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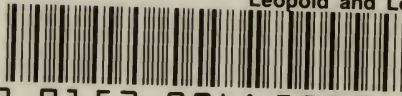
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LEOPOLD AND LOEB

A
PSYCHIATRIC-PSYCHOLOGICAL
STUDY



BY
MAURICE URSTEIN
NEW YORK, 1924

WITH the hope of not being misunderstood, I offer here in abstract some reviews appearing in American and British medical journals of my monographs which form the basis of this small volume. I introduce my study in this manner only to show that I am sufficiently qualified as an expert in psychiatry to assume the right of discussing the questions under consideration.* The reproduction of the article from Dr. Heilborn is to be judged likewise in this sense.

The *British Medical Journal* writes upon my study: *Dementia praecox and its relation to manic-depressive insanity* (Berlin, 1909, Pp. 372).

A very careful and minute clinical study of dementia praecox—i.e., catatonia—and its position with regard to manic-depressive insanity. For several reasons Dr. Urstein's book is well worth reading. In the first place, because it exemplifies a method of study which has given excellent results. In the second place, it is worth reading because of its profoundly critical psychological analysis of such symptoms of mental disorder as are common to dementia praecox and manic-depressive insanity; and lastly, because of the hints it affords as to diagnosis and prognosis in these two clinical forms. . . . According to Dr. Urstein, the chief underlying condition of dementia praecox is a psychic disharmony, a splitting up of the personality. This separation of will and reason lies at the root of the catatonia, and also explains, it may be remarked, the often noted resemblance of some symptoms of this disorder to hysterical phenomena. Further, as an illustration of this cleavage, Dr. Urstein has often noted a marked disharmony between oral and written expression. . . . We cannot discuss Dr. Urstein's able analysis of the much-debated subjective psychic inhibition, but a few points may be mentioned in conclusion. . . .

Upon *Manic-depressive and periodic insanity as phase of Catatonia*. A monograph. 1912. Pp. 650 we read in:

* It must be especially mentioned that this work was undertaken upon my own initiative and finished without any knowledge on the part of the interested families. The Leopold-Loeb affair happened just at the time when I was temporarily engaged in a Chicago institution, where, of course, the event was earnestly discussed. Some colleagues urged me to give my opinion; so that I try to set forth the clinical-forensic features of the case, inasmuch as it has the greatest interest for psychiatrists of any part of the world.

(Continued on Third Cover page)



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LEOPOLD and LOEB

A PSYCHIATRIC – PSYCHOLOGICAL
STUDY



by
MAURICE URSTEIN

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THE daily papers have rarely been so eagerly devoured by their readers as at the time of the Leopold-Loeb case.

From the very first, public interest was concentrated on the doers of the deed, and we caught a glimpse of the same pictures that sensational court proceedings contribute to the kaleidoscope of life; feelings of horror, prejudices, thirst for revenge, sober judgment, a sense of justice, and objectiveness mix themselves together.

It must be granted, however, that the act which created a stir far beyond this country is so frightful, psychologically so incomprehensible, so singular in its unfoldment that, if a Poe or a writer of detective stories wished to unnerve his readers, no better tale could be invented, no knot harder to unravel; no events could follow each other more effectively than life, or rather disease, has here woven them together.

This is the reason why the Leopold-Loeb case has unrolled once again for every psychiatrist the whole mass of psychological problems; and now, after the first storm of indignation has somewhat abated, it is his duty to raise his voice to show the abnormalities of the case and to point out the offshoots.

Not one of us would be surprised if a child whose parents are criminals or who has been reared in an atmosphere of crime were to become an enemy of society, a law-breaker, an offender. It is also clear that a child who has grown up in such wicked society, a child showing evil tendencies, can still become a worthy member of a community if placed in favorable surroundings and given an appropriate education. On the other hand, we are astonished and forced to serious reflection when a child subjected to the best influences becomes a criminal. In such an instance, every one is inclined to suppose, and the psychiatrist is justified in asserting, that the cause lies in the very personality of the individual and must surely be attributed to a pathological condition of his mental qualities.

Because of this, we have to examine the psyche of such an individual from every angle to do him justice and give him the square deal to which he is entitled. Even though the details of the case make us shudder, in spite of the sympathy felt for the grief-stricken parents of the innocent victim, we must still judge

calmly, weighing the facts objectively and carefully, mastering any trace of emotion.

A judge must never be cruel—only severe—but just. We know full well that a terrible deed has been committed and expiation is demanded. We know that within society there is no place for such persons. We know they are very dangerous. We know that the community must be protected from those individuals. And yet, despite all this, it would be against our ethical sensibility were we to treat as a criminal and to punish someone whose ordinary reasons and controls are lacking, or anybody who acts under abnormal motives caused by disturbed mental disposition.

We believe these boys were in an irresponsible condition due to a failure of their emotion, will, and thinking power. This fact, which a psychiatrist could have proved again and again, does not at all exclude the apparent deliberation and carrying out of a carefully prepared plan of action.

It seems a priori unbelievable that these boys were conscious of the full import of their actions. They *could* not picture the future; were unable to anticipate the consequences: to see themselves in the glory of youth sent to the gallows, to prison for life, or to an insane asylum—an unavoidable condition that no Schopenhauer, Nietzsche, Aretino, or Cellini* could make more endurable; nor were they able to visualize their parents with their life happiness so ruthlessly destroyed through the sons for whom they entertained such high hopes.

If these boys of respected families, the spoiled children of millionaires, succumbed to the pessimistic, antisocial philosophy of a Schopenhauer, a Hartmann, or a Cellini, it is only because their power of judgment was lost in the early stages of their life, and as slaves of the demon that overmastered them, they were unable to understand these teachings and to make them harmless with the force of a healthy mind.

Had these students of jurisprudence, victims of an early moral shipwreck, been able to realize the far-reaching consequences of their actions, they would have refrained from them; not only as future lawyers, but also as followers of Schopenhauer and Hartmann. These two philosophers, though despising mankind, had a higher regard for the life of an individual than many other

* The boys are said to have been influenced by ideas of these men.

friends of society. In fact, Schopenhauer respected the life even of an animal to such an extent that he rejoiced over the introduction of railroads because it made the existence of hundreds of thousands of horses more bearable. And this same Hartmann, who taught that humanity is less happy the more consciously and forcibly it develops itself, fought vegetarianism most aggressively, as, in his opinion, it did not afford the body sufficient nourishment.

On this account, we do not wish to hold any philosopher responsible if his readers draw wrong conclusions, and we cannot attribute the corruption of youth to the misunderstood teachings of Schopenhauer-Nietzsche or to the entire modern tendency of thought. We can refrain from laying the blame at the door of society, and will not accuse our times, unsuitable family life, purposeless education, or irreligiousness; nor do we desire to put on spectacles colored by personal opinions in reviewing the case or in giving it sensational headlines; neither do we wish to regard it from the standpoint of the wealth or poverty of the classes of society to which these boys belong.

Furthermore, we will not quote Lombroso, whose arguments have long been disproved; but we must penetrate only and solely the secret recesses of the sick human soul.

Even normal life shows millions of forms and variations; as Bentzel-Sternau so crassly expresses it, "The mixture called man is the wildest ragout that ever escaped from a cookbook." How much more puzzling is the shattered psyche, and into what unaccountable forms does it shape itself!

If we wish to arrive, however, at a just opinion of a certain person, his entire life, and not merely particular stages of it, must be carefully studied. It is not enough to observe or to describe how somebody acts during a distinct period of time or in the course of a number of interviews. This is the very reason that frequently wrong impressions arise in people in regard to psychic conditions in others, when they note that, in a given case, the person, acting rationally under the influence of a particular condition, seemingly discussed essentials, spoke to the point, and cleverly defended himself without manifesting on the surface a trace of disease. All of these qualities can doubtless be present at a given moment—still, this does not in the slightest degree prove that such capacities suffice for a right way of living, nor

that the person is normal from a psychiatric standpoint, and responsible for his actions.

In any case, this ought to prove that it is absolutely essential thoroughly to know the psyche of such an individual. But he who has not had sufficient personal experience in this field and is not familiar with the manifold clinical phenomena from which he is entitled to make valid statements, such a person must at least possess a complete record that goes back to earliest childhood and give an opinion only on the basis of a careful investigation of the individual's whole life.

Should we, however, with the knowledge of an expert have succeeded in obtaining an insight into each detail of the life of an abnormal person, if we were able to weigh everything accurately and have adjudged it at its true worth, we can repeat what the noted psychiatrist and psychologist, Koch, said as far back as 1888: "In this manner, many an unsuspected glimpse is gained into the life of people and the motives actuating them. We supply ourselves with the key to the correlations of human activity which is obtainable in no other way. We begin to recognize that many a thing is not so bad, another not so good, as it seems to be. We conceive why genial disposition and weakness are often so strangely mixed. We become sympathetic and ready to be helpful in cases we would possibly pass by with a shrug, if not with pharisaical haughtiness; and then, as physicians, we become friends and helpers to those patients from whom we were formerly repelled, or at any rate, whom we were not ready to serve. We are also able to give the judge and the clergyman points of contact which may become a blessing, and which will further fairness and justice."

How, therefore, did the former life of these boys picture itself in our mind, of youths from the better class of society, who in all coldness and deliberation took a human life and tried partially to justify this by regarding it also as a kind of scientific experiment?

What name shall we give a man who does not at once dispose of his victim, but has the courage—or is careless enough—to stop at a restaurant, leave the body in the car, and eat heartily to appease his hunger? Later, on reaching his house, he finds visitors and drives them to their homes. After that, he spends

his time playing cards, and then retires as if his conscience were perfectly clear and the softest pillow. A few days later, with no trace of regret, he betakes himself to the university, where he passes his examinations with "flying colors."

What sort of a person is this who confesses his deed with hair-splitting exactitude, showing no sign of excitement, living over the details of the delict with no mark of collapse?

How shall we regard some one who asserts—and we can believe him, for in that moment it is his firm conviction, as it fits his personality and mode of thinking—that he would prefer to be adjudged normal and responsible for a deed which a well man would have to expiate with death, rather than to be considered insane?

What does our psychiatric experience prove in regard to an individual who considers himself beyond justice and mankind, claiming immunity; for he looks upon himself as in a class of his own, and believes he may pierce human hearts with the cold-bloodedness with which he would impale butterflies?

How does it happen, and among what kind of individuals do we usually note that they are readily influenced, and, like children, can be persuaded to be drawn into anything?

These problems will be solved when the results of our recent research have been objectively noted. Let us confine ourselves to the domain of the expert to show to what degree feeling, thought, and action are influenced by mental disturbances, and we will try to set forth our opinions so that they can be generally understood.

First of all, we must determine whether these boys, though their behavior was more or less entirely orderly, their actions in line with their thoughts and aims, still do not reveal *to the expert* psychic abnormalities as cause of their criminality, despite the fact that they appeared seemingly normal and healthy to a layman's eye. It must therefore be investigated whether these boys at *present* show pathological signs or manifested morbid symptoms at *an earlier period*. If so, we will decide what influence these psychic changes had or were bound to have on their later behavior. This proof must apply especially to those actions which led to the interference of the court.

We do not fail to recognize the difficulties to be overcome,

the more so as we agree with the famous court expert Bischoff,³⁸ who says in his textbook of legal psychiatry: "It does happen that without psychiatric experience a judge gets often an altogether false impression of the person under observation. He usually takes a much too onesided view of feats of memory, fails to recognize defects of independent judgment, and disregards entirely serious disturbances of actions that are often present in spite of good intellectual accomplishments. Nor does the judge always know the great influence of emotional disturbances on the ability to perform an action. In certain forms of mental disease, it is quite impossible to make clear to the layman how strong the influence of morbid psychic processes is upon the whole mental activity."

Furthermore, we must keep in mind that but very little value is to be placed on the utterances of such persons. Being in possession of their reasoning faculties, they are not at a loss for words. What these persons forfeit *early* is the *normal* emphasis of feelings, the lack of which *cannot* be noticed in conversation. On the other hand, even less pronounced disturbance in feeling and reacting, when perceived as such, puts one on the right track and allows one to judge the psychic condition much better than by spoken words. "It cannot be emphasized too strongly that the correct understanding of a person's mental disposition is to be taken only from his actions."

The initiative for actions results from perceptions, feelings, or moods and not from intellectual capacities. If we wish to understand and to judge correctly an individual's actions, we must investigate the condition of his emotions, which are the most important attributes of our soul. These appear as an independent process and are essential for the understanding of psychic abnormalities.

Three kinds of emotions accompany our conceptions: the moral, which are expressed by the pleasure in the good and the abhorrence of evil; the aesthetic, which develop our sense of beauty; and the logical, which affirm the truth and refute what is false. The totality of our intellectual performances we know as reason. The latter has nothing to do with the efficacy of emotions and passions. On the other hand, emotions and passions exert an enormous influence on every action and must absolutely be taken

into consideration when we have to examine punishable deeds. It is therefore important that the condition of unaccountability does not mean lack of reason but abolition of its use. Because through this it is possible to assert that, even when reason is intact, its use may be arrested through emotional diseases or pathological affects.

We know also from our clinical experience that in many morbid states the moral and aesthetic feelings are lost at a time when the intellect does not yet show any defects. Some psychiatrists maintain, however, that a careful investigation may establish intellectual disturbances even in cases of moral depravity; still, as there are many people with but little intellectual development, who possess the highest ethical qualities, we must conclude that defects in the domain of the emotional life really occur independently, and that just these defects often cause criminality.

This moral deficiency is strongly marked by sensual manifestations and inclinations. Under normal conditions, the latter are kept down and inhibited by higher feelings. When, however, this restraint is absent, the lower egotistical impulses are set free and constantly urge to be appeased.

Emotional life and mood are therefore dependent on perceptions and feelings. Every conscious sensation—being for us a pleasurable or unpleasant impression—leaves behind a distinct memory picture. The sum of the impressions—rather, memory pictures—of our mental or physical ego determines what we call self-consciousness. On this depends the stability as well as the responsibility of all mental processes of a normal individual. Every perception, every idea, under normal conditions relates itself at once in one's self-consciousness and through this receives its emotional emphasis.

First and foremost the moral emotional life is altered in a psychosis named *catatonia*, from which, as we shall see, the Chicago boys also suffer. This disease means the disappearance of the regulating feelings growing out of the consciousness of the personality; catatonia causes a gradual devastation of ethical ideas and principles, undermines the whole being, and relentlessly drives it to its moral overthrow.

Our description of the nature and the clinical manifestations

of catatonia, the symptomatology of which will reflect Leopold and Loeb with photographic precision, may further prove why we cannot bring our case in connection with a psychopathic degeneration or moral insanity, but must regard the Chicago boys as catatonics, that means, insane persons.

We will further show that the actions of such persons very often become entirely unaccountable, unmotivated, are in most cases just the opposite of their former nature, do not harmonize with the situation.

From the above brief statements, it is clear what we have to consider in the investigation of such cases, and from what point of view we must be guided in forming an opinion. From this we also determine the direction and way in which we are to proceed in order to arrive at a right goal; and we shall have to present first the symptomatology of catatonia in the compass demanded by our cases.

MAURICE URSTEIN
WARSAW
Temporarily in the United States

New York, June 22, 1924.

Since the chains of superstition and belief in witchcraft have been stricken off, and insanity is no longer regarded as possession by the devil, who can be driven out by exorcism and prayer, it has become more and more recognized that mental disease is the expression of disturbed function of the central nervous organ, namely, the brain. Psychiatry progressed to a special branch of medicine, but it fell at once under teleological and moral-philosophical domination. When it had rid itself of these influences, psychiatry, like every other clinical branch at its beginning, developed in such a way that, of the manifold pathological forms which experience brought, it selected for recognition and diagnosis the most striking symptoms of disorder and emphasized as characteristics and as terms those signs which stood forth most clearly, even such as would attract the attention of the laity.

The general practitioner also formerly understood as diseases what today are only symptoms to him—let us recall, for instance, chills, fever, jaundice, and dropsy. Thus, too, specialists in mental disturbances designated diseases even up to thirty years ago—and the psychiatrists who do not keep pace with the development of this branch of knowledge but remain in the old traditions still diagnose also today—according to the signs which were prominent clinically. Psychiatry was indeed a purely symptomatic system. It knew only transitory pictures, but no morbid processes; it did not sufficiently distinguish *conditions* from clinical *unities*.

“Whoever showed excitement or fury, had a mania;* he who was sad and depressed, has been called a melancholic;† a person that gave the impression of being disoriented and confused suffered from amentia;‡ while every psychosis with delusions or hallucinations was diagnosed as paranoia,§ without the possibility of foretelling what awaited the patient in the future. Even the

* The Greek word *mania* means in English *fury*.

† *Melancholia* means *black gall*, because some thousands of years ago sorrowful states were connected with the liver.

‡ *Amentia* means in English *mental disturbance*.

§ *Para* means *near, just beyond, beside*; *noia* means *mind*, so that the hyperclever medical term *paranoia* means just beyond or beside the mind. The German word for paranoia is *Verruecktheit* and means that the mind is “pushed out of line.”

experienced clinician could say no more than this: that many forms of insanity pass on to cure; others recur periodically or fall into a chronic state; that frequently after depression a phase of exaltation appears or the opposite; that, further, with many patients after the first psychic attack, there sets in a condition of mental weakness or grave deterioration which—if already evident to all people—was termed ‘secondary dementia’; while other patients, even after many returns of the disorder, give evidence of no emotional or intellectual injury. But no one of the alienists knew upon what this or that outcome depended, and it was difficult to establish any prognosis.

“First Kraepelin, to whom Kahlbaum and Hecker had already shown and, in part, even opened the right way, taught us to obtain a deeper insight in the relationship of different, similar, or identical manifestations; whereby he set forth distinct psychic forms of disease, that means, pathological entities, which could be sharply distinguished from one another in regard to symptomatology, course, and outcome.”

It is not possible to show here the enormous value which the work of Kraepelin and his followers had at that time for the advance of psychiatry. We will merely discuss the characteristic marks of two forms of disease, namely, dementia praecox and psychopathy, in order to decide into which group we must put the cases of Leopold and Loeb.

“Dementia praecox, that means, precocious deterioration, belongs to the so-called functional psychoses, therefore to those in which we have not yet been and where we may never be successful in demonstrating in the brain constant changes of a *causal nature*. For reasons fully discussed in my monographs, I identify dementia praecox with Kahlbaum’s much more suitable designation, *catatonia*, that means, insanity with tension, while Hecker spoke of hebephrenia, juvenile insanity, Wernicke, and even more Gross, proposed the name dementia sejunctiva, that means, deterioration resulting from splitting, and Bleuler used the term shizophrenia, which expresses splitting insanity.

But, whatever name we may give to this psychosis, any modern alienist sees in it an illness in which little by little a total dissolution of the entire mental personality comes to pass, above all, a gradual devastation in the territory of the emotional life.

“Memory, power of observation, and the ability to understand everything that the patient hears going on in his environment may have suffered little or not at all, even in the end stages of the sickness. Yet such an individual, in the very onset of the disease, manifests impairment of the harmonious connection between the various psychic functions and processes. This shows itself in loss of critical judgment, in failure of logical association of ideas, in lack of sequence in drawing conclusions. The patient, furthermore, becomes totally indifferent in every respect, loses his independence, is childish. As time goes on, there appear insane ideas and hallucinations, also strange traits, as well as peculiarities of all sorts. These, to be sure, are already present in very many cases long before acute symptoms become evident. Catalepsy (increasing pliancy),* muscular tensions, automatic obedience, negativism, stereotypy in action, mannerism, mimicry in speech and movement, are among the constant signs.

“As a rule, the outbreak of the psychosis, which may have been preceded for years or decades by symptoms that are interpreted as neurasthenic, hysterical, hypochondriacal, is marked by feelings of distress, by sadness and depression. Then it passes over into the stage of apathy or excitement, during which the following symptoms add themselves to those already mentioned: purposelessness and monotony of movement; repetition of the same sentences or words; pathetic, theatrical manner; impulsive actions, until, sooner or later, a more or less pronounced psychic defect or total mental weakness is established.

“Various modifications often appear in the course of the disease. The psychosis at first may develop unnoticed or in mild onslaughts. Other patients reveal in the periods between attacks, as a residuum of the grave illness, an alteration of their former nature or more obvious defects and signs of a dissolution of their personality.

“The existence of analagous clinical symptoms and phases in catatonia, as well as in other psychoses, has led us to analyze more in detail the individual signs of the disease; to separate them into their constituent elements; more sharply to define their strength and formation; to discover in the conditions as such

*That is, loss of resistance toward passive movements.

distinguishing marks and to weigh them accordingly. Thus, today, almost without exception, we are able to recognize to which pathological entity a given symptom or state belongs.

"If, for example, confusion arises in catatonics, this is only an apparent one. The patient himself remains completely controlled even in the most elementary states of excitement and is able to account to himself for everything. The catatonic, moreover, is not hindered or impeded in his speech, actions, and movements, but obstructed, blocked, bound. If there be an actual realization of something willed, at once arises, as a result of the negativism, an action in the opposite direction, a counter-action, which inhibits the carrying out of the purpose. For this reason, the patient, for example, stretches out the hand in greeting, but draws it back before it has reached the object. Or we see that he makes the initial lip movements in response to a question, but almost at the same time closes the mouth tightly. Or he is suddenly stopped in his speech and cannot be moved to continue or he is able to go on only after a while.

"The points of view here discussed have been elaborated in no small degree in the course of time. After having worked for ten years in various university clinics, private and public institutions, I assembled a material on the basis of which, already in my monograph⁵ appearing in 1909, it could be shown to what symptoms and morbid states particular value is to be attributed for the purpose of differential diagnosis.

"After the publication of this last-mentioned work, I occupied myself again very intensively with the problem of the functional psychoses, and it was granted to me among others to build further upon the entire material of Laehr,† that master of clinical psychiatry and distinguished consultant. From this I obtained thousands of histories, which certainly may be called the best, qualitatively the most elective, and very well fitted to solve the manifold problems. Sixty years of untiring, determined, extraordinarily productive work had been required for the accumulation of the material, unique of its kind! On this ground it must be unreservedly stated that we shall never again find such an immense number of journals, so rich in content, so complete in

† Laehr was the founder of one of the most superior, beneficent, and humane sanitariums I have ever seen.

the life records of the patients; and no case histories can be collected that permit a more exact survey over an equally long period of time!

“A great value of this material lies in the fact that the case histories, which are merely descriptive, registering in objective manner the clinical manifestations obtained from the patients without any expression of opinion, were made for many decades by one and the same alienist. These observers were thus no psychiatric novices, as is usually the case in state or community institutions, nor were they self-taught men, but schooled clinicians,‡ who, since they had known their patients from the beginning of the disorder on, would have been struck by every change in their condition. Furthermore, the same interest had been brought to the entirely chronic cases as to the acute ones; for which reason, the journals from beginning to end are uniform and clear in content. Besides, the patient as an individual is represented as an unified whole; in the anamnesis always his character, temperament, and every event worthy of mention up to the outbreak of his illness are set down, so that the slightest deviations which have to be referred to the psychosis can be at once made evident.

“The material that justified me in drawing a train of conclusions is, therefore, not only in reference to the length of time of the observations, the longest studied, but quantitatively also it is incomparably richer than any other that up to this time has been utilized for similar purposes. Thus I investigated some dozens of patients who had remained in the institution for fifty years and more. I saw hundreds of patients in whom the psychosis had run for years and decades under the picture of hysteria, psychopathy, or some other form of mental disease regarded as curable, until it had taken on a malignant character leading to terminal catatonic deterioration. I learned to know individuals, who, after a free interval of thirty years, because of a relapse, had to be brought again to the institution, where they then quickly passed into typical dementia. I saw, likewise, a series of patients in whom, not earlier than after ten to

‡ I mention here, beside Laehr's entire material, numerous case histories prepared by Kahlbaum, Hecker, Ziehen, Wernicke, Moeli, Siemerling, Aschaffenburg, which were also elaborated.

twelve attacks of the psychosis, recurring at rather long intervals, a complete disintegration of the personality had taken place.

“The value of the records was essentially increased through the fact that Laehr’s material almost entirely concerned persons who belonged to the better, often the best social circles and because of their culture as well as intelligence gave very good information about their pathological ideas, tendencies, and impulses, being able to reproduce minutely, in speech or in writing, their abnormal psychic condition, the inner conflicts, and so forth. On the other hand, just in such individuals was it especially easy to study the weakening of the various psychic functions, the loss and defect, the decline of the emotional balance, the fragments which remained of the former *sound* personality, as well as the gradual sinking down the social ladder, which, as our cases teach us, may first become manifest to the laity after twenty, thirty, or more years. It is true that even highly cultured individuals also deteriorate sometimes quite rapidly and in characteristic catatonic manner; for, aside from the personality of the patient, heredity, disposition, age, environment, enter into the situation. The mental aristocrats also become *dead* as regards the world about them, or at least their own circle, in which every abnormality, however small, becomes evident, making intercourse and life together more difficult; but, generally speaking, here, even in the advanced stages of the psychosis, we may never expect such pictures as are observed in patients of state and community institutions.

“Just as there is a difference in the symptomatology and the course of the psychosis in culturally low individuals and people with a common school education—the details which show this are published in my papers on comparative psychiatry^{2, 3}—so also there exist differences between the last-named and those of a higher, respectively, moderate intellectual endowment. On *these grounds* we see retained in catatonics of high cultural grades, after an illness of long standing, alertness, independence, participation in the environment, or other qualities, often to a degree which in those mentally but little or moderately developed would not be manifest even in their normal condition. Moreover, also in cases which may be considered as terminal states of catatonia, individual tendencies are present, habits from the days of health. We find

echoes of earlier happy times, just exactly as in officers of higher rank often in far-advanced stages of general paresis we see preserved discipline, posture, subordination, and the like.¹

“Here also, as has been emphasized in earlier works, must be noted the astonishingly great capacity of catatonics to be influenced by their environment, their ability to adapt to all conditions of life, and the possibility of educating them. It was precisely the study of Laehr’s patients which strengthened me still more in my opinion that similarly we can train catatonics to physical work—we know, for example, that institutional inmates in whom the intellectual sphere is totally crippled count among the very best working forces—in the same manner it is possible also to incite intellectually prominent individuals to *psychic* activity, to save a part of what they formerly possessed. The patients can be brought to the point where they will read and also to talk about what they read; to follow and discuss the day’s events; to take part in lectures and social entertainments; and so to deport themselves outwardly that at first nothing abnormal is noticed.

