"In sweet music is such art
Killing care and grief of heart,
Fall asleep or hearing die."
HENRY VIII, Act iii, Sc. 1.

Inasmuch as music is associated with pleasure and the nobler feelings and passions of love, tenderness, joy, mirth, the martial spirit and rhythmic dance, rather than with pain, fear, terror, grief, horror, anger and rage, it tends to initiate and energise the former and drive away the latter. These latter emotions and passions are associated with particular changes in the bodily state, *viz.*, the quickening or slowing of the pulse and respiration, the emotional thrill or shudder of the spine, pallor and coldness or redness and warmth of the skin, with dilatation of the pupils, etc. Not only are there these changes in personality of which we are conscious by bodily feelings, but associated therewith are subtle bio-chemical changes in the blood caused by an increased production and outpour of adrenalin, which plays an all-important part in the defensive mechanism of fright and fight.

SINGING FROM AN EDUCATIONAL STANDPOINT.

"Great is song used to great ends."—TENNYSON.

Although the greater number of disabled and invalid soldiers are not capable of doing more than sing in choruses and part songs, and the singing teacher (from a high artistic point of view) may find teaching them a humble occupation, yet according to my experience at the Maudsley Neurological Clearing Hospital, it will certainly not be a barren one, for it will bring joy into their lives and help them to forget the terrible experiences they have passed through. Moreover, it will fill their minds with a store of fine melodies. But among these soldiers the singing teacher will occasionally find good musicians and solo singers anxious to improve their voice production.

(²) At a meeting of the Society of English Singers, Mr. Sharpe gave a charming account of this visit and some of his experiences.

A Study of Hallucinations in a Case of Schizophrenia.(¹)

By HENRY DEVINE, M.D., F.R.C.P.

IN the latter part of 1919 a patient who had hitherto proved inaccessible began to speak freely of his hallucinatory experiences. His observations were so interesting that it seemed to be an excellent opportunity to gain some insight into the obscure question of hallucinations, and I have therefore kept a complete record of everything which the patient has told me in the course of our conversations during the

(¹) A paper read before the Section of Psychiatry, Royal Society of Medicine, on Tuesday, March 8th, 1921.

last year. The method of study has been purely conversational. The method of free association was not utilised for various reasons, and, in a sense, it was scarcely necessary since the patient really analysed himself naturally, and in his remarks made the origin of his experiences quite apparent. It is only proposed, in the present instance, to describe the hallucinations, and to discuss their origin and significance. There are many other features of interest in this case, such, for instance, as the reactions provoked by hallucinations, but these matters are much beyond the scope of a short paper. A brief history of the case will first be given.

In December, 1918, Mr. A—, a gentleman æt. 51, was lodging in an hotel at X. One morning, clothed only in his trousers, socks and vest, he emerged from his bedroom into the corridor, and, walking up to the chambermaid, he struck himself with his braces, and remarked in a loud voice, "Do you for Christ's sake see me knocking myself?" On account of this alarming and eccentric conduct the police were summoned, and as the gentleman was found to be insane, he was certified, and he thus came under my care. On admission he was quiet and composed, his chief eccentricity being the tendency to crawl under the other patients' beds. His explanation of such conduct was inadequate. He said he did it "for fun" because he did the same thing as a child. His mind was perfectly clear, however, and he revealed himself as a well-bred man of high intellectual attainments. He conversed about himself in a general way, but not intimately, and he denied hallucinations, though his whole attitude clearly indicated their presence. He talked vaguely and with reticence about "strengths," discussing various kinds of strength, supernatural and otherwise. He said, when questioned as to his history, that he was the youngest member of a large family and that there was a considerable gap in age between himself and his brothers and sisters. There had never been much sympathy between them; they had not understood him and had tended to domineer over him. There had been domestic inharmony and his father had eventually lived away from home. He had for a time been a medical student, but had not pursued his studies to their completion, and he had lived a wandering life on the continent, leading a somewhat precarious existence by teaching languages. He had spent a good deal of his invested capital and had often been in financial straits. At the time he was certified the patient was evidently in low water, as the hotel in which he was staying was of an inferior type.

