That may have been formed of the dust of Julius Cæsar, this may be framed of guano; and yet they are to all intents and purposes one and identical. We have an intuition to that effect, and who shall contradict it? Besides, is there not positive evidence? Are not the two bodies marvellously alike in general appearance and in minute detail? Do they not assume the same attitudes, do they not bear the same marks, moles, and nævi? Are they not liable to the same diseases? But still, there are no two particles the same; so that corporeal identity cannot be material in its nature, and must therefore consist in those forces determining the succession of atoms, regulating the nutrition and building up of the economy, and endowing each new particle with functions similar to those of its predecessor. When the influence of the nervous system in these particulars is considered, corporeal and mental identity are found to be very closely approximated to each other. The former, taken as distinct, must be extended to the vegetable kingdom; for plants have an identity of their own, which again is identical with life in all its manifestations, as in the animal kingdom also, but in plants of course, corporeal identity cannot be reflected in consciousness.

In addition to the corporeal identity of the individual which is, as it were, a variation, there is the corporeal identity of the species, for men do not gather grapes of thorns nor figs of thistles. In virtue of specific identity, the lilies of the field are arranged as in the days of Solomon, and the heliotrope turns as in the time of Homer.

But with corporeal identity in its various aspects, *per se*, we have at present little concern, the object of this paper being merely to point out a few of the errors of personal or mental identity, and to offer one or two suggestions regarding these. The consideration of such a topic may at first sight appear only a matter of speculative curiosity, and unlikely to lead to any profitable results, but on being more thoroughly examined, the subject will assume an importance of much greater magnitude. Not only are errors of identity matters of high interest to the psychologist, but, like all other delusions or mental perversions, they exercise a powerful sway over the sane or insane who are subject to them. They are sources of happiness or misery; they may oppose or facilitate treatment, and they complicate the operations of the physician, by demanding a special and consistent course in each case; a course so devised as to destroy the error, without impairing confidence, exciting suspicion, or inflicting pain. A consideration of them may also ultimately contribute to an elucidation of the mystery of mind, and may, I believe, in each case in which they occur, be made to aid somewhat alike in diagnosis, prognosis and treatment.

The personal identity, the affections of which are to be referred to, has been long a dark spot in mental philosophy, and may still be regarded as such. Various opinions have been entertained as to its nature and characters, and these have been evolved in erudite and protracted discussions. In modern times it has been usually looked upon as an intuition or an innate truth, but for my own part I am inclined to regard it, with a great physiological metaphysician of the present day, as a "fundamental belief," and consequently, in accordance with his theory and phraseology, a truth of experience. Applying the fundamental law of cognition to an explication of this question, we are forced to conclude that in an enlarged sense, not merely this single necessary truth of personal identity, nor even one or two others, but all truths are the result of experience. Consciousness itself is only an experience of the vital actions and changes perpetually taking place within us. We cannot be assured of our own existence as one out of relation to something else which we have experienced. The most elementary stage of conscious existence is, the division of the unity existence into the *me* and the *not me*, whilst the immediately succeeding stage is the subdivision of the *me* into mind and body. Sir William Hamilton says, "We think one thing only as we think two things mutually at once," and hence personal identity "is the consciousness of existing continuously, as one derived from the continuous operations of the vital forces which constitute the living body into one."\* But the teleorganic changes upon which the fundamental belief of continuous personal

\* 'Mind and Brain,' by Professor Laycock, vol. i, p. 210.

