

clean and not dangerous." The borax treatment was continued; 91 fits. In 1893 he was generally quieter, clean, incoherent and somewhat excited once or twice—less so than in former years, and not dangerous. The borax treatment was omitted in January, 1893, and the patient had only 36 fits during the year. Up to the present date (April of 1894), he has had nine fits, and he is now clean, demented, and harmless; no excitement has been noted since December, 1893. In this particular case borax seems to have been useful, but this is the only one in which I notice any improvement after using that drug, and I am afraid we must allow a large margin for doubt.

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*A Case of Developmental Degenerative Insanity, with Sexual Inversion, Melancholia following Removal of Testicles, Attempted Murder and Suicide.* By E. S. TALBOT, M.D., Chicago, U.S.A., and HAVELOCK ELLIS.\*

On the 28th March, 1894, at noon, in the open street in Chicago, Guy T. Olmstead fired a revolver at a letter-carrier named William L. Clifford. He came up from behind and deliberately fired four shots, the first entering Clifford's loins, the other three penetrating the back of his head, so that the man fell and was supposed to be fatally wounded. Olmstead made little attempt to escape, as a crowd rushed up with the usual cry of "Lynch him!" but waved his revolver exclaiming, "I'll never be taken alive," and when a police officer disarmed him, "Don't take my gun; let me finish what I have to do." This was evidently an allusion, as will be seen later on, to an intention to destroy himself. He eagerly entered the police-van, however, to escape the threatening mob.

Olmstead, who was 30 years of age, was born near Danville, Ill., in which city he lived for many years. Both parents were born in Illinois. His father, some 20 years ago, shot and nearly killed a wealthy coal operator, induced to commit the crime, it is said, by a secret organisation of a hundred prominent citizens to whom the victim had made himself obnoxious by bringing suits against them for trivial causes. The victim became insane, but the criminal was never punished, and died a few years later (1878) at the age of 44. This man had another son who was considered peculiar. The mother is still living.

\* The first-named author has supplied all the data concerning this case; the second is solely responsible for the shape they assume and for the remarks.

Guy Olmstead began to show signs of sexual perversity at the age of 12. He was seduced (we are led to believe) by a man who occupied the same bedroom. Olmstead's early history is not clear from the data to hand. It appears that he began his career as a school teacher in Connecticut, and that he there married the daughter of a prosperous farmer; but shortly after he "fell in love" with her male cousin, whom he describes as a very handsome young man. This led to a separation from his wife and he went West.

He was never considered perfectly sane, and in October, 1886, we find him in the Kankakee Insane Asylum. A report of his history here has been kindly supplied by the Superintendent, Dr. Richard Dewey. His illness was reported as of three years' duration, and caused by general ill health; heredity doubtful, habits good, occupation that of a school teacher. His condition was diagnosed as paranoia. On admission he was irritable, alternately excited and depressed.

*October 26.*—Fears John Faulds, the man whom his father shot.

*November 30.*—Seriously disturbed at night; threw things out of his window. Calls himself Wagner.

Shortly after had delusions that he was in Paris and was Napoleon.

*March, 1887.*—Is abusive at times, but does not long retain his spite.

*June, 1887.*—Sent to open ward, but not trusted there, and returned to main building.

*September.*—Gloomy and morose.

*October.*—Typhoid fever.

*January, 1888.*—Quiet and industrious.

*March.*—Excitable and irritable.

*April 22.*—Recovered.

*August.*—No delusions, but acts queerly.

*December.*—Quiet and industrious.

*January, 1889.*—Sent to open ward.

*March.*—Employed and in good condition.

*May 16.*—Went home.

At this period, and again when examined more recently, Olmstead's physical condition is described as on the whole normal and fair. Height, 5ft. 8in.; weight, 159lbs. Special senses normal; genitals abnormally small, with rudimentary penis. His head is asymmetrical, and is full at the occiput, slightly sunken at the bregma, and the forehead is low.

His cephalic index is 78—a normal index. The hair is sandy, and normal in amount over head, face, and body. His eyes are grey, small, and deep set; the zygomæ normal. The nose is large and very thin. There is arrested development of upper jaw. The ears are excessively developed and malformed. The face is very much lined, the naso-labial fissure is deeply cut, and there are well-marked horizontal wrinkles on the forehead, so that he looks at least ten years older than his actual age. The upper jaw is of partial V-shape, the lower well-developed. The teeth and their tubercles and the alveolar process are normal. The breasts are full. The body is generally well-developed; the hands and feet are large.