“An investigation could be made in this institution of many patients also who, though they presented various catatonic symptoms and had been for a long time full of delusional ideas, behaved themselves quietly and in good order. They could be drawn into everything, so that they observed with interest what went on about them, were friendly, always came to the lectures, took part in social gatherings, and were favorably diverted by stimuli from without—all, to be sure, so long as they were not disturbed in their customary, smoothly regulated pursuits, were kept far from every source of excitement, and their peculiarities respected. Through some dozens of minutely reported cases, we have to show in this monograph⁶ what was preserved and could be demonstrated in catatonics after decades of this illness. . . .

“It is also to be noted that we must not spin out too subtly the various symptoms of a disease nor construct too much out of them. We have to omit in general all theoretical speculations. Furthermore, for the deduction of facts and concepts, just as for conclusions, only clear typical cases and solely entire life histories must be used. In the setting up of disease groups, we have to consider each class of society by itself. The mistaken

conceptions of many psychiatrists as to what is catatonia and what is psychopathy must to a great extent be attributed to the fact that up till now predominantly clinical and institutional material has been utilized for study of the subject. Definite findings have been generalized which fit the case of average catatonics or those but little developed mentally, while in patients of high intellectual standing, the same statements are delusive. If a psychiatrist, on the basis of knowledge he might be able to obtain from decades of devoted study in asylums, should examine the cases in the upper circles of society and give his opinion upon the intellectual aristocrats, he will be led to believe that he has to do with psychoses of another kind. And yet they are identical, differing only in various qualitative irregularities. They have been banished from sight for years and decades merely because the correct standard was not applied to them from the onset.

“It is important also to keep before us the continuity in the development of the disease and not to efface the complete clinical picture. Frequently it does not matter *what* the patient brings to expression, but *how* he does it. An idea or an action, in case it is constantly repeated, may take on the character of a stereotypy, which, indeed, is a distinguishing mark of catatonia; exactly as a sentence spoken at first with the appropriate affect, if it were repeated again and again, would in time pass over into a mechanical, lamentable pathos.

“Of course, it is not difficult to make a correct diagnosis after a certain number of years or decades if we have the patient before us in a more or less deteriorated condition. The question is whether already in the beginning of the psychosis we are in the position to define the latter as a process leading to dementia. This has been answered affirmatively in my first papers,^{4, 5} and I have not changed my standpoint since then. Studies in the last years have only brought countless proofs of the correctness of my former conclusions and facts that fill out experiences which were forced upon me already from the analysis of the first two thousand appropriate cases of catatonia. Therefore, today, it will no longer be difficult in a given patient, even in the earliest stages of his disease, to demonstrate those symptoms on the basis of which a

diagnosis *must* already be established at a time when evident symptoms of catatonia have not yet manifested themselves.”*

Yet, before we can determine the disease from which Leopold and Loeb are suffering and justify our diagnosis, we must enlarge upon the symptomatology of catatonia, especially of those groups that proceed under the form of the psychopathies, and to which we have devoted a special monograph.¹⁵ We shall find in the following descriptions all traits which characterize the personalities of the two Chicago boys.

“A relatively frequent phenomenon, especially in the beginning of catatonia, is the heightened feeling of the ego, with exalted self-consciousness. The patients show limitless self-conceit, are puffed-out in behavior, demonstrative in manner. They consider themselves highly intelligent, philosophical experts, as especially interesting cases. They are boastful, greatly overestimate their ability, accomplishments, and capacities; they know best about everything, and alas for him who merely casts doubt upon them! They manifest a many-sided but always superficial interest; start all things, but finish none. They try to color their doings and dealings, to refute ideas contrary to theirs by dialectic subtleties, to justify their wishes by all the means which the art of persuasion can furnish them. They persist in their excuses, are never disconcerted, insist dogmatically on their point of view. They speak in a didactic tone and are always giving good advice; they like to act as mentors to others, interfere in their affairs; they get mixed up with everything; they even consider that they have the right to discipline or to maltreat others.

“Many show an affected manner, a forced demeanor, and fall into theatrical excitement. They are great talkers, exalted, pathetic, ask of themselves to be placed in cells for the raving in order to report their impressions in their memoirs. They seek to be in the foreground, to bring their persons to attention, to make themselves interesting in conversation, or to have the say in games. They soon obtain control of their environment, want to bring forward their information upon every occasion, press their opinions upon others; they wish above everything always to have their high intellectual traits recognized; they seek everywhere to assume an exceptional attitude.

* Abstracts from the monograph⁶ and the papers.^{9, 16}

“Others are disputatious, ill-tempered, quarrelsome, pugnacious, malicious, disrespectful; they stir up strife, hatch out plots together, intrigue, try to arouse dissatisfaction everywhere. Many of them behave as arrogantly as possible in the institution—which they call the *morgue*, *madhouse*, *mousetrap*, *dog kennel*, *house of correction*, *brothel*. They betray a certain superior manner; know the forms of society; have always thought of something better they might be; are too good for common work; too distinguished for association with ordinary people, upon whom they look down with scorn and contempt. They are irascible, insolent, inclined to excessive affective discharge. They become cynical, violent, brutal, especially toward those who are weaker, while they submit to ill-treatment by those who are stronger.

“There is often a tendency to lying and cheating, although it is difficult to determine whether we have to do with lack of faithfulness in reproduction or with conscious invention. Yet it must be admitted that the cheating arises not seldom from an inner compulsion, for the patients lie even where it is of no service. Some of them, accustomed to lying and stealing for years, have fabricated long stories merely for the sake of talking. Of one patient (Case III) we read: ‘Lies and deceives cunningly. Always very artful and hypocritical. Seeks under the most varied excuses to force her way into another’s room. Likes to play cards or chess, but cheats and is very angry if accused of it. Is always nibbling whatever she can find about. Puts into her pocket everything she can reach. Very skillful about it; hurt if caught. Always has an excuse, explanation, or falsehood at hand at once. Does everything with a completely innocent expression.’

“Many falsify the physician’s orders according to their own wishes. They recount freely invented conversations. They distort facts, glibly deny their actions even in the face of direct evidence and statements which they themselves have made. Often, they will confess afterwards that they told something that did not entirely rest upon fact, that they have, of course, purposely misrepresented different things.

“Not less frequent are fabrications, especially with regard to the institution and its personnel, often also against those very physicians who only a little while before were exalted to the

heavens. The patients are tireless in thinking up new complaints; do not shrink from audacious distortions and the most atrocious insinuations. They also, by letter or during some visit of relatives, accuse those about them of the greatest crimes and tell the most frightful things. They box the ears of others and mistreat them, but assert that they are the ones that have been struck. Indeed, the patients very often injure themselves in order afterwards to invent something about others.

“Many patients maltreat themselves, wishing to attract attention or to create a sensation. Besides, the accusations are very minutely depicted, so consistently and convincingly represented that, in a number of these cases, they have found full acceptance with very intelligent relatives, until investigations—sometimes legally undertaken by the institutions—brought to light the utter baselessness of the charges.

“In other cases, self-accusations were made, much more frequently, however, confabulations and pseudological statements. It is not only that the patients think up complaints, intentionally deceive, purposely falsify, deck out their past in finest detail and with exaggeration to suit their personal needs. They even relate attacks, allege that they have been assailed, and devise phantastic murder scenes. Other imagined attacks and occurrences are woven into the pictures. We read, for instance, in one record: ‘Phantasy gained the upper hand and with it there appeared a tendency to self-deception, as well as falsehood to others.’ Another time it is noted: ‘Decks out the tales while telling them and changes them readily. The confabulation accords with the questions that are put.’ One patient shows a very marked tendency to phantasy, spins out his fancies just as they occur to him, and invents assaults.

“Simulation and voluntary deception are often observed. Catatonics shield themselves behind this or that excuse only in order to obtain something; they are triumphant afterwards, however, that they have secured what they were after. Some confess later that they had pretended, shammed, ‘simulated’ the fainting spells; ‘they themselves had caused’ the convulsions, had ‘feigned’ one thing or another; that it would have been possible for them to have refrained from it all, to have controlled themselves.

"Many play with thoughts of self-destruction, threaten to commit suicide. Others 'consciously' behave theatrically, are intentionally incoherent in their speech, carry out foolish actions in a very deliberate manner, and, by their absurd answers, give the impression that they know what is correct.

"Some patients show a marked talent for imitating their environment; caricature everything; are pert, ironical, sarcastic; express themselves in a flippant manner; make sport of the peculiarities of their fellow-patients, finding amusement in them, and mimicking their speech, movements, and the like.

"At times, excitement and angry outbursts are caused by experiences and ideas of the past. So, also, memories which arise may attain such force, reach such a high degree of semblance to reality, appear so vividly that they are perceived by the patients as actual.

"Sometimes erotic or other trains of thought are spun out in phantastic form into dreamlike pictures, which the patients reproduce half as real occurrences, half as fabrications. Many set forth their dream experiences in detail, but it is difficult to say whether these are always true dreams since such persons not infrequently confuse dream and reality. Some of them sink into a dream state even while awake.

"Many times they will recount superstitiously accepted coincidences and forebodings, use outspoken symbolization, show fondness for dream and all sorts of other interpretations.

"Some patients repeatedly affirm that they have had, even as little children, strange experiences, mysterious visions. It cannot be determined here whether or not these are falsifications of memory.

"Not infrequently catatonics inject themselves into reminiscences full of emotions and see themselves in the most marvelous adventures. Many often picture, without a sign of fear, quite phantastic experiences, in which hell, torture chambers, hangmen, knives and blood play their part.

"Often they are envious of every one, covet anything. Others appear quite nonchalant, try to cause embarrassment, speak unconcernedly in the presence of young persons of their sexual life, their love affairs, and so on.

"Ability to remember and orientation, as in catatonia generally,

suffer also in these forms of the psychosis but little; yet it does happen that an obscure and very imperfect idea of many events remains. In isolated cases, apparent twilight states are precipitated through emotional experiences.

“On the other hand, the self-possession of the catatonic must receive here special emphasis. In the midst of the wildest excitement or confusion, he takes notice of everything and afterwards knows how to report what happened about him. Often the patient surprises us by a well-ordered action or a witty remark. Not seldom, he suddenly begins to speak clearly, informs himself of everything, gives appropriate answers, but in the next moment falls again into his former confused condition. Or patients who lie apparently apathetic watch, however, especially if they believe themselves unobserved, most exactly over everything, yet without drawing any conclusions from it. Many occupy themselves, but give up their work as soon as it is noticed by those about them. Or it happens that catatonics have lain for weeks without speaking or moving, when suddenly some morning they spring out of bed, converse in a friendly manner, seize a broom or mop, and take part in cleaning the hall. When the nurse comes to arrange the room, they begin to dust and—this is very typical for a catatonic—they wipe everything, furniture, dishes, and bedpan with the same cloth.

“Many patients manifest a hair-splitting critical judgment, can give an exact report of their inner perceptions, dissect and analyze each feeling; they have explanations for everything. They attempt to justify what has happened, to excuse, to find reasons for; and they lose themselves in their auto-observation and self-criticism. Anomalies of the ideational life lead to delusional conceptions and interpretations of events. What takes place in the environment is often brought into relationship with themselves; so that they become mistrustful, think themselves noticed, watched, finally, persecuted.

“More than in my earlier studies, I must emphasize here the *disharmonies*, *contrasts*, and *incongruences*, in which, even at that time, I recognized the *decisive* diagnostic sign of catatonia. Closer investigation of such cases shows that this symptom is not absent, even at the very beginning of the disease; and I have, as a fact, in the last years never missed it in any patient. We have

to do with—as I called it—an *intrapsychic disharmony*, an *inner laceration*, a *separation*, a *sejunction*, *cleavage* and *doubling* or *splitting* of the personality, while the patient retains possession of himself and remains oriented. The bonds of association are destroyed; the thoughts slip from their paths, cross over one another. Consciousness is broken into fragments, the brain, as it were, subdivided into pieces, each of which works by itself without disturbing the others or influencing them. Everywhere the idea of a goal as a purpose is wanting; the formation and the carrying out of a logical conclusion are lacking. This loss of harmony, of unity, and of connection exists not only in relation to the adequate co-operation and interrelation of the manifold intrapsychic functions *with one another* but most especially also *within* the particular spheres themselves. From this result the grossest contradictions, the abruptness of ideas, the absence of affective depth of the suitable feeling tone.*

“The above-described condition has been outlined by our patients with extraordinary clarity. So we read what a student says, referring to the time in which he feels better: ‘When I am in that state, and I have, for instance, to pack my things, I note how all the fifteen or twenty articles ought to be placed in the trunk; and I hold the picture in mind so that the work consists of the more mechanical arrangement. But, if I should pack now, when I feel ill, I must do my best to keep them together; and, having gathered three articles, I lose them if I take up a fourth.’ On another occasion this patient said: ‘When I’m feeling well, I seem to have a separate drawer in my brain for each idea; and, if I needed it, all I should have to do would be to open the drawer. Now that I’m ill, I am in doubt in which drawer a certain idea belongs; and, besides, the idea as such is hazy and unclear. I feel no lack of ideas: one disturbs the other. It’s just as if a lot of sheets of paper were piled on top of each other, and one couldn’t pull out the sheet one needed.’

“Another patient considers himself ‘mentally ill’ but not ‘in-

* We can compare the activity of the catatonic brain to an orchestra without a conductor; that is, to a musical organization in which each member works by himself with no concern for his partner. Thus, even if the orchestra performed a work together, also then there could be no harmony in it, because their instruments as such would be mostly falsely tuned and must easily fail to accord.

sane.' In the former case, 'it is a gradual letting down of mental functions, especially of the memory. In the case of insanity, however, the mind is still active, the ability to think is not disturbed, but the thoughts themselves lack logical coherence. One thought follows another, but they bear no relation to each other.'

"One patient said: 'My mind is keenly alert, but I cannot act accordingly. I am too ill.'

"Another catatonic has 'lost the harmony between will power, intellect, and soul freedom.'

"A patient says, 'I have become two persons.' Another, 'I have lost a part of my head.'

"In one case, the patient has the feeling as if she 'were split.' She 'relates this to the psyche and not to the bodily sphere.'

"A patient who has been ill for a long time says: 'J'ai des sentiments dans moi qui ne correspondent pas (I have feelings that do not correspond)—then he suddenly halts and after a while adds, in German: *Meinem uebrigen Wesen* (with the rest of my being).' A patient complains after years of sickness of intrusions of other people's ideas. The disturbances in his powers of thinking are regarded by him always as some strange experience. The schism in his personality grows clearer to him as he explains it.'

"One patient, when questioned why he suffered, answered, 'Because it's as if I were divided into parts,' and, being asked to explain this, said: 'It's as if there were two persons in me, I feel such inner discord. I've become a machine, without any will power of my own.'

We read of a catatonic, after ten years in an institution: "Little by little she haltingly states the following: At times she does not know what to think of herself. On the whole, she is kindly-disposed toward the psychiatrists—though she rails against them in letters—but she lives as if she were a double ego: one person, A, and another person, B, exist in her. She has the feeling that someone is always standing behind her A-ego and nagging her on through whispers; and because of this the B-ego is created. These two egos are constantly at war with each other. She cannot defend herself against these influences, much as she would like to do so. For instance, she is unable to understand why she recently pounded for a whole hour with the cover of

the commode. Most of the letters were written by the B-ego.' Despite this, the patient cannot be convinced that she is ill, and she asserts that the psychiatrists produce in her everything with the aid of phonographs."

"Many catatonics perceive, frequently from a very definite point of time on, a sense of change that has taken place in them. They are no longer conscious of themselves, appear quite strange to themselves: as if they had lost their own personalities; as if it were no longer themselves with whom they had to do; as if other people were they. Sometimes the connection with the world and all that surrounds them has been lost. 'I am not in these last weeks what I used to be,' says a patient. 'My mind was different before; I am no longer what I was,' we read in one journal. 'I am altogether some one else, have become another man. . . . It is exactly as if I were not at all like other living beings. I do not know what I am. I will soon be a human being no longer; they have made me into an animal.' Once we read, 'I cannot weep, and that proves the loss of emotions.' Another says, 'I am totally turned to stone; I appear to myself so cold.' Still another patient expresses it: 'In my head all has become something else. When I look into the mirror, my face appears quite strange. Other people, even my relatives and acquaintances, now seem to me like entirely different persons.' A patient complains: 'I am not *I*, but once have been. I cannot remember anything more; I have experienced nothing. Certainly I remember dates out of my life, but it is just as if others were conversing about me. I see and also hear them all talking, but *yet* I hear nothing. My recollections lie outside myself.'

More evident still is the intrapsychic disharmony and the resulting disturbance between idea and feeling, as well as the marked disconnection between the various emotional centers, which is revealed in the letters of catatonics concerning whom we will speak later (page 97 and following).

"At times, the peculiar fading of the memory pictures that should be reawakened is considered by the patients as weakness of their memory, although it can be made evident that the completeness and faithfulness of the recollections have suffered no impairment. At other times, the feeling of the patient's own body is completely lost. The individual seems to himself as an

automaton, like a statue. The perceptions find no echo within and, on this account, acquire no relationship to the patient's own psychic life. This feeling of being a stranger, this *depersonalization*, which does *not* arise out of internal inhibitions but results from intrapsychic disharmony, manifests itself also in the fields of action and thinking. Action proceeds mechanically without consciousness of the will for it; the thoughts come and go without the individual's participation. The patient seems to be an on-looker taking no part himself; he has no inner connection with his own perceptions or deeds, and he does not feel as an acting and suffering ego. He pictures to us his whole course of life as if he were a stranger standing outside. Often, he comments sarcastically upon his deeds, speaks of his states and his experiences with complete unconcern. At no given moment do they seem to have anything to do with him, and they are set forth without a sign that they rouse any personal feeling. Nothing would show that he himself stands in the midst of the picture. This absolute indifference toward his own person, which belongs among the very first symptoms of a beginning catatonia, can sometimes still be demonstrated in a very far-advanced stage of the disease. I will take as an example here a section from the record of our Case IX:¹⁵ 'Reproduces all events with such faithfulness as if they had taken place yesterday, and not fifteen years before. I must confess that I have not yet come upon a phenomenal memory of just this sort in patients in such advanced stages of catatonia. To be sure, if one did not interrupt the patient, she fell, a moment later, into a very confused driel; yet, if one forced her, by interjecting frequent questions, to brief answers, it was possible to get all the details from her and, in fact—I repeat it—with a precision which was truly astonishing. She always spoke impersonally, however, as if the matter had nothing to do with her. Even when the patient related stories concerning her family, she spoke only of a 'woman Lachs (mother) and of a 'gentleman brother.'

The lack of participation in one's own history may be evident even in cases in which negativistic features predominate. Instructive in this connection is our Mrs. Tasch (Case XIX), who must pass as a most typical example of catatonia.

"If one addressed the patient as 'you' or 'Mrs. Tasch' and

wanted to hear something about her life, she became gruff, refused to answer, and ran away. If asked, however—since the patient insisted that she was a man—‘Does *Mr.* Tasch know how Mrs. Tasch escaped from the institution twenty years ago?’ or ‘What can *Mr.* Tasch tell me of the former life of Mrs. Tasch?’ or, ‘Does *Mr.* Tasch remember what Mrs. Tasch said in the year 1890?’ or, ‘Could *Mr.* Tasch find out from Mrs. Tasch who the doctors, nurses, and her fellow-patients were when she was in the Charité in 1886?’ the patient would tell without a trace of affect about a Mrs. Tasch who, as she said, had lived a disgusting life—she was a prostitute. She spoke in the most shameless manner of the adventures of that Mrs. Tasch, how she enticed people to her in order to steal from them. Thus she would converse like a critic and an informant, as if about a total stranger to whom she was quite indifferent. I went with the patient over her entire life history and in this case, too, was verily astonished at the fabulous memory revealed in all respects. Literally everything that happened in the thirty-six years which the patient had spent in the institutions, as well as her previous life to the beginning of her illness, was pictured in detail and according to fact. To be sure, it was only a *Mr.* Tasch relating of a Mrs. Tasch.

“The described phenomena of so-called alternating consciousness also plainly result from the distraction, that is, the inner tearing asunder of the personality; and, according to my experience, it is a frequent sign of catatonia.

“Not seldom, pedantry is evident in our cases, such as we are accustomed to see in epileptics. The patients are excessively punctual, like clockwork, scrupulous, have the apportionment of the day by heart, arrange their doings and carry out the physician’s orders with painful exactitude, according to the stroke of the bell. They work only in the hours prescribed by themselves or those about them, note every piece of linen, keep accounts, maintain the closest oversight with regard to everything taken in or given out and concerning all utensils. Sometimes, too, they seek to find a reason for their pedantry and to uphold it as natural. Others work with the greatest care and industry, but with little productivity in it all.

"In some cases, there has been noted a marked inclination to collect all kinds of things.

"Sympathy and antipathy are often present. The patients appear very pleasant to certain persons, trusting, obedient; to others uncivil, resistant, aggressive.

"Many catatonics move in extremes; they oppose, at first, every order but immediately afterward carry it out of their own accord. If what they ask for is given them, they refuse it; complain afterward that they are restricted and treated like persons under guardianship.

"Extreme vacillation and lightninglike change of mood are often remarked. Sudden transition may be observed between violent rage and the most friendly clinging to one, between anger and amiableness itself. Laughing and weeping, pleading and scolding, gentleness and brutality, strive with each other and vary with extreme suddenness. Catatonics quickly form the most intimate and tender friendships, which just as promptly turn to the bitterest enmity and the deepest hate; great admiration passes over into evil contempt. A patient 'strikes and scratches a nurse who is immediately after overwhelmed with tenderness.' Of another we read, 'Struck the doctor hard with the foot, then fell on the knees before him, wanting to kiss his hand.'

"Strong suggestibility is present in the sphere of the will. Catatonics are subject at every stage of the disease to any influence from the outside, to changes of mood through pleasant or unpleasant impressions. They show themselves creatures of the environment, dependent to a high degree upon their surroundings, very accessible to all encouragements given them and to whatever is acting upon them. They laugh with one and weep with another. Change in the environment, threat of intervention, friendly address or command, may likewise promptly modify their condition, while they cling stubbornly to many ideas and act in a completely stereotyped manner. Easily directed on the one hand, they bar themselves often in a rude, impulsive way against any external influences, betraying thereby an astonishing tenacity and a marvelous consistency.

"Compulsive thoughts and actions, as well as all sorts of phobias, are present with relative frequency. The patients preserve for a long time a critical realization of such abnormal oc-

currences. They have full understanding of what is pathological in the disturbance, a clear consciousness of the unreasonableness of the compulsive manifestations, but there is no possibility of becoming free from them. They feel the strangeness of the situation, are sensible of the burden. They *are obliged* to perform one thing or another; they *cannot* stop this or that; they *must* do so and so. 'Do you think it tastes good to me?' said a coprophagic patient to the physician, 'but I have to do it.' Another expresses it, 'I do not eat my excrements because I enjoy that, but I think I have to do it.' Many patients are driven, as it were, by an inner power always to perform the opposite of what they should. The impulse to do the very reverse comes so suddenly that it is impossible for them to withstand it.

"Sometimes we find among the catatonics individuals with homosexual tendencies, pederasty, and other perversities of the sexual feelings.

"While the presence of the pure catatonic signs * stamps the form of the disease, the absence of such symptoms is no proof that this psychosis does *not* exist in a certain case. When, however, pure catatonic signs are absent, the diagnosis is made possible by the demonstration of disturbances within the separate elements, from which the intrapsychic disharmony and contrasts result.

"We have seen that in the catatonics every psychic sphere is represented, we may say, by a special person, who, without concern for unity, is occupied merely with his own part. From this we deduced the difference between subjective feeling and the inability to objectify it. Thus has to be explained the disconnection between content of ideas, emotional reactions, and deeds. In such manner we must interpret the gross discrepancy between external irritation and emotional answer, between the strength of the stimulus and the effect in reference to the severity of the pathological symptoms. As further result of the intrapsychic disharmony we note: the superficiality and inconstancy of the affective life, the abrupt change in emotional excitement, the excessive alteration in mood.

"The affect breaks out as violently as it quickly disappears and puffs out. It *never* corresponds in its strength to the agent which has provoked it, and therefore the person concerned responds with

* We have named them on page 12.

vivid reactions to external or internal events of little importance. The patients may remain entirely insensible toward many severest stimuli but react very promptly to others even minimal in degree. In the same way, they appear to be totally transformed in their entire conduct by fancies suddenly occurring to them.

“Characteristic for these patients is the complete failure of the adequate feeling tones. Everything that the catatonic does or says is unnaturally exaggerated in a good or a bad sense. His affective discharge is often immoderate, his resistance or compliance boundless. Implicit obedience, touching kind-heartedness, gratefulness, and friendliness exist on the one hand; obduracy, willfulness, and rudeness on the other. His scrupulousness and punctiliousness degenerate into pedantry. His diligence is exaggerated, monotonous, aimless; his mental horizon becomes quickly limited.

“Disturbances of the harmonic connection between the psychic functions and the absence of mental balance are responsible also for the uneven, abrupt, meaningless, nonadjusted behavior, which is reflected in all the catatonic’s speech and writing. High-flown, affected, flowery and adorned phrases, together with catch-words, are mingled in trains of thought which the patient defends without any emphasis; a bombastic jingle not infrequently conceals the superficial and empty content.

“The clinical product of the intrapsychic disharmony has been duly set forth in the summaries of the cases. No one but the catatonic can receive the news of the death of a parent, toward whom he feels no hatred, and calmly proceed with the reading of the novel he has at the moment in his hands, or give expression to a cynical remark (Cases 11, 18, 29). Only a patient of this sort will quietly satisfy his appetite immediately after the most violent discharge of affect (Case 16, 29, Pat. N., Pat. D.). No psychopath, hysteric, or manic-depressive, but the catatonic only, in letters excellent in style and construction, unusually subtle in content, even poetic in expression, can be guilty of such gross errors in orthography and grammar; whereby the same words, even in the same line, are written both right and wrong (Cases 4, 12, 29, 30).

“Many patients of this kind will give up a long-planned journey, for which preparations are already made, because they have

dawdled away the time in packing their wardrobe, so that they think they cannot make the train. Others weep because they are sad and likewise shed hot tears if their bath is delayed a few minutes. Solely and only in a disturbance of the harmonious balance within the psychic function is it possible that any one who 'could and must keep on weeping' stops doing it and begins to satisfy his appetite, 'because, otherwise, the chicken would get cold.' (Case XXIX). It can be said merely of a catatonic: 'Lies still on the sofa. "Oh, how much good that does me! You have no idea what pain I feel in my whole body!" Then suddenly springs up, dances and stamps with the feet.'