identity depends are reflected in the consciousness as verities, as for the time being they have the character of necessity. The element of so-called necessity, however, is not confined to conscious conditions, but is coextensive with existence; for a man cannot *will* to alter his stature or to possess additional limbs. The belief in personal identity, then, may be regarded as one of a series of fundamental and necessary ideas, with which the faculties *must* be invariably occupied in all actual states of consciousness, and which are the necessary casual elements of all thoughts and actions. It is the result of the teleorganic changes in the encephalon as a whole, and is correlated with the past and the future. In consequence of its origin from teleorganic changes it *must* have this correlation. For every action or change of this description has an antecedent or cause which represents the past, and an object or design which implies the future. Thus it is that the fundamental belief in personal identity unites the links in the chain of consciousness, or, to speak more correctly, is itself formed out of this union. It is accordingly an *absolute identity* in the strictest sense of the term, consistent, at the same time, with innumerable diversities. In the progress of life, from the cradle to the grave, the same being exhibits innumerable and diverse mental manifestations. He slumbers in listless apathy, and is stirred by mighty and restless energies. He is fired by enthusiasm, softened by benevolence, or debased by malice and vice; and yet, through all these infinite changes, one thread of harmony prevails, which is often *not* lost, even when the "sweet bells" are "jangled out of tune," and which tells of unity and sameness in diversity. Yet there are times when even this is lost or altered, when the mind passes into another alotropic form, just as the diamond, which retains what may be called its identity, in its rough and polished state, as it flashes in a coronet or lies hidden in a mine, loses it when it is converted into amorphous carbon. This change in personal identity takes place when the corrigent sequence of teleorganic changes is interrupted, or when there is an interference with that play of external impressions which is required to evolve an intuition into a derivative truth. When this play of affinitive impressions from without is cut off, by what is termed functional or structural disease of any portion of the encephalon or of other organs, so that it cannot influence the intuitive substrata, then the changes that take place are not correlative with true belief. The aberrant change of one moment is not corrected, under these circumstances, by the change of the succeeding moment. Thus, false convictions, of the most extraordinary nature, take possession of the mind. Personal identity has been already declared to be in relation to the changes in the encephalon *as a whole*, and it is, therefore, subject to modifications, in accordance with healthy or morbid encephalic conditions. There are, therefore, morbid modifications of personal identity, but

these are not, perhaps, so frequent as some have declared. It becomes important to point out those other states with which they have been confounded.

Now, it has long been the practice to enumerate as modifications of personal identity, a number of erroneous convictions which, upon examination, will be found to have quite a different nature. The vagaries of the hypochondriac and the delusions of the monomaniac have been thus regarded, and individuals who have declared themselves to be teapots, animals, emperors, or angels, have been classed by eminent psychologists with those affected with morbid changes in the feeling of personal identity. This feeling, however, seems to be scarcely at all involved in such delusions, and is, indeed, as has been already said, much more rarely abrogated or destroyed than would, at first, be imagined. A patient who believes himself transmuted into some brute or inanimate object, does not lose the consciousness of continuous self-existence, does not confound, as a general rule, his former history with his present convictions, or cease to believe that he ever was something that he is not now. Where rank, wealth, and power are arrogated most pertinaciously, the patient carries with him into his new condition, usually at least, all his antecedents, his loves, his hatreds, his mental peculiarities. He is found explaining and defending the incongruities and inconsistencies which his pretensions involve, or industriously removing difficulties which obstruct his own belief, even where that is strongest, or where it would have been attested and maintained in former and darker ages, on the scaffold or at the stake. It is remarkable, too, that there is no repudiation or forgetfulness of prior experiences, but that there is rather the impression of a progression, of a change, of an intervention of divine or diabolical power in bringing about a transformation. That there is no interruption in the train of thought constituting a patient, entertaining such fixed delusions, the same person that he was before the change took place, was well illustrated in the case of a gentleman whom I have examined. He was a well-educated person, but cherished the inexpugnable delusion that he was the Almighty and the Son of God. He pointed out his apostles, correctly adduced his own genealogy as a proof of the accuracy of his statements, directed attention to a cicatrix in his side as the work of the spear; to scars on his brow, produced by his own fingers, as the wounds of the thorns, and, in writing to his wife and relations, whom he properly addressed as such, subscribed himself God. Here was a strange admixture of reality and fiction, exhibiting unmistakably the unbroken continuance of the patient's intellectual life, and the transference of the feelings and cognitions of his healthy into his diseased condition. This gentleman, too, though signing himself "God," politely replied when addressed by his proper surname, and habitually deported himself in a manner inconsistent with a change in personal identity corresponding to the belief which he professed.

Thus it is also with the majority of persons similarly affected. They do not act as they assuredly would act if they had altogether thrown aside their former selves and put on a new personality. It is no uncommon thing in an asylum to see an emperor of Russia brushing shoes, or a queen with vast dominions scrubbing a floor—branches of industry not likely to be followed by those feeling within them the assurances of royalty. The emperor, too, if led into conversation, will speedily let you know that he has not lost all remembrance of his former character, or of the surroundings among which he lived before assuming the imperial purple, while the queen will probably fail to understand that there is any incongruity between her pretensions and her occupations. I have seen patients who have held that they have been deprived of their souls and transmuted into the mould of the grave-yard, complacently partaking of dinner, performing all the functions of life, and conversing about incidents which occurred previous to their supposed extinction.