Olmstead's history is defective for some years after he left Kankakee. In October, 1892, we hear of him as a letter-carrier in Chicago. During the following summer he developed a passion for William Clifford, a fellow letter-carrier about his own age, also previously a school teacher, and regarded as one of the most reliable and efficient men in the service. For a time Clifford seems to have shared this passion, or to have submitted to it, but he quickly ended the relationship and urged his friend to undergo medical treatment, offering to pay expenses himself. Olmstead continued to write letters of the most passionate description to Clifford, and followed him about constantly until the latter's life was made miserable. In December, 1893, Clifford placed the letters in the postmaster's hands, and Olmstead was requested to resign at once. Olmstead complained to the Civil Service Commission at Washington that he had been dismissed without cause, and also applied for reinstatement, but without success.

In the meanwhile, apparently on the advice of friends, he went into hospital, and in the middle of February, 1894, his testicles were removed. No report from the hospital is to hand.

The effect of removing the testicles was far from beneficial, and he began to suffer from hysterical melancholia. A little later he went into hospital again. On March 19th he wrote to Dr. Talbot from the Mercy Hospital, Chicago: "I returned to Chicago last Wednesday night, but felt so miserable I concluded to enter a hospital again, and so came to Mercy, which is very good as hospitals go. But I might as well go to Hades as far as any hope of my getting well is concerned. I am utterly incorrigible, utterly incurable, and utterly impossible. At home I thought for a time that I was cured,

but I was mistaken, and after seeing Clifford last Thursday I have grown worse than ever so far as my passion for him is concerned. Heaven only knows how hard I have tried to make a decent creature out of myself, but my vileness is uncontrollable, and I might as well give up and die. I wonder if the doctors knew that after emasculation it was possible for a man to have erections, commit masturbation, and have the same passion as before. I am ashamed of myself; I hate myself; but I can't help it. I am without medicine, a big, fat, stupid creature, without health or strength, and I am disgusted with myself. I have no right to live, and I guess people have done right in abusing and condemning me. I know now that this disease was born in me, and will leave me only when my breath leaves me. And this is all the harder to bear when I think I might have been a gentleman but for this horror, which has made me attempt suicide, caused me to be incarcerated in an insane asylum three years, and resulted in my being locked up in a cell in an almshouse in Connecticut for three weeks. I have friends among nice people, play the piano, love music, books, and everything that is beautiful and elevating; yet they can't elevate me, because this load of inborn vileness drags me down and prevents my perfect enjoyment of anything. Doctors are the only ones who understand and know my helplessness before this monster. I think and worry till my brain whirls, and I can scarce refrain from crying out my troubles." This letter was written a few days before the crime was committed.

When conveyed to the police-station Olmstead completely broke down and wept bitterly, crying: "Oh! Will, Will, come to me! Why don't you kill me and let me go to him!" (At this time he supposed he had killed Clifford.) A letter was found on him, as follows: "Mercy, March 27th. To Him Who Cares to Read. Fearing that my motives in killing Clifford and myself may be misunderstood, I write this to explain the cause of this homicide and suicide. Last summer Clifford and I began a friendship which developed into love." He then recited the details of the friendship, and continued: "After playing a Liszt rhapsody for Clifford over and over, he said that when our time to die came he hoped we would die together, listening to such glorious music as that. Our time has now come to die, but death will not be accompanied by music. Clifford's love has, alas! turned to deadly hatred. For some reason Clifford suddenly

ended our relations and friendship." In his cell he behaved in a wildly excited manner, and made several attempts at suicide, so that he had to be closely watched. A few weeks' later he wrote to Dr. Talbot:—"Cook County Gaol, April 23,—I feel as though I had neglected you in not writing you in all this time, though you may not care to hear from me, as I have never done anything but trespass on your kindness. But please do me the justice of thinking that I never expected all this trouble, as I thought Will and I would be in our graves and at peace long before this. But my plans failed miserably. Poor Will was not dead, and I was grabbed before I could shoot myself. I think Will really shot himself, and feel certain others will think so too when the whole story comes out in court. I can't understand the surprise and indignation my act seemed to engender, as it was perfectly right and natural that Will and I should die together, and nobody else's business. Do you know I believe that poor boy will yet kill himself, for last November when I in my grief and anger told his relations about our marriage he was so frightened, hurt, and angry that he wanted us both to kill ourselves. I acquiesced gladly in his proposal to commit suicide, but he backed out in a day or two. I am glad now that Will is alive, and am glad that I am alive, even with the prospect of years of imprisonment before me, but which I will cheerfully endure for his sake. And yet for the last ten months his influence has so completely controlled me, both body and soul, that if I have done right he should have the credit for my good deeds, and if I have done wrong he should be blamed for the mischief, as I have not been myself at all, but a part of him, and happy to merge my individuality into his."