For about a year his condition remained unchanged. His demeanour was one of excessive and stilted politeness. He would stand up if I entered the room, make way deferentially for me to pass, take off his hat if he should meet me in the garden, and always address me punctiliously as "Sir." The usual lack of emotional *rapproch* between himself and the environment was present in a high degree. His attitude and expression were like a mask to conceal his thoughts and real feelings. His air of exaggerated humility was, however, in striking contrast to the expression of his eyes, which was indicative of a fierce and antagonistic attitude. His general appearance was, in fact, singularly like a Mephistopheles. His attitude reminded one of a prisoner, who, while outwardly displaying implicit obedience to authority, actually regarded his guardians with repulsion and hatred. His phrasing was stilted and precise, and the words of his sentences were carefully chosen. He exhibited various mannerisms and behaved eccentrically. He would bow to imaginary persons, place a cigarette on the ground and make a series of steps towards and away from it, lie on his face, kneel down, or gaze fixedly at the sky.

He gave trivial explanations for these actions. He would say, "It is necessary that a gentleman should take exercise," or that such actions were not hurtful to others and for that reason "could not reasonably be objected to by an authority." He afforded no opportunity to penetrate into his inner mental life, and he denied hallucinations in the manner peculiar to the schizophrenic.

In December, 1919, however, the patient said he wished to speak to me privately,

and he then opened up freely and told me those facts which it was interesting for me to know. His statement, in so far as it relates to the hallucinations, may be briefly outlined. In 1902, while reading in his lodgings in a continental town, he suddenly heard loud voices repeating the phrase "Bey, pay 600 pounds!" This, as I found out later, was a blackmailing threat, the "Bey" being a contraction of the word "Obey" which he used to his nurse when a child. These "voices" have been incessantly with him for 18 years holding him in conversation, and it was the fact that the constant attention which they exacted from him was beginning to "exhaust his brain" that led him to consult me. He said that he feared that if the annoyance continued he would *lose his reason*. On one occasion he complained to the police and was confined for a time in an asylum in Austria. At first he imagined the voices came from the next room to his, then he felt it must be a trick on the part of people in the street, and finding that this could not be the case, the possibility of hypnotism occurred to him; finally he realised that the experiences must be supernatural in origin and attributable to agencies which he describes under the heading of "Immortal Strengths." It is the activities of these "Strengths" which it is the purpose of the present paper to consider.

The problem of hallucinations may be approached at the outset by regarding them from the point of view of *mental dissociation*. This term does not imply the acceptance of any special theory to account for the occurrence of these phenomena; it is no more than a convenient way of expressing an actual fact. Certain mental processes occur which the individual does not recognise as his own. These processes come into consciousness unbidden, and the individual is unable to regulate or control them—they are dissociated from the main personality. In some cases hallucinations appear to consist of isolated, unsystematised, and fragmentary mental elements; in others they are highly organised into a system which produces a veritable duplication of the personality. The case of Mr. A— belongs to the latter category, and I have endeavoured by a careful study of all that the secondary personality said or did, or made Mr. A— do, to estimate its origin and significance.

In the first place it is to be observed that the "Strengths" are in no sense creative; they give Mr. A— no new information and reveal nothing, but they incessantly throw up the past and interfere with his every present thought and action. "He has gathered from my brain everything I have ever done or remembered," he says. "He tells me nothing but repeats what he gets from my brain. He is entirely engrossed in my thoughts—a listener informing himself of what I think. He reprimands me for all I have thought or done in a kind of parental authority. It is the rôle of the *elderly-father-bishop* rolling about in my brain. It is as if my childhood were a book. They tear out the pages, as it were, and accuse me of them all. He gets all these things from me; he weighs me down with my own knowledge." These phrases might seem to suggest that the "Strengths" are more or less beneficent in an interfering kind of way—a sort of hallucinatory conscience. It will be seen, however, that nothing could be further from the truth than such a view. These "Strengths" are utterly evil, mocking spirits in whom I have been unable to discover a single redeeming feature. It is

