

ON THE AETIOLOGY OF THE FUGUE STATES.

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THE peculiar condition designated "fugue state," of which the main symptom is compulsive wandering, has puzzled psychiatrists since it was first described. Nothing is known of the aetiology of this well-defined condition. Fugue states occur in epileptics, hysterics, and certain psychopaths. Bleuler has described their occurrence in schizophrenia, and they have been recorded in cases of general paralysis and of altered personality due to brain tumour. There are gradations between the typical fugue states and certain fugue-state-like conditions in psychopaths. Kraepelin recognized that it was impossible to distinguish between the states of compulsive wandering associated with various mental disorders. Janet tried to distinguish between hysterical and epileptic fugues by pointing out that short fugues are more likely to be epileptic than hysterical. Although to-day Kraepelin's view is generally accepted, the opinion is held that as a matter of course the mechanisms underlying an epileptic and a hysterical fugue are fundamentally different. Henderson and Gillespie, for instance, arguing against Kinnier Wilson, point out that in a hysterical fugue a search for personal emotional factors will reveal fully the cause of the fugue, while such factors usually play no part in epilepsy.

The intimate similarity of fugue states associated with different mental disorders suggests that there must be aetiological factors common to all. However, no attempt has been made hitherto to ascertain such factors. I have been engaged in investigations concerning this problem for more than eight years, and have published a preliminary report (Stengel, 1939) on some of the results.

Before entering into discussion of the problems involved, it is proposed to present reports on the individual cases observed, the number of which (25), considering the rarity of the condition, provides a large case material. The cases will be reported as briefly as possible, and special attention will be given only to the features which are important for the subject of this paper.

CASE I.—R. A—, female, born 1913. The patient has suffered from genuine epilepsy since her tenth year. She has single major fits or a series of fits every month before menstruation. Some typical major epileptic fits occurred while the patient was under observation in hospital. There is a deep scar on the patient's tongue, resulting from a bite during a fit. Since her eighteenth year she has had

twilight states with an urge to wander. These fugue states usually appear before menstruation. The patient describes her feelings before the outbreak of this state as follows: "I cannot stand it at home. Everything makes me depressed. Suddenly I feel the urge to run away, which I try hard to resist." She wanders about aimlessly in the streets, or walks straight on for long distances. She hardly eats or sleeps during these states. If she sleeps at all it is in a sitting position. These states last for one to four days; she has only a vague recollection of them. Besides this condition, she also suffers from periods of depression, during which she reproaches herself, cannot work, and thinks of taking her life. The fugue states are often, but not always, preceded by such periods of depression, which may last some weeks. The patient has, during the periods of depression and also during the fugue states, tried several times to take her life, generally by cutting her wrist. During the days immediately before menstruation, when the wandering compulsion sometimes occurs, she has often dreamed that she is being threatened by her father with a stick. Sometimes, according to her own account, she is extremely happy and active for a period of one to three weeks.

She admits that she often feels a desire to tell lies, especially about herself and about her descent. She will say that her parents are wealthy and brilliant people. This feature is not confined to any of the periods of abnormal behaviour.

Childhood development and family constellation.—The patient is an illegitimate child and lived with her mother. Her parents nearly always lived apart. Her father showed interest in her only during the first year of her life; when she was one year old he joined the army. After the Great War (1914–18) he lived with her and her mother for some months, but left them, and came back only occasionally to inquire after the child. The patient always felt that she had really no father, and envied other children who could live with their parents. She had a deep affection for her father, and was very unhappy because he did not respond to her love. She often dreamed of him. There was no epilepsy and no mental disorder in the family.

Case summary.—An epileptic patient with fugue states and features of manic-depressive changes of mood. During her childhood she lived with her father only for very short periods of time. She is an habitual liar.

CASE 2.—P. G.—, female, born 1917. Since her sixteenth year she has suffered from epileptic fits. These fits have the following features: She is compelled without warning to run straight forward. After running vigorously for a few seconds, a typical major fit with tongue-biting takes place. These fits occur usually just before menstruation. Besides major epileptic fits, she sometimes has twilight states during which she wanders aimlessly about for some days. These states are sometimes preceded by compulsive running. The fugue states are typical and last for two to three days. During this time she sleeps in the open. She eats and drinks very little, and afterwards has a very vague recollection of them.

Childhood development and family constellation.—The patient is an illegitimate child; she does not know her mother. When she was 2 weeks old her mother took her to her father, who was working in a factory, and disappeared with another man. Her father did not keep her. She stayed for two years with her father's parents, and later she lived with various foster parents, who ill-treated her. Her father came to see her only occasionally. She felt little affection for him, and could not forgive him for deserting her. During her wandering states she used to think a great deal about her mother. She says: "If I knew where my real mother is, I should travel far to find her." Sometimes she felt that strangers were really her mother.

During recent years she has sometimes had a dream in which she saw her mother dead. Sometimes she feels compelled to go and see her father. She has done so several times, but she has always been disappointed, as he did not ask her to stay with him.

Case summary.—This is an epileptic patient with fugue states. There was no normal child-parent relationship. During her wandering states she was occupied

with the idea of looking for her mother, whom she did not know. It is noteworthy that in this case the epileptic states and sometimes the fugue states were preceded by an irresistible compulsion to run for some minutes. This peculiarity has been described as "epilepsia procursiva." The significance of this important case will be discussed below.

CASE 3.—S. S.—, female, born 1888. The patient has suffered since her fifteenth year from typical major epileptic fits, which occur several times a month. She is an alcoholic. When she was 34 she, for the first time, wandered about aimlessly for some days. Similar states have occurred since then, two to four times a year. She is unable to resist the urge to wander. During this state she does not take alcohol. She neglects herself and sleeps in the open. After this period she is very depressed for two or three weeks. During this depression she is remorseful and has repeatedly tried to commit suicide. From childhood she has always hated her mother. She is a homosexual. In recent years she tried to work as a private nurse, but could not continue this work, as she always left her patients suddenly when overcome by the compulsion to wander.

Childhood development and family constellation.—Her father was a heavy drinker and died from cirrhosis of the liver when the patient was 17. As a result of the alcoholism of the father, the family life was seriously disturbed. The father used to beat his wife and children. The patient was always very frightened when she went home. She remembers that she had a very strong desire to leave the country even when she was 8, because she could not stand family life. When she was 12 her mother died. Soon afterwards the father married again. Her mother's brother was also an alcoholic and suffered from epilepsy.

Case summary.—This patient suffers from epilepsy and fugue states. She is an alcoholic. A brother of her mother was an epileptic. Child-parent relations were seriously disturbed, because of the alcoholism of the father. She lost her mother when she was 12. In childhood she often wanted to leave the parental home.

CASE 4.—R. A. G.—, female, born 1919. The patient was admitted to hospital because she had been unmanageable in her attacks of violent temper. From the age of 14 she has had frequent fits, with loss of consciousness. She describes the fits as of two sorts, the one when she falls down and often hurts herself, the other when she suddenly grows pale and loses consciousness momentarily. She is occasionally incontinent during the fit, and is sleepy and lethargic afterwards. She states that these fits have been more frequent during pregnancy. In her fifteenth year she wandered from home without reason and was found in a city 20 miles away, having no recollection of what had happened. For the next two years she was apparently free from the urge to wander, but she became pregnant, and from that time the urge to run away and to wander appears to have become much more frequent and strong. During the next three years her parents endeavoured to keep her at home, but on many occasions, sometimes after a quarrel with her mother about some insignificant matter, she impulsively left the house and wandered about for some days, usually having sexual intercourse with various men. She says that she did not really wish for any sexual experiences, but they represented to her what she called a means of escape. She never spent more than a few hours with a man and has apparently not accepted money. In this state she neglected herself, slept in the open in spite of bad weather, did not wash, and took little food. The wandering states are followed by a period of remorse and depression. She is, however, subject to changes of mood of a similar sort independent of the fugue states. When depressed she entertains the idea of suicide and has attempted to take her life. For a week at a time she has become elated and optimistic, but it appears that she is always depressed during the states of wandering. According to the statements of others and personal observations, she is a habitual liar.

Childhood development and family constellation.—She is the eldest of five. She has always felt that her mother disliked her. From early childhood she hated her mother. It appears that the mother had little understanding of her, and eventually

refused to have her in the house. From early childhood she felt that it was impossible for both her and her mother to live under the same roof, and she felt that one of them would have to leave home. She was really happy only when her mother was not at home, and she looked forward eagerly to the holidays, when her mother left home for some weeks. When the mother was away she got on very well with her father, and she has always felt that she wanted to live with him alone.

Case summary.—This is a patient subject to cyclothymic changes of mood, who has suffered from epileptic fits from her fourteenth year. She has had fugue states, which sometimes followed insignificant domestic quarrels. She has been prone to bouts of extreme irritability which are probably related to her epilepsy. The child-parent relations were unfavourable. She has always hated her mother, and even in early childhood thought of running away from home.