"It has been established so far only in catatonics that they will give way to lamentations with a quite cheerful expression of countenance, and, on the other hand, weep while reciting happy recollections. None but catatonics will part reluctantly from those whom otherwise they extremely hate. Exclusively patients of this sort make bitter complaint to strangers that their nearest relatives have no concern for them, take no interest in their fate; while at the same time they will repulse in the rudest manner any attempt of their parents to approach them.

"A clergyman who, having become *melancholy*—as it is called—could mutilate himself under the influence of the idea of sin, because he had as a boy wrong habits, such an one is suffering from catatonia, even when he does manifest all symptoms which would justify the diagnosis 'melancholy.' When a farmer's wife, because she has great pain in labor and the birth is delayed, performs laparotomy upon herself with a knife and takes out the living child, then stops up the wound with dirty rags, and begs the doctor who visits her later to be careful and not to hurt her; the diagnosis of catatonia must be made even if symptoms of psychic illness so far have not manifested themselves. Only a catatonic—general paresis cannot be seriously considered here—would bring forth ideas of this sort.*

* The patient, who died soon after from septic condition, was described in the *Moscow Medical Journal* as an "obstetrical curiosity." Noteworthy here is the disharmony between the sensitiveness toward labor pains and the apparently total lack of sensibility in carrying out *hara-kiri*. I read recently, during my stay in Chicago, of a man who made a dozen attempts at suicide within a few days, but each time was rescued at the right moment. He finally climbed upon the roof of a high building, crept into

“Countless other diagnostically valuable examples of catatonic modes of thinking, freakish ideas, fancies, and mad actions will be found in my former works. I may merely refer to them here. . . .

“Catatonia, furthermore, always causes a continuous alteration of the psychic personality; psychopathy and hysteria, never. It is also true that in psychoses on a degenerative basis defects of logic do not exist, and the process as such does not advance. Delusional ideas would not be found elaborated. Incoherence in the train of thought, lack of judgment, senseless fancies and combinations of ideas, monotony in action exclude—and this is also Kraepelin’s standpoint—the diagnosis of psychopathy and hysteria; while shrewdness, deliberation, calculated cunning, desire to dominate and premeditated stubbornness, peevishness and sensitiveness, do *not* speak in favor of psychopathy. It is quite inadmissible, however, to deduce the degenerative character of a psychosis from clever cunningness in action, skill in defense and resourcefulness, or from the caution with which a deed is carried out.

“It is often astonishing how refined in their cunning catatonics can be; how extraordinarily they control themselves in order merely to fulfill their purpose; how much energy they develop when it concerns the pursuit of a definite aim; how craftily, boldly, and artfully they go about the carrying out of a plan; how they hoodwink quite intelligent people and deceive them. One can scarcely believe how discreet they are in talking with the physician; how few pathological signs they allow to be seen, in so far as it concerns their possible release from the asylum. In long speeches they try to persuade the doctor of the necessity of their discharge, avoid very wisely all that could be interpreted to their disadvantage, adding such fictitious things as are favorable to themselves and sound quite convincing. Their ingenuity in escaping from the institution or the craftiness with which they carry out a suicide is often a marvel. If these cases, nevertheless, can be correctly diagnosed, it is only on the ground of the intrapsychic

an iron cask which he found there, started it going, and rolled himself into the other world. The man was undoubtedly a catatonic. A catatonic must that man be also who, according to American newspapers, with suicidal intent drove with a hammer a great number of iron nails into his skull.

disharmony demonstrated as present *at this same time*. One patient, for example, who threatened to hang himself or throw himself under a train when he got out of the institution, succeeded in escaping. He wandered about for days and came back to the sanitarium *of his own accord* in a good condition. Another, who had made very serious attempts at suicide before being interned and repeated these in the institutions, showed himself very skillful in getting away, but came back of himself to the asylum. Some patients, who had laid cunning plans and did finally escape, came back spontaneously because they 'found their friend's house closed,' the way home was 'too far,' or for any other foolish reason.

"As can be seen from the case histories given here, there are patients enough who betray absolutely nothing morbid in letters to the physician, or husband or wife, whom they seek to convince that they are already quite well and can be taken home; while, at the same time, in writing directed to their children, they show themselves foolish, even crazy, and never do they draw the obvious conclusion that the husband or wife will of course have knowledge of these letters. On the other hand, it can be plainly seen that patients who were in any direction silly, senseless, and confused, when they have made out a legal document, exhibited before the notary or judge complete ability to draw up a will. They behaved themselves, for a period of time, so correctly that the right of disposal would not have been refused them, if their former life had not been known, and, as frequently happens, they had not immediately after shown, in a special cross-examination or even spontaneously, a quite feeble-minded conduct.

"As precursors of the disease, we find aberrations in widely different spheres of the emotional life. Signs and traits of character can be traced often to the earliest childhood and may be understood therefore as catatonic peculiarities.

"Such peculiarities, which can be regarded as most primitive forestages of the fully developed form of the disease, are often evident in the ascendants of these patients. Sometimes they remain the whole life through without becoming plainly manifest and are interpreted as personal idiosyncracies in the sense of hysterical or degenerative constitutions.

"Very important, however, is the fact that psychoses, by

direct inheritance, have an unfavorable influence upon later generations. This does not in any way mean that the descendant *must* become sick. Direct offspring may remain quite sound, intervening generations be spared and skipped over. But if a psychosis develops in the descendants, it takes on from the beginning a more menacing character. Whether this is the way in which human beings submit to inhibition in propagation of inferior individuals, and Mother Nature tries hereby to bring about an early destruction of such worthless living material, must remain undetermined. As a rule, we affirm, however, a marked progression of mental disturbances in each later generation. This is due not merely to the fact that the heredity is perhaps added from both sides, for our conception has been verified even there where only one of the parents bore the bad heredity.

“Especially to be noted in such cases is the evident tendency to grow worse on the catatonic side; and just in those families where the mental disease affected several generations, the progressive appearance of catatonic symptoms was unmistakable.

“Frequently the following types were demonstrated: Among the members of the first generation were found extravagant, shy individuals, odd, eccentric natures, hysterics and psychopaths, who sometimes became ill at an advanced age with a psychosis without purely catatonic signs. In the second generation, mental disturbances could be observed already at a very early period. These were psychopathologically or catatonically colored, and not seldom they led to deterioration; while the other members of the third generation immediately after the first attack showed a characteristic defect and had to end their life in the asylum. Frequently, the parents suffered from conditions which still lay at the border of the normal or from psychotic manifestations with or without catatonic symptoms, often in a degree that institutional care was scarcely indicated and, on the whole, no deterioration ever appeared; while in the children, immediately after an attack, psychopathic or catatonic in nature, a typical terminal state developed.

“This progression of symptoms could be established—and this further attests our theory—in families where the descendants became ill before the ascendants. Here also catatonic terminal states were observed in the children, while the psychosis of the

parents, which broke out much later, perhaps not until the climacteric, showed a significantly milder course and outcome.

“The circumstance is worthy of note, furthermore, that often in the beginning of the psychosis *identical clinical symptoms* appeared in parents and children, brothers and sisters, who became ill at *different* times; moreover, that the outbreak of the *disease* and of its *return* was not only provoked in the *same* patient by the *identical* cause, for example pregnancy, but that the *first* attacks in *parents* and *children* were repeatedly brought about through the *same* cause, perhaps a birth. Many times the psychosis broke out in ascendants and descendants at the same age. In our study on late catatonias,¹¹ are described four women who became ill at the climacteric and whose mothers years before, because of a psychosis also developed in the climacteric period, were interned in the same institution. Here again attention should be given to the determined fact that the mental disturbances in the parents showed a much milder course and better outcome, while in the children the disease was prolific of catatonic symptoms from the very beginning and quickly brought about deterioration.

“Thus is explained the fact, illustrated here by a large number of suitable cases, that we meet families in which the parents may have passed as psychopathic, while the children themselves are catatonically demented. Nevertheless, in my former works I have denied a heterogeneity of forms of the insanity in such cases. We have to do with psychoses clinically the same but in certain members not yet fully developed and matured. Among other things, it was possible to assert that in the ascendants frequently, not only psychopathic symptoms, but also intrapsychic disharmony and laceration of the personality can be determined; further, that the degenerative signs often only form the starting point of a catatonic disease which leads to typical defect. Besides, the psychopathic peculiarity is frequently found in the anamnesis of descendants who later become catatonic. Moreover, it is very often established that descendants who themselves show no degenerative character but are born of persons of psychopathic constitution develop equally severe catatonic symptoms and finally deteriorate rapidly.

“Of course, it must be admitted that the characteristics about to be portrayed here appear also as such in the degenerative psy-

choses, only it is not correct to affirm them more frequently for psychopathic states. Because catatonia may during years or decades—and this today is so rarely taken into account—be preparing itself through psychic anomalies, which not only resemble those of the degenerative conditions but are fully equal to them.

“In any case, harshness of disposition, rudeness, lack of sensibility toward moral and ethical influences, appear so often in catatonics that we may well speak here of a nuclear character. Such individuals have shown themselves thievish all their lives, sometimes have had an actual impulse to steal, or were malevolent, gruff, contrary, without scruple or conscience, morally depraved, not at all amenable to discipline, and often had to be placed in penal institutions. Certain ones were fond of torturing animals; others, it is true, loved animals above everything else and lived with them as with their own kind. Not infrequently, inability to enter into the emotional state of another shows itself even more in youth, together with lack of consideration, pity, and sympathy. Different patients are pictured as if being always rough, intriguers, defiant, irascible, perverse, resistant. They fly into a temper over little things, make violent scenes about nothing, show themselves resentful, sullen. They did not speak for days, perhaps on account of some insignificant dispute. They have run away from home after a light admonition from the parents; have withdrawn, shut themselves in, purposely done just the opposite to what they should.

“Others are irresolute, change with the weather, cannot be depended upon, are given to sudden transitions, subject to caprice, inconsistent; they have neither goal nor plan. They are braggarts, bullies, show a mania for exaggeration, sometimes in very pleasing phantasy. Still others are easily misled, find no difficulty in being submissive to some one else, are readily persuaded, willing to acknowledge authority. Or they appear as champions of all sorts of reforms, defenders of special views; they become most eager disciples of totally ridiculous methods of healing or they preach new doctrines.

Others appear as prophets, ascetics, devotees of nature, world reformers. They go into criminal circles to convert the people, but are themselves sometimes led into paths of evil. They give away all they have, enter into marriages outside their own circle

in order to 'overthrow privilege and class distinction.' They want to uplift fallen girls, marry prostitutes 'to lead them out of the path of destruction.'

"But even as the psychopath by no means manifests only bad and negative traits of character, so in the catatonic, too, there may appear warmth and fineness of feeling, tenderheartedness, indeed, the highest social and altruistic impulses. Sometimes, to be sure, this consists in ideal phrases, sentimentality, a conscientiousness which amounts to self-torture. Often, however, there are natures of deep susceptibility, devoted to duty, self-sacrificing, tender-hearted, easily moved to tears, sensitive to blame.

"In the intellectual sense, there are found in these very forms of catatonia in different fields remarkable characteristics, circumscribed abilities, marked talent, distinguished intellect, precocious mental development, ready conceptual power and unusual discernment, logical thinking and philosophical tendency, lively ambition and an urge toward knowledge, aptitude and ability in a profession, linguistic, literary, or poetic qualification, striking memory for numbers. Also a highly developed aesthetic sense, appreciation of art, talent for music, painting, or handwork were noted in the anemneses. Often these patients were the most wide-awake, excelled in their work, were indeed master students who took great pleasure in learning, which came very easily to them. We read, for example, of one patient: 'Distinguished himself by great mental capacity and remarkable diligence. Later, also, as a merchant, untiring, active, faithful to duty, and works assiduously to develop himself in every direction.' Another 'sought with all his power to enrich his knowledge and had scarcely a thought except for his books.' A third 'has achieved *distinction in mathematics.*' * A catatonic, who rapidly became totally demented, 'at thirteen years of age gave her opinion upon the most serious questions like a mature individual. She was one of the noblest and greatest souls and strove always in self-sacrifice and love for her kind; she worked and accomplished much.' We read of one patient, 'Her opinions early were sound, practical, and of a *remarkable philosophical profundity.*' Another was 'a rare, harmonious, always cheerful nature, at all times affectionate and

* The words emphasized here and in other places are given thus in the original text.

compliant, but gradually became forgetful, incapable of thinking.' One certificate reads: 'Very talented; passed a brilliant examination. According to his knowledge could have appeared much more sure of himself; he comes too little out of himself.' Another deteriorated patient 'was always such a good child, friendly and well-disposed toward every one, especially toward the poor and needy; in the highest degree natural and open—altogether so entirely different from what she became through her illness.' Of one patient it is reported: 'As a child quiet, wide-awake, later lively, quick in comprehension. Showed great talent for music, fond of poetry, well acquainted with literature. Truth-loving, earnest, good-hearted.'

"In our Case II, the deteriorated patient 'was well-endowed, unusually alert. She later showed a talent for music, was imaginative, possessed aesthetic taste and harmony, had a keen eye for form and order. She was domestic, very practical and energetic in a certain sense. She had her own will; was self-conscious, but loving and dutiful toward her own family, a true friend; somewhat superstitious.' Once we read: 'A very active child' In school comprehended and learned readily. Wrote good essays, but always different from what was prescribed. Showed sound, clear judgment. Also, when no one was present, she preferred to indulge in a rich phantasy. Even as a child, the thoughts would fly away. Patient imagined stories in which she played the chief rôle. For years, she went with her parents into society without anything essential being noticed. She entertained herself very nicely with pleasant fancies. At twenty-eight years of age she withdrew: "I can't do it any longer." She became more and more shy and retiring. She was brought to the asylum, where relatively quickly a catatonic end state established itself.' Another patient (Case III), who has lived in the sanitarium for forty years, 'as a child was lively, with a talent for poetry. The inclination to occupy herself with writing in poetic form appeared more and more prominently—and *could not be suppressed*. This talent and a beautiful soprano voice were united with a self-denying and lovable nature, which drew many friends to her. A work of the patient written after a journey to Switzerland testified indeed to a highly gifted and very sensitive nature. She had

produced a large number of excellent poems, many also of a humorous sort.'*

"It has been shown already in our former studies that many patients are able to accomplish things worthy of consideration not only up to the outbreak of the psychosis, but also during the free intervals. This could be ascertained especially in those cases of catatonia which run a psychopathic course. Certain finally deteriorated patients, when recovered from their first attack, continued to study with ardor and finished with honor at the university or academy. Others showed much skill in technical ability and won prizes and recognition for scientific or artistic achievement.

"Many, after dismissal, set up their own establishment, developed their business in a field perhaps newly chosen, showed themselves clever in accomplishment and completely satisfied all requirements. Such abilities, of course, do *not* in themselves exclude even striking psychic defects, for it is often seen that patients in the acute catatonic stage in many situations perform astonishing tasks, still acquire new intellectual experiences and possess the impulse to think about and to learn new things. But our above-mentioned patients, in the time between attacks, have manifested nothing that would be designated as morbid. We know it from the fact that many of them were in constant relation with psychiatrists, who, when the patients were readmitted, attested the absence of apparent pathological symptoms until the fresh onset of the disease. Besides, in people of higher position, who have many social duties, every deviation from the normal, even if it is not interpreted as a residuum of the illness passed through, must manifest itself still more, and, in fact, was not overlooked by the relatives. This became evident from the anamnesis, in which the patients' peculiarities were pictured as something that had not been present before the attack.

"Our records show also that patients with grave defects—as well as in acute catatonic stages—make visits or take, with attendants or nurses, long pleasure trips. They occasion no remarks at concerts or the theater, where they follow the program and can tell about it afterward; further, they readily look after

* Of other characterizations of catatonic patients we will speak later, page 102 and following.

their nourishment and take care of their bodies, always buying in the most expensive shops the best and finest things, showing a good deal of initiative.

“Others may carry on their business or manage their own affairs; they also control the accounts of the institution in which they are; often they show such good judgment in everything that does not concern their ego that independent rights cannot legally be taken from them.

“It should not pass unnoticed that very little weight is laid in our case histories upon intelligence tests—quite rightly, we think.* School knowledge is also forgotten by the mentally sound. When a lady of good birth, however, becomes untidy in her dress, uncouth in society; when she is ill-mannered at table, lets her nose drop while a handkerchief lies near; or when a man with an academic education, who has moved in the best society, shows himself quite primitive among his acquaintances, as well as in eating, uses the hand instead of the fork, the napkin for his handkerchief: so does this point to dementia in the catatonic sense, even though the intellect has not suffered in the least.

“In the same manner, pure memory performances also have no value. This is evident, for instance, from our Case XX: Scarcely expecting a right answer I questioned the highly deteriorated patient whom I visited in another sanitarium *eleven years* later; Dr. L. in his time asked you something that you should keep in mind; do you still know what it was? ‘Yes, I know; he always asked me about the migration of the peoples and the treaty of Verdun.’ You are right. Can you tell me when that took place? ‘In 843’ (correct) †

“Another patient (Case XV), interned in the *asylum* since 1873, was asked: Do you know the number I mentioned the last time over a year ago. ‘Yes, I still know it’—smiling—‘I am very faithful and conscientious about such things. I kept it in mind, 8764. So naturally—naïvely, like a child, I explained to myself—demonstrates this on her fingers—‘8 less 1, 7; less 1, 6; and half of 8, 4; so 8764.’

* Compare pages 72-73 and 120.

† It is important to note that in her acute state the patient has failed in reproducing these events. Already after some hours, she gave totally wrong numbers. Probably this was due to negativistic tendencies.

“Intelligence tests in general have but little value also for another reason. Apart from the fact that it is often very difficult to get the patient’s attention or to have his consent to an examination, it cannot always be determined how much defect is to be attributed to temporary disturbance of consciousness and attention, or to loss of interest, displeasure, and negativism.‡ Besides, intelligence tests ought, very often, to be repeated. We have described catatonics who are quite senseless for months and years, until a cake or chocolate has given them occasion to impress others with their knowledge. It is well-known, further, that the purely intellectual sphere suffers less, and, at any rate, it fails last.

“According to my experience, little importance, from the differential-diagnostic viewpoint, is to be given to psychological investigation, especially associations. Of highest value are the signs of intrapsychic disharmony; as even the affective disturbance, which constitutes a basic feature of the disease, may be less pronounced for a longer time. In some cases it is possible to set in motion feeling impulses through stronger, more complex stimuli, when weaker, simpler ones fail. Thus, for example, a patient, being told of the death of his parent, remained quite indifferent, but seeing his sister weeping and in mourning, he himself had tears in his eyes.

“In the far greater number of cases, however, the anamnesis testifies that catatonics are moderately or poorly endowed, shy, excitable, quarrelsome and unbearable.

“By far the most frequently, the psychopathic forms of catatonia develop stealthily, subacute. They may break out at any period of life; but they are more often observed in intellectual private patients than in community ones, in whom the catatonic states predominate from the very first. It must still be determined whether or not that is connected with the higher organization of the brain in the former class.

“For the most part, indeed, the deterioration goes on progressively until the entire mental personality is rent asunder.§ We

‡ Compare the footnote page 39.

§ The outcome of the psychosis quite essentially depends upon the cultural level of the person afflicted. It is shown in my records of 1912 that, from 1,900 individuals of high intellectual grade and 1,700 community

have seen, however, that the disease is less to be attributed to a *destruction* of the different spheres as such and rests rather upon the intrapsychic disharmony, contrasts, or derailment within the individual functions; so that the threads of the psychic life are separated but not destroyed. For this reason, occasionally, apparently even in advanced deterioration, unexpected knowledge and ability make their way out of the heap of ruins, and functions may be performed which for years have been considered lost.

“As premonitory manifestations of catatonia may exist for a long time symptoms interpreted as nervousness, hypochondria, hysteria, or psychopathy. At other times, there appear feelings of insufficiency and other melancholic features, or excessive haste, activity and enterprise. Most frequently, it is true, the loss of intrapsychic harmony, as well as the doubling of the personality, both diagnostically so important signs, make themselves known even in the beginning of the disease.

“On the other hand, as has been mentioned in my earlier works, a morbid disposition plays its part in catatonia. The psychic disturbances which later break out openly are thus foreshadowed in the constitution,¹⁰ because the germ cells from the very first are defectively disposed, and the organs fail in their intrasecretory production. The psychosis slumbers, one might say, and only awaits a summons, which draws it from its latency to the light of day.

“That the catatonic disposition can be awakened to life through the most varied causes is proved by the outbreak of the mental disease after all sorts of infections and intoxications; in connection with adolescence and processes which stand in relation to the generative functions; further, as a result of accidents, especially injuries to the head or psychic shocks. In many patients, catatonia sets in under the stimulus of affectively exciting external factors.

“The circumstance that certain symptoms and phases presented themselves again and again made it possible to separate out the psychopathic varieties of the catatonic disease and to predict their further development. Despite the different life

patients who were investigated thoroughly for this purpose, grave defects had developed eight times more rarely in the cultured catatonics than in the average patients.

epochs in which the illness may break forth and regardless of the manifold features observed in the beginning of the psychosis, the unavoidable end of the disease is, up till now, always the same; namely, destruction of the whole personality and a somewhat special form of deterioration which results from it. Since, however, the fundamental elements always agree, from the start the cases must, without hesitation, be included within the borders of catatonia."

* * *

At the close of this symptomatological portion of the work, we will now make an excursion into the territory of neurology, in order to show that in this science—which lies somewhat close to psychiatry—we likewise perceive anomalies that, however puzzling to the uninitiated, are demonstrated easily by the specialist as result of organically conditioned severance, interruption, or destruction of the associative paths of the brain.

There are morbid conditions known as "word-deafness" and "word-blindness." Persons thus afflicted are unable to comprehend speech, but they speak themselves well and freely; they cannot repeat words, cannot write from dictation, but are able to write spontaneously.

Others speak well and may be able to read aloud, but they do not comprehend written or printed words. They may be unable to write spontaneously, but they should be able to do transfer copying. Sometimes they are able to write from dictation and spontaneously, can do transfer copying, but they cannot read their own writing. We know patients who speak fluently, read aloud well, and understand what they read; but they are not able to write from dictation or spontaneously, though they can do transfer copying. Often a patient understands all that is said and comprehends what he reads; he speaks spontaneously and repeats words when bidden; but he is unable to read aloud, to name at sight, to write from dictation or spontaneously, though ability to copy writing may be preserved.

In cases of "mind-blindness" the patients see all objects; but they cannot name them, nor do they know how to use them.

Sometimes a person cannot speak, for instance, the word *mind*. If the patient is given, however, the four single letters one after another, he is able to make the syllable *mind*. It happens also that a person is unable to repeat from the alphabet some few distinct letters.

There are patients who write spontaneously or from dictation, but they cannot copy. Others have lost the ability to write spontaneously or from dictation, though they can copy.

Bastian ⁴⁰ has seen a lady who did not hear the ticking of a watch on either side even with contact. She heard, however, a tuning fork although some inches away from each ear.

Abecrombie ⁴⁷ referred to a gentleman who could not be made to understand the name of an object if it was spoken to him, but understood it perfectly when it was written. His mental faculties were so intact that he was engaged in most extensive agricultural concerns, and he managed them with perfect correctness. Charcot ⁴⁴ referred to a case of a player on the trombone who had lost the ability to perform movements of the mouth and of the hand necessary for playing on the instrument. All other movements were unaffected save this one.

Trousseau ⁴⁶ described a patient who, "when shown a nightcap and asked to name it, after looking at it attentively, could not say what it was called and exclaimed, 'And yet I know well what it is, but I cannot recollect.' When told that it was a nightcap, he replied, 'Oh, yes, it is a nightcap.' The same scene was repeated when various other objects were shown to him. Some things, however, he named well. He was a navy and therefore worked chiefly with the shovel and the pickax; but he could never tell us what tools he worked with, and when I told him he would reply, 'Oh, yes, it is a shovel and pickax, and two minutes afterwards he was as incapable of naming them as before.'"

There are cases ⁵³ with preservation of an ability to sing or whistle airs correctly, with the aid of a few sounds or syllables, on the part of patients who are speechless.

Falret ⁴⁹ noticed a class of cases concerning patients who were able to sing airs; could also sing the actual words of a song, although they could not, either before or afterwards, pronounce the words alone voluntarily.

Gowers⁵² also described a patient who could sing songs correctly with the actual words, though his spontaneous speech had been abolished.

Grasset⁵¹ mentioned "an officer who could only utter 'pardi' and 'b' and was quite unable to pronounce the words 'enfant' and 'patrie'! Nevertheless, he could sing correctly, both as to words and music, the first verse of the *Marseillaise*."

Bastian⁴³ has published a case of "almost complete loss of voluntary speech, together with a marked ability to sing not only airs but the actual words of hymns and ballads with wonderful fluency and correctness."

Many cases are on record in which there has been a blindness but only for notes. Charcot⁴⁵ referred to a patient who could not decipher a single note, though he could play correctly. A patient of Finkelburg,⁵⁴ again, could play from memory and play the airs which he had heard sung or played by another, though he was quite note-blind. Proust⁵⁵ refers to a patient who could compose and write musical notes, though he was quite unable to read them.

Very often occur cases of tone-deafness, which can also be an inherent defect.⁵⁰ Such patients hear everything except music, and they remain quite incapable of distinguishing one tune from another. Willie,⁵⁶ who gives good instances of this, also points out that "the development of a musical ear seems to bear no intimate relationship to the development of the other faculties of the mind. It is shown that many men of genius have been utterly destitute of a musical ear; and it is further known that in idiots and imbeciles, the musical faculty is often well developed."

Lichtheim⁵⁷ described a patient "who had formerly been musical, but he lost the power of recognizing even common melodies and sometimes asked his children to stop singing quartettes 'as they made too much noise.'"

Edgreen⁴⁸ has seen "intelligent and musical men who were unable to make out the melodies played. They could only hear indistinct sounds and could not even distinguish between a march and a valse or a polka."

“Experience teaches that catatonia begins from a definite point* on with a transformation of the whole personality, while the affected individual often becomes the advocate of a special system of thought or doctrine and a passionate champion of reform. At bottom, such ideas are anything but “reformatory,” because even the most intelligent patient in that moment no longer avails himself of the psychic force, the energy, and the consciousness of his goal necessary to clothe his ideas in suitable garb, such ideas in themselves being the product of a sick brain. They naturally possess no enduring vitality; they can exist only so long as the endeavor to make them actual does *not* surpass the limits which society has prescribed, and the life circumstances of the person concerned permit him to conceal the peculiarities of his thoughts and deeds. In the opposite case, there arise conflicts with the environment, which, in turn, bring it to pass that the abnormalities, the eccentricity, and morbid symptoms come more and more clearly to the light of day.