true that they accuse Mr. A— of past offences of thought or action and inflict extremely complex penalties upon him, but they do so not because of any disapproval of his actions, to which in a moral sense they are utterly indifferent, but only in order to gratify their delight in the infliction of punishment.⁽²⁾ Their character traits, if such a term is permissible, are best indicated by referring to the statements of Mr. A— himself. "Their talk is a kind of tyranny. Their attitude is one of vicious mastery—they say they are greater than God. They like to punish; they will punish me for anything I did in my youth. It is simple wilfulness; a whimsical capriciousness; not proper punishment, but just a delight in punishing. He says it is just his *will* to punish. He keeps me terror-bound, as if life would terminate in an hour. He strikes me quite capriciously. He is the sort of person who loves to strike without reason. He is vindictive and revengeful, a mixture of villainy and cunning. He annoys me for the joy it; it is a semi-brutal attitude, misused strength. They control of me viciously. He has a cantankerous will against me; he is a *continuer* of corrections; a *getter* into vicious states; a *brain trialer* to see how long I can stand him; a pernicious authority correcting me as if I were a child of three; a *delighter* in dislocating things; a *seller* of me; a blackmailer; a lover of punishment. He is not a creator but a disturber—a lover of slighting moralities (sex). It is just a domination and brutality." Sometimes Mr. A— utilises metaphors to explain his impressions of the "Strengths." "He is like a sloshing bull; like a drunken woman. In voice he resembles a big strong man, angry with me as if I were a little child. I put the child as much smaller than a child and him as a giant—in my mind much larger than anything. My mental picture is simply *strength* and a *voice*. He is like a great hectoring schoolmaster whirling a great stick on all around him." At times the "Strengths" are more genial, a condition which Mr. A— aptly describes in the phrase, "When they pretend to be pleased with me their attitude is that of a kind of *letting off of punishment*."

It will no doubt have been noted that the "Strengths" are sometimes spoken of as "he" and at others as "they." This is due to the fact that there are two of them—father and son. The father plays quite a minor *rôle* and has "gone in" for some months now. Mr. A— speculates a good deal as to their identity, but has not arrived at a definite solution of the question. One view is that they are "*enlicensed*" persons who have been given permission to do what they will with himself and humanity without interference from God. While, however, they never cease to be supernatural forces, it must be next noted that they assume the *rôle* of various human personalities. "They take on the voices of people remembered of me," as Mr. A— says. This does not quite accurately express all the parts they play, in so far as they often

pretend to be Mr. A—'s children, though he is actually unmarried, and, curiously enough, the "Strengths" tell him that these children, whose personalities they pretend to be, are two brothers of his who died before he was born. "Both of them," the patient says, "take the part of my children. These children are of tremendous strength—greater than God." In this infantile pose the "Strengths" are utterly impossible, capricious and irritating. They make incessant demands, play all kinds of malicious pranks, have to be fussed, amused, taken out to the theatre, tea-shops and so on. They make Mr. A— thief, forge cheques, give them large sums of money, build houses for them, and so keep him in a constant state of irritating activity. At times they make the patient do even stranger things, such, for instance, as stand on his head on the sloping roof of the villa 5000 times. As Mr. A— remarks, "An absurd thing to be done of mortals." Naturally these activities are only performed mentally, and it is of interest to note in passing how subjective pre-occupations of this kind attain a greater reality-value to our patients than environmental situations. The use of the word "mortals" in referring to human beings indicates the high degree of detachment from the affairs of life which the patient gradually acquires from the intimacy of his contact with "Immortal Strengths."

Other favourite *rôles* are those of Mr. A—'s father and brother. This is shown in the following characteristic sentences. "It is just domination and brutality. It originated first because I said I did not mind if my father was dead . . . He poses as my father because I said the child looks up to his father, not because of his love, but because of his superior strength . . . He has got punishment on the brain. He likes pretending to be my brother when he was in a domineering way with me. It is absurd to pose as my brother when I am not a child, but a man of fifty. He even uses his phrases and says, 'You are a person to be mastered,' or uses domineering like sentences to me such as, 'Why don't you take your hat off more respectfully to the gentleman?'"

It is now necessary to examine more closely the actual content of the hallucinations. These will be found to harmonise with the character of the "Strengths" as previously indicated. The sight of an actual person or the memory of someone provokes such suggestions as the following: "He tells me to shoot the lady . . . He suggests that mortal female frameworks should be knocked about . . . Hit Mr. B— with a brush . . . Stab an attendant . . . Cut his throat. . . . He suggests the excessive maiming of animals, or it may be just a little destruction to a silk bag . . . They like me mentally to bring people in a coffin to them. As a boy I used to make fun of funerals. Circuses I called them, and laughed. I am used to mortuaries and cutting bodies. He is very amused and pleased at this.