CASE 5.—F. R—, male, born 1898. Since he was buried by the explosion of a shell during the war in 1915 the patient has suffered from occasional twilight states, which last for some days and of which he has no recollection. He only knows that when normal consciousness has returned he finds himself in an extremely neglected state, with sore feet, having wandered far away from home. This fugue state appears without cause and absolutely unexpectedly. It is connected with a state of depression occurring without reason in the spring. In this state of depression he feels he is unable to work, does not enjoy anything, feels a profound pessimism, accuses himself of not having led a right life, and entertains thoughts of suicide. The twilight state described above occurs either at the beginning or at the end of this depression. Because of depression he spent two months in a mental hospital some years ago. Since 1932 he has been suffering from fits, some of which show a hysterical and others an epileptic character. According to his own account he becomes unconscious and incontinent of urine during the attack, which lasts some few minutes. According to witnesses he is cyanotic and has convulsions. While in hospital he was observed to have two fits of a hysterical type. In these two fits he had opisthotonos, became red in the face, groaned loudly, shook all over his body, but did not show typical myoclonism. Furthermore, some fits were observed in which the patient became suddenly pale and unconscious for some seconds without other symptoms.

Childhood development and family constellation.—The patient lived with his parents only during the first few months of his life, until they were divorced. They took no interest in him, so that he does not know them and does not even know anything about their whereabouts. He was brought up by his maternal grandparents, who treated him well, but he always missed his parents.

Case summary.—This is a case subject to epileptic fits probably of traumatic origin, hysterical fits occurring as well. There were periodic changes of mood of the endogenous type which were sometimes accompanied by typical fugue states. This patient had lived with his parents for only the first few months of his life.

CASE 6.—T. C—, female, born 1906. From 1922 to 1928 the patient had been admitted to a mental hospital six times, because of wandering states. She had always been an unsettled child. On several occasions she persuaded her step-mother, often by telling fantastic lies, to take her home from the work to which she was apprenticed. When later she worked as a housemaid she could not stay at her posts for more than a few weeks, and always left without any adequate reason. She says that from childhood she has always had the desire to go to foreign countries, and in her daydreams she pictures herself travelling about. Her dead father plays an important part in her fantasies. She often imagines that he is not dead and that she will meet him during her wandering, and sometimes that on these occasions she will meet her mother whom she never knew. Since her sixteenth year she had suffered from states of depression without reason, the first appearing some months after the death of her father. These states usually last some weeks, and are characterized by self-accusations, weariness of life, and attempts to commit suicide. She takes hardly any food during these states, is inhibited, and

does not enjoy anything. This depression occurs several times in the year, after her menstrual periods. At the beginning of these depressions, two or three times a year, she is overcome by a craving to run away. She wanders about for some days and nights, neglects herself, does not take food, and finds herself far away from home, sometimes as much as 120 miles away. She sleeps in the open. Sometimes she has travelled by train. She has only vague recollections of what happened. These states usually appear without any apparent cause, sometimes after an insignificant quarrel. Sometimes the state of depression is interrupted by a short period of abnormal elation, during which she sings a good deal, composes poems, and feels very happy. This state of elation lasts from one to three weeks. After the birth of her child in 1937 she had a typical melancholic depression, lasting for two months. Sometimes, especially during the state of elation and also during the normal intervals between depressions, she feels a desire to tell lies, particularly about her family. She likes to tell people that her parents are alive and rich.

Childhood development and family constellation.—Her mother died immediately after the patient's birth. When she was 16 months old her father married again. Her stepmother treated her badly, often beat her, and neglected her while treating her own children well. Her father never tried to defend her. He did not care for his family and was seldom at home. The patient says about her childhood: "I have never had a real family life." She always used to envy other children who had a normal home life. The father died when the patient was 16 years old. She had always regarded herself as an orphan. Her maternal grandmother was a chronic epileptic.

Case summary.—In this case a tendency towards manic-depressive changes of mood was marked. Wandering states appeared in connection with depressive phases. The first of these states occurred some months after her father's death. In the intervals between her abnormal states she was very unstable. She was a daydreamer and told fantastic lies, chiefly concerning her parentage. Her mother died after her birth and her father neglected her.

CASE 7.—S. F—, female, born 1911. The patient was taken into hospital in a fugue state. It was stated that since her twenty-fifth year she had left home abruptly and without reason nine times. The abnormal state begins with an irresistible desire to run away, usually starting before menstruation. She wanders about for four to seven days. During the first two to three days she usually associates with men of the age of her father, who is double her age. Later she wanders aimlessly and sleeps in the open. During the whole state she is very depressed, and on several occasions has tried to take her life. The first of these states occurred after her mother committed suicide. The patient was the first to find her mother dead, and the next day she ran away. She complains of changes of mood occurring without reason several times a year and lasting several days. At such times she feels weary of life and remorseful, and accuses herself of immorality. According to reports she has always been a pathological liar.

Childhood development and family constellation.—When the patient was two years old her father was treated for tuberculosis, away from home, for one year. From 1914 to 1918 he was away serving in the army. The patient remembers very well that she suffered a great deal from the absence of her father, but even when he was at home she felt that he showed too little interest in her. Her mother was a chronic epileptic and had a major fit nearly every day. She was very irritable and subject to periodical depressions, and the patient hated her. Her mother died when the patient was 25. The patient in her fantasies often saw her mother dead, and long before her death she often used to say that her mother was dead, and she even ordered wreaths in advance without paying for them. The patient's older brother has occasional major and frequent minor epileptic fits.

Case summary.—This is a patient subject to periodical changes of mood and attacks of compulsive wandering. She is a pathological liar. From her second to her eighth year her father was absent from home. Both her mother and her

brother were epileptics. The mother suffered from attacks of depression, during one of which she committed suicide.

CASE 8.—S. R. H.—, female, born 1906. Since her eighteenth year the patient has suffered from attacks of depression occurring without apparent reason once or twice a year. In the state of depression the patient shows lack of initiative, cries a great deal, takes little food, is constipated, loses weight, and accuses herself of wickedness. These states last for two to three months. In the intervals the patient is always cheerful. The parents state that she is a habitual liar.

Since her twentieth year during these depressions she has experienced an irresistible urge to leave home and wander. There is marked restlessness and irritability, and then she leaves home. While she is wandering her mental outlook is disturbed. She is dominated by the desire to get as far away as possible from her parental home and not to return. Sometimes she takes alcohol during her wanderings. She has repeatedly been found in a state of neglect as much as 30 miles away in the country. The state of wandering lasts from two to ten days. It usually commences shortly before her menstrual period. The patient has no clear recollection of what happens while she is wandering.

Childhood development and family constellation.—Her family life was always very unhappy. Her mother had typical epileptic fits for many years and has grown increasingly irritable. The patient often witnessed her fits. The father treated the patient with great severity and sometimes neglected her entirely. The patient stated that her mother dominated him. From her early childhood the patient suffered from lack of affection. Her brother, who is two years older than she, is an epileptic and has occasional major and frequent minor fits. The patient herself has never had an epileptic fit. She says that both her mother and her brother used to run away after any quarrel or domestic upset; they did not wander, but usually went to acquaintances or relatives, and after two or three days came back quietly.

It was ascertained that the childhood development of the patient's mother was characterized by a most unfavourable family life. There were continuous fights between the parents, and the father used to leave the family repeatedly for months.

Case summary.—This patient suffers from periodical attacks of melancholic depression, during which she sometimes wanders compulsively. The family life is very unhappy. The mother and brother are chronic epileptics. It is noteworthy that these two react when irritated by leaving home, but without showing the symptoms of compulsive wandering. It is not unlikely that there is a certain kinship between these features and the patient's wandering states.

CASE 9.—M. E.—, female, born 1906. The patient was normal until her twenty-first year. At that time she suddenly became unstable and wanted to live apart from her mother, with whom she had been happy hitherto. She went to Paris, where she found employment as a secretary, but after some months she returned home again. When she was 22 she experienced for the first time an urge to wander, which reappeared subsequently two or three times every year. For no adequate reason, sometimes after an insignificant quarrel, she left home and wandered about for some days. During these states she was not fully conscious, slept little, and neglected herself. When normal consciousness returned, after three or four days, she found herself in the country far away from home. These states were followed by profound depression, lasting for several weeks, when the patient indulged in self-reproaches, ate very little, lost weight, and could not work. Between these abnormal periods she was apparently cheerful and very efficient.

The patient was a typical daydreamer. In her daydreams a fantasy of a man disappointed in love committing suicide often appeared. (Her father had committed suicide.) In another group of typical fantasies she saw herself surrounded by many children of her own, conscious that she treated her children better than her mother treated her. She always felt that her mother neglected her.

The patient, who was of unusual intelligence, suffered very much from her abnormal states, which appeared at intervals of four to five months, and were

always followed by melancholic depression. In one of these depressions she committed suicide by poisoning.

Childhood development and family constellation.—The father committed suicide when the patient was six. The reason for this was never discovered, but it appears that he was subject to periodical depressions. Soon after his death her mother married again. The patient had always felt unhappy since she lost her father, and she felt neglected among her stepbrothers and sisters. She never forgave her mother for marrying again. From her thirteenth to her sixteenth year she lived with relatives.

Case summary.—The patient showed typical fugue states, followed by depressions of the melancholic type. Her father committed suicide when she was six, and from that time her relation with her mother was not normal. The patient is the only one among the cases observed who succeeded in committing suicide.