“We see, therefore, that in the course of the catatonia an individual at first still more or less defective falls a victim to total destruction, to an alteration that leads to ruin. The healthy ego disappears, and, as a result of the morbid process, a totally different personality arises in its place.

“The characteristic manifestations of this disease are: weakness of the will power, deadness to all higher feelings and moral principles, a more and more evident diminution of the mental equilibrium, and loss of the psychic personality. To these are added a gradual drying up of the consciously directed inner life, an indifference toward the future, a narrowing of the circle of psychic interests, a disappearance of effort and of the unfolding of energy toward a goal—in brief, a spiritual and emotional emptiness becomes gradually plainly manifest.

“Thus catatonia changes the whole personality of the individual affected. More and more his life loses its force and intensity, so that his thinking process remains dependent in a totally unlimited manner upon his morbid foundations. Even when the conduct of the patient is quite moderate, when he reveals himself still in full *possession* of his knowledge and makes use of his

* The following is taken from paper.¹⁶

memory, when purely catatonic symptoms are absent or only present in abortive form; even *then*, such a person is unable to lead the life which has *consciously prescribed* goals as its basis and is established upon normal assumptions. The judgment of these people is blind or influenced by pathological affects. They are incapable of considering results and of foreseeing them; they comprehend neither rights nor duties; they are not able to direct their actions, they cannot use their reason; they have no clear idea of what is good and what is bad. Just as little is moral sensibility a *conscious motive* of their deeds. Even when they are entirely asocial or directed against the community, they consider their actions as completely in accord with the character of a cultural individual.

“Furthermore, such a person possesses neither ethical sense nor the capacity for appreciating moral principles upon which mutual social relationships and conditions are established. There is one guide and only one for him—his “ego.” It is *not* possible to make this clear to him, to convince him of the morbidity of a given idea, or to bring him to a recognition of the simplest logical conclusions. *He* has his own logic and *this* he holds as the correct one. He considers as an ignorant person, or even as his enemy, anybody who does not share his logic.

“Besides, an individual who is a victim of catatonia is quite unable to grasp the *nature* of a moral demand, to make it his own, to feel in any way more deeply. Everything with him is shallow, superficial.

“We must, however, learn to know in detail the whole course of an individual’s life and not merely certain stages of it, if we will form a fair and correct judgment concerning him. For this reason, the observation or description which some one has made in a given period of time and in the course of separate conversations is not enough and never entitles even a physician to deduce a final opinion. This is also the very ground from which so frequently arise the quite mistaken opinions of the public in regard to the psychic states of their fellow men; when they see that in a given case, according to their position, those concerned acted and spoke reasonably, defended themselves cleverly, without manifesting thereby anything openly morbid. For all these features without any doubt may be present at a given moment. Yet this does

not in the least prove that such factors are sufficient for the leading of a righteous life, and that a person who is in possession of these qualities is not insane and ought to be considered normal psychically or responsible for his actions.

* * *

If we give now some details of the deed and picture the manner in which Leopold and Loeb presented themselves during the preliminary investigation, as well as throughout the main proceedings, we shall find enough defects that we have learned to know as catatonic peculiarities. We can, however, refrain from unrolling the entire succession of events, the details of which have engraved themselves deep in our souls; inasmuch as they were painted in colors that cannot be obliterated from the memory for a very long time. Nevertheless, certain points may not escape discussion.

When we consider the case without a preformed judgment, but critically and quite objectively, mastering any emotions, we discover facts that make it possible for every intelligent, normally thinking man to establish in these boys the doubling of their psyche and even the total destruction of their sound personality. This we must deduce especially from the motives of the deed and the manner in which it was carried out, from the kind of delineation which the situation has received during the confession, as well as from the behavior of the actors throughout.

The plans were being hatched for some time. Neither of the perpetrators will at first confess himself as the originator; each one pushes the guilt upon the other. Despite this, a full confession is given, and the details described with a totally indifferent frankness. Not a trace of remorse is perceivable, no word that would permit a gleam of inward excitement. Cool, as if it were a quite innocent affair, they depict how they took a young life. Here also, at first, neither of them will admit that he is the executor; each one denies the performance of the deed, both wish to be only participators in it.

Directly after its execution, they went to a restaurant to indulge in sandwiches and sweet drinks, while in front of the

building stood the automobile in which the body of the dead boy lay. During this part of the confession arose further mutual accusations: the earlier close friendship threatened to pass over into bitter enmity. Both boys surpassed themselves, however, in their eagerness to give material which could be used against themselves and were always bringing to light fresh *corpora delicti*.

But what motives drove Leopold and Loeb to the performance of the deed? Lust murder was not a factor; just as little was it an act of revenge! In ordinary lawbreakers or psychopaths with criminal tendencies the prospect of ransom money would be the third motive for the committing of such an action. But, though this moment is actually mentioned in our case, nobody would believe that it could be, under normal conditions, one of the impulses or in any way a determinant for the carrying out of the deed. Even if the youths would insist that they did want to obtain money, the allurements of this motive for the justification of such an act in children of multi-millionaires must point to lack of judgment, if not to very serious psychic defects. The normal or psychopathic criminal is careful to run no unnecessary risks or to put no spontaneous hindrances in his way, but to follow the direction where he will find the least resistance. What average thief, for example, will use a stick of dynamite to open a wooden box? If the material side came into the question and Leopold or Loeb had counted upon a sum of money, they could—were they not catatonics—have obtained this in many simpler ways. It would not have been difficult, for instance, to forge the father's or uncle's name to a check, to sell one of the parents' automobiles, to purloin jewels or other valuables from the house. They might have hoped that the families, in consideration of their social position, would hush up the matter and not deliver their "misguided sons" to public disgrace. Therefore, what was their true motive? In vain should we seek to find the ground for their action, if the two boys had not themselves revealed it.

For Loeb it was: "The pleasure of planning it and the notoriety which the papers would give to the crime and the fact that I would talk it over with other people and derive a thrill from my feeling of superiority, in that I knew the true facts about the crime. What is pleasant to me I have a right to do, because I am the greatest individual in society . . ."

And, for Leopold, "It was merely an experiment: such a death can be justified as easily as the impaling of a butterfly." Arguments of this sort have not yet found place in criminalistic-psychiatric literature. Only one case is known to me which permits a certain analogy with ours. This concerned a quite uneducated young man, who killed a negro by cutting open his body and gave as his reason therefor that he wanted to convince himself whether "the black man had black blood, or red like the rest of us." It this blockhead, with his thirst for knowledge, thought to advance comparative blood findings, so the superman Leopold wanted to investigate higher problems. He calls himself an "experimenter of human emotions." He wanted to answer the question how it would affect a person, if he cold-bloodedly took another's life. He was curious to find out how anybody would feel to recall on waking that he had slain some one.

Leopold believes that people of unusual intelligence and good education stand above ordinary human laws and may without punishment carry out acts for which simple men would have to pay a penalty. It is all right when an individual of higher mentality commits a delict for the sake of an investigation of feelings. Another time Leopold said: "In my code, murder is no crime. My only crime was in getting found out . . . What is pleasant to me I have a right to do, because I am an individual. I tried to cut out the emotional. My idea was cold-blooded intellect." At one occasion he said to the doctor: "I am the great Nathan; when I open my mouth, let no dog bark."

Leopold in his present state of disease is, however, nothing but a theorist. For me, it is convincing that he did not perform the deed. So far as I can judge the material furnished by witnesses and reports, Leopold has already lost so much of his initiative and spontaneous power for action that he would neither devise nor execute such a delict; though he can still accomplish more or less adequately anything that rests upon intellectual force. He may be also ready to join in with one thing or another in order not to be a "spoil sport." Furthermore, there is no ground for not believing that "it is unpleasant for him to see people suffering physical pain. He was fond of small children and had always wanted to take a crying child in his arms and comfort it, and in such cases he was almost moved to tears." The same Leopold,

however, responded at this very time that he is not in the least sorry for the killed boy nor for the boy's family.

Absence of inner connection and logical association in the thinking process becomes clear from the following: Leopold announced yesterday that he would rather be considered mentally sound and be responsible for the deed than to be declared insane. He would combat the idea energetically that he is mentally sick and not obey the commands of his counsel, but speak just as he pleased. The following day, however, Leopold maintained a profound silence even when not the least harm could have been done by answering the question. "If it was not you who mutilated the chauffeur R., why do you not say so?" Leopold replied, "According to the instructions of my attorney, I must respectfully refuse to answer." This could be understood in any case, since catatonics in general are uncommonly easily controlled and very suggestible. When Leopold, however, to the question put *immediately* after the one above, Would you like a glass of water? automatically repeats, "According to the instructions of my attorney, I must respectfully refuse to answer," so is this a somersault in logic which we often see in catatonics.

In his brain, however, this totally contradictory hero of phrases always delights in having some new feeling play upon him. Leopold explains that he wants to learn to know an emotion hitherto unfamiliar to him, namely, how it feels to go to the scaffold. If that is to be his lot, he will die bravely, without manifesting a trace of fear. Yet he would rather commit suicide at the first opportunity: but he prefers a bullet from a revolver rather than poison. He speaks openly and clearly of death; he is not afraid of it, nor does he tremble at the thought of it. Besides, he wants to be hanged rather than to languish in prison all his life. Some days later Leopold asserts—with his accustomed bravado, as the reports say—"If I am hanged, I shall walk to the gallows with a firm step* and a smile on my lips." Then he added that it was not conceivable that he would ever attempt to commit suicide—now—although testimony was introduced at the trial the day before concerning a pellet of poison he had prepared earlier for that purpose. "No jailers need take any precautions

* But the same Leopold "almost fainted when I was about to draw blood from his ear," the doctor said.

with me; I'll hang, and that's all there is to it. This suicide talk is all bunk." And when Leopold is questioned as to whether he has contemplated suicide as a way to get out of his present difficulty, he states that he will not commit suicide, first, because of his duty to his family—that he must do as they say—and, secondly, because the trial will be intensely interesting and he will learn a good deal and enjoy it.

Leopold, however, wants to be not only a philosopher but also an analyst, a critic. He will not let himself be led to the gallows blindfolded. He will go there alone, counting the steps along the way and attempting to orient himself. That he loses his direction every moment and cannot help stumbling makes no difference. In any case, he himself will go to the scaffold with a quiet spirit, and, when he mounts it, he will, as if in a ballroom, throw kisses with the words, "Pardon, adieu!" Even the laughing which he has manifested during the entire proceedings in moments sad enough, that "cynical, brutal laughing" over which the press and the public have been so incensed, shall not be absent. So says Leopold—and I believe that at the moment he thinks so. It is in keeping with his personality, his character, and his negative affect. And not because he could consider the execution a sort of glorification, which would accord with his boastfulness, but because such people think differently and may often see in the scaffold a close to their life which, in their opinion, throws a halo about it. Very significant seems to me an allegorical fancy created by our patient. "One of the drawings found in Leopold's notebook was that of a bell hanging from a gallows or crossbar of a post, and on the bell is written, 'Nathan Leopold's Shrine,' the word 'Eternity,' and below is the word 'Maternity.'

Besides, the same Leopold, who cares nothing for any one, the same Leopold, to whom it seems to make no difference that his delicts are *publicly* discussed, is most deeply offended when, in *closed* proceedings, something is revealed concerning his sexual life. "I would rather hang than that people hear these undignified things about me. What's a measly thing like hanging? What's death, for that matter? Don't you like to sleep? That's all death is . . . Hanging would be easier. As Richard says, the only regret we'll have, if they hang us, is that we won't be able to read the newspaper accounts of the hanging the day after."

Catatronics are, so to say, exceptional people. The demands of the common laws of life and logic ought not to be made of them. They are like individuals of another planet, endowed with quite different powers of thinking and feeling. On the one side, absolutely emotionless, in other directions morbidly sensitive, they look upon the world around them with other eyes and understand it in their own way. To no purpose shall we attempt to prove to them how illogical are their conclusions, in vain we would point out to them their wrong assumptions. To them these are no errors, for they think as well as they can and attain results in accordance with their conceptions.

On this ground, it is difficult to convince such people that they are mentally sick; and for this reason catatronics, in so far as they have not gone to complete ruin, try to appear before the court as sane, making themselves responsible for their actions. Leopold, too, "does not suppose" that he is insane. And at another occasion he said: "As for me, I think this medical 'psychiatric' stuff is all bunk. I suppose the function of all this is to prolong my life as something worth while. I can't quite correlate this with my philosophy, but it is usually considered a worth-while life. Of course, I am trying desperately to co-operate with them. . . . I do not feel sorry for myself for what I did. I did it, and that's all. I got myself into this jam, and it's up to myself to get out. I have great feeling for my father and brothers. But myself—no. Life is what we make it, and I appear to have made mine what it is today. That's my lookout and nobody's else. . . . Since my arrest, I have suggested to my folks that they disinherit me, and have nothing to do with me. I feel this might bring less ill will from the community upon my family." But, at the same time, "Leopold denied the slightest feeling of grief for any harm or suffering he might have inflicted upon others."

Our patient Loeb also considers himself mentally sound and has no fear of death: "I am not afraid of death, but I don't care to discuss my hanging—yet. No, I'll never commit suicide. Any talk of suicide is ridiculous."

An occurrence which took place in a restaurant shortly after the confession ought to be understood only in the sense of a catatonia. It makes evident in truly classic manner the laceration and multiplication of the personality. "There was that Sun-

day night supper over at Weiss's restaurant, the day the boys' confessions had been made public. A couple, sitting at an adjacent table, noticed the well-groomed, confidently poised young man who sat there with the two detectives. 'Why, that's Nathan Leopold,' the woman murmured, not too *sotto voce*, to the man. And Nathan, the officer told, arose, turned to the woman and said, "I beg your pardon, Madame; I am not Mr. Leopold. I have been taken for him a number of times."*

This fact—and there are more analogies, too—could put us on the right diagnostic track. Then we would perhaps affirm also in the physical condition symptoms which are usually regarded as catatonic in nature. Sometimes "bare slight choreiform movements of the facial muscles" even "more when emotions are aroused," can signify grimaces, which belong clinically to the most important symptoms of catatonia.

It is to be emphasized further that the same university professor who, on the ground of the conversation which Leopold had with him shortly before the arrest, testified to his high intelligence, quite unconsciously demonstrated in this same statement the derangement of thought, in fact, the disorganization of the personality when he said: "It occurred to me that they were very simple questions for a student with the ability of young Leopold to ask."

It has also been said so often that the two boys are sane, because they had prepared their plan so well beforehand and carried it out so cleverly † in detail that scarcely a trace could be found. If I touch upon this point here, it is only to show that also intellectually prominent catatonics *can no longer think their thoughts out to the end*, for they are unable to see anything as a *whole*, to look over an *entire field*.

Was it such an absolutely safe undertaking to carry out a homicidal assault in the automobile, in a fairly crowded street, in

* It would still be reasonable to deny at all that he was Leopold, saying he might be merely his double-gaenger. But just as did Leopold, so do numerous catatonics behave themselves, asserting to the physician that they have been "mistaken" for the persons, the names of whom they bear. Besides, a normal or psychopathic individual would scarcely react at all to such an event.

† Compare with this point what we said, page 31.

bright daylight; then to drive with the victim before a restaurant, get out, and stay a while on the spot?

Does it in any way bear witness to a precaution when the instrument, on which the traces of blood—that can always be proved as human *in origine*—were not even dried, was thrown out of the window of the automobile, in the neighborhood of the boys' own home, into the middle of a crowded street, so that—as actually happened—"it was immediately picked up and handed over to the police"?

Before the dead body was put into the culvert, the face had been treated with an acid to make the features unrecognizable. But does it mean caution if the head has been laid in water deep enough in quantity to wash away the acid; and was it an obliteration of traces when the feet were left showing from the culvert, so that they must be noticed at once?

Not for the sake of having an alibi but in order to prevent that an opposite proof should be brought to the court, Leopold could so easily have taken his automobile from the garage and "parked" it anywhere for the necessary time. *Thus*, his own chauffeur would have been unable to state that Nathan could not have driven his automobile, because it was that afternoon in the garage.

And Loeb's conduct after the deed or even the mode in which the money would have to fall into their hands—does all this not witness lack of critical sense; yes, weakness of the judgment?

* * *

Little is to be said concerning the behavior of the two patients in the courtroom, inasmuch as neither Leopold nor Loeb has taken the stand in his own defense. What a pity! I harbor the conviction that if the youths had spoken freely and unfolded their thoughts, especially during a cross-examination, the chaos which reigns in their minds and the total destruction of their personalities could have been brought to light. Certainly it must be acknowledged that persons of this sort are not to be counted upon. On the one hand, they were picking scabs, which must startle even the prejudiced, but then they suddenly spontaneously refuse any information and sink into apparent indifference. For, although

their conceptual faculties as such need not be disturbed as yet, they are unable to break the compulsion which their disease has laid upon them. Psychiatrically, we denote this phenomenon as negativism,* of which I have given some proofs (page 12). It is assumed that in the inner life of these patients there is present an unbidden resistance toward all notions. Thus, automatically, an opposite idea obtrudes itself against every conception coming from inside or out and blocks, or prematurely interrupts, the carrying out of any purpose.

Be that as it may, it is an actual disadvantage that the public had no opportunity in the court to convince itself of the indisputable mental disease of the young men. And it is precisely the behavior of Leopold and Loeb before the court which has led to wrong conclusions and has created the bitterest feelings toward them on the part of the people. It could be reported only that "nattily dressed, clean-shaven, with hair carefully parted and slicked back, Leopold and Loeb come every day into court with their bailiffs and casually resume their assumed rôle of interested spectators of their trial. They posed for pictures and conversed good-humoredly . . ." Or: "Throughout the sessions, they had smiled and at times laughed outright as witness after witness passed through the box. . . . Smiles remain as exhibits have been offered. . . . They have maintained a gay demeanor ever since the day that they confessed. They smiled when they confessed. They smiled when they said, 'Guilty.' They smiled as the State's evidence was presented. Then, yesterday, when their own alienists reported that they were sane(?), they smiled again. . . . They were nonchalant and enjoyed their own joking humor. They smile and jest at the proceedings, in which their lives are the pawns." Only seldom, "they appeared disconcerted, for periods motionless, disinterested."

* I might designate as a forerunner of negativism a condition in which those concerned see only the opposite of everything, and where any question merely arouses additional ideas. I have also described a patient who confessed that he understood everything only approximately and not as one should grasp a thing. What he knew was "purely incidental," had solely an "accessory value." And what he remembered he did it only acoustically or optically "without grasping the content." His teacher, who had prepared him for the university, expressed himself very significantly in regard to him when he said: "If you come home and put the key into the keyhole, you would be trying before you open the door to find out the chemical constitution of the iron."

But the people on the outside were never satisfied. If the boys laughed and had a good time, so were they—as some newspapers have expressed it—the coldest-blooded mortals in the world. If their disease let them fall into a more apathetic, indifferent state, this same public raised an outcry against them, because of their “disinterested attitude.” Yet the ground for the peculiar behavior of the boys should have been examined.

“And the answer was sent to the world last evening to the question that has burned the lips of millions of persons throughout the country.”

Loeb, informed how displeasing was the way he acted in court, asked—and again he laughed outright!—“What do they want me to do?” They want you to act naturally. “That is just exactly what I am doing,” Loeb returned. “I sit in the courtroom and watch the play as it progresses. When the crowd laughs, I laugh. When it is time to be serious, I am that way. I am a spectator, you know, and I feel myself as one. You can tell the people on the outside there is no faking or pretending. I have watched you reporters across the table; and you laugh, smile, yawn, look bored, and all the other things. Why should I be different?”

And Leopold said: “People have wondered why I could believe the things I do. No one has ever been able to understand my philosophy of life. They said I am crazy. Well, perhaps they are right.* But everything I believed on the outside I still believe. My philosophy is hard to explain, and my code of living is radically different from that of others. But, damn it, whatever comes about, I will always believe I am right; I still and will always think that murder is no crime. People say that I am bluffing when I say that I am not afraid to die. They think it is just a game to be used in beating the law, but let me say to you that I have absolutely no fear of death. They wonder why I have shown no compassion or remorse for the murder I aided in.† Why should I? It was not wrong. If only I had an op-

* Such clear moments during which Leopold rightly judged upon his mental condition were extremely rare. Mostly, he regarded himself as totally sane.

† This does also show that Leopold has not executed the deed.

portunity to talk with every person in the world about my beliefs, I might be able to get them to see my points. The mode of living on which I have based my life is with me and tends to support me here as it did when I was the carefree boy on the outside."

Are these arguments not convincing enough from the standpoint of Leopold and Loeb? Is it not made plain that if these youths were sane they would easily adapt to the wishes of the public and, at need, assume remorse and contrition, especially as they ought to know that it is a matter of life and death to them? When they behave as they do, they do it for this reason only, because they *cannot* ‡ do otherwise, and their present nature compels them to act *thus*. We know full well, how difficult it often is to demonstrate the psychic manifestations of a given person as product of a diseased brain, yet, if we will succeed in this proof we must emphasize essentials and stress those points which can enlighten everybody. Positive results are scarcely to be reached through—in some directions interesting—psychoanalytic reflections or any discussions of endocrinological matters not yet ripe enough for the public. On the other hand, of course, analogous discussions are not to be rejected by such counter-opinions which can never satisfy a specialist as they derive from out-lived maxims, old-style theoretical speculations and routines. Only the adequate interpretation of the anamnesis, the peculiarities and strange characteristics, already early perceivable, the signs to be expected from the intrapsychic disharmony, furnish tangible points for judging the conditions before us.

Besides—let us repeat it—the individuality of the person concerned must be considered above everything. In several works,^{2, 3} we have referred to the dissimilarity in the clinical manifestations of people with different intelligence and culture and have refrained from measuring catatonics of high mental standing by the same rule as low or moderately developed persons. This has been recently emphasized by Kretschmer²⁴ also: "The flowering of the inner life of catatonics § cannot be studied in peasants. Kings and poets are none too good for this." Here, only in other words, the kernel of the matter is expressed. I have yet to see the aver-

‡ Compare pages 23, 28, 86 and 108.

§ K. speaks of shizophrenics.

age patient who would bring before our eyes the manifold characteristics of his divided personality in such evident manner as these two youths have done. The spectator Loeb cannot have any concern for the Loeb who is on trial; and that Leopold who shows himself bare of all emotion is a totally different person from that Leopold who has great feeling for his father and brothers, and who, full of remorse, would beg to be disinherited.

In normal persons pleasurable toned ideas create a feeling of joy, while unpleasant thoughts are centers of distress. Now in catatonics, however, the psychic connections have been destroyed, so that the adequate relations between the ideational and the feeling life are wanting. *This* is the source of the emotional indifference and apathy; *thus* the unconcern and lack of interest toward the environment must be explained; *in this* way arises the insensibility in regard to his own person. In presenting the symptomatology, we have already said (page 25), that if these individuals tell of their experiences and conditions, or listen while others speak, they do it as spectators, without giving any sign that *they* are the very center of the narrative. The catatonic who is only in the first stage of development, even when he has no delusional ideas, will himself relate, or listen to others while they tell, the most gruesome events with the greatest calmness and indifference; just as the already far-advanced insane patient informs us day after day, with an unchanging countenance and with the same smile that he is subjected to the most fearful tortures, that boiling milk is poured into him, all his internal organs are torn out, that they beat him till the blood flows, whip him, trample on him, that he knows they will cut his family in pieces, bury them alive, or burn them. This apathy of the affective life, which results from the intrapsychic disharmony, this loss of concern for one's own person, belongs to the very first, to the most important and yet most frequently neglected signs of catatonia.

How does it happen that this constant, so convincingly valuable diagnostic symptom is only seldom noticed and properly estimated? Plainly, that is due to the fact that catatonia develops as a rule quite stealthily and the patients already from earliest youth are pictured as odd, shut-in, unruly, or brooding. At puberty, they pass with their peculiarities as strange; and, so far as no dangerous manifestations or criminal tendencies appear, they fall quite slowly

and gradually into deterioration, the degree of which can be so variable that the opinion of the psychiatrist does not seem to be required.

Besides, catatonia primarily affects always the emotional life; and the results of this destruction may escape detection for a long time, since the ability for daily tasks suffers less from the annihilating influence. The patients in this respect may retain enough capacity to be exercised in a limited circle successfully to maintain even the struggle for existence. A jurist who, because of his mental illness, has slipped down from his own pathway earns his bread as a clerk in a lawyer's office; the highly skilled fine mechanic is satisfied with the most ordinary work of a locksmith; the very talented painter lands in a common school as a teacher of drawing; and the virtuoso, with all his genius, ends his career as a player in a saloon or a dance hall. But they are all satisfied with their lot and have no sense of need to lift themselves to their former station.

* * *

The previous life of our patients is also in full agreement with the present situation. Leopold and Loeb, like so many other catatonics, suffered disaster very early, for they promised so much more than they have fulfilled.

*

Richard was a weakly child. He increased slightly in strength until of the age of nine, after which he grew strong and hearty. Since he was ten years old, he has not been in a fight. He was especially afraid of losing his eyes or of injury to his legs, and he was afraid of being beaten up by a gang of boys, such as at camp. At the age of twelve, he stammered some. At fifteen, he had an automobile accident and suffered a concussion of the brain. For the last two or three years, he has had tremors of the face.

Richard's father was tender to his boys, fair and just. He never used corporal punishment. He is opposed to the boys' drinking. The father's wish was law. Richard respected it.

Richard has always been inclined to self-pity. In his quarrels with the family, he has always felt that he was right; but with others he has often realized that he was wrong.

At the table, Richard often would boast and manifestly seek for praise, even when company was present. From eight to fourteen, he was under the influence of Jack M., who since has become a forger and is now serving time in the Federal penitentiary.

There were several phantasies, and Richard would picture himself in jail. He has the idea to be the "master mind," so clever at planning crimes that he could escape from the greatest detectives in the world.

Richard took, when nine, from a boy who lived next door, about one dollar. He hid it under the roof of a shanty in his own backyard. About this time, he and another boy had a lemonade and candy stand for one day. While the other went to lunch, Richard took the things home and hid the toy cash register with the money in it in the grounds. When fifteen years old, he discovered that the keys to his mother's car would fit any of the same make. With another boy, at Richard's initiative, a car was stolen and used to travel about to send in false fire alarms. Then Richard stole all he could conceal, even things he did not use. In November of 1923, Richard robbed his own fraternity house with the assistance of Nathan. On their way home, they got into a heated argument; their friendship threatened to collapse, but after several hours they came to an agreement that was to last until Nathan went to Europe in the summer of 1924. The companion agreed to be absolutely under any orders that Richard might give except ridiculous commands and things that would cause trouble or friction with his family.