It is a kind of devilry—in one of Marlowe's plays a character is excessively pleased to make fun of funerals." Many of the hallucinatory suggestions are more elaborate and indicative of expansive trends. "He would put me into a position of great power, but he would use me for producing evil—nefarious strength, crimes, murder, committing of crimes of a higher type than yet known to mortals. I could crunch up people like tissue paper. They suggest that I should create a war in the Universe. This is an absurd enlargement of myself. I know nothing about war, directing armies, the commanding of soldiers. They induce me to mentally commit criminal acts; they would make me a Napoleon among criminals." Mr. A—'s comments on these hallucinations are interesting and significant. "I am not accustomed to think of destroying things. I am not a person who thinks in this way and controls himself. They would not naturally occur to me. My parents said I was fond of destroying things. I do not think there was anything in it. I had much opportunity in the country. I could have committed arson. They only meant toy things, fencings, doorways, books. The 'Strengths' get this from my brain I expect. I may have said about some man, 'He ought to be shot.' They accuse me of procuring *endeathment* of people, and would make me do ridiculous things. If I obeyed no one could prevent me from running amok and killing people. I am not a destroyer of property; I could have become a destroyer on a large scale. I should only require a brotherhood of people—people who are not required politically at all (anarchists). I could have joined them."

It must next be observed that these hallucinations are not merely sensuous images, but they are activities which influence the organism in the form of actual movements. We may again refer to the patient's own statements. "They add strength to my limbs. I put my hand on a man's shoulder, and they make me hold with added firmness to hurt him. I touch a man with my foot gently, and he cries out loudly. It may be that the Immortal Strengths put strength in me to hurt him; or they mentally hurt him; or they make him shout so that I shall think I hurt him. I keep from sharp instruments because for mischief they turn it on my hand. They make a needle prick me, and if I had it in my hand they might make me run against a mortal with it. They give me the sensation of my digging nails into my palm. Mortals might explain it and say it is my habit to wound myself—a self-wounder. If I put my hand to my head he makes me strike myself. It does not matter with the soft hand, but there might be a hammer in it, and if I take a stick he crashes it on my foot." Curiously enough, when Mr. A—, as sometimes actually happens, destroys a mattress or some of his clothes, he always protests that it was an accident, and becomes highly irritated with me, and inaccessible for a day or two. Thus when

once he tore his pyjamas he explained, "I scratch my shoulder; then I catch hold of skin and muscles; half scratch, half pull, the stuff is weak and goes. It is a little irritable spot on my shoulder. This doing of mine has been done for years. I have always been a preserver rather than a destroyer of property." The hallucinatory experiences do not only determine movements, but tend to provoke attitudes and muscular tensions. "He is fond of moving organs of my body. He likes to hold limbs in fixed positions; or to keep them still when they are about to be moved. He keeps me in the position of standing with my hands and arms in a position of discomfort. He gets it from my brain that it was done of me at school."

One of the most prominent, and perhaps most interesting of the phenomena in this case are the kinæsthetic and organic hallucinations. A few examples may be given. "He gets into peculiar *sudden* states of mind," says Mr. A—, "when there is a tremendous rage against me. They knock my body about as if I were a baby—knocked about and put to bed. They give me pain in the body and twist my toes. They give me a feeling of crushing in my shoulder-blades. It is wilful strength in the form of pains. They do this because they have got from me what I have seen—a deformed and twisted beggar huddled up in the street. They struck me in Paris for the first time; they struck me in the form of a battery. He showed this form of strength because he knew I had once or twice put a coin in a machine which gives electric shocks. At times he says he will strike me as I have struck others. I have the sensation of being struck in the bone or flesh. They do not often knock me over in their angered states, they merely apply strength. They give me the sensation of being crumpled up; the bones and all have that feeling—not broken, but crumpled up—a sensation of becoming a bag of powder." A particularly curious hallucination is that of being in the pains of labour. This the patient describes as follows: "He rolls me about. He kind of distends me like a ball inside; like a baby. I tell him I am not a person who can conceive anything. I only know of what happens from what women tell to men; from what I know of distensible pressure. I know it from diagrams—I was a medical student. They are sensations I have thought of—rocking-horse movements, like the piston-rod of an engine. All this arouses tremendous irritability of the mind. It is as if I took hold of a mortal's chair and rocked it; it would annoy, disturb, upset. He demands all in excess of what the brain can do. He reproduces the sensation of being caught hold of, as if in a crowd at a theatre and forcibly removed by an irascible person."

One other aspect of the activities of these "Strengths" must next be observed, namely, the influence they exert on people other than Mr. A—himself. The patient is of the opinion that "they control all humanity,"

and he gives numerous instances in support of this view. When these instances are examined they are all found to be somewhat similar in character, and we may briefly say that any situation which irritates, humiliates or makes a person look ridiculous, and any accidents, crimes, tragedies or cruelty, Mr. A— ascribes to the malicious activities of these “Strengths.” A few examples will make this clear.