There are, no doubt, cases of insanity in which the insane notion is so prominent as to obliterate all recollection of the healthy period prior to its incursion, in which the sufferer will deny that he ever was anything else than what he now maintains himself to be. A person thus afflicted may refuse to recognise his relations or to answer to his own name. He may deny all knowledge of the true circumstances of his past career, and describe other circumstances in harmony with his dominant delusion, as having characterised it. But ever here there need be no involvement of personal identity. The delusion has no other foundation than an error of intellect and memory, internal assurance being rarely urged in its defence. The acquirements of the previous life are still made use of, the habits of thought and action continue unaltered, the occurrences of the past are still sometimes unwittingly referred to, and the man himself does not allege that his identity has been interfered with. The assumption, however, of such a form by a delusion, I would be inclined to regard as of unfavorable omen, and as indicative of the progress of the physical lesion. I have more than once observed that in general paralysis the advance of the disease is marked by the gradually increasing repudiation of a man's real circumstances. A patient in whom the delusions are not of a very varying character, in the first stage of general paralysis may call himself, John Smith, or Thomas Jones, as the case may be—Prime Minister of England; while in the second stage he may introduce himself as Lord Palmerston, Prime Minister of England, at the same time admitting that he was once John Smith or Thomas Jones. Later again in his illness, he may still call himself Lord Palmerston, but will scorn the idea that he ever bore a cognomen less known to fame. I have noted several cases in which the delusions of the general paralytic underwent changes analogous to those described, and in all of them the disease proceeded rapidly and steadily to a fatal issue.

Lately I have had under observation in the Derby County Asylum two cases which I may allude to, as illustrations. In one of these the affection had just developed itself, and the man represented himself as S. P— (using his own name), Proprietor of England. In the other, the morbid state had existed for above a year, and the man spoke of himself as George IV, proprietor of England. In imitation of Leuret's experiment with the two patients under his care, calling themselves the Holy Ghost, I confronted these two men, and pointed out to each of them how absurd it was to suppose that there could be two proprietors of England. The result of their interview merely was, that the man in whom the disease was more advanced, spoke of the other as "a poor beg-gar," and continued to assert his own proprietorship, whilst the other, in turn, pronounced him a madman, deplored his insanity, expressed a hope that he would get better in the next world, as he certainly never would improve in this, and informed me a few days afterwards, that he had discovered by a mathematical calculation, that the "poor madman would recover in 133 years, the period of the resurrection."

In some instances of so-called brute madness, there is, as I shall hereafter endeavour to show, a modification of personal identity, but this form of alienation ought not to be characterised as a whole, as a perversion of that belief. Many cases of it are subject to the explanations which have already been given, with reference to delusions in general, and others are liable to misinterpretation.

A girl recently under treatment, was supposed to have a change in personal identity, and to fancy herself a brute, because regularly during the night she emulated the cries and attitudes of animals, such as dogs, lions, and cats. Since her recovery, she has explained that she never entertained such a notion, but that she conceived herself attacked by vermin and dangerous animals, and that she therefore imitated the creatures that prey upon these, in order to keep them at a distance.

Altogether, then, it would appear that errors of identity in the ordinary forms of mental disease are rarer than some psychologists have supposed. This fact was appreciated by the philosopher Brown, who, when speaking of the distinguishing marks of a belief in our continued identity, says, that it is "so universal that even the very maniac, who conceives that he was yesterday emperor of the moon, believes that he is to-day the very person who had yesterday that empire."\* It may also derive confirmatory evidence from the experience of each one of us in dream-life. Dreams are in many respects the analogues of insane delusions. They lift up the veil, as it were, which would otherwise obscure the mental condition of the madman from the man of sound mind. They enable us, so far, to

\* Brown's 'Lectures on the Philosophy of the Human Mind,' Edin., 1828, lect. xiv, p. 83.