Two years ago, Richard shadowed his uncle; he wore a mask, and just at the front doorstep of the uncle's home Richard said to him, "Hold up your hands!"; but the uncle replied, "Run along home, Dick; don't be foolish."

Richard was a marvel in deceiving his parents, friends, and teachers. At no time did he ever experience the slightest feeling of guilt or remorse for lying. His lies were practically always successful, since all considered him a very frank and truthful lad, and his appearance was not one of guile.

He boasts also skillfully. Recently he told a girl acquaintance that he was a bootlegger and had a fight in a saloon, showing his shirt, in which he had shot a hole.

Richard omitted any account of setting fires. When confronted with the fact, he did not appear in the least embarrassed and said: "Oh, didn't I tell about that? It was one of the things I meant to tell; I didn't intend to omit it."

Richard has no interests in life except his criminal ones. He has no ambition, no aspirations. He is lazy and has no real interest in study; he began many things but never finished them.

He says that he will tell a lie with no compunction whatever, and he is completely dishonest. He feels that he has been much less popular during the past year and has contemplated suicide a number of times.

Richard says he is comfortable now in jail and is living his dreams. He is happy behind the bars and has no complaint to make.

Richard's manner was extremely polite and courteous. He was noted for his kindness, for his supposed affectionate nature. During the investigation, his manner was extremely convincing.

*

It does not appear clearly enough from the just-sketched life history of our patient when his entire nature turned about; that is, from what point of time on his actions ought already to be considered the result of manifest disease. For we must, without any question, admit that the phantasies, the petty thievings, the lies and pseudologicistic offenses of which Richard has been guilty, frequently enough are present in children of his age who later never come into conflict with the law. We may consider such events as pathological when they extend beyond puberty. For that shows that the associations and connections of the psychic elements, the inhibiting corrections which, under normal conditions, become established at that time, are lacking or only very imperfectly developed. As long as the brain centers work without check, the phantasy activity of the child may remain lively, and he will continue to reproduce vividly things which he has experienced hitherto in his short existence.

Children, because of their ready divertibility, observe poorly

and are therefore subject to far greater falsification of memory than adults. So also, in their reproduction, they fill out and cover over the gaps and thus permit their phantasy to gain greater power. However that may be, it is difficult to show from the symptoms found in Richard's anamnesis up to the fifteenth year why he had to fall into the path of crime. Of course, this does not exclude the bringing to light through a specially directed investigation factors which would permit us to recognize much earlier the catatonic basis of the symptoms. It is striking that this ten-year-old Richard, for example, "who was quite reckless in regard to personal safety in other ways," at the same time "has not been in a fight, being especially afraid of losing his eyes or of injury to his legs or of being beaten up by a gang of boys, such as at camp." Are these not unmotivated, absurd, hypochondriacal ideas such as we find so often in the beginning of the juvenile insanity (hebephrenia), that means, in catatonically disposed children?

So much, however, is certain, that at fifteen years of age a boundary is passed, and a new epoch begins to make itself known in Richard's life. The symptoms progress so clearly that the condition can only be understood from now on as morbid and not otherwise than in the sense of catatonia. Two factors active at this time are to be recorded; namely, puberty and the automobile accident. Concussion of the brain and revolution in the entire organism worked together to call forth a mental situation which, in its results, was as disastrous as the "pact" which the boys had concluded already in their disease. It is true that a criminal psychopath will steal, rob, and even murder, but to venture a capital crime with such motives and to carry it out in this manner would be possible solely for a man who is no longer master of his mental faculties. There are kinds of *actions* which can be explained only as occurring in the insane, and there are *crimes* committed which, like this one before us, seem plausible merely in criminal catatonics.

At any rate, Loeb also was unable to guide his life in the right path and to establish for himself the proper social position. Besides, he gradually was overpowered by ideas which, in the period that followed, took on such monstrous forms that from the psychological standpoint they could in normal persons no

longer be comprehended. To this must be added the intrapsychic disharmony, contrasts, and signs of destruction of the personality already demonstrable for years; further, the great inconclusiveness, indeed, the complete absence of judgment, the absolutely egocentric nature, the incalculability of action, the total indifference in regard to the future and full satisfaction with the present situation, as well as other already depicted marks that assure the diagnosis of catatonia.

* * *

While Leopold weighed about six pounds at birth, he spoke a word when only four and one half months old. During his youth he was precocious. His intelligence was far ahead of his age. He learned languages easily and loved art. He was remarkably clever and much interested in medicine. If he were not going to be a lawyer, he would like to be a doctor. He was stubborn, inclined to be seclusive, and so extremely selfish that he would not cross the room to save somebody's life. He entirely concealed his feelings from others and did not make friends very easily. He showed a great fondness for his mother, who is now dead, and whose grave he often visited; but he did not seem willing to admit there was any extreme attachment to her. His mood was rather characterized by dissatisfaction and criticism toward himself and others. He was boastful in his manner and did not appear to care what people thought about him. He was inclined to make cutting and sarcastic remarks and sneer at the lesser ability of others. Having always a marked feeling of physical inferiority in comparison with his comrades, Leopold quickly realized that he was their mental superior; and this he emphasized in every possible way, assuming a proud, intolerant, and contemptuous attitude towards them and endeavoring to show his superiority wherever possible.

When five years old, Leopold began to construct phantasies, which he indulged in before going to sleep at night. He finally fitted his companion as the king and himself as the slave—a rôle that he also previously preferred to play in his phantasy.

As a small boy, he once took fruit from a restaurant, then some stamps from the albums of his friends to add to his own collection. He also took some of his brothers' neckties and traded them for cigar bands he was collecting.

About the age of fifteen, he began to use alcohol and to cheat at cards at the suggestion of Richard.

"Leopold never felt just right in his parents' home. He wanted to leave it, asserting that he would support himself and set up a happy home of his own. He has looked down on women and despised them, because he felt them inferior intellectually. Nevertheless, he intended to conclude a marriage, against his father's will, not entirely in his own class. He has complained to his acquaintances of the strictness with which he was treated at home, of the contrasts in the sides of the family, and expressed himself favorably only in regard to his dead mother. His soul stood above his environment, and he would submit to no limitations. He would go his own way, even if he offended against convention."

Leopold often argued that he existed as an individual with no responsibility, anything that gave him pleasure was right. There is no such thing as an inherent right and wrong, and justice has no objective existence. The only wrong he could do was to make a mistake, and his happiness was the only thing in life that mattered at all to him. Making up his mind to commit a delict was the same to him as making up his mind to eat a piece of pie for supper—whether it would give him pleasure.

He held life dear, because he believed "he had an important work to do for the world." He always feared physical pain but not death.

Several times last summer he had experience of a blurring which looked to him like a white hearse in the sky, but he tends to minimize the whole thing. Once he imagined that he saw the tail light of an automobile in front of him, when there was nothing there.

He has carried out a number of superstitious ideas. For example, he always crosses his fingers when passing an undertaker's shop. He always avoids a black cat, and, if he sees one, he spits over his left shoulder. He would never allow any one to be the third to light his cigarette from a match.

Concerning the deed, Leopold affirmed that he agreed to it according to the terms of their friendship. Later, he was a little disturbed by the behavior of his companion, who would discuss the crime publicly at every opportunity and would offer all sorts of theories about it. "I became rather apprehensive," Leopold said.

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When we try now to discuss Leopold's case, we must also here pass over the phantasies and the petty thievings, as they are irrelevant from the diagnostic viewpoint. In Richard's case, we could not from his statements and the anamnestic data, more precisely determine the turning point of his life. But Leopold has revealed that moment from which his character was transformed: "I was taught conscience until I was eight years old, but after that time I drilled conscience out of myself." Thus early has he, or, more correctly, the disease, already torn from him what is indispensably necessary for a social existence! No wonder, therefore, that his emotional "tests" set him back today at about this age.

Very well-endowed, although with hardly a glimmer of "genius," which, incomprehensibly, is again and again attributed to him, Leopold has gone on developing intellectually. Yet what has he accomplished, and where are the fruits of his brilliant mind? Not too much stress is to be laid upon his ornithological knowledge, even if this has some scientific importance; for individual abilities often enough have been demonstrated not only in imbeciles but also in idiots. What else has Leopold achieved? Something in jurisprudence, perhaps, where he mixes intelligence with "very simple questions"? Or in newspaper writings, where he published some articles that ought to be witty, but are in reality empty, yes, absurd? Conscience is "drilled out," but in its stead are "drilled in" hollow phrases, undigested philosophical conceptions, misunderstood principles, superficial convictions, immature persuasions, and sheer feebleminded megalomaniac ideas.

Egotistical, insolent, selective of his company, sensitively cool, lacking any ethical feelings, Leopold looks down with pride and scorn upon his fellowmen, whom he has considered as something intellectually inferior, and to whom he has shown his superiority

by a sarcastic, contemptuous, intolerant bearing. Moral principles? Laws? No man need trouble himself about them who has been called to greater things and has "important work to do for the world."

It has already been said that Leopold, according to our conviction, is very indolent and no longer possesses enough initiative to rouse himself to independent action, especially of a more important sort; although he—we see this in the criticisms of the behavior of his partner after the deed—in some directions appears purely intellectually capable of judgment. In agreement with this is the fact that in the double relationship to one another not he, but Loeb played the leading rôle.

We see therefore how easily Leopold fell under the influence of another, and how suggestible he was. That is not to be wondered at, since, in any case where feeling is injured to a high degree, and the orderly control of the mental functions is wanting, suggestibility and persuasibility to action must be present; because the consciousness of one's personality, which should give direction and stability, no longer comes into play. Besides, such individuals find in themselves no halting point, and they miss any firm convictions. For this reason, catatonics readily adopt the thoughts of others, which they consider as their own. Like children, such patients submit to good or evil influences of others. As long as they remain under the guidance of their teachers and superiors, they make an effort to give satisfaction to them and may still be able to do useful work.

At any rate, we see that Leopold also had no reasonable motive nor an interest in the carrying out of the deed; that, consequently, he had been only a "go-along-with man (Mitgaenger)." For it would be merely an unmotivated supposition that he wanted to seek adventures and money to spend here or in Europe, trying his luck at cards. Seclusive people, vegetating "in phantasies," never plunge into the whirl of life to enjoy it in gambling casinos, race courses, cabarets, or rendezvous houses. For the same reason, both boys have shown no response to the allurements of "gilded youth," and as little the tendency of the *bon vivant*. In a superman of Leopold's sort, such things attain no noteworthy significance in their life; and the card playing as well as the drinking, in themselves little praiseworthy habits, especially in

such early years, have not reached with Leopold and Loeb the degree they would have attained in psychopaths of the same social class.

The intention of going to Europe, moreover, was already conceived before the plan for the carrying out of the deed was formed. Leopold had stipulated at the conclusion of the "pact"—which preceded the thinking out of the plan—that the contract would be binding only until his departure for the Continent, and he himself wished to be held by it no longer than to this period.

It seems superfluous in this case to go more deeply into the ground of the diagnosis. The latter is already made certain through Leopold's make-up, through the early emotional death, the great weakness of judgment, the countless discrepancies, through his delight in reforms, the compulsive actions (page 64), the mannerisms and peculiarities, the echoes of visions and illusions. It is also worthy of note that during the investigation Leopold insisted that the expert call him by his college nickname. Such harmless whims complete the picture of catatonia.

So, then, the whole of Leopold's relatively short life is only the expression of this grave illness, which, whether, we designate it "mental disease," "psychosis," "insanity," or "catatonia," in its elemental inevitableness must lead to this tragic result. And supposing it is true—personally I am of a contrary opinion—that "science has not yet progressed sufficiently to be able to state the exact cause of Leopold's sickness," yet it has taught us to weigh the symptoms of the disease properly with one another and to interpret them correctly. The *conceptions* and the *names* of a psychosis may differ, but not its *manifestations*. Over twenty years ago, Kraepelin in Java and I in Central Asia made comparative investigations in men of low cultural grade; and, quite independently of one another, we were compelled to the publication of the same results. As is only to be expected, today I can confirm that the average catatonic throughout this country appears just as he does in Europe or Asia, and that the intellectual catatonic in America provides a picture just such as we are accustomed to see in analogous patients on the Continent.

We will discuss briefly here the question whether the automobile accident of which Loeb was a victim in his fifteenth year, and which resulted in concussion of the brain, could have called forth the disease. Naturally, this question is to be answered only in the negative sense, especially since we have found earlier pathological symptoms in Loeb. It may be, however, that we can speak here of an *agent provocateur* and admit that the disease, because of the accident, could have come forth from its more latent state. Experience teaches that under the influence of the most varied external or internal factors, the morbid signs may take on greater proportions.

Besides, we have not to forget that just in the period of life which we call puberty, even without a manifest shock, but as a result of the changes that normally occur in every organism, an evident inclination to accentuation and potentializing of the symptoms makes itself felt. It is certain that especially at this age psychoses tend to break out acutely, taking on then a chronic, progressive course.

We know that in the normal child, with the maturing of the body, the life glands must come into action, and that this results in a change of the psyche, which now becomes transformed from the infantile to the adult. The brain gains the mastery, takes over the leadership in everything, creates new emotional relations, permits new impulses to arise. Inhibitory operations, which formerly were performed but little or not at all, gradually extend themselves, controls come to their proper rights; whereby every stimulus releases instead of the infantile, more or less disproportional, yet already normal reactions. The unhampered childish condition recedes more and more, and the inhibitory corrections make themselves felt. This evolution, however, is fully and exclusively dependent upon the normal functioning of the life glands. If their maturity is delayed or totally inhibited, the individual grows in body and attains his size, but psychically he remains upon the childish level and may maintain an infantile attitude throughout life.

Furthermore, all the organs of internal secretion stand in closest functional relation and mutually influence one another. The failure of one gland produces faulty functions in organs which are dependent upon the stimulus that should arise from

those glands. This stimulus is brought about through the so-called hormones; that is, stuffs which are produced in the organ itself and given off to the blood, being carried through the circulation to the different portions of the body.

The above brief remarks will point out how pernicious the period of evolution and of development may become—this pertains, too, to the climacteric, which means the period when the sexual function declines and disappears. In their relation to mental diseases, however, these periods of life come into consideration only as *final* causes, for they bring, so to say, the last drop, which makes the beaker overflow.

If, therefore, even a more or less normally functioning organism, because of the changes taking place within, may be diverted from its right course, how easily must an individual fail who enters upon this period of life with inferior or quite inert glands?

In our first study,⁵ we have noted the clinical proofs on the ground of which the deterioration psychoses of adolescence must be referred back to a disturbance or failure of the action of the life glands. Two years later,⁷ catatonia was derived from an anaphylactic autointoxication due to a primary deficiency of the life glands caused by an intrasecretory disturbance. We cannot speak here in detail but will limit ourselves to the repetition of the most essential.

“The life glands consist of two different portions,* the generative and the parts of inner secretion.¹² The latter, represented by the so-called Leydig cells, must remain active until the death of the individual, while the generative portion in time disappears entirely. Furthermore, the degree of development of the Leydig cells stands in closest connection with the period of life. In the embryo, these cells are represented in an enormous number, in the newborn, in rich quantity. At the beginning of puberty, they must increase significantly in number, to become more scarce from this time on. . . .

“We can also prove experimentally that glands form hormones already during the foetal life. Failure on the part of the Leydig cells in the embryo results, we believe, in certain

*Both totally different parts we establish also in female life glands.

forms of idiocy; it causes, furthermore, changes in the endocrines that lead later to the development of catatonia.†

“The very frequent appearance of catatonia in the period of puberty would have its basis in the fact that at this time¹³ special demands are made of the internal secretory portions of the life glands.

“If the multiplication of the Leydig cells, which under normal conditions must take place, does fail, or when the produced hormones become qualitatively changed, then the entire organism will be toxically affected, through the medium of the circulating blood. Besides, we can think that the products of inner secretion of a certain cell complex, though they may act upon the whole body, respectively, its different parts, have to one organ still a quite special affinity. It is striking that already Henle paid attention to the morphological similarity of the Leydig cells with nervous structures and that Huxley has directly identified the above-named cells with nervous elements. This would explain the elective inclination of the Leydig cells to influence the brain cortex.

“More and more the conviction presses itself upon me that we must, so far as the primarily diseased organ comes into question, let slip the point of time in establishing the proofs of its dysfunction. It would be against the intentions of nature if immediately after the failure of but one organ, for instance, of the life glands, at once demonstrable psychic symptoms should appear. Plainly, the organism first enters into a hard struggle and yields, but only when all attempts to restore the equilibrium have been in vain. As a result, before morbid symptoms become evident, such glands which have to replace the primarily affected ones or those whose activity is dependent upon the hormones of the organ originally fallen into dysfunction must be more or less drawn into sympathy. The more strongly the glands have suffered, however, through the pathological processes, so much greater disturbances will they

† Heredity means for us parental transmission of sound organs of internal secretion, first of all, the life glands. Bad heredity means therefore inheritance of more or less pronouncedly deficient glands, which are already defective in the embryo. This defect can in time be replaced and compensated by other glands, so that the congenital morbid process need not necessarily go on and lead to secondary dysfunctions which may result in psychoses.

cause in the entire body, so much more prolific will become the psychic symptomatic picture.

“In catatonia, the life organs *first* fail to perform their duties. In order to compensate for this loss, springs into the breach the thyroid; to which, beside the specific effect, is also ascribed a general detoxic activity. If the thyroid is not able to make good the injury, it falls itself into dysfunction, and then the hypophysis appears as a helper in time of need.‡ It is evident that in a body with a very defective disposition *one* gland cannot perform duties for an entire system. The further result is the failure of the brain cells, which appears as the fourth stage in the development of the process tending to cerebral manifestations . . .”

* * *

We need not speak in detail of the bodily condition of the two patients, since such findings could in analogous cases attain for the present but little significance in the judgment of the court.

Things shape themselves differently if we consider these questions from the point of view of the internal secretions just discussed. In truth, it does not admit of the slightest doubt that in the development of catatonia the one decisive factor must be attributed to glands; but the way to prove this is not yet so finally established that all that takes place in the body can be explained before the court in a convincing manner. Of course, not *every* glandular disease leads to insanity. When, however, endocrine manifestations are made evident along with the psychic ones, the scientifically thinking physician is forced to accept an inner connection between these two facts; while the experienced clinician in this field will be in the position to establish what is cause and what effect, which glands primarily and which correlatively—that means, by sympathy or antagonism—have become defective. Endocrinology, even today, is a science which stands upon as sure a footing as, for example, neurology, or other distinct branches of internal medicine. There is no catatonia without severe endocrine changes, which are most markedly developed in the life

‡ All these questions we can prove by clinical and experimental facts.

glands. We can demonstrate it with certainty, however, only after the death of the patient, since neither researches in metabolism, so far as carried out until today, nor x-rays have yet in *any case* given us absolute sure signs. Positive findings, certainly, we have to make use of, while negative ones still do not exclude a pathological function of the glands. The objections brought against Abderhalden's method are well known to me. I believe, nevertheless, that until today, especially the so-called optic investigation, will in the best manner manifest the endocrinous conditions of the single organs as such.

When I made catatonia dependent upon a primary impairment of the life glands, I assumed in the blood of such patients stuffs directed against the generative organs. These stuffs were later demonstrated by Abderhalden as "defensive ferments." Then it was established that catatonics not only have products in their blood which point to a dysfunction of the life glands, but also stuffs that originate from the thyroid, hypophysis, adrenals, and other organs. This fact is quite understandable—and in accordance with our conceptions—for we have postulated that psychic symptoms first make themselves visible when the entire glandular system—or at least four endocrines—have become disabled.

That catatonia depends upon disorders of internal secretion can be shown also through the favorable and very encouraging results obtained in a great number of cases from the treatment of patients with glands. Despite all above-mentioned facts, we must, however, especially before the court, explain the catatonia as a chronic *mental* disease and derive its existence first from the *psychic picture*.

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The question of the intellectual abilities of Leopold and Loeb must also be touched in a few words, inasmuch as this factor is usually incorrectly valued by the public.

What we said before does sufficiently prove that it is a mistake to draw conclusions as to the real worth of a person and the form of a psychosis from the intellect which is preserved. The evidence of even high intellectual gifts speaks as little against catatonia as, perhaps, memory defects in themselves would justify

the assumption of a psychosis.* For the mentally sound forgets also when the Punic wars or other historical events took place; what a certain philosopher, scholar or poet, emperor, president or governor, general, politician, or mayor was called; how a certain arithmetical, respectively, geometrical rule reads; what this or that chemical and physical law, such or another juridical or philosophical definition says. When, however, some one over whose head the death blows are ringing "is in a joking mood about his dress"; when in the most serious moment of his life, instead of the Damoclean sword, he "notices the color of his hat"; when he "was nonchalant, concerned only with the manner in which reporters would describe his clothes"; when he laughed, enjoying his own "joking humor," and immediately thereupon "appeared unconcerned, frequently sat virtually motionless for periods of ten or fifteen minutes during the recital"; or when the other boy also "was almost stolid in his indifference"; when "he frequently adjusted his stylish bow tie, moistened his lips with his tongue, and picked at specks on his sleeves," but soon afterwards was "pale and an almost startled expression widened his eyes and dropped his jaw"; or if an "extremely polite and courteous" young man, who has been accustomed to good circumstances and opulency, having intercourse in better social circles, is comfortable and happy in a prison cell and enjoys the company of criminals; then are these, for us, well-known pictures, states, which suffice to support the diagnosis of catatonia, even if *no* disturbance of intelligence manifests itself. Besides, we must expect that a psychiatric investigation at this stage of the disease would always bring to light still other characteristic marks of catatonia.

Even the circumstance that Leopold is said to have *distinguished himself* in ornithology does not refute our diagnosis. In this disease most of all, purely theoretical knowledge may remain undisturbed for years and decades in the person afflicted; especially since in catatonia we have to do not with an uncultivated and unfruitful tree, but only with one ravaged and devastated, so that, at times, fairly large remnants may be gathered together. And, then, what does onesided knowledge signify? Did perhaps the fact that the ten-year-old boy (described on page 123)

* Compare with this point pages 25-26, 39-40 and 120.

was a famous expert in beetles and a geographer save him from the characteristic terminal deterioration? Have we (pages 36-39) not clearly shown how much catatonics may achieve in scientific, artistic, and literary direction before they go to ruin? One of my patients, who deteriorated very rapidly, during the illness already evident wrote a drama which Reinhardt produced in his theater. I have published also verses made by catatonics—one of them wrote in twelve languages—of which a Heine need not have been ashamed. And I could also reproduce essays, aesthetic, philosophical, psychological in content, which filled their readers with admiration and delight. Therefore, we will not be too much impressed with Leopold's ornithological or other achievements—even if they are to be taken seriously!

We read further that the two boys, especially Leopold, have also imposed some others with "their clear juridical ability to pass judgment." Above all must be emphasized the fact that judgment is simulated by pure memory knowledge, and we refer also to what has been said (pages 53 and 65). Here, we should like to ask only: Have these youths, who could dispute so ably over paragraphs, actually comprehended and grasped their sense? Would they who ought soon to free others from the bench of the accused have come themselves to it so early, if the paragraphs were not empty of meaning to them? What does it avail that somebody can cite paragraphs, if he is *unable* to digest their content, to work them over within; if he *cannot* feel them and therefore act in accordance with them? The morally anaesthetic also knows the ethical laws quite well, but he is not influenced by them. Even in individuals without conscience, wholly mild traits often still slumber at bottom. They are, however, so pressed back by the illness that only the animal instincts come into play.

* * *

Another question is whether arrest or a long sojourn in prison can bring about a psychosis. It becomes evident that lack of sufficient movement, nourishment, and air; further, the loss of freedom, the solitude that makes it possible for the prisoner to

give himself up to his own thoughts; then the anxiety for the future, sometimes remorse for the deed committed, often the uncertainty as to the carrying out of the sentence, may produce a powerful psychic reaction. Yet, in cases where a mental disturbance results, we have to do with a more or less pronounced congenital or acquired tendency. We find in such persons already before their arrest so many symptoms that the supposition is likely that the disease has been in preparation for a very long time. Besides, we see that people who manifest psychic symptoms as a result of their arrest or other moral influences often already have been ill periodically; so that the arrest or the detention in prison has only caused the outbreak of more severe symptoms.

The older psychiatric school assumed the existence of a special "prison psychosis." Its characteristic symptoms were supposed to consist in acute outbreak of excitement with hallucinations, persecutory ideas, ever-present anxiety, and suicidal impulses. Nevertheless, later researches taught that there were here a large number of the most diverse manifestations (hysteria, epilepsy, general paresis, alcoholism, and so on). And almost every one of these mental disturbances, so far as they break out in prison, shows a specific character through the so-called *arrest symptoms*, which lend it a special coloring.

We know, besides, that the very conditions in prison are the decisive causes for the release of acute symptoms in the course of a catatonia which for a long time has existed previously in latent or undeveloped form. As a rule, this acute stage passes quickly, especially when the patient is given the suitable circumstances, for example, in the prison hospital or in an asylum.

It is well-known that prisoners simulate psychoses, though this happens more rarely than we think. But this point does not enter into the question in our case, for Leopold and Loeb would at the most have wanted to simulate—individuals mentally sound.



After finishing this work, there have come before the court some new facts which are certainly worth mentioning here. Above all, let me note some incidents that happened with Loeb in society. They harmonize completely with his nature and are so characteristic that every one of us would be forced by them alone to make the diagnosis of catatonia.

“On one occasion Loeb came in, and I am positive he had not been drinking. He took very flippantly the introduction to some guests he had not known, and that was not his custom. He then started dancing down the middle of the room, and at that time we were passing some chocolates. Loeb stuck his thumb in each of them, trying to find a hard center, and he did this in all seriousness. Then he went out into the reception hall and tried on all the guests’ hats.

“Several times Loeb came to the house, and when he would leave it, he returned and handed back some ornaments he had taken, ‘Here, you had better keep this; your mother might need it.’ It would be something he had picked up around the house, and he seemed proud of his ability to take it without detection. Once we were driving in Loeb’s car, and he had the idea of trying to pass all on the road to see how close he could come to them in dodging around them.”