An excited lady in the street.—“They rule all mortals and produce effects on them. A lady in London went round and round in the middle of the road shouting at the top of her voice. I thought this was not the kind of thing a lady does. I attribute it to *them*. Ladies do not turn round and round in great circles in the road and then go home. It is preposterous.” Mr. A— recognises that this incident is susceptible of other explanations, however, and adds: “Another mortal might have said that she was annoyed of certain doings in the street.”

Some mistake about the time in an hotel, etc.—“He likes dislocating things. He will make everyone get up at five in an hotel and be very busy. I asked the maid what had happened. She said she did not know and could not understand it. It is a kind of enchantment of people. In an office he makes the wrong papers delivered to people, and he forces people to sign papers with signatures of a fraudulent kind.”

Injuries to children in street.—“He behaves like a child because I once told him I was fond of them. Especially holding children. I have held them dead and alive in my arms . . . They like romping with children, but against this is the throwing down of children. They often do this, and I have seen some who were injured of the gravel. He threw them down to see if I would be sorry or commiserate with them. To stop him at times I have had to try continual talking without referring to children—to keep him off the subject. In such cases I have carefully ascertained that there is nothing to cause the children to fall—an obstruction or stone. The subject first came up when I was watching the children come out of school—a barrier was placed outside the gate. He was very inquisitive about it, and I explained to him it was to prevent the children from destroying themselves by rushing straight into the street. He amuses me very much at times by placing a lump of earth heapings in the way—people fall into it and get covered with mud.”

Hallucinatory conversation about a man on ladder.—“If I see a man on a ladder he will say, ‘Is that safe?’ I tell him I am not interested, but he insists that I shall stand there and watch. I stand there for a few minutes and say, ‘I think so, but of course it *may* fall.’ As I walk away he says, ‘Look back and see if he is safe.’ If the man falls from the ladder it is not my fault, and *he* has thrown him down, but yet he says to me, ‘You wished him to fall. If you had not thought he

might fall you would not have given me the idea of knocking him over.' He makes me responsible for it."

It is not here proposed to attempt any survey of the theories which have been formulated to account for hallucination. This would indeed be an undertaking, as the literature is so vast. We may briefly say that until quite recently the *anatomical* theories of hallucination have been most in evidence and have been most generally accepted. This was largely due to the great advances in neuro-physiology, especially in respect to cerebral localisation. The anatomical theories were based upon the assumption that independent psychic elements were localised in distinct areas of the cerebral cortex, and they consisted essentially in the translation of the facts of clinical observation into anatomical terms. Such views were closely bound up with the hypothesis of psycho-physical parallelism, and apart from the fact that they merely paraphrased mental phenomena into anatomical language, and were thus not really explanations at all, the hypotheses upon which they were based in respect to cerebral localisation do not accord with the more recent neurological conceptions.

There is now an increasing recognition of the fact that psychology is not so much concerned with the description of mental states as it is with behaviour or the organism in action. Mind and body cannot be regarded as a duality, and mental activity must be considered in relation to the organism as a whole. As Prof. Wildon Carr has said, "The relation of mind and body is not causality, nor parallelism, but solidarity."⁽¹⁾ The focus of interest has now shifted from the introspective study of consciousness to the study of conduct—from thought to action. The organism is constantly adjusting itself to real or imaginary situations by means of movements—actual or nascent—and our chief concern in psychology must now be to determine, not merely the content of thought, but the biological needs which an individual endeavours to gratify by means of his reactions to his environment. Every thought, image and perception is ultimately determined by some instinctive or organic need, and involves adjustive activities on the part of the organism. In respect to hallucinations it may be said that attention has been largely directed to the image and its psychic characteristics, and that the biological need of which it is the expression and the activities of the organism to attain this need have been relatively neglected. These important components of hallucinatory experiences must receive due emphasis if the significance of these interesting phenomena is to be thoroughly understood. A brief survey of the case of Mr. A— will make this clear.

We have in this case a highly-organised hallucinatory system, which for convenience may be described as a second personality, occurring within the awareness of the main personality, but not recognised as

part of it. Owing to the fact that the patient proved so unusually communicative it has been possible to study this personality and to gain some insight as to its nature. We estimate the character of an individual according to his speech and actions, and this is what I have endeavoured to do in the case of these "Immortal Strengths." From the account which has been given it is apparent that we are dealing with a personality of a primitive type of development—a personality of unlimited strength and of unbounded egotism—savage, infantile, ruthless, capricious, cunning, irresponsible, aggressive and destructive. The predominating traits are an overwhelming lust of domination, a hatred of humanity and a delight in the infliction of pain.