CASE 10.—E. H—, female, born 1899. This is a patient in whom, on at least one occasion, what seems to have been a fugue state occurred, although the complete picture of a fugue state was not fully developed. Nevertheless, this case is in itself illustrative, and shows some of the features and factors which were so prominent in other cases.

This patient is now in hospital for the third time in the last eighteen months. On admission she was depressed and inhibited. She was admitted for the first time as the result of a peculiar twilight state occurring in the course of a depressive period. For several months before admission she had been depressed and unable to discharge her duties as a companion and nurse. She stayed in her father's house, where she was treated as an invalid. She was restless, and seems to have shown a tendency to wander from the house not fully clothed. One night she left the house without reason and without warning. The police found her in the early morning, in a state of confusion, wandering in another part of the town. When taken to hospital she at first made no attempt to explain her behaviour, and seemed to have no clear recollection of what had happened, but some time later she was anxious to rationalize her behaviour during that state. However, she admitted that she had felt restless, and experienced the desire to run away from home for some time before she actually did so. After her discharge from hospital three weeks later, she was able to work for about three months, then became depressed again, was unable to sleep, felt restless, and thought that she heard spirit voices talking to her. She remained in hospital for four months, during the first eight weeks of which period she was quiet and depressed, and worried by the thought that she had wasted her life. After leaving hospital for the second time she remained well for about a month, and then became quiet, depressed, and asocial. She thought that she was persecuted by antagonists of her church. While in hospital she showed no tendency to fugue states.

Childhood development and family constellation.—The patient had an unhappy childhood. Her mother died when she was five years old. Her father was an alcoholic and used to beat her, so that she was always afraid of him. When she was eight years old her father married again, his wife died in three months' time, and soon after he married for the third time. Her stepmother gave her no affection. The patient was always unsettled and moved frequently about the country.

The patient's sister is stated to have had frequent attacks in which she lost consciousness for a few seconds, until she was about 20. The description suggests strongly that these were minor epileptic fits. Her father's sister is at present in a mental hospital suffering from involuntional melancholia. One of her mother's cousins died in a mental hospital suffering from paranoid ideas and suicidal tendencies.

Case summary.—This is a case of a patient who was subject to periodical depressions, in one of which a twilight state with a feature of compulsive wandering appeared. Her father is an alcoholic, her father's sister suffers from involuntional melancholia, and there is a strong suspicion that her sister has suffered from minor epileptic fits. The patient's mother died in her fifth year, and from that time her

home life was broken up, disturbed and unhappy. It is of interest that the twilight state occurred when she was staying in her father's house.

CASE 11.—F. A—, female, born 1913. The patient has suffered, since puberty, from periods of depression lasting some weeks. These periods are characterized by self-accusation and incapacity for work; she has tried several times to take her life. Several times a year, at the onset of menstruation, she is overcome by a compulsion to leave home and wander. She remembers that during this state, which lasts for two to four days, she feels happy, often sings, becomes hypererotic, and is energetic and tireless. She neglects herself during her wanderings. She has always been very religious, and sometimes in states of ecstasy she converses with the Virgin Mary.

Childhood development and family constellation.—The main complaint of the patient is that she has had an unhappy childhood. She was an illegitimate child. She says that for many years she did not even know her parents. She lived with various foster mothers, most of whom treated her badly. It was only when she was 15 that she succeeded in finding out who her mother was, but when she went to see her she was received coldly. The patient tried hard to gain the affection of her mother. She worked in a factory and gave her all her money. She stayed with her mother for a short time only, then in one of her twilight states she left home and did not return. She has never known her father.

The patient's mother gives the following account of her own development. Her mother died when she was six years old. From then onwards her father neglected her and she was brought up amongst strangers. At no time in her life was she very settled; she often left good posts on sudden impulse and without reason. She would settle down only after a period of restlessness. These spells occurred about the time of menstruation. She too has short periods of depression of the melancholic type once or twice a year.

Case summary.—This is a patient subject to changes of mood and typical fugue states accompanied by elation. She did not know her mother until she was 15, and has never known her father. It is noteworthy that her mother suffered from similar states, and in her childhood development a similar family constellation could be traced.

CASE 12.—B. M—, female, born 1909. Periodic states of depression of the melancholic type, lasting for some weeks, have appeared in this patient twice a year since she was 18. She has twice tried to take her life while depressed. When she was 23 the compulsion to run away appeared for the first time. It has occurred since two or three times a year, just before menstruation, and lasts two or three days. At the beginning of this state she feels restless, wanders about aimlessly, sleeps in the open, and later has only a vague recollection of what she has done. The fugue states occur independently of the periodic depressions.

Her illegitimate child was born shortly before the first of these attacks. At that time she was very worried because her father would not have the child in his house. The father of the child left her while she was pregnant and married another woman.

Childhood development and family constellation.—She was always a difficult child and used to tell lies. From her fifth to her ninth year her father was absent on military service. She remembers that she suffered very much from the absence of her father. Otherwise she lived with her parents until she was 20. Her relationship with her parents was good.

Case summary.—The patient suffers from states of periodic depression and compulsive wandering. There was no gross disturbance of the child-parent relationship, but the father was absent from home from the patient's fifth until her ninth year.

CASE 13.—B. H—, female, born 1918. The patient has had pre-menstrual states of excitement since her twentieth year. On six occasions while in these states she has felt compelled to leave home and wander. The urge has lasted for

a few days, and under its influence she runs about aimlessly and occasionally associates with men. When she returns home she has only a vague recollection of what has happened.

On one occasion while under observation in hospital, a state of general restlessness before menstruation occurred. The patient declared that she wanted very much to run away. She was depressed and anxious, and took little food. On the second day of menstruation this condition disappeared.

Childhood development and family constellation.—When the patient was three years of age her mother divorced her father, who was an alcoholic. She married again. The patient never regarded the second husband as a real father. She had been much attached to her father and felt his loss keenly.

Case summary.—The patient experienced states of pre-menstrual depression, sometimes followed by compulsive wandering, with erotic impulses. Her parents were divorced when she was three years old.

CASE 14.—M. A.—, female, born 1909. Since the commencement of menstruation in her thirteenth year, she has suffered from states of restlessness and irritability, which start some days before menstruation and last until after her period. Since her twentieth year she has frequently left home, at the commencement of her menstrual period, and wandered about for some days and nights. These states last three to four days. She is often in a state of elation and excitement at the beginning of such a spell. In this condition she has often had intercourse with men whom she meets casually. She preferred men of middle age. Her recollection of these states is incomplete. She is usually taken eventually to a police station in a neglected condition, exhausted and half-starved. For some days afterwards she is depressed, reproaches herself, and twice has tried to commit suicide.

According to the reports of the parents, confirmed by the patient, she is given to fantastic lying, especially about herself. She repeatedly asserts that her father tries to make love to her. She denies this assertion during the time of her depressions, when she indulges in violent self-accusation.

Childhood development and family constellation.—In 1914, when she was 5 years of age, her father had to join the army. He was taken prisoner, and did not return home until 1921. From her sixth till her twelfth year she lived with her grandfather, and only occasionally saw her mother. She remembers that a menstrual period had just commenced when her father returned from war imprisonment. Her father, whose appearance she could not recollect, had occupied her imagination during the years of his absence. When he returned, feelings of erotic affection developed, especially at the time of her menstruation. She experienced erotic feelings every time he looked at or touched her, and she thought that her father reciprocated them. At the same time, hostile feelings towards her mother appeared. She is only attracted by men of her father's age. Although there was no evidence that the behaviour of her father towards her was not absolutely correct, it is likely that when he returned after seven years' absence he treated his 12-years-old daughter with great affection.

In 1923, six years before the onset of the wandering states, the patient was ill for four weeks. She had a high temperature and slept day and night for the first two weeks. During the next two weeks she slept only during the daytime and was restless at night. During this time she had twitchings of the extremities and the abdominal muscles, she could not swallow properly, and her speech was indistinct. She was incontinent and had transitory paralysis of the extremities. The diagnosis of encephalitis lethargica was made. There are no residual organic symptoms.

Case summary.—This patient's states of compulsive wandering occurred from her twentieth year. At the beginning of these states she shows signs of sexual excitement. She is only attracted by men who are of her father's age. It is possible that in this case encephalitis lethargica contributed to the character formation which tended towards lack of inhibition. Her childhood development showed a characteristic disturbance of the child-parent relation. From her fifth to her

twelfth year her father was away from home, and when he returned the patient and possibly the father too did not succeed in establishing a normal child-father relation. Feelings of unusual affection came to the surface, while her feelings for her mother deteriorated.

CASE 15.—S. K. R—, female, born 1912. Her personality had been changing since her eighteenth year. She became quiet, seclusive and asocial. She imagined that people in high places took a special interest in her, that people talked about her, and that she was hypnotized. She was able to look after herself and was usually well conducted.

When she was 21 she had the first attack of a condition which occurred about twice a year subsequently, making its appearance just before menstruation. She wandered from home without reason, staying away for one to three days. During this time she ate little, neglected her appearance, and slept in the open. She wandered aimlessly, and was usually brought home by the police from some distant place. The attack passed off on her return home and she could seldom give any clear account of what had taken place, except that an irresistible urge to wander had overcome her.

Childhood development and family constellation.—She is an illegitimate child. She has never known her father, who is thought to have been an Italian nobleman. Her mother has never shown any interest in her and she was brought up by foster parents, who treated her unkindly. She has always felt keenly the lack of a normal home.