Other witnesses stated: “In discussion Loeb would argue on worthless points and try to make them important, sticking to them. He worked himself into childish zeal in any co-operative effort and annoyed his companions. Because of his childish and irresponsible character, he was never made a mentor in his senior year. Nearly all seniors are made mentors over freshmen to guide them and ease their way through the first year, but this privilege was never granted young Loeb. Nine years ago he was seen picking pockets and stealing postcards. Loeb spoke in a jerky manner, uttering words hastily. In smoking, he consumed the whole cigarette in a few puffs. In walking, he would walk for a while and then run a while. He would ‘pop’ into a room instead of walking in. His movements were jerky.”*

* It cannot be stated emphatically enough that he who compares the symptomatology of the catatonic diseases given in modern textbooks and monographs with the data obtained from the previous life and the present condition of Leopold and Loeb will not be able to escape the impression that precisely such human types must have been in the minds of the

Such signs we are accustomed to call mannerisms or peculiarities, and they have been portrayed in larger works on catatonia in these very words. Besides, we speak in psychiatry of a *catatonic gait* when any one alternately walks slowly and then runs quickly. Very typical are also the stories of the chocolates, hats, and ornaments, the kind of smoking, the jerky movements and manner of uttering words—all statements which testify an admirable gift of the witnesses to observe essentials. Likewise, the bursting into a room instead of walking in—at this age, of course—can be expected only of the catatonic. Another circumstance of greatest significance, which was, however, interpreted in a very curious manner, also justifies, according to what is said page 39, the diagnosis of catatonia. During an investigation, Loeb “choked up and wiped his nose with his finger.” This outflow of nasal content was regarded as outflow of affect and has been taken as evidence of emotion, which, in turn, as such, was supposed to have added testimony to the normal psychic condition of the patient.

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A question that cannot be omitted in Loeb's case relates to the presence of his fainting spells. The meager information does not permit us to determine whether the three attacks which were observed at short intervals are epileptic or epileptiform in nature. Nevertheless, it must be asserted that the fainting spells have absolutely nothing to do with the supposed drunkenness. One of our statistics reveals, for instance, among 2,700 catatonics, 97 cases in which attacks were noted, even with all the characteristics of what is called true epilepsy. In our monographs this question has been discussed in special chapters and illustrated by appropriate cases. We could prove that some catatonics had suffered during the period of teething; that attacks had appeared by day and night, isolated or in succession, and not only as precursors of catatonia or in its beginning, but for months and years after the outbreak of the disease. Many times fainting spells came during the return or in the last stage of the psychosis. We have also pointed out that convulsions appear in all forms of catatonia and at any age of the patient. Further, it became evident that

authors when they were establishing this form of psychosis. Every sentence, every facial expression, every gesture and movement of the two boys, bears a catatonic stamp.

attacks belong to the gravest symptoms of catatonia, and special attention was called to the fact that, as precursors of true epileptic convulsions, there have often been noted fits which run more or less completely as hysterical or psychogenic seizures. From our discussions of the causes and nature of catatonia, it is clear how the existence of epileptic or epileptiform attacks is to be explained. It has been demonstrated in an irreproachable manner that the convulsions result merely from disturbance of the endocrine glands. I have shown also, through investigations in two large asylums here,^{17, 18} with what frequency epileptic and epileptiform seizures may simulate a catatonia.

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Concerning Leopold, it may be added: "While he did not think that Nietzsche's superman now existed, one would come. He would be a law unto himself, above all men's laws. Leopold said all his friends were means to an end, and when he could not use them he would throw them aside." A witness for the State described Leopold "as a marvel and genius in his studies. His memory was so good that he could quote long passages after reading twice. He talked superman frequently. This man could make laws to suit himself. Leopold stated that if it gave him pleasure to go out and murder some one, he would do it; but, of course, he must not be caught. He kept saying that he would try anything once. With all of this, his judgment was bad and his reason lame. He did not have horse sense." That means: Leopold the marvel and the genius and Leopold the man with bad judgment and lame reason—are these not two quite different persons?

The following incident appears also of interest: "Leopold fell into spasms of laughter, laughter that held a mingled note of relief and the hysteria of excitement.* He held his mirth within bounds until court adjourned, when his laughter became uncontrollable. The tears ran down his cheeks as he laughed. Many thought Leopold was hysterical and weeping, but to his counsel he said he was laughing at the attempt to overthrow his doctor's opinion."

* Such laughing spells we note very often in catatonics. They are compulsive in character, despite the fact that the patient afterwards tries to give an explanation of their cause.

The objections made in the court to the x-ray findings of the pineal gland are valid only with regard to the interpretation of the pictures as such, though it is a fact that a *decreased* function of this organ—in which Descartes has formerly located the seat of the soul—may result in a precocious sexual maturity. But is this perchance all that the investigation ought to reveal in the case of Leopold and Loeb in the field of endocrinology, which was compared during the trial with darkest Africa? It can be readily understood that the vision of blackest Africa may so darken the mental horizon that instead of a house only the door at the side entrance can be seen. Is this a ground, however, for pronouncing a death sentence upon a positively definite part of science?

That endocrinology until now has not conquered the authority and position it ought to have is due to the fact that the investigators not always earnestly enough studied the often very complicated, involved processes, and that a kind of dilettanteism creeps even into the laboratories and clinics. Instead of getting at the bottom of the matter, one often loses the way in theoretical objections which are set forth without the obligatory critical spirit.

The real value of theoretical deductions is clear from the words of Claude Bernard, that great pioneer in endocrinology. "When you enter the workroom," he used to say, "leave your theories behind you in the cloakroom with your overcoats." But he would add, smiling, "You will take them with you when you go out." And Pasteur expressed himself thus: that "just as one would in the morning sweep out the workroom to free it from dust, so must the theories likewise, which are loaded upon our experience, be swept away."

"Science resulting from experience," Richet said, in his paper offered in 1923 to the International Meeting of Physiologists in Edinburgh, "makes merry over classical physiology. When the immortal Harvey discovered the circulation of the blood, he set aside the classical physiology of Aristotle, Hippocrates, and Galen; yet, for more than twenty-five years, he had to bring upon himself the storm of indignation of all the professors. The theories of Stahl and Willis also fell when Lavoisier proved that life is a process of oxidation, therefore a chemical operation. Claude Bernard directed against himself all the physicians and the whole company of physiologists when he showed that the human body

can produce sugar. And with what powerful opposition did Pasteur have to fight when he set up his teachings concerning bacteria!

“The above-mentioned investigators were great revolutionists only because they did cast away opinions which had arisen from banal conceptions, vulgar prejudices, from theories and points of view originating with men obstinate, having at the best only routine, and not willing to content themselves with facts. Experience and ability for observation: these are the two means which solely and alone lead to cognition of the truth. No one should be satisfied with the words *magister dixit*; and even the greatest authorities can never serve for pointing out a way, in so far as they will ignore the above-mentioned methods of research.”

* * *

It would be very difficult to discuss here the psychiatric counter-opinions upheld during the juridical proceedings. The points of view and the arguments pushed from the first day into the foreground in judging the cases of Leopold and Loeb are such that, in our belief, they do not at all suffice to bring decisive testimony upon any psychic condition, especially as to mental soundness.



It is taken for granted that psychiatrists cannot object that the utilized material, as well as the picture drawn of the clinical condition in which the two youths find themselves, does not suffice for deducing definite diagnostic conclusions, and that I have not fully enough supported my statements with concrete examples. Far more do I assume that in the symptoms portrayed have been demonstrated a series of typical signs which exactly call for the diagnosis of catatonia. Besides, we ought to consider also those occurrences for which *life itself* has brought the glaring proofs. But what does that mean? Have we not, even in cases in which the disease is more evident, gained our experience first from the life of the person afflicted? Whence do we know the value of this or that symptom and condition? Only from practice. After having investigated minutely, in the course of twenty-five years of study specially directed to this end, an immense number of patients who continued in a more or less totally demented state and in whom, since their full life records were at hand, it was possible to trace back retrospectively the disease to its first beginning, I could and was forced to establish that a certain sort of symptoms is found in the beginning of the disease *exclusively* in *such* individuals who in time fall victim to a characteristic deterioration; while, on the other hand, symptoms never have been found in them which again were distinctive for other diseases. Furthermore, the old psychiatrists believe also that with persons who, for example, manifest harmless delusional ideas a *secondary* dementia, as they define it, can develop. For us, however, this deterioration is not *secondary*, because it has its roots *in the nature* of the disease. Life's experience has shown us that people with delusional ideas, even when these still exercise *no* influence upon their actions, yet gradually lose their mental freshness and alertness, as well as the vitality of their feelings, until finally total emotional destruction is established.

Pathological anatomy, it is true, seems to be unable to help us in this direction. For this reason, we are not in a position, even after the death of the patient, to bring sure proofs of the disease. The post-mortem examination also, together with a microscopic investigation of the brain, permits us in no way to say, "Here is a destroyed brain that could no longer function normally!" We may make no such exclamation, because—as is

emphasized in my various papers—with our methods up to the present time, we are unable to demonstrate constant pathological changes in the brain, even in typical cases of psychic disease. And if this could be accomplished, it would still remain to be shown that these changes are the causes but not, as the other clinical symptoms too, only results of the morbid process. Fundamental inquiry into the previous life and the present condition of *many such patients* is left therefore as the sole and exclusive criterion, for only upon this road may we draw conclusions in regard to the psychic abilities of a person.

* * *

No one would want to explain the above-sketched picture of Leopold and Loeb through *external* circumstances. It must be admitted that healthy, normal youths growing up in favorable conditions ought to become something else in society. The sad result which has been brought about in the life of these two boys must therefore be referred back exclusively to the disrupted mental activity, to the intrapsychic disharmony, which, from the form revealed also in this case, would be designated *chiefly* as an enormous weakness of judgment due to deficiency of the apparatus that draws conclusions. I have used the word *chiefly* not to point out that still more symptoms are necessary to complete or fix the clinical picture, but in order to express that even further disturbances of the emotional equilibrium may be present, which an investigation specially directed to this purpose would bring to light.

The grossest defect shown also in Leopold and Loeb's case results consequently from faulty ability of judgment, which is most glaringly manifest in an impaired understanding of things and in an inadequate observation of facts. We know, however, from our life practice that false conceptions, prejudices, preformed opinions and ideas, so far as somebody drills them into his head, do *not* fall under the influence of his reason. At the best, we can expect in such cases a diminution of the emotional and intellectual energy, which, on its part, leads to the result that the person concerned reacts more and more rarely and less strongly

to external stimuli. But years may go by before this comes to pass; while Leopold and Loeb in this phase of their disease have already fallen into such a conflict with the external world and its institutions that society must protect itself against them as against insane persons who threaten the public safety. -

Furthermore, the boys also do not possess at bottom the capacity to understand the punishableness of their delict. There is lacking in them the consciousness that the *basis* of their entire activity, the *presuppositions* upon which their thinking is supported, are conceived and built up in a delusional manner and an illusory fashion. For this reason, the mere intimation that individuals of this sort shall submit to a psychiatric examination rouses—often only superficially—protest on their part. The patient at first refuses such suggestions with derision and scorn.

The correct grasping and understanding of a matter is, however, the only one mark by which we can judge the social sense of an individual. Whoever possesses this attribute may even betray a certain mental weakness and because of it slip from or wander about in the paths of life, but every such occurrence forces his feeble head to reflect upon it; and finally he chooses a more humble way, where he will no longer stumble and no destruction threatens him. He enters upon it, perhaps, with a heavy heart and with lamentations toward his fate. But his value lies in the fact *that* he adapts himself to the present conditions, that he contents himself with little and limits the circle of his life.

Upon what, now, depend this grasping and this understanding of a thing? In the first place, it is not a matter of the intelligence—it may be and is indeed predominantly an affair of the emotions. Even an intelligent man may be wanting in that effective judgment in reference to a thing. We question further: On what feeling above all is that ability to look into a matter based? We will refrain from a long psychological discussion and formulate the answer thus: The ground of this understanding of a matter is *only* the moral characteristics in the widest sense of the word, for there is also a purely practical morality. If, therefore, any one possesses moral sense which is of a low quality, but still he has it; then it must be a person of unusual intelligence and *force of will* who, with weak ethical qualifications, is nevertheless to become and remain a social individual. If, on the other

hand, we have before us an individual of a mediocre mental level, the indispensable condition of his life within the community is *eo ipso* his inner social morality. It follows from this that, if we see in a person psychically none too highly developed and without strong will an asocial life, of which, however, he is not conscious, we may draw from this the direct conclusion that his ethical feeling is impaired.

We come to the question: Is this injury a congenital phenomenon, or can it be acquired? In the latter case we must reckon with the possibility of an alteration—for the better or the worse—while in the former case this is already *a priori* excluded.

In so far as we have not to do with an entirely undeniable organic brain disease, we may decide this question only when we have looked into the whole life of the individual concerned.

It may be natural to find a person an enemy of society, or even a criminal, in so far as he has grown up in a Mafia group, where defiance and breaking of the law were habitual.* Yet a child born in such an environment may be transformed into a respectable and law-abiding citizen, if educated in other conditions and given suitable training. In our case, however, we are confronted by a situation in which a criminal course has been entered upon by individuals who have arisen within the better social circles. We are forced, therefore, to find the cause of the mode of action of Leopold and Loeb not in their surroundings, but in the personality itself as result of a pathological mental condition.

In any case, neither Leopold nor Loeb have possessed the insight and the ability correctly to understand a matter. This has been conditioned by the disease, which must lead to that characteristic disturbance in the performance of the psychic functions. The defect developed itself gradually, inasmuch as the two boys, with the education which has been theirs, ought not, under normal conditions, to be *that* which they *are*.

* * *

* Compare page 1.

Let us turn now to the problem which does interest the jurist and the psychiatrist alike; namely to the question how to estimate the mental anomaly in the case of Leopold and Loeb. Here it will be best to consider separately the two standard viewpoints; that means, the legal and the medical.

In the pure psychiatric sense, we speak in analogous cases of a mental disease † which always represents a brain process; but not of a pathological condition, of an abnormal tendency, of psychopathy, which is in principle a congenital anomaly.

Mental disease stands under the protection of the penal code; the psychopathy, however, is measured by the legislator according to the grade and the symptoms in which it manifests itself, and is to be considered in the juridical sense merely as mental weakness. The law assumes a mental disease also in the psychopath, but only in the quite severe cases, in which those apprehended defied all effort at training and have completely resisted the educational influences of life.

We have already sought to explain why it would be inadmissible from somebody's momentary behavior, even if it seems to be mostly rational, to draw valuable conclusions with regard to the condition of his consciousness.

We know, for instance, that in sleep walking or in hysterical, respectively, epileptic twilight states, where consciousness is disturbed in the highest degree, we nevertheless discover actions which follow a quite definite goal. From the wealth of examples recorded in psychiatric literature, I take a case which Légrand du Saulle has published. It relates to a merchant of Paris who had traveled about for a long time in such a state, until suddenly he came to himself in the harbor of Bombay. These people in the meantime behave themselves quite normally during their travels by land and sea. They make plans for their journeys, purchase tickets and other things, find out hotels, pay their bills, enter into conversation, share in recreations and games, and so on. On the other hand, the persons concerned can commit in these states all kinds of crimes and delicts. Sometimes such a condition of clouding of consciousness lasts still longer.‡ Alzheimer ³⁶

† This is identical with insanity or psychosis.

‡ Having closed this work, I found in the newspapers of August 5 an item which is quite noteworthy, and we will cite here the chief points, even

speaks of cases in which this stage continued for a year and a half ; so that one business man knew nothing of his change of residence, which had occurred in the meanwhile, and another patient had no knowledge of the birth of her youngest child, to whom she had given life while in this condition. I have reported ¹⁶ also a patient who fell into such a state of clouded consciousness for the entire period of her pregnancy and the birth, so that she would not acknowledge the child she had borne in the interval, insisting that it was not her own but a "foisted" one.

Analogous cases are interesting even from the forensic point of view. Kraepelin describes in his textbook a patient who in such a state used to write to the police, accusing himself of all sorts of crimes. Once it was an attempt to overpower a woman ; then again he gave himself up to trial for murder. The man had been condemned to imprisonment for the first delict ostensibly committed, and only in the course of later investigation was it proved that the self-accusations, including that for which he had been imprisoned, were the product of delusions and compulsive thoughts. The patient explained that there were times when he was not able to withstand the idea that he had been guilty of this or that crime. "I feel then," he said, "that some one stands behind me and calls, 'You must accuse yourself now to the police!'"

if the reader already knows of them.

It was told that the lost society girl, Miss A., from Philadelphia, who had been sought for five months, was found in New York and brought home. The girl stepped briskly from a train at North Philadelphia in the company of her father, but wholly oblivious to her surroundings. As she reached her home she shook her head at her mother's question, "Don't you know me, Honey?" The daughter complied, with no special show of feeling, when her mother pleaded for a kiss of greeting.

For a moment, however, she apparently recognized her position, asking her grandmother, "Why didn't you come for me before?" When shown her clothing, she began to display familiarity with her surroundings. She could also remember that she struck her head on the vestibule of a Pullman car on her way from Baltimore to Philadelphia.

When she arrived in New York, she registered at a hotel as Miss Jane Johnson. Under this name she obtained the next day work at a newspaper office in the telephone department. She gave evidence of culture and education, learned quickly, and was advanced rapidly.

When her father greeted her in the office, she said that she did not recognize and remember him. But she was willing to go with him to Philadelphia, if he was certain that he was her father, even though she did not know him. "What a funny little mustache you have!" she said to him.

Miss A. looked well but weighed about fifteen pounds less than when she disappeared.

At such times I am completely filled with thoughts of murder and crime.”

It is evident from what has been said above that consciousness may be wanting even in very reasonable and premeditated actions. Furthermore, the Leipzig Imperial Court—that is the Supreme Court of Germany—also upholds this opinion, since a *cleverly planned* escape from prison and the *use of physical force* when seized are *not* taken as sufficient *proof* of the *presence* of *consciousness* (Vol. XLII, p. 45).

*

If we go to meet the feeling of a judge to whom it may, perhaps, seem strange that people—like our boys—apparently act correctly and yet *must* be interpreted as unaccountable and irresponsible, we shall have to notice that in such cases it is necessary to speak of a doubled or divided will,‡ inasmuch as catatonia rests upon a multiplication of the entire personality. These individuals, therefore, at the most, may be *free* within a defined sphere of actions, which again, as such, are conditioned by one or more attributes of the character of the person involved.

Qualities of character * receive significance and full worth only when we consider their relation to a certain morality. Morality is, so to speak, the original element which gives the suitable direction to all our action and conduct. In the last instance, it is derived from eudemonic egoism, which, as is well known, appears under a variety of forms and, in its most primitive shape, constitutes *that principle* upon which society rests. Morality, however, regarded from the standpoint of natural science and psychology, is only an instinct, a feeling, an emotion, that has nothing at all to do with the intelligence. Intelligence at the most may be a psychic gift which serves for its objectivation. This instinct appears in manifold variations; and in court cases, where we speak of moral values, the psychiatrist *must* investigate whether the *kind* of the given variety is *high* or *low*. The single and only one test in this question, however, can be solely the position in which the person under discussion has placed himself in regard

‡ I refer here quite especially to what has been said on pages 22-24 and 42-44.

* Character means the kind of emotional reaction of a given person.

to the environment—the comparison of his social position with that which we should expect him to fill. For, doubtless, everybody would agree with me in this, that *only* the life and *kind of thinking* of the individual—exclusively, his emotional nature, which we learn to know from this life—are of real value for estimating his worth, but *never* his *words!*

Now, we may come upon a morality the quality of which is unusually low; that means, the person under consideration permits himself to be led solely by impulses of an egotistic nature. That is a condition which we call *moral idiocy*. Even if such an individual seems to be capable of choosing among particular actions, yet in all these actions he remains, as it were, fettered by iron chains through his peculiar qualities deep within him; so that all his deeds not only bear in themselves the stamp of absolute, inveterate egotism, but they *must* necessarily bear it.

The postulate of the freedom of the will in the legal sense conceals in itself two factors; first, freedom in choosing the ways which ought to lead on toward any goal, and then, that this goal also shall not be morbidly conceived. The juridical conception of the freedom of the will demands therefore that the individual *is* always *able to choose*, according to the circumstances, among the various motives for the attainment of a certain goal; and that he acts herein, as also *in the moment* when he *sets* the end before himself, “in the name of the principle of freedom.” Hence we can, without difficulty, in the sense of the legislator, assume the presence of mental disease in cases where the goal represented is conceived in a *delusional manner*. Here, namely, the individual is under the power of a fixed idea, which compels him to place all his forces and abilities at its service; consequently, to sacrifice *that* which he considers as his own and as his entire personality.

Just this last point shows us theoretically what experience has long ago taught us. Even if we were able to establish in both boys a more or less rich store of general, and in Leopold, of special knowledge, notwithstanding that our youths had at their command a good memory and could advance in their studies; still it was impossible for them in this *one* circle, in which their erring emotions controlled, to direct their lives in accordance with *sound* principles. Here they went their *own* ways, which necessarily had to be asocial and directed against the community; and only

force could bring them from the paths which their illness had dictated to them.

To consider now briefly the cases from the practical point of view, I must say that this sort of disease is always dangerous. At one time the patients distinguish themselves by reservedness, so that we can never know to what their thoughts and ideas are directed, and what absurdities will force themselves upon them. Yet we must reckon with the fact that at any moment impulsive actions may be carried out. Such individuals are, we would say, glimmering sparks in the ashes, which at any time may kindle a blaze. For this reason, catatonics, especially when they give evidence of criminal tendencies, must remain under the strictest surveillance; and as long as they show traces of affect, excitability, and activity, that is, until they are completely demented, they must be confined in locked institutions.

It is plainly to be seen that many of these patients are dissatisfied with such a solution to their problem and at the beginning still defend themselves against it with a certain energy, for they burden the press with their petitions or protest to the authorities and make application for revisions. In certain cases, they seek release in suicide.

In every large sanitarium we find patients who wish to be beheaded or burned or led to the scaffold. Sometimes they succeed in putting their wish into execution even in the asylum. One of my patients, who insisted that she "had sacrificed herself for others," in an unguarded moment set fire to her clothing and died of severe burns (page 101). The most frequent cause of similar actions—which, moreover, are carried out in such manner only by catatonics—lies in hallucinations or delusions; more rarely, the "voice of conscience" gives the impetus for them. Other patients consider themselves martyrs, condemned persons, or innocent sufferers. We know also that many a heretic or reformer, who has mounted the scaffold with smiling countenance, and not a few of those medieval witches who, after the process, were dragged to the stake, suffered a psychosis which today we should have to number in the group of catatonia.

Moreover, the psychically ill not only commit suicide, but they also murder. In France, for example, in the years 1904-1906, the insane murdered ninety-two persons, while one hundred and

twenty-two people upon whom murder was attempted, were by chance only seriously wounded. This report, given in Kraepelin's textbook, is by no means exhaustive, for it takes into consideration merely those cases which were noted in the Parisian daily press.

* * *

It is not necessary to discuss here in detail the differential diagnosis, especially since very important distinguishing signs have been repeatedly stressed. Psychopathy, which only a most superficial observation of our cases could consider, is a constitutional disease in which the person affected deviates from the norm exclusively in degree. Such an individual also has not always grown up to meet the demands of life, whether because he is lacking in necessary psychic power or on the grounds of his false judgment. Even in these people appear thoughts with a delusive basis; yet the latter *always* are in logical manner abstracted from some facts which the person has merely badly interpreted, and it is *at all times* possible for us to discover in his thinking process the point of departure for the idea.

Catatonia, on the contrary, is a progressive disease which has as its end result the total destruction of the personality. This is preceded by a gradually developing defect, which is most plainly manifested in a diminution of the psychic initiative and of the emotional vividness. The delusional ideas in such patients grow upon a scarcely perceivable basis or quite rotten foundations; and they separate themselves very quickly from these grounds, until, in merciless fashion, they have enchained all thoughts and actions of the individual.

There is only one mental disease in which we can establish a similar destruction of the personality with complete absence of critical power; namely, *general paresis*, that means, a form of insanity which makes the person afflicted also unaccountable for his actions and deeds. But this psychosis is easy to determine, whether on the ground of the bodily condition or through the biochemical examination of the blood and spinal fluid. Besides,

general paresis relatively early involves loss of memory and capacity for orientation, which do not belong to the catatonic picture.

* * *

We believe that we may break off here our discussion upon the above-considered matter and also pass over the so-called "moral insanity," which is no longer a special form of disease, for it represents in actuality only a symptom complex observed in various psychoses. Yet we wish to mention a type of mental illness in which our two cases could be included. Already in 1890, Kahlbaum²² had described a form of disease under the name of "heboidophrenia," which, as he explained, was connected with hebephrenia (that is, the catatonia of today). Kahlbaum considered as characteristic of this disease the fact that it develops "with especial frequency in childhood—and in adolescence—and is distinguished by deviation from custom and morality, by criminal tendencies and criminal acts." Kahlbaum further pointed out that in general this form of insanity does not lead to such typical "confusion and deterioration" as usually observed in hebephrenia. Hess¹⁹ proved later that such criminals actually stand close to catatonia. For Anton,³⁷ too, "the moral degeneracy in childhood, with its abnormal lack of the higher categories of feeling and loss of capacity for human sympathy, with its impulsiveness, its negativistic direction of the will, and on the other side, with the increased suggestibility" constituted a disease closely related to catatonia; while Ziehen³⁵ has already identified such criminals with catatonics.

The relationship between catatonia and criminal personalities has been still more exhaustively set forth by Hoffmann,²¹ Kretschmer,²⁷ Meggendorfer,²⁶ Rinderknecht,³⁰ Stelzner,³² and others. Emphasis is given most of all to the "tendency to antisocial action manifested even in childhood and to the aberrations of the emotional life. Such criminals differ quite essentially from other morally depraved individuals in this, that with them not only the altruistic feelings are wanting, but also those conceptions which would have to do with *their own welfare* are likewise poor in affect."

It is plain from the symptomatological parts of our monographs that among catatonics we find negative, asocial natures, untouched by anything we call conscience. Others are hard as steel, cold-blooded beyond measure, unscrupulous and heartless, "will not stop even at a dead body." Furthermore, it could be proved in the study published in 1909 that such patients who formerly were diagnosed as psychopaths had disclosed themselves as catatonics. In later monographs there was brought much new testimony and in the study on the psychopathic forms of catatonia, I published the life histories of twenty patients, each of whom for years and decades had presented the picture of that which is regarded as psychopathy. But, despite this, all the patients mentioned became finally demented in typical catatonic manner. Bleuler,³⁹ Wenger-Kunz,³⁴ and Van der Hoeven²⁰ have likewise called attention to the fact that schizophrenics, that means, catatonics, may develop from psychopaths.

Dickhoff⁴⁰ also has found that catatonic psychoses arise from psychopathic peculiarities, and Risch,³¹ too, warned against confounding paranoiac persons with psychopaths.* Furthermore, Henneberg,⁴¹ Longard,²⁵ Moeli,²⁷ Raumingger,²⁸ Redlich,²⁹ Strauss,³³ have described patients who were first considered psychopaths, but later developed all characteristics of catatonics.