One significant fact emerges clearly from this investigation—namely, that the hallucinatory content exhibits a definite uniformity of theme. The images coming into the mind are therefore not haphazard or indifferent; they are consistent in character and expressive of what is best termed a sadistic trend, this term being the one which is perhaps the most suitable to describe its activities as a whole. Sadism, as such, I do not propose to discuss here, and will only say that I am inclined in this case to regard it as an inborn phenomenon of reversion rather than as an acquired tendency, though it may have been reinforced by events in childhood.⁽³⁾ The essential point I wish to urge is that this sadistic trend has been the determining factor in the development of Mr. A—'s character and reactions to life, and that the psychosis is only a further stage of its development.

As the patient grew up his character traits clearly indicated the existence of some abnormal trend. He always behaved "as if every man's hand were against him"; he was intensely suspicious, secretive, egotistical and self-willed. He showed extreme irritability at any attempt at control, and developed an intense hatred of his family, his teachers, and, as he went into the world, the whole of humanity. At times, even when grown up, he exhibited episodes of passionate violence against his relatives, by his conduct causing them great distress, and provoking in them a state of fear and consternation. During his career a number of definitely sadistic acts occurred, the details of which need not here be given. There are thirty in particular—"offences done of me," as the patient says—which play a prominent part in his psychosis. The "Strengths," in later years, "extracted" them from his brain and "throw them up" at him. They are not in themselves very serious—bizarre, half-completed acts, striking people with whips and so on. Some of them had serious consequences, however, and forced him to relinquish his early career. Thus he went through life—a solitary, uneasy, morose man, hating humanity and the world in which he lived. He stimulated his then unconscious trend with accounts of crimes, tragedies and suffering, by watching the misfortunes and humiliations

of others, and street brawls and accidents ; by accumulating a wealth of knowledge of the underworld and the methods of the secret police in the various countries he visited ; and by the indulgence in appropriate phantasies. One curious pleasure he permitted himself was to stand near a policeman to look as if he were guilty of some crime, thus gaining a dreary satisfaction analogous to that he would have felt if he had actually committed one.

It is interesting to observe, also, how the patient interprets biological facts in terms of his sadistic trend. He broods on the notions that the tendency throughout nature is for the strong to exterminate the weak, and that in consequence many animals and races have become extinct ; that even in plant life the plants are destructive ; that "they absorb nourishment more than they need for the superfluous satisfaction of their stomachs," that "they crunch up an insect for the *joy of destruction*—a destruction which increases their strength and intellect at the expense of others," and that "the destructive activities of a plant are equal to the destruction of 100,000 men."

The pervading influence of the sadistic trend upon the prepsychotic reactions of the patient is thus clearly evident. And this morbid trend finds its roots in the primitive instinctive needs of the organism. It is a physical need, like hunger or sex, which seeks only its own ends, and impels the patient into activities which lead to their gratification and fulfilment ; for the energy which animates this trend is life itself, and must find an outlet in some form of movement or another. Prior to the development of psychotic symptoms, the perverted trend was able to find a kind of strangled expression by means of phantasies, appropriate perceptual activities (the beggar in the street, etc.), and overt acts of violence—analogue, of course, to the stimulation of the sex instinct by suggestive plays, obscene jokes and so on. In a man of Mr. A—'s culture, however, the resistances to any complete or serious expression (actual crimes, etc.) of his affective craving would, of course, be enormous, and an hallucinatory dissociation was thus the only method by which the craving could be actualised. It is, perhaps, permissible to say, with due reserve in view of the complexity of the subject, that if it had been possible for the trend to find adequate gratification by appropriate actions, no psychosis would have occurred, but such a solution of the conflict was obviously impossible. A man cannot go about the world "committing crimes of a higher type than yet known to mortals." We may suppose then, that a point is ultimately reached when the accumulated energy of this perverted biological impulse is unable to find an adequate outlet, and the development of hallucinations is to be regarded as the final break at the moment of a too severe tension. Kempf has described the mechanism as follows :

"Complete affective dissociation occurs when the repressed affect

becomes vigorous enough to break through the resistance while the individual is not aware that it is doing so. The socialised personality or ego cannot at any price accept the existence of the horrible, dissociated affect as part of its personal makeup. This is extremely common in men and women who suffer intense agonies of fear from a persistent, uncontrollable craving for sexual perversions. In homosexual men, who would commit suicide rather than accept the tendency to sexual perverseness and yet who love the world, we often see the tendency of the growing sexual cravings breaking through the resistance in dreams—night terrors—and gradually, as the defence becomes exhausted, hallucinations of homosexual advances and finally of assault occur . . . The exhaustion of the capacity to control the autonomic forces of the personality is in no sense dissimilar to that of a student who, after intense efforts to co-ordinate his interest in study in a distracting situation, becomes fatigued and must finally yield to the distractions.”(2)