Case summary.—This is a case of a typical paranoid schizophrenia, in the course of which attacks of compulsive wandering made their appearance. The patient was brought up by foster parents and lacked any normal parental home.

CASE 16.—Z. E—, female, born 1915. From her sixteenth year the patient has been subject to a periodic urge to wander from home. This occurs two or three times every year. It appears in the premenstrual period and is associated with the feeling of elation, excitability and increased eroticism. During her wandering, which lasts for a few days, she neglects her appearance, eats and sleeps little, and shows no sexual restraint. Her memory of what has happened is always vague. Her mother states that she is subject to moods of depression alternating with excitement and hyperactivity. The depressions are of a melancholic type leading to self-accusations, and on two occasions she attempted suicide. During her two months of hospitalization she was at first depressed and complained of compulsive urges to take her life. Later there was a short period of excitement and elation. The patient is bisexual, and has had relations with persons of the same sex as well as with men. During her wanderings she only associated with men.

Childhood development and family constellation.—The patient's father was killed in the war before her birth. Her mother handed her over to foster parents who on the whole treated her without affection. They pretended that they were her own parents until, in her sixth year, her real mother appeared, bringing with her a man whom she introduced to the child as her father. It was not until she was 12 that she was told the true story of her father. She says that she thinks she suspected that her foster parents were not her real parents even before she was 6 years old. She has always felt that she had no proper home and suffered accordingly. The patient is given to daydreaming. In her dreams she often sees her father and sometimes imagines that he is not dead, and that other men, for instance her guardian, may be her real father.

Case summary.—This patient is subject to changes of mood of the manic-depressive type. She has fugue states with compulsive wandering, commencing in the premenstrual stage in states of elation. Increased eroticism is a marked feature of these attacks. The patient is homosexual. Her father died before she was born. She has been brought up by foster parents. It is probable that the repeated deceptions which have been practised on her about her parentage have had an unfavourable effect on her personal development.

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CASE 17.—B. R. H—, female, born 1913. At the age of 24 the patient was hospitalized for three months for a typical melancholic depression. She accused herself of wickedness and had attempted suicide. She was discharged free from symptoms. Six months later she disappeared from home, being brought back by the police ten days later. She could remember little of what she had done except that she had been overcome by a sudden impulse to leave home and had wandered in the forest. She said that she had been very depressed and had not spoken to anybody, had slept in the open, and had taken very little food. She was readmitted to hospital, where she showed the same melancholic features as on the first occasion for about three months. She was discharged free from symptoms.

Childhood development and family constellation.—Her mother died when she was 2 years of age, and her father going to the Great War in her second year left her in the care of her aunt until his return five years later. Thereafter she lived with her father, with whom she was happy. There was no evidence that there was ever any serious disagreement between them.

Case summary.—This is a case of a recurrent melancholia, in which a fugue state with compulsive wandering marked the onset of the second attack. The child had lost her mother in her second year, and in the same year her father left home and returned only five years later.

CASE 18.—P. M—, female, born 1917. This patient has suffered from attacks of compulsive wandering since her fifteenth year. These attacks commence at the onset of menstruation during a phase of premenstrual depression. They occurred nine times in four years and each attack lasts two to three days, but one attack lasted eight days. In these attacks she leaves home without reason following an irresistible urge. She becomes excessively erotic, sometimes indulging in promiscuous sexual intercourse. Otherwise she shows the typical features of compulsive wandering, such as neglect of her appearance, sleeping in the open regardless of the weather, taking little food, and retaining only a slight recollection of what has happened. On one occasion she joined a gipsy family and lived with them for some days. She is usually found by the police when in this state and brought to a mental hospital. The attack is succeeded by a period of depression with typical melancholic features, lasting for several weeks. Her mother reports that she has been a pathological liar since her ninth year, telling senseless lies, especially about her own capabilities and talents, and about her father, whom she has never known. According to her mother, she has always been a "nervous" child and was somewhat backward, but there were no signs of mental deficiency.

Childhood development and family constellation.—The patient is an illegitimate child. She has never seen her father. She has been brought up by her mother, and from the age of 11 has had a stepfather who treated her kindly. When she was 14 she learned for the first time that she had a real father, who was living in a distant town. From then she felt the desire to see him, but was prevented by her mother from doing so. She has always suffered from lack of a normal home, and has never developed a favourable child-father relationship with her stepfather.

Case summary.—This patient is subject to attacks of compulsive wandering occurring in the premenstrual stage and followed by melancholic depression. She is a pathological liar. She is an illegitimate child and has never known her real father.

CASE 19.—B. E—, female, born 1914. At the age of 17, just before the onset of a menstrual period, she experienced for the first time an irresistible urge to leave the house and to stay in the open. She was always obliged to yield to this impulse unless she was locked up. This urge recurred four or five times a year for the next two years. As a rule she did not wander far, but lay down in a garden on the outskirts of the city and slept for eight to twelve hours, after which she returned home, apparently quite well. She obeyed this urge regardless of the weather, sleeping in the open in spite of snow or rain. On several occasions she entered a certain garden where she knew she would find an empty wooden trough. She would lie and sleep

in this trough during the compulsive attacks, which usually occurred in the afternoon, leaving it for home just after dawn. The character of these attacks changed in her nineteenth year and became more of the nature of typical compulsive wandering. She would wander for two or three days, and sleep in the open. However, even in these typical fugue states the tendency to sleep in the open for many hours was prominent. The patient was of normal intelligence, and did not show any signs of organic disturbance.

Childhood development and family constellation.—The patient never knew her father, who was killed in the Great War. She can hardly remember her mother, who died of encephalitis when she was three years old. She was brought up by various foster parents in the country and was treated kindly. Since 1930 she has lived with a guardian in the town. Her mother has often appeared to her in stereotypical dreams at the onset of menstrual periods. In these dreams she sees her mother lying dead. The dreams occur more frequently but not invariably when she has been prevented from leaving the house in response to compulsion. This dream is a regular accompaniment of sleep in the open. When she sleeps in the open she usually feels as if she were lying on the grave of her mother. While wandering in the open she longs to be dead like her mother. She is given to daydreams in which she imagines that perhaps her mother is not dead but alive, and that she may find her some day. She hardly ever thinks of her father.

Case summary.—In this case a recurring urge to leave home and sleep in the open was replaced after two years by typical fugue states with compulsive wandering, in which there was still an unusual tendency to sleep in the open. This patient obviously identifies herself in the twilight states with her dead mother. Her behaviour and her dreams show that during these compulsive states when she sleeps in the open she identifies herself with her dead mother, and the trough in which she sleeps as a matter of choice becomes for her a coffin. Sleeping in the open, therefore, means to her being dead. This case can be considered as one of hysteria with typical fugue states showing hysterical mechanisms. The patient became an orphan in early childhood.

CASE 20.—G. B—, male, born 1903. Since 1937 he has on several occasions wandered about compulsively for a few days at a time, sleeping in the open and neglecting himself. He has only a vague recollection of what happens while he is in this state. He says that suddenly, for no reason, he feels increasingly restless, and after some hours experiences a violent urge to run away. He cannot suppress this, however hard he tries. This mood is preceded by depression, which early in the wandering states gives place to euphoria and elation. He wanders two or three times each year. He has twice taken employment and settled down for a time when normal health was restored in a place to which he had wandered by chance. The patient suffers from other attacks of depression, not associated with the wandering states. The depression appears without reason, lasting some weeks. It is marked by pessimism, lack of initiative, and thoughts of suicide.

Childhood development and family constellation.—His father was chauffeur to an ambassador to a Balkan state. Three months after the birth of the patient the father divorced his wife because of her infidelity. The patient lived with his father's parents from the time he was nine days old. Thereafter he saw his father only rarely and then for a short time. He always felt a great desire to see his mother when he knew she was alive. When he was 8 he went to the factory where she worked, watched her, but never spoke to her. He sent money to her anonymously. In 1923 she committed suicide. He always felt very strongly the lack of a parental home.

Case summary.—This patient suffers from periodic states of depression, some of which are followed by fugue states. It is noteworthy that he sometimes makes practical use of his wanderings by obtaining temporary employment far from home. The parents were divorced. The father worked in a remote country. The mother had no contact with the patient.

CASE 21.—D. M—, male, born 1886. This case history was obtained as the result of only one interview. In 1929 his landlady, an elderly woman, with whom he had intimate relations, was killed in an accident. Immediately after the funeral he had his first attack of compulsive wandering. He has only a vague recollection of what happened. He says: "I remember a funeral in the morning in the north of London. The next morning or the morning after I was found by the police wandering in Regent's Park, London. I was taken to an institution, where I was detained for 18 months. All this time I was very depressed and thought of taking my life. I became well again gradually." After his discharge he apparently remained well until the summer of 1938, when he was found by the police after wandering for about 24 hours. He believes that during his wanderings he took no food, and that when apprehended by the police he was in a sort of dazed condition and did not know his name. Prior to the second wandering attack he had felt somewhat depressed and restless. In this depressed state he often thought that he would like to run away and to continue walking on without caring for the consequences. He says: "I feel I must suppress this; I have always to keep watching myself. I sometimes think it would be nice not to wake up." During the bouts of depression he loses his appetite, becomes reduced in weight, losing as much as a stone.