* * *

We have made an effort to recognize the psychosis from which Leopold and Loeb suffer and to give the reasons for our diagnosis. Then we have tried to show that the previous life and the present condition of the youths must be brought into harmony with our diagnosis. Following this, we have discussed the deed upon the ground of the clinical picture; and finally, the question has been treated from the point of view of the legislator, who, in so far as he explains an individual as irresponsible, also makes him unaccountable for his acts.

The indispensable condition for establishing the irresponsibility

* Risch speaks of patients with delusions, whom alienists now reckon to the paranoiac form of dementia praecox, that means, catatonia.

consists, as is generally accepted, in proving the inability to understand and comprehend a deed performed. Whoever, therefore, permits himself to transgress against the law and has to be made responsible for this, must understand the terms, the nature, and the significance of the act which he has committed. He should grasp the relationship of this his deed to the world about him, to the rights and interests of other people. Yet this is by far not enough! The legislator sees no resistance to the law even when the doer was capable of understanding the deed performed, but was not in a condition to direct his actions.

Consequently, the penal code demands that a responsible person not only grasps the nature of his act, but at the same time shows that he can direct his action by the aid of reason; that, therefore, he possesses the ability to conduct himself rightly *by his understanding*.

Whoever, on the other hand, cannot employ such mental powers and must be counted irresponsible, with him the delict is interpreted as nonexistent.

Furthermore, an individual is not punishable if, at the time of the committing of the deed, he was unable to conceive the wrong of his act *or* to direct his will in accordance with his insight. It must be emphasized that the capacity for insight has to be judged only with regard to the particular culpable act. Besides, insight may be present for one delict but at the same time be absent for another. Yet we have not to examine whether or not the punishableness has been perceived but merely whether the psychic capacities were sufficient to make this cognition possible. Moreover, abolition of accountability does not involve total failure of mental ability, for it can be brought about through lessening of the same.

Again, the law takes into account that the capacity for insight into a punishable act may be lacking in individuals under eighteen years of age because of still existing mental immaturity.

Further, a causal connection between mental disease and delict need not be established. Consequently, according to the law, it is not necessary to prove that the culpable act was conditioned by a psychosis, but we have to show that at the time the deed was committed a disturbance of the mental activity has existed. In

the same manner, it is not demanded that there shall be impairment of the ability to act at all, but only in regard to the delict.

To this may be added that, from the forensic-medical standpoint, we have, in my belief, to judge congenital and acquired psychic defects *differently* also when they, *as actually happens*, manifest themselves through equal qualitative and quantitative evidences. Congenital defects in the domain of the emotion, will, and thought, we should designate as mental idiocy in the legal sense only then when they manifest themselves in very high dimensions; acquired defects, however, also then when they appear in lighter degrees. The former, we may say, are congenital psychic deformities and malformations, that means, abnormalities which still correspond to the original nature of the given personality; the catatonic defects, however, are acquired diseases and always in contradiction to the personality. Catatonia signifies a deviation from the former condition, a progressive psychosis, which in truth can be *explained* but no longer *understood*. Something new, foreign, creeps into the soul; the mode of reaction of the person afflicted is totally transformed, his further normal development inhibited; so that the individual little by little becomes destroyed.

When we carry this discussion over to Leopold and Loeb, we obtain from the analysis of their psychic aberration grounds enough to exclude their responsibility and their free-will control. For in choice of actions a struggle of motives *must* precede any decision; and only those are able freely to direct their will whose actions have a normal basis and show a normal course.



It has been mentioned already that catatonics very frequently, before the illness has become manifest, reveal exceptional abilities and quite unusual intellectual gifts. More interesting is the circumstance that many of them still give evidence of the most valuable qualities during the disease which has already lasted for years and decades. It happens also that patients who have remained for a long time in a state of more or less pronounced deterioration suddenly begin to develop a creative power, and with it betray characteristics worthy of high-souled intellectual potentates. As an illustration of what has been said, I will reproduce in his own words an article which Dr. Adolf Heilborn published in August, 1912, in the *Vossische Zeitung* under the title "Intellectual Life and Emotional Death," adding some new abstracts of cases, and paragraphs printed in other type.

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From earliest times poets have been tempted to paint in one or another of their works abnormal conditions of the soul. Every enigmatic disorder of the mind, the mystery of such disturbances in thought and feeling, in will and action, which make people of lower culture look upon persons mentally ill as inviolable or possessed of divinity, or even as saints, have at all times attracted the poet's fancy and offered grateful problems for his genius. It is remarkable with what telling effect poets often picture such soul conditions and mental ills in their manifestation, and how they describe the course of their development. Possibly it is the result of the naïve gift of observation combined with the power of divination that exists in every true poet; sometimes it is the result of his own similar sufferings—the psychic epileptic "Raskolnikow" in the great novel *Crime and Punishment* is a classic example, for the author, Dostojewski, was himself a victim of epilepsy. Less frequently was there an analysis of the psyche according to scientific knowledge. If we can speak at all of psychiatric science in those early days, then, for instance, Shakespeare was familiar with it.*

If the literature of our time has finally become more exact in the delineation of the diseases of the soul, if the portrayal of

* H. Laehr: The Portrayal of Diseased Mental Conditions in the Plays of Shakespeare.

abnormal mental conditions more nearly approximates reality; it is because psychiatry has recently furnished rich material in a number of popular works, such as those of Krafft-Ebing, Moebius, Forel, and Moll. These scientists have given us serviceable methods for soul analysis, so that even the layman no longer fails to understand the peculiar statements and puzzling actions of a diseased mind. The information spread by such works has replaced the evil curiosity that comparatively recently caused many people to regard the ravings of insane asylums as their Sunday treat, with a respectful sympathy for those so sorely wounded in life's struggle.

There has recently been added to these meritorious works a new monograph by Maurice Urstein, the well-known Polish psychiatrist. The book is an exhaustive study upon *Catatonia*; that means, mental diseases tending to deterioration. This strictly scientific work is of the greatest significance, and no prophetic gift is necessary to foretell that it will immediately win for itself one of the foremost places in scientific, psychiatric literature. But it can count on an interest far beyond the narrow circle of specialists as it presents a picture, clear and well-defined, of the commonest mental disease. The author proves irrefutably—through material that admits of no argument—that many cases of mental disturbance, until now considered curable and not leading to deterioration, nevertheless end in a prolonged siege of insanity and in a breakdown of the entire personality.

It would be to the purpose first to outline the nature of this mental disturbance. Under the name "catatonia" or "insanity with tension," as well as "premature deterioration" or "dementia praecox," we understand a peculiar combination of mental and later of bodily disturbances, which, after years and even decades of free intervals, lead to a characteristic form of deterioration. At first the victim gives evidence of a complete change of personality. We are concerned with an intrapsychic disharmony, an inner laceration, a division and a doubling or multiplication of the psyche, together with a full understanding of all that takes place around the patient. The bands of association are broken; thoughts slip out of their regular grooves. Consciousness breaks into fragments, the ingenious machinery of the brain—if we may

so express it—into its component parts, each of which tries to work for itself with no regard for the coherence of the whole.

Numerous patients outlined this condition with extraordinary clarity in the following abstracts:*

All actions of the catatonic show the lack of a definite aim, the failure of logical conclusion. This loss of mind harmony, that is, of unity and coherence of psychic function, leads to the wildest imaginings, to the most striking contradictions in the nature of the patient, above all, to a lack of affect and appropriate emphasis of emotion. At the same time, strange to say, perception and memory remain normal; while, on the other hand, the power of judgment is soon lost, going down hill rapidly and severely. Of a much rarer occurrence is it that sometimes a seemingly long-lost mind is suddenly restored, so that the dull patient again finds himself in full possession of all his faculties.

Among the numerous examples with which the author proves this, none is more startling than the creative copying of the Ten Commandments in French, by a patient who had been uninterruptedly ill for a period of sixteen years and was almost totally deteriorated. In the midst of a *disconnected* letter to her sister the patient writes: "Perhaps you will be glad to know that in my solitude I have discovered how we can dress ourselves equally well and not too expensively. If you will make me happy on my birthday, please send me some yarn. You know that I enjoy religious questions, and so I will let you know how I have translated the first three Commandments.

Les lois de Dieu,
 Ordre premier.
 Je suis le Maître
 Il faut me connaître,
 Ordre second.
 Le nom de Dieu est sérieux
 Comment?
 Pour avoir de Dieu
 une bonne préférence
 Nous devons craindre

* To avoid repetition, we refer here to the indeed classical sentences offered by our patients (pages 21-24). Dr. H. has cited them after the original text.

aimer et avoir confiance.
 Ne pas faire malédiction,
 non jurer,
 Non mentir
 Non enchanter,
 Mais prier, louer, sentir.
 être gracieux.
 Ordre troisième.
 Tu dois faire dimanche
 Comment ?
 Nous devons craindre
 Et aimer Dieu.
 La prêche non mépriser.
 Moïse entendre
 Et apprendre

From another mostly quite confused letter we cite: "God is love. A clergyman said, 'When I come to this part of the Holy Scriptures, I would most gladly close the book; so rich in content is this sentence that the thoughts seek for room.' Dieu est l'amour. Un prédicateur disait, 'Quand je viens à ce mot, je fermerai le livre, tant il y a à penser et à exécuter.'

Ici est l'endroit
 Voilà de Dieu les lois.
 Quand tu n'as pas, en trop, de miel
 Ici est l'entrée du ciel
 Ici demeure justice,
 On aime les sacrifices
 Regardez les rayons,
 Il n'y a pas de plus beaux chansons
 Jérusalem, beauté,
 Je sais comme tu es glorieux,
 Tu as de lumière
 Pour le jour entier

In the analysis of the case the author says: "The patient, who for the most part remains dumb and does not even speak to her sister when she visits her, often giving a silly chuckle, who keeps

her cakes in the bedpan while she eats her excrements from a plate, is at times inordinately violent, ill-tempered, impulsive, aggressive, resistant, and in her personal habits extremely unclean; yet even in this condition, she writes a number of poems that show independent thought. Her verses are in no wise a mechanical labor, but confront us with a creative talent that is in sharp contrast with the patient's condition and her confused letters. She does not translate; she furnishes something new, at times, in a foreign language. She does not give words only, but the meaning, and this in a highly polished manner. In the *Commandments* created by this patient, there is something so strong, so significant, and one might be tempted to say, so gripping, that a Bossuet or a Massillon would not be ashamed to claim the writing as his own. And yet it is the creation of a deteriorated mind. Let us state here that the patient has not borrowed any one's translation. This was verified for me by several clergymen, among them French ones. Notwithstanding the fact that a catatonic, even in the terminal state of the psychosis, can manifest a phenomenal memory, it seems out of the question that the *Commandments* had been memorized when the patient was well."

Such an awakening from the night of the mind generally lasts but a moment. The patient finally becomes dull, goes to pieces, loses interest, may do nothing of his own, cannot pull himself together, is without will power and action; presenting a picture of a being whose sense is closed, and whose heart is dead. A premature death of the soul characterizes just the catatonic.

Naturally, this picture is not the same in the details of the development of each case. The intellect, the general culture, and, not least, the milieu from which the patient comes, and in which he was forced to live, are of greatest significance for the single features. It is self-evident that in the case of a genial catatonic like Schumann * the lines in this dread picture will not be drawn so coarsely as in that of a farm hand or a servant girl. Of course, even intellectual leaders become deteriorated. They also *die* for the outer world or at least for their own social circle, in which little peculiarities are noted more quickly and make them difficult to get along with. In general, however, we cannot expect to

* According to Moebius.

find, even in the advanced stages of the psychosis, the same picture with which we are familiar in patients of state or community institutions.

We may interpolate here that the famous poets, Hebbel, Scheffel, Hoelderlin, and Gutzkow also suffered from catatonia. Among musicians, Donizetti, as well as Schumann, had the same illness. The sculptors and painters have had but little attention paid them by pathographs, foremost among whom is Moebius. We are only familiar with the article about the Belgian painter Wiertz and with Courbon's study: *Étude psychiatrique sur Benvenuto Cellini*, whose morbid teachings are said to have influenced the two Chicago boys, especially Leopold. Kraepelin is justified in his assertion that every important prize competition has submitted to it sketches and drawings which forcibly remind one of the productions of catatonics. Very instructive is also Prinzhorn's recently published monograph, *The Plastic Art of the Insane*. Quite remarkable pieces of sculpture made by catatonics are found in the well-known Villa Palagonia near Palermo, which has been described by Goethe.

As I have said, I consider the author's proofs of his correct judgment of symptoms, nature, development, and termination of catatonia irrefutable. They are so because he shows us the entire life course—and sometimes the observation of the cases runs back through fifty years—disclosed in a diary penetratingly analyzed from the viewpoint of a psychiatrist and psychologist. Besides—this seems to me the most valuable part for the public as well as for the writers and novelists—through a rich supply of material in letters, stenographically recorded conversations, reports of patients regarding their own condition—in short, through such objective “human documents,” the author gives us glimpses of the soul life of these sufferers; and he pictures to us the mind's darkness in a manner that could be furnished by no presentation of a mere observer, even if he were the deepest soul investigator and most imaginative of poets. “And these documents come from people of the best society, who, as a result of their education and intelligence, give correct information in regard to their misconceptions, inclinations, impulses, or their abnormal condition of mind, and can mirror clearly in speech or writing their inner struggles. On the other hand, through just such patients, we can easily make a study of the gradual let-down of all psychic functions, being able to show the resulting defects, the decline of each function of the mind, the loss of the former healthy personality, the fragments remaining, as well as the gradual sinking on the social

ladder, which, as several reviews prove, may happen twenty or thirty years after the onset of the disease.”

We quote several of the moving human documents, as this will show far better than any critical commendation the real value of the author's work.

“I should like to make you happy with good news,” a patient who has entered the institution for the third time writes her husband, “but I regret I cannot. Now I believe I shall never be well. This time it is entirely different from formerly. What might happen! I should so like to speak to you—possibly that may help me. If only something would come from all my suffering, if it could help some one, if I could help you all with it, then would I gladly bear it; but this frightful torture—to know that I am gradually losing my reason for no purpose, but on the contrary so terrible for you: that is, I might almost say, enough to make me become insane. My poor, dear Ernst, you must accustom yourself to the thought that I shall not improve, at least not to the extent that as a rational human being I can still live among rational people. Even if my intellect stands still, you all must live on; even if I am unhappy and insane, you ought not to suffer by it. Some one must keep house and look after the children. If I could only get well, Ernst! I constantly beseech God that for your sake he should heal me. I have become pious, yes, because I see that human beings, in spite of love, faith, sacrifice, cannot help me. What will become of the children? If God does not protect them, no human care and solicitude can.” After fourteen years of very grave psychosis, this highly deteriorated patient, at a moment when she was not guarded, set fire to her clothes and next day succumbed to her burns.

Another patient* was conspicuous for her mental capabilities and a self-culture far beyond that of a country girl. With no music lessons, she played piano, violin, guitar, and zither. She prepared herself by reading for a relatively general knowledge and a thoroughly correct written power of expression. Besides, she never neglected her household duties in any way. In the course of time we have from her an important collection of poems and songs, principally of elegiac content. The subjects of parting and

* Case 1 in paper.⁵

being forsaken, of lost happiness, unfortunate love and withered hopes seem specially to attract her. About six months ago, symptoms of a psychic disturbance were clearly evident, and these increased as her fiancé, after convincing himself that she was abnormal, broke their engagement. Intent on suicide, that patient jumped out of a window; but the result was only some broken bones. She was then confined in an institution, and after about two months there, she wrote:

“Ja, bitterer noch und schwerer als selbst des Todes Pein
Ist lieben—und vergessen von dem Geliebten sein.”

(Yes, even bitterer and harder to endure than death
Is to be in love—and to be forgotten by one's love.)

Dear Anton! Forgive me if, in following a warm impulse of my heart, I address you in this way, even though I received no answer to my letter and fear that this will be returned to me unread. I do not desire to wrest your love, since it seems this has been killed for me. Human prejudices, envy, and hate have estranged your heart. Some one has given you a picture of me and my family that will make it easy for you—to forget. Lisette H. gave you full details and called attention to facts that you could not easily overlook. Furthermore, Lisette informed me long ago that your parents would not give their consent, and that I only wished to force myself upon you.

I put to you the question, “Do you believe that I no longer enjoy a healthy mind?—only because your brother had sent me word that he also heard such gossip. I wished only to ask you if this troubled you in any way. You believe you see in me a hard, cold-blooded, calculating being; how painful it is for me to have you think this of me! How good it would be if I had a heart of stone, over which everything might slip without impression! How much lighter my burden would be! I could then look at the world with happier eyes. Instead—what do I see before me? An existence of quiet resignation. My happiness, my peace is gone. “Only tears the short Spring gave me.” I have but one consoler—my dear, true friend, “Madame Musika.” To her I swiftly turn, complain, cry out on her breast; she shares my pain, every tone weeps with me.

Denn nur Musik laesst des Herzens Saiten voll und rein
erklingen,

Und mit tiefem Beben fuehlt man, wie hehre Maechte uns
bezwingen!

(Only music lets the heart strings ring out full and clear,
And with deepest trembling does one feel how holy powers
master us.)

I have but one request to make of you: Be a friend to me; do
not part from me in anger!

If it is decreed that you may no longer be mine, I can be
more content in the knowledge that you remember me in friend-
ship. I can renounce, if necessary—but forget, never! Love
is a flower that does not die, even if light and air are taken away.
She droops her head and her leaves fade, but a heavenly, eternal
sprouting reigns in her. May I hope for the fulfillment of my
plea, and will you send me a few lines? Oh, do quiet me with
one word, that you will be a friend to me. Possibly after such
long, long days of sorrow, I may be permitted to see you again,
and I should be happy if I could then hold out my hand in
greeting to you.” In time, this patient developed deterioration to
the highest degree, and in her last fifteen years showed the picture
of a catatonic condition at its close.

Another girl “was orderly, diligent, proud, sensible, and loved
for her charming disposition. Head of her class in school. Very
logical in her thinking but a bit precocious. Took everything
seriously. Often a bit pedantic. If everything was not just as
her sense of order and highly developed sense of beauty would
like to have it, she could be moved in an unpleasant way and
would even cry. In her fourteenth year, the little one often
looked perplexed and could not reply correctly. She complained
that people excited her, and that she could be pleasant only by
trying with all her might. In her fifteenth year, she developed
hypochondriac ideas and became slightly depressed. After a con-
sultation, with which she was not satisfied because the doctor
declared her imagined stomach troubles curable, she went home,
asked the maid for some cleaning compound with which to polish
her purse, and locked herself in her room. When she was missed,
the door was broken open, and the child found seated in a chair
in the middle of the room, like a corpse, surrounded by a pool
of blood. With a razor, she had gashed her throat and her left
forearm, sawing through pulse, nerves, tendons. In the wounds

she had smeared the cleaning polish, which contained vitriol. Just before the act, she had written the following note (the handwriting shows no excitement) and posted it on the wall with a pin:

“Forgive my resolve: I could not act otherwise. Farewell, farewell, my dear, good, loving mother, to whom I must give so much sorrow & heartache; farewell, Father, Grandmother, Aunt, & Brother Karl.

“I beg of you to keep me in silent memory. Let them make an autopsy to discover what is the cause of my illness. I believe that I have won the wager, alas, to my sorrow! But I leave you in a world where the wounds of the soul can be cured by time.

“I leave Karl all my cash. Again farewell—now I am giving up.”

About three weeks after the attempt at suicide, the little girl says: “I can’t understand how I could do such a thing. I don’t believe I could do it again. But I felt no pain at all.”

During her examination by a psychiatrist, the patient said: “Long before the act, I noticed that I was abnormal and not like other children. When some one told a joke I couldn’t laugh, because I had the feeling that this was the time I ought to laugh. When I thought that I wished to go to sleep, I couldn’t do it. When I was called on in school, I became so excited that my feet grew cold. If I saw an acquaintance approach me in the street, I grew very excited and couldn’t calm down until we had greeted each other. Eight days before the act, I had resolved to do it. I didn’t tell my parents, as they would have tried to prevent it. (While she was telling this she burst into tears.) At first, I wished to drown myself. I also thought of hanging myself. But how to get a rope? Maybe, so I thought, I can pay somebody to help me. At first, I felt sorry for my parents and my grandmother, later only for my mother, and finally for no one at all.”

During the first months of her stay in the institution, the father reports: “The letters of our child give us great pleasure through the awakened feeling and freshness of life we find in them.” The fifteen-year-old girl takes a lively interest in other cases, controlling their complaints through her own sensations. She would like to be a man, so she could be a physician. She says she cannot weep any more, even on her birthday, and that is a sign of lack of

feeling. When she came she could still cry, and this relieved her emotions.

“You surely must have been worried about the contents of my last letter. I hope you haven’t taken it as black as it is pictured. We can always consider a written statement in two ways—either by putting ourselves in the place of another, or again from our own point of view . . . Yes, it is true, one becomes more and more estranged from oneself, since this eternal illness has come disturbingly between me and you. . . . I heard recently that God, the arch power of all being, is always immersed in introspection; that is, he regards himself with endless satisfaction, the Immutable, the All-wise, the Immortal! Do not place your faith in human beings as they are finite as the dust upon the earth. . . . But eternal happiness must be really wonderful, if we did not have to imagine ourselves with no ears to hear and no eyes to see.”

In a later letter we read: “But I would agree to everything, if the Professor were not so great an egotist and would permit a few lessons from a teacher in music or drawing, or French or English. Every ladder to perfection is taken from me, and nothing is done for me. Will you desire this, dear Father; can you desire it? Should I proceed along the path of ignorance and imperfection? Speak; will you be so cruel towards your child? I wander in night and darkness, and I would praise him who would open for me the portals of truth and knowledge. He would be my savior. Hope soon to ride to Berlin with Karl; then we can visit together the Art and National Galleries. How astounded I was to learn from a lady here that there are original Rubens in our Museum. Original Rubens in our city—and for me, who was born there, never to have heard of it! Wonderful, well-nigh impossible! But how does this happen, is a question I put to you. How is this? Have we not so great an appreciation for the things close at hand? Whether you knew something about their being there or not, I advise you, dear little Father, to visit the Museum and look at the pictures. They say the most important ones are at Cassel. Now goodbye, dear Father; I must still chat a bit with Mother. . . . The last time we read *Julius Caesar*; next time *As You Like It* by Shakespeare. I am very fond of Shakespeare, and yet I must say that much suffers by

translation and does not find full expression through the cut or catchword. This would be different in the original of these tragedies and comedies. I find that *Julius Caesar* has not anything like the effect on me that the play really ought to have, and that I could feel it only if I could see it in a theater. . . . To see Michael Angelo in his colossal greatness would be glorious. There is only one drawback to all these lovely, wonderful plans: the professor. He stands like a trick of fate between me and my plans, as well as my hopes, and brings to naught everything a god could give me to enjoy: art, beautiful, classic art. Oh, it is heartrending, crying to heaven! But this isn't enough. Just the idea of destroying my hands through daily needlework and seeing them broaden like those of a woman of the proletariat makes me wild. How my brother is to be envied! On how many things he can exercise his taste! I have only people, and besides, I fear I may bore those whom I admire. Many here show such unbearable faces that I should like to blame God and the world for having created such caricatures. One tires more quickly of seeing faces than from looking at nature."

In another quite common-place letter we read: "When I think how many persons are favored by God, and how many others are followed only by misfortune; when I picture what happiness some have, and in what frightful agony others go to their end; then it is a redeeming and refreshing thought to consider the world hereafter and to think there will be a rich reward for the suffering endured here. But then arises in me a doubt, and the philosophical side of me demands its tribute, saying that our life ends with the close of our physical existence. I lead here a shadow life. One walks up and down just as in the dead city of Pompeii. Nothing moves me; nature is void and empty; and I wish to God that I were able to endure this stale life and let no temptation come near me.* Please, dear little Mother, send me some of the olive-green wool for the stockings of that color—and the superintendent thinks I need another dress and suggests it be of some spring material. I'll leave it entirely to you. if I

* The intrapsychic disharmony manifests itself here in a splendid manner in the transition from very sensitive and thoughtful reflections to the trivial demands. Such contrasts we find in early ones of her letters—in those of other patients, too—and from these signs alone we can mostly deduce the correct diagnosis.

need it at this time. I am sorry to trouble you. . . . Today I come only with complaints, and merely justifiable ones. I write at this moment to remind you that I have been here four years. Do please take me away from here. I'm going to pieces here, morally. Help me out of my trouble, and I shall be indebted to you all of my life. Your grateful Marie."

In the last writing of this patient we find: "Black melancholy, do you know it, dear little Mother? I believe I possess it. No trace of humor, no vein for joking—so equipped, how can I go on in this world? . . . Mind darkness is by no means so bad as mental insufficiency; and if ever there is justice, I hope to find it in heaven—here on earth there is none. On my forehead seems to be written, 'You are a suicide'; and people flee from me, as well as I from them, because the murderer is followed and attacked by furies until he succumbs. I hope to see you again in heaven. Adieu."

After a four year's stay, the patient, who was impelled to rack her brains about her diseased sensations and spoke much of Schopenhauer, was committed to a state institution. Her condition grew worse, and a complete dissolution of the personality followed shortly thereafter with frightful rapidity.

In the first days after her admission the patient praises the high and noble spirit that prevails in L's sanitarium. Everything would be different there, but especially the people finer. Yet quiet; accustoms herself with astonishing rapidity to the changed conditions of life. Plays the piano, though without feeling and understanding; strikes false notes, does not keep time. Still, considers it, and likewise her much worse singing, as an unusually artistic performance. Very noticeable are also the indifference and lack of emotion with which the patient, having had leave of absence, presents herself again at the asylum. Occupies herself mostly with needlework and literature. Considers herself a philosopher and looks down upon her fellow patients with a lofty pride. Shows great preference for poetry, chiefly the tearful, sentimental sort. Begins of late to paint under direction.

IX. Received from a patient, because of vulgar speech, a few blows on the ear, which she takes quietly.

XII. Insolently pretentious toward other patients, the doctors,

the personnel. She is highly intelligent, highly interesting, and the like.

June 1887. Seizes 30 grams of tincture of iodine and drinks it. No regret. It would be better to let her die. Philosophizes over her condition. She has always been the fifth wheel in the wagon. What should she do in the world? "What is death and what life? There is indeed no God! I wanted to bring about a crisis."

VII. Fresh attempt at suicide. To everything said to her only the same refrain: "I must put an end to myself. I cannot live; I have no joy in anything. I am possessed by the devil, who drives me all the time to wickedness, to destruction, and other harm. If I want to do anything good, I cannot carry it out but must do evil in its stead."