An hallucinatory expression of an organic need leads to its complete satisfaction, and it results in a much more effective release of tension than would be the case in the process of phantasy creation. It may be regarded as a complete wish-fulfilment. A phantasy is always recognised as such, but the hallucinatory experience has the effect on the personality of events actually happening. A dissociated image is of perceptual value, and it has the same reality characteristics as the true percept. It has the same concreteness and intensity—it “strikes the mind” with the same “liveliness or force”; the subject has the same passivity in relation to it; like an impressional experience it is something over which the personality has no control; and above all it is associated with the same motor and organic sensations which accompany the perceptual responses of the organism. Thought, as we know, is always expressed in the organism by muscular tensions and nascent movements of an adjustive kind, but in hallucinations these motor activities are much more definite in character. I would suggest that it is essential to realise this if we are to arrive at a satisfactory understanding of hallucinations. An hallucination is not adequately described by regarding it merely as a dissociated image coming into the mind. It is a complete and actual revival of some past experience—a revival in which the whole organism is involved. This is shown with particular clearness in the case of Mr. A—, and may be illustrated from the descriptions of his experiences which the patient furnished himself. Sometimes, as was pointed out, overt movements occurred—hurting people, self-inflicted injuries, tearing clothes, etc.—but particular reference may be made to the implicit activities which take both the active and passive (masochistic) forms of pain and cruelty impulse. When the patient “mentally commits criminal acts” (sadism), or as a punish-

ment is forced to "take off and put on the tablecloth mentally 100 times" (masochism—a humiliating task), these acts are to him of the same psychic and physical value as if they were actually performed, and as a rule the patient does not trouble to distinguish between them. And they *are* actually performed by appropriate nascent movements and muscular tensions, each "mental" movement being precisely and definitely carried out in complete detail. He physically "lives through" his experiences, as we may say. The sensuous image of the hallucination takes the place, and is the psychic representation, of an actual external stimulus. It is an image aroused by, and appropriate to, the organic need. The movement responses (tension, attitudes, etc.) which occur are identical with those which occur in ordinary perception, and the resulting kinæsthetic sensations are included in the total hallucinatory experience. Before the development of the psychosis the patient had to *seek out* situations which would stimulate his abnormal trend; in the psychosis these situations are mechanically, and incessantly, provided by revived memories of past experiences. Especially do the kinæsthetic hallucinations provide a striking demonstration of the revival of motor and organic sensations in hallucinatory conditions. "They knock me about," the patient complained, and then we find that these persecutions are the reproductions of past experiences which the "Immortal Strengths" have extracted from his brain. When Mr. A—saw the twisted beggar in the street, his total experience was not confined to the visual perception of the man. Since the experience harmonised with his perverted need, it would be pleasant to him and would provoke agreeable visceral disturbances (emotions). It would provoke also nascent movements, attitudes and tensions corresponding to the twisted form of the beggar himself. The patient would *identify* himself with the beggar, and in his own organic and kinæsthetic sensations would enjoy the incident in its entirety. (A similar reaction, expressed in facial responses and tentative movements of the limbs, is often to be observed in the audience of a successful speaker or actor.) The hallucinatory revival is physically an *actual* revival of the original experience. "They give me pain in my body and twist my toes," the patient says, and in so doing he is describing the kinæsthetic and organic sensations which are produced by the nascent movements, tensions and organic disturbances resulting from the internal stimulus of his perverted craving. These kinæsthetic hallucinations are of particular interest, because they would seem to shed some light upon a symptom which is so commonly to be observed in our patients—nocturnal assaults, interference, etc.