At the time of examination he was rather depressed and restless. He stated that he was living with another elderly landlady. He suspected that she wanted to marry him. He feared her violent temper and dreaded the prospect of marriage. The patient failed to report at the clinic again. Inquiries revealed that he had left town abruptly, leaving his property behind. It transpired that he spent some days in aimless wandering, eventually taking employment in another part of the country.

Childhood development and family constellation.—According to his statements, the family life during his childhood had been happy. His sister emigrated to America when he was 9. His father died when he was 15, his mother when he was 20.

Case summary.—This is a case showing fugue states with very obvious hysterical features, occurring in connection with typical periodical endogenous depressions. The hysterical character of his fugue states is shown by the circumstances in which they took place, the first after a bereavement, the third at a time when he felt unable to cope with a tense situation. It is significant that on both these occasions there was a profound disturbance in what at that time was for him his home life. In this case, recent psychic events precipitating the symptoms were much more obvious than in any other case of the series. There was no evidence of a gross disturbance of the early child-parent relationship in the ordinary sense, but it must be noted that the patient lost his parents before he had left home himself, and the fugue states occurred in connection with his relationship to women who obviously were mother images.

CASE 22.—S. T. E—, male, born 1892; shopkeeper. This patient has suffered for many years from states of depression which overcome him suddenly and without cause, and last for one to two months. During this time he is pessimistic, restless, sleeps badly, takes little food, and has thoughts of suicide. In 1936 he had an attack of compulsive wandering for the first time. He suddenly left his shop without reason and wandered for four days, travelling about 100 miles. He entirely neglected himself during this time, slept in the open, and ate hardly anything. He had only a very incomplete recollection of what had happened during that time. He has had three attacks up to the present. He has learned that during the first two days he drinks excessively without becoming drunk, but he does not drink during the rest of the time. In his normal life he is abstemious.

Childhood development and family constellation.—When he was 3 years of age he lost his mother from puerperal fever. He has a very vivid memory of her death and he says that he never got over this loss. Soon afterwards his father married again. His stepmother treated him badly and his father neglected him.

His father, and also his paternal grandfather, were alcoholics, and the patient blamed the alcoholism of his father as being partly the cause of his lack of interest in him. He had always felt very unhappy in childhood. All his life he has dreamed of his mother and has visualized her lying on her deathbed.

Case summary.—This is a patient with periodical depressions, in connection with which attacks of compulsive wandering occur. There are also features of dipsomania. The father was an alcoholic. The patient lost his mother when he was 3 and could not establish a normal child-mother relationship with his stepmother.

CASE 23.—K. A—, male, born 1914. Since his eighteenth year he has been subject to states of compulsive wandering occurring once or twice a year. In these states he runs away without reason, sometimes incompletely dressed, and wanders aimlessly for some days. He comes home in an entirely neglected state, saying that he cannot remember what has happened. He has lost his employment several times because he left suddenly without giving notice. Sometimes he travels by train, finding himself far from home when normal consciousness has returned. On several such occasions he has reached foreign countries. Sometimes he has taken a job in places he has reached during his wanderings. Even while normal he has always shown a preference for jobs which gave him an opportunity of making long journeys. For instance, he took a job in a band, with which he travelled to Africa. (He was a good musician, but not a professional.) In Africa he tried to get into the Foreign Legion, which attracted him because of the opportunity for travelling. For some days before these states develop he is very restless and depressed, and tries to get rid of his depression by taking alcohol. Otherwise he drinks very moderately, and as far as he knows he does not drink at all during the twilight states.

Childhood development and family constellation.—The patient was born in the first year of the Great War. His father joined the army at the outbreak of war and was taken prisoner. He did not return home until the patient was 5 years old. The patient was not brought up in his mother's house. During childhood he stayed with relatives and in boarding schools. He felt greatly the lack of a parental home. He only saw his parents occasionally, and he says that they have never understood him. No mental abnormality in the family.

Case summary.—This is a patient with typical states of poriomania. It is noteworthy that the patient showed a tendency to give his wanderings a purposeful character. Often it is only during the first days that he seems to be overwhelmed by the irrational impulse. In the second half of the states his mental outlook seems to become clearer. He becomes obviously more sociable and tries to use his cravings in a purposeful manner, and, so to speak, to rationalize and sublimate them, by doing work in the localities where he has been led by his wanderings. In this case, too, a normal child-parent relationship was lacking. He did not grow up with his parents, and did not see his father until he was 5 years old.

CASE 24.—B. M—, male, born 1902. The patient was taken to hospital because of attempted suicide. He was depressed and pessimistic and accused himself of not having led a proper life. From the age of 18 he has felt from time to time great restlessness and an urge to travel to remote countries. In these states he has travelled all over the Balkans, Asia Minor, and Africa. As long as he is travelling about he feels happy, and he earns his living by doing odd jobs. After some months he feels homesick and returns. He always intends to remain in his own country, but the desire to travel always appears again. During his travels he feels rather elated. This is always followed by a state of depression, during which he goes home.

Childhood development and family constellation.—His mother died at his birth. His father married again soon afterwards. He spent his childhood with an aunt, but he always felt that he was living with strangers. He felt keenly the lack of a parental home.

Case summary.—This patient is subject to manic-depressive changes of mood.

Associated with this abnormality is the compulsive desire to wander about. During these states he is slightly elated and is able to employ himself. It appears that the patient satisfies a wandering compulsion by making journeys. He had no parental home.

CASE 25.—N. E.—, male, born 1916. The patient was admitted to hospital because he had left the barracks where he was stationed without reason, and had wandered about the town all night. In the early hours of the morning he was found in the yard of another barracks in a different part of the town. He appeared to be confused and could not remember what had happened. Some hours later his mental state became normal.

He asserts that every year in the spring he feels a desire to leave the city and to wander about in the country. This urge has existed since his sixteenth year. For some days before he feels this urge he is depressed, restless, and tired of life. He experiences relief when the urge to wander has appeared in consciousness and when he has yielded to it. During the first week of his wanderings he neglects himself, eats hardly anything, and sleeps in the open. Until he joined the army he was always able to obey this urge. As it had come regularly every year in early spring he learned to anticipate its recurrence, and in recent years he has prepared for his wanderings by having in readiness suitable clothing and food. During the last two years his wanderings have taken on a more systematic and orderly character, and have taken him to places hundreds of miles away in the course of some weeks. At the beginning of his wanderings he is depressed, but after some days he feels free and happy. When he has returned home he seems refreshed and capable of his normal work.

When he had to join the army in the beginning of the spring of 1938 he tried very hard to be transferred to a country garrison, hoping that he would be able to cope with his urge if he could be stationed in the country. But his applications were refused, and after some weeks of normal behaviour in his regiment he became depressed as in previous years. Some days later the desire to wander appeared. He tried hard to suppress it, as he was aware that it would be a serious crime to leave the barracks without permission. He does not remember when and under what circumstances he left the barracks. He only remembers that he was always afraid that such a thing would happen. For many years he has had typical dreams of travelling to remote countries. In these dreams he felt very happy and thought that he could speak foreign languages. His mother confirms his story with regard to his depression. She says that regularly in the spring he becomes depressed and restless. In one of these states he tried to commit suicide. After a week or so he suddenly disappears without saying anything, and when he comes back after a period of one to three weeks he usually tells her that he has been wandering about in the country, and looks very well and "renewed." During the last two years it has happened that in the course of his wandering he accepted a job as an agricultural labourer. She got the impression that the further he went from home the better he felt afterwards.

Childhood development and family constellation.—The patient did not grow up in the house of his parents. The father was a commercial traveller and died when he was 5 years old. His mother worked as a domestic servant at spas and could not have him with her. He was brought up by various relatives. He suffered very much from the lack of a parental home. He was the only child. No mental disease in the family.

Case summary.—This is a case where a compulsion to wander appeared connected with a periodical depression of the melancholic type. The patient tries to suppress his craving, or at least to restrain and regulate it. When he expects this urge to appear, he goes voluntarily to the country, wanders about, and sometimes even takes work. In this case a tendency to rationalize and sublimate the compulsion is apparent. He is obviously anxious to protect himself against the surprising and irresistible appearance of his craving. His wish to serve in a country garrison can be easily understood by his desire to meet to some extent his wandering

compulsion. In this case the child-parent relation has been definitely abnormal. From the beginning of his life he did not live with his parents, and he lost his father in early childhood.

COMMENT ON THE CASES.

A survey of the case material shows that each of the cases reported bears a relationship to one or more of the following disorders: epilepsy, affective reaction types, or hysteria. One of the cases (No. 15) was a typical schizophrenic. It is proposed to deal with the cases according to their relationship with these disorders in turn, and to draw attention to special features. It is necessary to point out that the preponderance of the female cases in the case material presented (18 out of 25 being female) does not allow any conclusion to be drawn as to the sex incidence. The high proportion of female cases is due to the fact that I had access to a much smaller number of male than female patients.