Olmstead was tried privately in July. No new points were brought out. He was sentenced to the Criminal Insane Asylum. Shortly afterwards, while still in the prison at Chicago, he wrote to Dr. Talbot: "As you have been interested in my case from a scientific point of view there is a little something more I might tell you about myself, but which I have withheld because I was ashamed to admit certain facts and features of my deplorable weakness. Among the few sexual perverts I have known I have noticed that all are in the habit of often closing the mouth with the lower lip protruding beyond the upper." [Usually due to arrested development of upper jaw.] "I noticed the peculiarity in Mr. Clifford before we became intimate, and

I have often caught myself at the trick. Before that operation my testicles would swell and become sore and hurt me, and have seemed to do so since, just as a man will sometimes complain that his amputated leg hurts him. Then, too, my breasts would swell, and about the nipples would become hard and sore and red. Since the operation there has never been a day that I have been free from sharp, shooting pains down the abdomen to the scrotum, being worse at the base of the penis. Now that my fate is decided I will say that really my passion for Mr. Clifford is on the wane, but I don't know whether the improvement is permanent or not. I have absolutely no passion for other men, and have begun to hope now that I can yet outlive my desire for Clifford, or at least control it. I have not yet told of this improvement in my condition, because I wished people to still think I was insane, so that I would be sure to escape being sent to the penitentiary. I know I was insane at the time I tried to kill both Clifford and myself, and feel that I don't deserve such a dreadful punishment as being sent to a States prison. However, I think it was that operation and my subsequent illness that caused my insanity rather than passion for Clifford. I should very much like to know if you really consider sexual perversion an insanity."

*Remarks.*—Although the history is imperfect, we may regard this man as the subject of ill-defined hereditary degeneration, taking on the symptoms of various morbid groups, but not easily falling into any definite nosological frame. The physical conformation suggests that Olmstead's sexual inversion was congenital, although this can seldom be asserted or denied with absolute assurance; he at least presented, both mentally and physically, the favourable soil which the parasitic growth of sexual inversion most easily seizes on to flourish vigorously. He was sexually ill-developed, very suggestible, and, as frequently happens with the weak, his passion was fostered by its hopelessness. At Kankakee his case was diagnosed as "paranoia." (Dr. Dewey understands by paranoia "a primary developmental insanity," a "condition of degeneracy;" "there is imbecility of mind and there are delusions.") It is quite clear that there was no fixed and systematised delusion, but merely a condition of general mental irritability and weakness, sometimes excited, sometimes depressed, sending out occasional inco-ordinated sprouts of delusion. The same feebleness and incoherence may be traced in his criminal resolution, in his

method of carrying it out, and in the letter of April 23. There was no reason why his friend should die, suicide would have amply settled the whole account; but he had persuaded himself that their lives were bound up together.

The removal of the testicles, the apparently depressing effect of the operation, and the speedy occurrence of the crime after it, should suggest caution to the surgical psychiatrists who advocate the castration of inverts and sexual perverts generally. Such persons are frequently of unstable mental balance, so that the mutilation produces a depressing effect, while it does not remove the perverted tendency.

The case has some medico-legal interest. It recalls that of Alice Mitchell, a sexually-inverted girl of neurotic stock, who, a few years ago at Memphis, U.S.A., killed her former intimate friend, Freda Ward, when the latter became engaged to be married. Inverts, in spite of a tendency to mental irritability, are capable of a considerable degree of culture, especially in an æsthetic direction; they rarely enter asylums or even seek medical advice, and they are always liable to become centres of medico-legal interest. In this case, since there was a distinct history of insanity entirely apart from the inversion, no other termination could be expected.

The presence of so-called gynæcomastia—with tendency of the breasts to swell and become hard and red—may be noted. In a slight degree this condition has been found by Moll, Laurent, and Wey among inverts who were presumably congenital. In this case it seems to be fairly well marked.

There are various minor points of interest to which it is unnecessary to call attention, but which well illustrate a certain type of sexual invert.

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#### OCCASIONAL NOTES OF THE QUARTER.

##### *Rest and Exercise.*

We have much pleasure in submitting Professor Meyer's communication on rest and exercise in the treatment of nervous and mental diseases. That experienced observer and veteran teacher of the University of Göttingen has been an honorary member of the Medico-Psychological Association since 1867, when his name was proposed for election as the first to introduce non-restraint principles into German practice. During the thirty years which have since elapsed Professor Meyer has consistently adhered to the enlightened