comprehend the nature of delusions. In them the senses being inactive, impressions from without are not received, and cannot therefore exercise a regulative influence over the vital changes in the encephalon, which cannot therefore correspond in law of sequence to external phenomena. As the result of this, the relations of the individual in time and space are lost, and all checks upon the action of the brain being removed, it follows its own devices. The dreamer has presented to him the most wild and incongruous processions of persons, things, and events. To him space is as nothing, and time is no more; so that centuries may be crowded into moments, and a belt put round the world in less than forty seconds. Yet how seldom is it that the dreamer experiences any impairment of personal identity. He may be parched in the Sahara, frozen on polar icebergs, elevated to the seventh heaven or sunk into a demon-peopled abyss of darkness; but he is still himself. Several nightly dreamers, who have grown gray dreaming, assure me that they never remember to have experienced any loss or change of personal identity in dreams. The fact is, that the dreamer rarely indulges in any kind of self analysis. There are a thousand objective for one *subjective* dream. If, then, such cases are thus infrequent in dreams, we have a sort of presumptive ground for concluding that they are equally infrequent in the common types of insanity.

Where then, and under what circumstances, it may be demanded, do errors of mental identity arise? How are they to be recognised, and when recognised, treated? In replying to these questions, it may be first remarked that errors of identity are of three kinds, or at least may be artificially divided into three groups. First, errors in which there is an abolition; second errors in which there is a perversion; and third, errors in which there is an exaltation of the feeling in question. As we are now only occupied with morbid modifications, it would be out of our course to inquire whether, as some have alleged, there is an abolition or rather a suspension of personal identity in ordinary profound sleep. This inquiry would lead us into the consideration of a subject still warmly contested; the unbroken perpetuity or intermittence of consciousness; the decision upon which would at the same time decide the query as to personal identity. But without examining the condition of personal identity in sleep, it is necessary for us to refer to a temporary abolition of it which frequently occurs in the condition between sleeping and waking. This most generally occurs when sleep is suddenly broken in upon, and is undoubtedly abnormal in its nature. The sleeper starts up, and is perfectly conscious, for he looks round him and sees every neighbouring object with ordinary correctness, but though perhaps in his own chamber, and looking upon a familiar scene, he cannot conceive where he is, neither can he conceive who or what he is. Every sense is awake and active, but the mind cannot grasp its relations. In many who experience it, this state is



accompanied by a vague sense of apprehension and alarm, by palpitation, and by a restless movement of the hands, which are passed to and fro as if in an effort to lay hold of something tangible. This state rarely lasts for more than a few seconds, recovery from it being sometimes accomplished *per saltem*; the sufferer springing, as it were, at once from oblivion into intelligent being, in a way defying all explanation. In other instances, again, the restoration to normality is more slow and gradual. Some particular object is fixed upon; its particular relations are at length apprehended, and the truth then dawns upon the mind. A gentleman at one time, very subject to them, has told me that he found in his own case the speediest way to free himself from those terrors which were very disagreeable to him, was to have his own *name* printed in large letters, and hung up at the foot of his bed. Whenever his eye fell upon this, he was at once recalled to himself. It would be very difficult to say upon what physical condition such states depend. They may be due to a change in the cerebral circulation, but then why should not perception be also in some way involved? They may also be accounted for by supposing the brain, or a portion of it, to be labouring under a certain form of shock produced by a sudden discharge of accumulated vis nervosa. Whatever be their physical cause, they most commonly attack the nervous and excitable, those prone to every psychical ailment.

Another affection of personal identity, closely allied to that just described, has been noticed in a youth whose case has been long watched with peculiar interest. He is of the neuro-arthritic diathesis, and several years ago, when he was about fourteen years of age, began to experience sudden and painful attacks, which were chiefly characterised by a loss of personal identity. According to his own description these attacks came upon him always unexpectedly, principally when he was alone, after some intense mental exercise, or the day after some great excitement. There were no premonitory symptoms, the loss of personal identity being the first indication of illness. The patient declared that he felt his identity passing from him, that he lost himself, was unable to remember his own name, or the position which he occupied in the world, that there was a slight dimness of vision, and intense and uncontrollable fear lest he should not "get into himself again," and that this was followed by very violent palpitation. Whenever the attack came on, he was impelled to rapid movement, and went as quickly as possible into the presence of other persons, as he generally became well at once when addressed by any of his friends. When I say got well, I mean only so far as his mental symptoms were concerned, for palpitation and feelings of uneasiness continued for a considerable period after each attack. The attacks, which were at very irregular intervals, most usually occurred in the evening, though they occasionally happened in the morning, and at other hours. At first it was thought by the physicians who attended