The cases in which there was some *relationship to epilepsy* number 10. Cases 1, 2, 3, 4, 5 were subject to major and minor epileptic fits, of which the first four were genuine; in Case 5 epileptic fits of traumatic origin occurred as well as hysterical fits, so that it can be denoted as "hystero-epileptic". Case 2 is of special interest. Her major epileptic fits, as well as her fugue states, were often preceded by automatic running typical of *epilepsia procursiva*. I shall discuss this important case below.

Cases 6, 7, 8, 9, 10 were not epileptics themselves, but in their family histories there were records of epileptic fits. In Case 6 the mother's mother, in Cases 7, 8, 9, the mother and one brother of each, in Case 10 one sister, had been epileptics. These patients (6 to 10) themselves did not show features of an epileptic personality change.

Over-indulgence in alcohol was not a common occurrence amongst the patients. Case 3 alone was a chronic alcoholic; this patient did not take alcohol during her wanderings. Case 8 sometimes drank, but not in excess, during her wanderings. Case 22 drank excessively, without becoming drunk, during the first two days of the fugue state, being at other times abstemious. This case, therefore, showed some features of dipsomania. Case 23 tried in vain to overcome the depression and restlessness preceding the fugue by taking alcohol. Alcoholism in the family history was recorded in four cases (Nos. 3, 10, 13, 22). In each of these the father had been a chronic alcoholic. Of those alcoholics only Case 3 showed a relationship to epilepsy.

Some *relationship to the affective reaction types* (manic-depressive psychosis, cyclothymia) could be traced in nearly all cases reported, including the epileptics. They were represented in every degree of severity, between the extremes of mild cyclothymia and fully-developed melancholia.

In a proportion of the cases suffering from periodic depression occasional periods of elation were noted. In none of these cases did this amount to a fully-

developed mania. It is noteworthy that in a number of cases the tendency to periodic changes of mood appeared comparatively early, in 8 cases before the 20th year. In some cases the first fugue coincided with the first attack of depression; in other cases it made its first appearance as much as several years later. The relationship between the fugue state and the depression was not consistent in all cases, as far as could be ascertained. The mood during the state of fugue was usually that of depression. In a few cases, however, the accompanying mood was that of hypomanic elation for at least the initial stage of the fugue, which may have been responsible for the lack of sexual control. In many cases the fugue state was followed by periods of depression, accompanied by self-accusations, and feelings of guilt for having yielded to the impulse to wander, and for subsequent unsocial behaviour.

In 12 cases (Nos. 1, 3, 6, 7, 9, 11, 12, 14, 17, 18, 21, 25) suicide had been attempted on one or more occasions. These attempts were not undertaken during the fugue stage, but either in one of the periods of depression after the fugue or else during the stage of depression independent of the fugue state. It is, however, noteworthy that these attempts lacked the determination usually seen in melancholia, and in only one case (No. 9) led to a fatal result.

In Cases 7, 9, 10 and 11 there was some incidence of affective reaction type in the family histories. It is of interest that in Cases 7, 9 and 10 these hereditary features co-existed with hereditary features of epilepsy.

In the majority of the female cases the onset of the fugue state was related to *menstruation*. The characteristic restlessness preceding the fugue coincided in these cases with the premenstrual state. In no case was there a regular association between each menstrual period and the fugue state. The duration of the fugue state seemed to be quite independent of the duration of the menstruation.

In six cases *hyperorotism* with elation and loss of sexual control appeared early in the fugues, usually disappearing after one or two days. This lack of inhibition led to promiscuous sexual intercourse. This behaviour occurred only in females in those cases in which the fugue states coincided with the onset of menstruation. In some of these cases lack of sexual control accompanied states of elation which were not associated with fugues.

Abnormal sexual features occurred in some cases. Cases 3 and 16 habitually showed homosexual features which were not evident during the fugue states. Cases 7 and 14, who showed loss of sexual inhibition at the beginning of the fugue states, only associated with men of middle age, which was the age of their fathers, to whom their relationship had been particularly unfavourable. This preference for older men appeared in the fugue states as well as in the intervals. Not one male patient showed any sexual activity during the fugue state, irrespective of whether the patient was elated or depressed.

As for *the character of the wandering states* in the cases reported, it can be said that in the great majority (22) the whole picture was fully developed.

There was no fundamental difference between the fugues of the epileptics, all of which were typical, and those of the non-epileptics. The atypical cases were Cases 24 and 25. In Case 21 there was the unusual feature that the patient could not remember his name and address, even some time after he had stopped wandering. This was obviously a hysterical addition to the otherwise characteristic symptomatology of the fugue. Case 24 provides an example of a condition intermediate between the fugue state and the periodic urge to leave home and travel, preceded as in the fugue state by a premonitory state of restlessness, and depression. In this condition, as in fugue states, consciousness was dominated by the desire to wander and to travel, but the outlook was not markedly obscured, and the condition instead of lasting several days endured for several months. Such a condition can be regarded as an extended fugue. Case 10, as has been pointed out, presents an incomplete picture only, sufficiently characteristic, however, to make the diagnosis of a fugue state permissible.

Hysterical features coloured the picture of the fugue states of Cases 19 and 21 to a marked extent. The psychological interpretation of these features will be discussed below. Only one case (No. 5) showed typical hysterical fits, and in this case epileptic fits occurred as well. It is noteworthy that otherwise gross hysterical symptoms unconnected with the fugue state did not occur among the cases observed.

Emotional trauma in some cases appear to have closely preceded the first attack. In Cases 6 and 7 the first fugue made its appearance after the loss of a parent, in Case 12 after the desertion of the father of her newborn child. In Case 21 the first fugue state occurred after the death of the patient's mistress. In three cases (Nos. 4, 6 and 9) an insignificant quarrel seemed to initiate the fugue state on certain occasions, but it is impossible to determine whether the quarrel was the outcome of growing irritability preceding the fugue state or was really a precipitating factor.

A habitual tendency to lie, amounting to *fantastic pseudologia*, was present in eight of the cases. In two of these cases (Nos. 2 and 6) this tendency appeared periodically in the post-depressive periods, in Case 2 in states of elation as well. In the other cases lying was a habitual feature of the character. The fantastic lies were mainly concerned with the parents, the relationship to whom was either lacking or very unfavourable (Nos. 6, 9, 16, 19, 24).

Five of the patients were typical *daydreamers*.

Some of the patients showed an *habitual instability*, expressing itself in the inclination to change employment without adequate reasons. This feature was most marked in the cases Nos. 6, 9 and 10. Cases 3 and 6 had from the time of their childhood felt the desire to leave their country.

In Cases 20, 23, 24, 25 certain *tendencies of a purposeful nature* appeared during the fugue states, thus rationalizing the behaviour of the patient to some degree, and turning it to some useful account. Cases 20 and 23 behave at the

end of the involuntary journeys as if these expeditions have been undertaken with the express purpose of finding employment. Case 25, the "deserter," is of special interest. It is remarkable how this patient tried to anticipate the compulsive urge at the time when he expected it to appear by wandering deliberately, and even when a soldier he applied to be transferred to a country garrison in order to meet as far as possible the call of the urge. Even on the occasion of his compulsive desertion from barracks, the influence of contrary forces in his personality made itself recognizable by the fact that during the fugue state he turned up at another barracks, thus demonstrating the strong tendency opposing desertion. It appears that in Cases 23 and 25 a purposively pre-arranged journey successfully aborted an attack. In Case 25 such journeys appeared to be the equivalent of fugues. It is noteworthy that such tendencies to direct the urge to wander into a somewhat purposeful channel appeared in male patients only.

Investigations into the individual histories of the patients revealed with surprising consistency *serious abnormality in the relations to home life*. These abnormalities were of the nature of either a lack of a parental home, or a transitory or lasting breakup of the family. Of the 25 cases observed, in only one (No. 21) the family life appears to have been normal; in two others (Nos. 4 and 8) the patients spent all their childhood with both the parents, but in these cases the family life was abnormal and particularly unhappy. The remaining 22 cases lacked a normal parental home, at least for a proportion of the time before the age of puberty. Various sorts of constellations were ascertained. Five of the patients (Nos. 1, 2, 11, 15, 18) were illegitimate children to whom one parent had been always unknown, and who had either been neglected by the other parent or been brought up by strangers. Others were either orphans or had lost one parent before birth. Case 19 had lost both parents. Cases 16 and 25 had lost the parent of the opposite sex, Cases 2 and 6 the parent of the same sex, before they were born. Case 18, brought up as an orphan, discovered in later childhood that her parents were alive. Others lost their parents during childhood, Cases 9 and 22 losing the parent of the other sex, Cases 3, 10, 17 and 24 of the same sex. Cases 11 and 16 had not met either of their parents for many years from early infancy.

Lasting or transitory separation from both or one parent characterized the childhood of a large proportion of cases. Cases 2, 5, 11, 16, 20, 22, 23 were brought up during the whole or a considerable part of their childhood, away from both parents. In Cases 1, 7, 12, 13, 14, 17 and 25 the child was separated from one of the parents either permanently or for a number of years. Common reasons, such as divorce, profession, etc., were responsible for the separation. It is noteworthy that in Cases 1, 7, 12, 14, 17 and 23 a transitory separation from the father, lasting from three to six years, was due to military service and imprisonment during and following the war 1914-18. In the great majority of the cases loss of, or separation from the parents occurred in early

childhood, that is before the age of 7, and in the others before the age of 12. Loss or separation occurring later in life has not been regarded in this paper as equally significant, as it is known that after adolescence a child adjusts itself more easily to changes in its environment.