This case provides material for much discussion, but I have here confined my comments to its general bearing on the problem of hallucinations. It shows, quite clearly I think, that we must not seek to

explain these phenomena by exclusive preoccupations with the sensuous images and by references to possible changes in the cerebral cortex. Rather must we formulate our interpretations in terms of the whole organism. The whole symptom-complex in the case of Mr. A— would seem to be the reaction to a perverted organic need, and the clinical facts suggest that the primary disorder is much more probably to be located in the autonomic system than in the brain. A point was reached when this wish, hunger, craving or need could no longer find adequate expression in the form of motor activities, and the development of hallucinations may be regarded as a release of accumulated energy—as a kind of safety valve. In hallucinatory form this craving is released from all inhibitions and resistances, and is free to expand and discharge itself through motor channels. All that Mr. A— wished to be and do is expressed in these experiences. And the interest of the patient is drawn from the external world and becomes inwardly directed, so that he lives all the time in his hallucinatory phantasies, and all his activities are a reaction to their promptings. Not only do the “Immortal Strengths” incessantly throw up appropriate memories of the past, which the patient, mentally and physically, lives through again, but they develop into a personality of unlimited strength and almighty power which viciously controls the whole of humanity. Thus we may regard an hallucination, not as a thought, but as an *activity*, the purpose of which is to afford a release of the tension derived from a biological need which is unable to find a normal outlet. It is a manifestation involving activity of the whole organism.

Sometimes Mr. A— rebels against the authority of these “Strengths” and refuses to carry out their orders. On such occasions he describes his experiences as follows: “They get into excessive states of mind—a mixture of mad baby and half-mad woman. It’s extraordinary what they produce—fantastic rubbish, wild imaginations, not of place or things. It’s a kind of bordering on anger. I couldn’t imagine such rubbishy fantastic stuff. It’s a kind of epileptic fit—moving my body and making my muscles quiver. It’s extraordinary when he hits out. It’s all irrational movements. I cannot describe it in words, only movements. It’s like a top at the end of its gyrations, translated into a lot of *wordings*. It’s a sort of bad type of diminutive woman—a sort of dwarf, an object of derision.”

In this word-picture the patient furnishes an excellent description of the diffuse physical excitement or suppressed hatred and anger which results from the thwarting of an imperative instinctive need. It also provides an interesting example, as does, indeed, the whole case, of the unsuspected richness of mental life which is hidden behind the mask-like exterior of these curious schizophrenic personalities.

REFERENCES.

- (1) Carr, H. Wildon.—“The Interaction of Mind and Body,” *Proc. of the Aristotel. Soc.*, vol. xviii, 1918.
- (2) Kempf, Edward J.—“The Autonomic Functions and the Personality,” *Nervous and Mental Disease Monograph Series*, No. 28, 1918.

(*) These punishments and the occasions which give rise to them cannot be indicated in this paper. It is proposed to describe them on a future occasion.

(*) Since the term sadism implies cruelty towards the sexual object it is here used with much reluctance. Though the trend contains definitely sexual elements this would scarcely seem to justify the view that it is exclusively derived from the activity of the sexual instinct. It might, indeed, be equally legitimate to regard it as an hypertrophy of the *will to power* instinct. To ascribe the activities of this trend to some special instinct, to trace it to some origin other than itself, would be, so I believe, an unnecessary distortion of the facts. An animal exhibits an attitude of domination and cruelty both towards the sexual object and towards its prey (cat and mouse). That is to say similar responses are provoked by quite different situations and are the common expression of varying instinctive needs. Furthermore, a child during its development manifests the same tendencies in response to various stimuli, and, of course, cruelty traits exist in all human beings to a greater or lesser degree. This trend could obviously be interpreted in terms of any particular theory already held by the observer. I prefer to regard it objectively as just itself, and it would be more satisfactory if it could be included under some indifferent symbol such as X. (X = the sum total of the activities by which it is expressed.) We are much hampered by names, labels, and theories.

Familial Care of the Insane. By C. STANFORD READ, M.D.,
Physician to Fisherton House Mental Hospital, Salisbury.

HUMAN activity is always conservative, and the sphere of mental medicine is patently no exception to the rule. Since the reaction took place from the callous and barbarous treatment of the insane we have progressed far, and are rapidly tending to regard the mentally disordered individual from a similar point of view as the physical sufferer. The late war has brought the problem of mental disease vividly to the notice of the laity, the medical fraternity have been stimulated thereby to take greater interest in the subject, while even many psychologists and psychiatrists have through war clinical experience become more humanistic in their outlook upon the psychotic patient. Following upon the special provisions which were made for those who broke down mentally in the service, there is much discussion as to what alterations should be made with regard to the care for the insane, and more especially those who are in an incipient stage. That some adequate provision must be made for early care and treatment hardly requires pointing out, for its absence is perhaps the greatest defect in the existing organization. Any real advance, however, in this direction cannot take place until a fresh generation of psychiatrists have had the opportunity of being thoroughly trained to understand the genesis and pathology of those initial symptoms with which the average asylum physician of