the case that the attacks were connected with the period of puberty, but as this passed, and the illness continued unaltered, various courses of treatment were tried, but without any decided effect. At length, after the patient had attained his eighteenth year, preserving tolerably good bodily health, the attacks began to diminish in number, and are now of the very rarest occurrence. One enlightened physician who watched the case, and who knew the constitution of the patient, expressed his belief that the attacks were connected with irregularity of the heart's action. The patient's pulse had intermitted more or less since birth, and the physician thought that immediately prior to each attack there was an intermission so considerable as to affect materially the cerebral circulation, and the changes dependent upon it, and that thus the mental symptoms, the loss of identity, and the fear, had their origin, whilst these again reacting upon the heart excited it into violent action, and thus produced the subsequent symptoms. It is worthy of remark, that as the attacks became less frequent, so did the heart's action become more regular.

There are in every asylum patients who are so entirely "lost" in appearance, who have such a vacant expression of face, who move about so restlessly, and who give so few indications of the possession of identity, or of any comprehension of their worldly position, as at least to justify the suspicion that they are permanently in the condition which I have just referred to as a fleeting and transient attack. What the real mental state of such patients who are commonly called demented, is, we have no grounds for judging, any more than we have data for deciding as to the conscious conditions of individuals in trances or in cataleptic seizures, should they be conscious at all.

These modifications of personal identity, which have been briefly touched upon as errors by impairment, consist in the negation of vital properties in contradistinction to those which remain to be considered, which arise out of an excess or alteration of the same vital properties. The former bear the same relation to the latter, that anæsthesia and paralysis bear to spasm and convulsions. The distinction, however, in the present case, is not so broad and palpable, for all the modifications alluded to, may be said to depend upon morbid changes in the nutritive and interstitial processes in organs whose function it is to perform the vital acts of which under ordinary circumstances, personal identity is the expression. The distinction is artificial, and is simply a matter of convenience, for it is probable that the nutrition changes, which in health produce personal identity, as the vital effect, reflected in consciousness, occasion both negative and positive abnormal conditions of the same, when augmented in degree, according to the intensity of such augmentation.

Retaining, however, the distinction for convenience sake, and turning to the other divisions of the modifications of personal identity, we are encountered at once by a deeply interesting condition

which invites, but has hitherto defied, the investigations of the psychologist. In it personal identity is altered, for the individual is separated into two distinct beings. He feels the promptings of two different natures; he remembers two different trains of thought, and conceives that he is two persons at the same time, or at different times. Or, which is more rarely the case, but more immediately connected with this inquiry, all remembrance of the one state is lost when the mind passes into the other, and the two periods of existence are in no way bound together by consciousness or memory. One of these states may be healthy, characterised by the exercise of sound sense and generous affections; the other may be diseased, disfigured by folly or passion; or both may be diseased, but distinguished from each other.

The further consideration, however, of this most instructive duality of mind, together with the consideration of the other modifications of personal identity, must be deferred until I have next the opportunity of saying a few words on the subject in the 'Journal of Mental Science.'

*(To be continued.)*

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*Excerpta from Foreign Journals.* By DR. ARLIDGE.

In our last abstract from German and French works, we noticed the appearance of two new French journals devoted to psychological medicine, and made some general observations upon the character and purpose of each as set forth by their respective editors. We have now collected the numbers for the whole of the past year, and will attempt to cull from them what appears likely to interest our readers; and as the subject matter before us is on the present occasion to a large extent of a clinical character, our excerpts must largely partake of the same, a circumstance which we trust will not render them the less interesting.

The 'Archives Cliniques des Maladies Mentales et Nerveuses,' edited by M. Baillarger, is, as its title imports, restricted to the recording of clinical observations. The monthly numbers collected together for the past year form a volume of 575 pages, and contain numerous well narrated cases of great interest. And with this collection before us, proceeding from the industry and research of the asylum physicians of France, we cannot avoid lamenting that no similar attempt to give the results of observation and experience has been yet made by the superintendents of our asylums in Great Britain, although they have this journal to serve as a most appro-