In some of the cases the lost parent was replaced by a step-parent, but the case histories show that the patients were unable to establish normal child-parent relationships, usually because of the attitude of the step-parent. In all the cases the children had consciously felt the lasting or transitory lack of a normal parental home. In some cases later on in life the unhappiness of their childhood occupied their minds, expressing itself in stereotyped dreams and daydreams, in which the lost parent was prominent. In Cases 2, 6 and 19, an idea occurred to the patient that the lost or unknown parent might be sought and found during their wanderings. This idea was combined with a disbelief in the reality of the parental loss. In Case 19 it is obvious that the patient identified herself in her twilight states with the lost parent. Her behaviour in these states bears all the signs of a symbolic act expressing the desire to join her mother in the grave. This case (No. 19) deserves interest from another point of view. The typical picture of the fugue obviously developed from a peculiar twilight state in which only one feature of the fugue, that is, sleeping in the open, was marked, and that in an exaggerated way, and it was not until two years later that the compulsion to wander aimlessly appeared. From then the picture of the fugue state was typical.

With regard to the sex of the parent from whom the patient had been separated, or who had been lost, 6 patients had lacked both parents, 3 the parent of the same sex, and 13 of the opposite sex. It appears, therefore, that in three patients only was there no disturbance of the relationship to the parent of the opposite sex. It is clear that in drawing inferences from the above finding, due consideration should be paid to the fact that the majority of the cases reported were females, and that the father is more likely to be separated from the female child because of professional or military reasons. Nevertheless the great predominance of loss of the parent of the opposite sex is so striking that it can hardly be explained by such chances only.

As to the role of *hereditary factors*, Cases 11 and 8 seem at first sight to suggest that heredity might play a part in the causation of fugue states. The mother of Case 11 had symptoms of a condition akin to fugue state. In Case 8 the mother and brother of the patient, who were themselves epileptics, used to react to excitement by leaving home abruptly and remaining away for some time. Their behaviour on these occasions, however, lacked certain characteristic features of the fully-developed fugue. It is noteworthy that in the family constellations of these relatives, conditions could be traced similar to those found so consistently in the histories of the patients with typical fugue states.

A history of *previous organic disturbances* of the nervous system preceding

the appearance of the mental disorder was obtained in two cases only. Case 14 seems to have suffered from an encephalitis lethargica some years before the onset of the fugue states, but without residuary organic symptoms. It cannot be excluded that the encephalitis had contributed to the formation of the personality characterized by lack of inhibition. In Case 15, an epileptic, there was a history of cerebral trauma.

DISCUSSION.

Certain findings, as shown by the case material presented, reveal hitherto unrecorded facts regarding the aetiology of compulsive wandering. While the clinical relationship between fugue states and epileptic conditions is well established, although imperfectly understood, little attention has been drawn to the relationship of fugue states to the manic-depressive constitution. The case material of this paper shows that some tendency towards endogenous periodic changes of mood could be demonstrated in nearly all cases, and in some this feature was hereditary. The constitutional relationship to the manic-depressive reaction types was not dependent on other features of the cases, so that it could be traced in epileptics as well as in patients with hysterical and other psychopathic symptoms. It obviously represents a feature which can be regarded as common to patients subject to fugue states, irrespective of the existence of the nature of any other co-existing mental disorder. The fact that cases of the epileptic group showed some signs of periodic affective disorder recalls the views that there is a constitutional kinship between epilepsy and the affective reaction types; but it is not only the constitutional aspect which links the fugue states to the affective reaction type. The case material presented shows that the fugue states are obviously associated with spells of depression or, less commonly, elation, of the endogenous type. Furthermore, the mood and the behaviour of the patients during the fugue states have some features in common with the affective reaction type. On the other hand, other symptoms, especially the clouding of consciousness, are strange to the manic-depressive disorders, but constant features of fugue states.

One striking factor was found to be common to almost if not all the cases of compulsive wandering investigated. This was a disturbance of the environment of child life. A serious disturbance in the child-parent relationship, usually of such a nature that the relationship to one or both parents was either completely lacking or only partially developed, had occurred in nearly every case. The abnormal family life was caused, not only by loss of one or both parents, but in a number of cases by temporary absence from home of one parent, at a time which, as Freud has shown, is of the utmost importance for the development of a normal child-parent relation. One of the most common causes was military service. On the return of the absent parent the establishment of an adequate child-parent relationship was apparently not possible in

all cases. In certain cases where both parents had been present during childhood, the relationship had been particularly unfavourable. It is in keeping with Freud's findings that in my cases disturbance of the relationship to the parent of the opposite sex was of greater pathogenic significance than of the relationship to the parent of the same sex. It has been shown that almost all these patients had suffered consciously from the failure of the normal child-parent relationship. In a number of cases, the feeling of having missed something which could never be replaced became particularly acute during the periodic depressions and under the influence of the wandering compulsion. With a few the desire to seek for the dead or absent parent appeared immediately before or during the fugues. The idea that a dead parent was not really dead but alive and perhaps to be met in their wanderings occurred. Other patients had stereotyped dreams in which the parents played a significant part.

A survey of the character features of the patients suffering from compulsive wandering reveals that a considerable proportion of the patients showed the tendency to habitual lying, which in the majority amounted to *pseudologia fantastica*. It was significant that in these patients the fantastic lies were woven about their family origin. There was obviously an underlying tendency to replace the realities of their unhappy childhood by wish-fantasies.

The finding that a fundamental disturbance of the child-parent relationship had existed in nearly every case suggests that this important environmental condition forms an indispensable factor without which, irrespective of other factors, compulsive wandering does not occur. That this factor was demonstrated in epileptic and hysterical subjects shows that there is no fundamental difference between the fugue states of hysterical and epileptic patients. This statement receives support from clinical experience of certain epileptic conditions apart from fugue states. It is frequently noticed that certain features in the behaviour and the experiences of epileptic patients in states of altered consciousness, such as psychic auras and dreamy states, are derived from past environmental influences, and are as accessible to psychological interpretation as neurotic processes. Kinnier Wilson has pointed out that there is no semiological barrier between functional and other kinds of fits. Between hystero-epilepsy and epilepsy he recognizes only differences of degree, not of quality, and in his opinion no distinction can be drawn between the motor phenomena of an hysterical fit and those of epileptic states. In Wilson's view, the post-epileptic automatism known as *epilepsia procursiva* differs in no fundamental way from a fugue state that lasts hours, days, or weeks. Wilson points out that it is necessary for the understanding of epileptic phenomena to take the time factor into consideration, and to imagine epileptic phenomena extended or lengthened in time. If the time factor is taken into consideration the kinship between typical fugue states and certain fugue-like states of longer duration and unaccompanied by an alteration of consciousness, as for instance in Case 24, becomes clear.

Wilson's remark that theoretically there is no fundamental difference between an attack of *epilepsia procursiva* and a fugue state is well illustrated by Case 2. This case is of special interest because, as far as could be ascertained, no such case has been described hitherto. The patient is a genuine epileptic whose major fits are sometimes preceded by automatic running, which occasionally precedes the fugue states as well. This case suggests a fundamental relationship between fugue states and the automatism of *epilepsia procursiva*, both of which can be regarded as the expression of what Hughlings Jackson has described as "release of lower activities." The fugue state seems to develop from primitive though co-ordinated motor phenomena. In this case the characteristic environmental factors of the sort described in connection with other cases were very prominent. It will be interesting to learn from other cases of *epilepsia procursiva* whether similar conditions exist. If so, *epilepsia procursiva* would seem to be more of the nature of a condensed fugue state than of an automatism exclusively due to the release of primitive cerebral mechanisms.

The fact that special environmental conditions are indispensable for the origination of compulsive wandering makes it clear that their nature cannot be understood without psychogenetic interpretation. It must be stressed, however, that such an interpretation cannot completely explain the condition, which is certainly caused by the interaction of psychogenetic with constitutional and other factors. It is this very combination of factors, in addition to the environmental abnormalities, which explains the comparative rarity of fugue states. The significance of abnormal home conditions is emphasized both by the consistency with which this factor appeared in the case histories, and in addition by the fact that the minds of a number of patients immediately before and during the wandering states were preoccupied with ideas clearly related to their parents.

It might be argued that important psychological conclusions have been drawn without more than a superficial analysis. There are, however, certain gross psychological facts which can be ascertained without deeper analysis. It is, for instance, obvious that in Case 19 the child-mother relationship determined the behaviour and symbolic acts of the patient. This case reveals a mechanism which is less clear but probably present in other cases, that is, the identification with the lost parent. The behaviour of the patient during the fugue state probably entails, like neurotic symptoms, a regression to an infantile level. In this connection it is to be noted that in the young child's mind the conception of departure is not different from that of death. The compulsion to leave home and wander aimlessly possibly signifies dying in the deeper layers of the mind. The complete obliviousness to personal needs and to the environment during this condition points to the same symbolic analogy. The emergence of the death wish expressing itself in attempts at suicide supports this interpretation. That the resulting attempts at suicide are usually not very serious

supports the assumption that the actions of the patients during the condition have a symbolic meaning.

A somewhat coarse hysterical mechanism was most obvious in Case 21. Equally obvious in this case was the tendency to periodic depressions. In other cases the relationship between some sort of recent psychic trauma and the fugue states was also evident, although less obvious. In others, no recent psychic provocation could be traced. There is no reason for classifying one group of the cases because of the relationship to an immediately preceding psychic trauma. It is known that neurotic symptoms, even those of a coarse hysterical character, are not always preceded by a recent and conscious psychic trauma. In the great majority of the cases the fugue states did not appear to be reactions to recent psychic events, nor did these cases show hysterical personality. Fenichel has suggested that the mechanisms of compulsive wandering have much in common with symptoms of obsessive-compulsive states. He stresses the importance of primary depressions in his patients, and describes the wanderer as a person who unconsciously attempts by his symptom to protect himself against the depression. It is certainly correct that there is a kinship between compulsive wandering and compulsive acts of obsessive-compulsive individuals.

In the majority of the cases reported in this paper, the disturbance of the child-parent relationship could be found without deeper psychological investigations. However, this is not necessarily so in every case. It is to be expected that in some cases such disturbances may be much less obvious, and that only a very thorough psychological investigation will reveal them. Most probably such an investigation would have disclosed them in Case 21, in which the superficial examination provided no evidence of such factors.

Certain neurotic conditions in adults and children, with some features of compulsive wandering, although not amounting to fugue states, may be of similar origin. The tendency to run away without adequate reasons is frequently noticed in neglected children. Aichhorn and Bernfeld record in such cases unfavourable home conditions which appear to be not dissimilar from those reported in my cases.

Another important factor for the development of fugue states appears to be a constitutional or acquired tendency to react to various kinds of disturbance with an alteration of consciousness. Without this tendency, which is not confined to epileptic disorders alone, a characteristic fugue state cannot develop. The sources of this tendency which occurs in various conditions of psychic and organic origin are still obscure, and these investigations cannot materially contribute to the solution of this general problem.

The fact that compulsive wandering is determined by the condition of home life in childhood indicates that this symptom is a response to the disturbance of very essential and primitive biological conditions. The fugue states, therefore, are important in the biological and sociological study of human develop-

ment. I have pointed out in the preliminary report that the findings presented indicate that analogies proposed by certain authors between compulsive wandering and the behaviour of primitive nomadic tribes or with the periodical migration of birds of passage cannot be supported by clinical facts. In the fugue state the individual breaks every relationship with the community. This is opposed to the behaviour of nomads and birds of passage, who attach themselves even more strongly to their community while wandering than when their migrations are over. In some female cases this flight from the community is preceded by the tendency to associate with men. It is not impossible that such behaviour is in some degree the expression of a tendency to resist the urge to leave the community.

There are certain differences in the way in which male and female subjects react to the impulse to wander. Of the case material presented male subjects only made an attempt to rationalize and sublimate the urge to leave home. The one patient who deserted from the army endeavoured to meet the urge in advance, and so to speak to find a compromise between the irrational impulse and rational strivings. The attempt to join the Foreign Legion (Case 23) is another characteristic example of this tendency. Heilbronner mentioned a case of a soldier subject to compulsive wandering who, after having deserted his regiment, joined the Foreign Legion. He inferred that such actions are senseless and incomprehensible. This paper shows that the behaviour of that case may have been the result of a compromise between the desire to continue the habitual occupation and the compulsive urge to wander. In one of my cases the fugue state was extended and became of the nature of a purposeful journey. In these cases the relationship of abnormal behaviour to fugue states was at first glance not quite obvious, as the opposing tendencies obscured the typical picture. It must not be forgotten that the actual behaviour of subjects of mental disorder is often the result of a compromise between compulsion and opposing forces of the personality. While such tendencies were encountered in three of the six male patients, no such successful attempt was observed amongst the female patients in spite of their relatively large number. This suggests that amongst the females the capacity to sublimate and rationalize this abnormal compulsion exists to a less degree than among men. This remarkable difference may be due to the fact that in the females the compulsion usually appears at the time of the menstruation, when inhibitions on the whole are diminished. This may provide a reason why increased eroticism marked the beginning of the wandering phase in so many female patients, but was absent in the males. It is impossible to enter into a discussion on the problem whether there generally is a difference in the abilities of the two sexes to rationalize or sublimate impulses or compulsions.

The more general implications arising out of the findings concerning the aetiology of the fugue states were referred to in the preliminary report and will not be discussed here. It has been pointed out that there is some evidence

for assuming that in some individuals the desire for voyages of exploration and adventure abroad is derived from an abnormal compulsion to wander as in Case 24. It is clear that such an assumption must be confined to individuals only in whom the desire to leave home arises periodically, following a phase of unrest and depression similar to what is seen in patients suffering from compulsive wandering. The careful study of the life histories of individuals subject to such urges and of historical personalities of similar type will go far to clarify this issue. One would expect that such an investigation would reveal constitutional and environmental anomalies similar to what has been ascertained in the case material of this paper.

There are two present-day problems on which the findings recorded in this paper have an important bearing. The first is the question of the potential consequences of the war-conditioned break-up of the family life on children. In the present war it is not only military service of the father which leads to a temporary break-up of the family, but even more the evacuation of children without their parents. It is noteworthy that in 6 cases out of the 25 presented in this paper the temporary separation from one of the parents was due to military service of the father during the last war. A certain increase of fugue states in the generation of children concerned is to be expected after this war, but owing to the several factors involved in the origination of genuine fugue states the symptom can hardly become common. However, conditions more or less akin to fugue states may develop more frequently, besides other neurotic symptoms, as the result of pathological reactions to the break-up of the family in childhood. It is noteworthy that provisional reports indicate an increase of neurotic symptoms in evacuated children. The fact that separation from the parents in our case material proved detrimental only in cases in which no adequate substitute for the lost or separated parent was found by the child shows how detrimental effects can be avoided and neutralized.

The second present-day problem on which these investigations may throw some light is that of desertion from military service. Case 25 demonstrates clearly that a fugue state may give rise to desertion, and it can be assumed that a certain, though very small, proportion of deserters may come into this category. This aspect is important not only from the diagnostic but also from the medico-legal point of view.

SUMMARY.

The paper embodies the results of a study into states of compulsive wandering (fugue states ; porimania). The principal object of this study was to ascertain if these states had common aetiological features irrespective of any co-existing mental disorder. Of the 25 cases investigated, 10 were related in some way to epilepsy, 1 was a schizophrenic, and the remainder were typical manic-depressives, hysterics and psychopaths.

A feature common to the great majority of the cases was the tendency to periodical changes of mood.

Another consistent feature was represented by the disturbance of environmental conditions in childhood. The great majority of the individuals subject to compulsive wandering were found to be persons during whose development there had occurred a serious disturbance in the child-parents relationship, usually of such a nature that relationship to one or both parents was either completely lacking or only partially developed. In the majority of patients the relationship to the parent of the opposite sex was disturbed. In some the normal development of the child-parents relation had been interrupted by the absence of one of the parents from home during the patient's early years. The importance of disturbed child-parents relationship was sometimes manifested by daydreams and fantasies, in which the absent parent had a significant role. Such fantasies also occurred in connection with fugue states.

A considerable proportion of the patients exhibited as a character feature the tendency to compulsive pseudologia. In their lies the parental descent was prominent.

It has been shown that the state of compulsive wandering bears characteristics of a symbolic act.

There appear, therefore, to be three essential conditions without which fugue states do not develop: the tendency to indulge in periodic changes of mood, a disturbance of home conditions in childhood, and a tendency towards the production of twilight states, the last factor being most prominent in epileptics.

Certain types of behaviour akin to wandering states occur in children in whom there is a disturbance of home conditions similar to what has been noted in this paper.

A tendency towards rationalization and sublimation indicates in some cases the effort to oppose the irrational urge. The ultimate behaviour of the patient can often be interpreted as the result of a compromise between the opposing forces. In this case material, male patients only seemed to achieve success in this respect. In female subjects, compulsive wandering was often associated with a short period of loss of sexual control.

The biological and sociological significance of fugue states has been discussed.

Attention has been drawn to the bearing which the findings recorded in this paper have on two problems of special interest under the present war conditions; the first problem is that of the possible consequences of the break-up of the family life on children; the second problem is that of the psychological background of certain cases of desertion from military service.

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BIBLIOGRAPHY.

- AICHHORN, W. (1940), *Wayward Youth*. London.
BERNFELD, S. (1929), *Imago XV*.
BLEULER, E. (1924), *Textbook of Psychiatry*. London.
FENICHEL, O. (1931), *Perversionen, Psychosen, Charakterstörungen*. Vienna.
FREUD, S. (1933), *Introductory Lectures on Psycho-analysis*. London.
HENDERSON and GILLESPIE (1940), *A Textbook of Psychiatry*. London.
JACKSON, H. (1932), *Selected Writings*. London.
JANET (1907), *The Major Symptoms of Hysteria*. London.
KRAEPELIN, E. (1913), *Psychiatrie*. Leipzig.
STENGEL, E. (1939), *Brit. J. Med. Psych.*, **18**, 250.
WILSON, S. A. KINNIER (1928), *Modern Problems in Neurology*. London. (1940) *Neurology*.
London.
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