1888. Very vivid auditory hallucinations and persecutory ideas. Frequently laughs to herself. Often depressed; makes attempts to poison herself. Very much pleased at her Christmas gifts.

1889. Taunts the other patients. Frightfully greedy. Takes food also from the others and gulps it down. Often has to be isolated.

1890. Excited, aggressive; tears everything to pieces. Copies the other patients fairly cleverly.

1891. Develops monstrous and perverted sexual ideas. Directs her wishes to a soldier, a servant, a doctor, or even her father. "Every girl has to have such experiences or her brain will rot." Tells this also to her parents.

1892. Does handwork and reads. Swallows everything which she can get. Christmas, apathetic, indifferent, without interest.

1893-1900. Excessively corpulent. Quite feeble-minded. Does not answer questions.

1901. Lives in her monstrous ideas and grotesque delusions, which she produces afresh day by day. Believes herself starving, while she eats in enormous quantities. Often noisy, and aggressive, laughs without motive.

1902. Typical apathetic dementia. Laughs as she is informed of the death of her father. "He had always had good things to eat and drink; he could die peacefully." Also, when her

mother passed away soon afterwards, quite apathetic. Observes, nevertheless, her entire surroundings and makes correct remarks about them. Talks to herself almost all the time.

1905. Stiff and manneristic postures and movements. Frequently excited, abusive, produces only word salad.

1910. Totally confused, dull, completely demented. Gives no answers. Inactive and motionless in bed. Periodically she is slightly excited.

Deepest pathos is shown in a will—written on a concert program—and in letters produced by an older patient, of whom the record says: “A hearty, cordial nature; concentrated her whole being on her mental life. She worked constantly with untiring zeal and eagerness to develop her intellect and concentrated her whole being only on the ideals of life. She liked nothing better than to be with sympathetic, intelligent people, but was reserved and did not unbosom herself to every one. Merry and joyous, especially in circles where she considered herself understood. Adopted a child, which she worshiped. Seven years ago, the patient lived through a melancholy period similar to her present one. For the past three months there has been a state of depression and self-reproach, together with such strong attacks of despondency that she had to be placed in a sanitarium.” After a few weeks, she writes her husband letters, which we reproduce in abstracts:

“You’ll not believe it again—but it’s written here in large letters at every turn. Such an abyss, in which I fear to look! But you must act: my hands and feet are tied. The ground totters before my feet. If I go on in this way, it will become worse daily. As I already realize—*a blot on human society!* And I have no excuse! You would learn here at once that this is really the case. Therefore, be man enough to do from a distance the only thing possible to make it easier for me. If this does not happen, I’ll do what I can. If I put it off, the crime grows greater with each day. There must be an end to it, once for all. *Burn this letter at once*, so that Dr. B. is not involved! He is too good! I wish an end! only an end! . . . My shameful deed grows greater with every moment. It is all to no purpose. You must do as I say. I am writing contrary to the wish of Dr. B., but I do not want to abuse his kindness

any further. How can I write all this! If there were any possible chance of escape—but I am fast ensnared by my deed! What ought you to do? I would do it myself, if you'll only show me the way. . . . But every power of resolve is lacking in me. This letter must decide my fate. As I do not know how to confess the fault, I beg of you to do it for me. An impostor like me must be exposed. I did not believe it would come to this. Hedwig."

After a few days the patient writes: "No running away will help. You must hand me over to the courts as a criminal. Miss R. has all the threads in her hands and is only waiting for the proper moment! How I arrived at the mad action to trample love and honor under foot, I do not know. If I could only perish by myself; but I can't think about all the misery I have caused. Fraud and lies, about which they hear, strongly accuse me, and which quietly I have accepted and still accept—this is the accusation. I have shown through my attitude that it is the truth. *I am worse than the greatest criminal!* I have played with the holiest of blessings: I cannot return. The whole house here will rise up and accuse me of having pretended to be an invalid. And I have borne their contempt with the greatest indifference. No denial can help; no defender can save me. Wherever we should take refuge, the accuser would rise against us. What will happen to me? How can you make up your mind to this? I played the hypocrite here more and more, until Dr. B. brought me to my senses. Of what all shall I accuse myself? Can one get over lies and deceit? And I can find no means to put an end to my life! Haven't even the courage for this! Now the facts speak louder than my words. *A more abandoned creature than I does not exist.* No one at my side to help me. One day after another passes in this way; no way out wherever I look. A traitor to love, honor, friendship, loyalty, surrenders herself to justice. Better so than to delay! Nothing like this has ever happened before. Each one else had long since killed himself—there is no other way. Must I address my plea also to the prosecutor? If I don't do it, somebody else will! Believe me, if any one came and only once reproached me for my guilt, I would affirm it."

After a six weeks' stay in the sanitarium, the patient was

transferred to a guarded institution. For two years she expressed her complaints and ideas only by word of mouth; then she began to write letters, from which we quote the following:

“What has happened to me is so inhumanly cruel that it cannot be expressed in any language. I am a *cursed one*, an *outcast*, one who has been found guilty. The words have lost all sound for me; I say them over to myself from morn till night. Ernst, I have forsaken you, betrayed, lied to you, and deceived you: I was not ill when I left you and went to the sanitarium. I no longer knew what I wished in life, so I wished merely *to flee from life* and represent myself during my whole life *as insane*. And, in the first hour at the sanitarium, I wished to return to you but could find no way back. As soon as Karl (brother) left me, I saw the cruel hate of the people about me, and everything called out to me: ‘*You are cursed* for time and *eternity*. You are more devilish than the devil, more hellish than hell, more brutal than the brute.’ And the veil was torn from my eyes: I looked into my life, and suddenly everything was clear to me, and I saw *my whole life* had been a *lie*. Each word you heard from me and the physicians is fraud. And so you all go to your end and have no suspicion; you are only *cursed pariahs, ghosts* among human beings.

“When they brought me here I knew I was perfectly well. I knew I had murdered *all of you*, and I did not feel it. I knew I had turned you into a scoundrel; that it were better for you if you were tied by the feet and dragged through the streets rather than perish as the most disgraced, despised, and dishonored man on earth. . . . What do they know about me? I’ll tell you! All of them know it, all of them, your friends, your servants, the air you breathe knows it. There lived a woman who was choked by laziness, idleness, insane confusion, looseness, and reprobateness, an idiot that had St. Vitus’s dance and carried the pest, leprosy; more degenerate, more inhuman, and more wicked than all murderers, criminals; more infamous, more immoral, more careless, and more ruthless than any hussy. I am the monster of mankind, the progeny of hell. Each word I spoke, all I did, everything you saw me do, was a lie. And now I have betrayed myself and have myself torn the mask from me. I have no soul, cannot feel or perceive. And when all the refuse of the refuse

of mankind comes, it can find forgiveness: for me and through me for all of you, there is but one word; namely, you are accursed, you are cast out from the domain of man. I went quietly, healthy, and fully conscious of my hellish deed into the insane asylum, because I could not take my life. And I know full well that I can never live again. The damned ones in hell have despair; I have the craziest peace. I did not feel all the countless proofs of your true love. I could eat the cake and the ice cream you sent me, and still I envied the murderer in the penitentiary who still retains within himself a remnant of humanity. Here I am in my prison cell, and they will not let you come to me because I am entirely well. I would kiss their hands and feet if they would bind my hands and feet and stand me in the pillory and would tear out what they know of me; if they would burn me alive, if they would execute me. Because I am burned, I am executed. Emma's wedding has become a funeral. Our generation must be erased from the earth because I, a crazy creature, have lived. Kill yourselves; kill your children. Only destruction. No God can ever help; I can say no more until my death; only away from existence, away from life. Chimborazo is a grain of sand, the sea a drop, eternity a minute in the horrible labyrinth of my life. The whole city knows it: tell L. he should kill himself and his children, Hedwig."

Moreover, as she wrote her letters the patient, like many others, showed no outward signs of her inner unrest and agitation of mind; so that no one would suspect that she lived inwardly during a period through a world of the most terrible sensations; that the "crazy, cold quiet" she speaks of was lacerating her soul in so elementary a manner. When we see the individuals who appear in our eyes entirely indifferent, hardened, emotionless, dull, and then read their written productions, we can scarcely believe that they are the same persons who have delivered these letters. But just in this wide contrast that manifests itself in elementary inner affect and the inability to render it perceptible, in the striking difference between verbal and written utterance, we had already in our first study noted a typical sign of catatonia. It is entirely on account of these intrapsychic disharmonies that we could recognize at the very onset of the illness the ominous foundation of the disease, being able to foretell its sad end.

About a year later the patient begs for a quarter of an hour for herself. She says that it is her mother's birthday, and that she wishes to explain how she plans to live in the future. A great change had taken place in the last few months; she had cursed every one, even her own people. "I cursed religion; I

cursed love! I would not believe—and now belief is restored in me. I now know that I must bear what has been imposed on me, and I am ready to bear it. I wish to be quite patient. There is only one thing I can't do—I cannot return to my people! Therefore I beg you to tell my husband I am incurable. He should not wait for me and keep the large home. I can never return. I wish to stay here. I especially beg that none of my people come to see me, and that they no longer send me anything from home. I wish to demand everything I may, right here; the smallest and the largest, whatever I need. I wish to have the most implicit faith in you: only they should send nothing from home, if they do not wish to excite me. Now I realize I am sick and that I was already insane in the sanitarium; but just for this reason I can never see my people again. I shall surely not take my life. During the whole period of my disease, I often wished to do so, but it was as if an unseen hand prevented it. Ten years ago I had already passed through such a stage of this illness—but I was always eccentric as a child, peculiar. Because of this, it is clear that I am incurable: For this reason, I wish to have no communication with my people. Please implore them not to send me anything from home. (The day before she became violently excited over some caviar sent by her husband.) There are a few things I should like them still to send me, because it is necessary for my peace. Of course, now I cannot say if I shall be of a like mind in a few days, but I wish the Bible my mother gave me, my song book, and letters and documents that pertain to my adopted daughter, beside a few photographs."

Then she narrates much of her own life, and how she met her adopted daughter. She shows interest in others, inquires about people in her neighborhood, about their circumstances, about the family of Director L. She begs for work continually, wishing to take part in the housework. When this is allowed, she does everything with great care. In the same way, she mends the laundry or clothes and believes that this diverts her mind a bit, at any rate. Asks to attend services and wishes her jewelry, as she would like "to dress up for Sunday." At church she is very restless, weeps and moans, but cannot be persuaded to leave. Is satisfied with the sermon.

For years she constantly sought a way of taking her life. She

once put the new silver clasp of her workbag in milk to obtain verdigris. But she never had the courage to carry out her plan, and threw away the metal while she was taking a walk. Now such thoughts have been conquered. She works with diligence and care, dresses herself and combs her hair neatly, writes serious articles. She takes interest in her surroundings and has a clear, intelligent opinion of them.

She asks for five sheets of paper to write a long-planned letter home. She wishes it to reach her husband on her birthday. She writes during one day:

“My dear, good Ernst: The moment has finally come when, after weeks of delay, I can write you. It is just three years since I was brought to this house, and indeed, an eternity lies in these three years—or has the whole time not existed? As far as I am concerned, I do not know. Director L. will have informed you of the change in my condition much better than I could. It was my inmost longing to see you and talk to you on my birthday; to tell you that you must give up your wish and the aforementioned hope in regard to my return to my accustomed duties as housekeeper and mother.

“I knew from the first day that I could not be saved here; that I am irretrievably lost for you, the children (she had *only* an adopted daughter), for all of you. Only a few days ago, I had the desire to tell in the most detailed manner all that has happened to me since the day of our parting—especially since February 4—and on the birthday of our dear, sainted mother. You said to me in that inhumanly sad hour of your visit, ‘If you but knew how unhappy we are!’ I know it to an extent you cannot measure. My state of mind during your single visit—I can’t understand how I lived through it—has become clear to me through the remarks you were able to make in your great excitement. I merely repeated your own radical, pessimistic, materialistic theories, which you often expressed, the destructive ideas that must lead to the downfall of church, state, and family.

“Today I know full well how unhappy these remarks made you: I know it to a degree you can’t imagine. The fact that I know and live is the reason for my condition, because of which I can never be outside this house and away from the care of the director. Until recently, it seemed to me so unnatural; today

I have given myself over in blind confidence, with body and soul, as I could only give myself up to God. . . . Dear, dear Heavenly Father, whose bounty shows itself beyond all human comprehension, have compassion on my husband's deathless soul; support him as You do me; conquer him so that, after this infinite misfortune I have brought him, he may go forth not as a broken man, lacking in self-control, but as a harmonious, strong-willed, clear, purified personality. Grant him this for love of me, because he knows I pray night and day on my knees that he master the passion whose slave he was. Bless him with the peace for which he searches but never finds."

On the afternoon of the same day she wrote: "Three years ago today, at this time, during this very hour, I entered this house. . . . For you, for my child, for my sisters and brothers, I am and I remain irretrievably lost. I am dead to you. No power on earth can force me to return to you, to step over the threshold of our house, and if you wished to flee far away into a wilderness with me, you would have to lead me back from there to this place, in the very first hour. During your single visit, you saw me in the condition of mind in which I have been for three years. It is just six weeks—I know the hour, because I suddenly had to wipe my eyes. I lay on the floor with covered face for days and cried out, 'I cannot stand the sight!' Truth in her cold, icy, unapproachable severity, or this vision, fanned by an ever sweeter ray of a superhuman, inconceivable body—it was God. Until this moment, my ego had been changed; my whole being appeared to me objectively. I thought, spoke, acted, without will. In part, I appeared to be an automaton, in part, a sudden and entirely comprehensible personality: I as myself, and still quite strange and totally new to myself. On February 4, the band of my tongue was loosed. What opened the way to me for this was the prayer of our pious mother. Since that hour she is again with me.

"I am not what I am; I am not what I was; and I do not know what I am to be. So—briefly—only this which I no longer can suppress. Believe me, my pen is dipped in my heart's blood, and every word has come from the greatest soul torment. From your single visit and the superhuman torture it caused me, only the memory of these words remain, 'If you but knew how unhappy

we are!' The only way out of this labyrinth is called resignation to the holy, inscrutable will. I could not write this yesterday and dare not write today, as I do not believe it myself, nor can I grasp it. I feel, my only, good sweetheart, that when I proceed, I must speak in accustomed and yet new language; because I feel that I have told you all today in these few words, everything that I still had to say; because I am not the person I was, I was not the person I am. . . . As the result of the limitless struggle for true knowledge, so difficult for a woman, my intellectual and inner powers are so absorbed for the present that I cannot proceed further than to lay my head on your shoulder.

"I do not know if Toni (the adopted daughter) has kept the fascinating charm she had as a child, but I know exactly the characteristics of her disposition, as I have watched her closely with infinite pains for three years. The blind love which held me then has given way to an objective point of view, under which love once suffered. This is her disposition: a happy, contented being with clear understanding and a talent for practical things. How far at that time heart and intelligence were present was not easy to determine."

Even much more deeply affects us the will she made a few days later: "*In case of my sudden death, the following are my wishes*: I know my dear Ernst will agree with everything, though I realize that I have no independent rights in the disposal of my legacies. (The patient is the wife of an important official of the court of law.) I know his love for me is so great that he must heed the last sighs of his longing wife and not hesitate a moment to carry out my wishes.

To be received on May 22.

Here follow the names of four persons who are each to receive either one or two thousand dollars and wearing apparel.

Give the William Infirmity \$1,000, as I have learned in this place that reason is the highest good, and those poor creatures who live there are most in need of help.

My nurse Marie, who takes such good care of me, \$50. Our three faithful servants, each \$50 (here follow the names).

I wish to send \$2,000 to England (the birthplace of her adopted daughter) and every year for Director L. a sufficient sum to take care of a patient without means.

The things I have here are to be distributed by Miss W. (head nurse), who has been to me mother, sister, and friend in one. She herself should receive the fur collar and muff to match, which are at home. Clara receives my new winter dress, coat, muff, and hat. Martha A. gets the jewelry Clara has taken care of.

The aunts (names follow) and the assistant physician some pretty remembrance from among our things. Miss H. the mosaic brooch.

I beg Director L. to accept, as a slight token of my love and gratitude, the paintings in our drawing room, *The Last Supper*, *The Washing of the Feet*, and my *favorite Madonna* over the mantelpiece.

The older of the Director's daughters is to receive my watch with the gold chain, the younger my brooches.

Various articles of my wardrobe, all useless freight, should be sold.

For Toni, the silver and table ware remain; *only the following* articles on her eighteenth birthday, with the fullest truth."

After she made out the will, the patient not only cut off all connection and interest with the world, but she suffered mental death. It is really appalling how quickly she went to pieces. Only two weeks after handing over the document, the patient, who regarded herself up till now "a philosopher" who, as she expressed it "can speak only the language of Plato, Kant, Fichte, and Schelling," sits in corners, grows very restless, is totally careless of her appearance, and wishes only to sleep on the floor. At night she howls like an animal, mistreats in a brutal manner her own body, is frightfully unclean, refuses food, eats, however, her excrements, begins to rave, to destroy. With all this she is conscious and observant even of trifles. During the following months, the characteristic deterioration goes to its final stages, and the—once emotionally and intellectually so richly gifted—deplorable creature, sunk to the level of an animal, is still vegetating in the asylum. And since that time have already passed over thirty-six years!

In another will* we observe the joking, sarcastic manner, in which the patient sneers at the pale face of death. Noteworthy

* Case XIII in paper.¹⁵

is his strength of character, the icy peace and contempt for death, the stoicism with which our patient awaits the "Scytheman," as well as his mighty, we call it, *negative* affect.

"I have already expressed myself in regard to the moment when Mr. Scytheman should draw near me. Just as many a big and many a less important man has passed me by with rough tempo during the last year, I wish you (the doctor) through this paper to make note that it is not necessary for anybody—perhaps a relative or someone else—to let himself *be called to* the institution when I am going to *expire* or have already become a *corpse*. Furthermore, it is *eo ipso* to desist from flowers and wreaths, candies or benefactions. Pompous funeral, as well as *last words* of *praise* for posterity, through *churchly* or *other professionals* is hereby courteously and thankfully declined by my worthy person. Because one who has made experiences in such a way as I, does no more need *at his death—if there really is such a thing*—to allow himself to be in anywise negroitized (a play on the words blacken and eulogize) over the good or the bad he *might have done* in life, or failed to do. You are not to treat these my plain sentences as *bier talk* or *boyish prattle*, but as the determined will of a man with a strong character; and when the moment comes, you ought to execute all as I have explained above. However, if you are not as yet familiar with this, let me add that it is not necessary for any one to wear *outward, visible signs of mourning* or to shed tears of *pity*. Respectfully,
M. C."

This patient was fourteen years in the institution and has manifested the whole time the very symptoms of a chronic form of catatonia. The above-reprinted will was made one year before the patient's death.

There is also an interesting letter written eight years earlier: Ultimo, August 1901. Gentlemen: Though I have often told our Mr. Fool of a Doctor that I have neither brothers nor sisters, none the less, on the sixth day of July, the day of the battle of Woerth, they played a mean joke on me by announcing, through the attendant W. with the green cap, a visit from my brother. On account of scientific interest, I went in my elegant dress clothes to the so-called visitors' room, where a young man with long ears and a thick belly and stupid face awaited me. Allow me to

submit his characteristics for your information: Said man was born in 1870 in Ziegelhausen, District Hurenberg † (meaning Heidelberg!) on the Neckar, under the name of "Benkart.‡" Here follow statements and cynical remarks, showing, however, good memory. For example, "My parents *croaked* miserably, when I had scarcely been weaned, in the night from Shrove Tuesday to Ash Wednesday! I was eleven months old at the time and was said to have no real nor false tooth in my mouth."

Still another—"was well-educated, talented. Since her husband has known her, the patient has never kept her appointments. Knew no limit in expenditures; was mostly extravagant, but also stingy. As regards the latter, she always emphasized her frugality. She seldom kept her promises, her word. Even in the so-called well days she spent weeks at the piano, then again for months she did not touch the instrument. The warmest friendships changed to the greatest animosity. Religious, social, political convictions, sympathies and antipathies, altered every moment. She would sit with her books for months, but then read nothing at all. It was the same with housekeeping, needlework, and so on. She could exercise extraordinary control over herself only to attain her end. A passion, for instance, to change the furniture of the room. Makes known this wish to-day, tomorrow, that; then forgets the latter and once more desires the opposite. She herself found it stimulating to express herself in paradoxes concerning her condition. Always protests her obedience and acknowledges her weakness and excitability. (Anamnesis of the brother, Chief General Medical Consultant D.)

In the asylum, where the patient came in 1872 at the age of twenty-seven, the condition at first remained unchanged. "In her letters to her husband, circumspect, avoided her pet theories; but in writing to her children, confused, senseless. Yet never forgot a birthday and sent money as a gift. Her mental weakness, meanwhile, showed itself in her contentment with her position, which did not rest upon self-knowledge, in her slight natural interest in her family, and in her meaningless wishes, the non-fulfillment of which she accepts as indifferently as their gratification. In her favorite political-philosophical conversations there

† Hure means whore.

‡ Means bastard.

is noticeable at once her astonishing familiarity with historical, literary, and social matters; yet the ideas are so miscellaneous and loosely bound, most of them so one-sidedly exaggerated, many also falsely and phantastically conceived, that connection no longer exists among them. Thus she springs from one thing to another, mixes together the strangest, quite incomprehensible things.

At the same time, she puts immediately, however, into every theme, definite representations and manifestations, so that not the same meaning but the identical sound of words is always to be heard. Also her seclusiveness as regards the external world contrasts with the lively need to make herself companionable. Some years later we read: Makes notes on works read; adds her phantasies to them. When she goes to the city, spends more money than had been previously determined. Visual images of a phantastic sort. If she looks at the clouds or a wall, angels appear there. Expresses numberless wishes, which she speedily forgets. She becomes, however, violent and excited if anyone directly refuses her. Her thoughts—have worked earlier unrestrained, against her will (it seemed “as if a mill wheel were in my head; everything whirled about in a confused mass”) while she can now control herself, and she need not if she may not, think this or that. In 1886 we read: Why are you here? “In order to become familiar with all the arrangements of this excellent sanitarium and then to carry these to other institutions and other countries.” Speaks hereby with a superior air, looking down from above. Asserts—which is not true—that her husband has permitted her to go to a less important physician and a less advanced sanitarium near Paris. Begs me (the doctor) for advice and recommendation. Writes then—without foundation—to her husband that I have approved of her plans and recommended her to visit, for two years each, different institutions of Europe, in Paris, Madrid, Rome, and Vienna. Speaks frequently of the fact that she will soon be at the end of her study of the sanitarium here. Intimates thereby that she is that person who has to give orders here. Very confused and unintelligible in her speech aside from this. In 1888, we read: Totally transformed. Regulates her time with painful exactitude in the same fashion. Thus she often finds out from me whether it would be all right for her to go walking for such and such a

length of time, and the like. Rarely speaks for some minutes without becoming totally confused. Despite this, she adapts herself to the partner when she accompanies him at the piano. In 1895, it is noted: Confused, unclean; marked hallucinations. Mostly excited, perverse, or again, motionless and dumb. Occasionally, however, during a visit very neat. Informs herself of everything, shows a remarkable memory for former patients and events. Sometimes also relates much from society. Toward a visitor, dignified but friendly; soon sends her away: "It is only an old passing acquaintance." Prattles meanwhile to the nurse a great deal about her close relations with the lady. Immediately afterward confused. Does not wash herself; stands there unclothed; screams frightfully. Brought to the unquiet ward, she conducts herself like a lady. She dresses herself, goes walking, is friendly and reasonable. She knows exactly everything in the institution, informs herself of this and that. Much lively interest in the question of the toilet. Would like to wear only silk gowns, new hats, and so on. But wants as a birthday gift "not to have to bathe." In 1898, it was noticed: Beggings for forgiveness for all unpleasantnesses which she had caused. Asks all sorts of questions of her housemates and shows thereby that she observes well her surroundings. Tells of persons who were here twenty years ago! While earlier her letters were confused only in content, now the style also is faulty. In 1900, the record reads: Wants *Briefbogen* (sheets of paper). Instructs the nurse that she should not say *Bogen* (bow). This would be to shoot with; she should ask for *Briefpapier* (letter paper). In 1907, we read: Extreme stereotypy in posture and manner. Stiff, almost accurately measured movements. Nevertheless, by continuous questioning and in spite of her almost purely mechanical responses, a fair amount of details can be brought out in regard to her past and her condition. In the course of the interview, however, she becomes more confused and then rambles on. It was noted in 1908: Frequently puts upon the table a drawer with carefully sorted yarn and needles in order "to air them." She complains that at home they have no soul toward her. This word she does not understand at all; what is it in French? Can it be translated by *âme*? In 1911, we read, "confused, hallucinates more. Stands

there naked; as for the rest, mostly apathetic, automatic, indifferent, rigid."

The last patient of whom we will still give a quite brief account was a highly gifted child, hale and hearty in body. Learned readily, especially languages. Is a painter by calling and very well-endowed artistically. Very alert mentally, unusually clear and deliberate in thought and resolute in will. In the year 1897, the death of a married sister made a great impression upon the patient. Later concern over the establishment of an independent activity, and at the same time, for her brother, whose betrothed was deaf; also an injury to the knee, which compelled the patient to stop her work, caused a severe depression. Christmas 1901, the patient attracted the attention of her family by her strange letters. Her father, general medical consultant, went to her and found her in a melancholy frame of mind. She insisted that she was a wicked person and had brought misfortune upon her family. At home she became worse. On being admitted to the clinic for the insane in April, 1902, the patient was completely oriented and gave information promptly. Expression of her face tense. She was not sick. Admitted, however, that she had reproached herself and had thoughts of suicide. Crying spells also had appeared in the beginning of the year. The day after she sits there rigid. Longs for home: "Have pity on me!" In the days following she repeats again and again that she is well. She had deceived her parents so that they had formed the idea that she was ill. Concerns herself about money; wants to be put into the third class.

May. Attempts at strangling; abstains from food for days. June: Stops suddenly while speaking and is silent. August: Hallucinations. Sometimes laughs out loudly. Does not answer, but says once to her mother that she is not at all herself. October: Forces her way out, because she believes that something frightful is happening to her family. Is always unsteadily clutching at the nurse's throat. Breaks the window panes.

1903. Attempts to hang herself. Then come times in which the patient is accessible, takes pleasure in nature on her walks, shows interest in letters and messages; soon, however, she lies there apathetic and commits violent, impulsive actions. Treats her nurses like servants.

1904. Speaks French, English, and other languages. Springs at the throat of any one entering. Human beings are beef. Makes grimaces. Eats sand. Takes her meals with her hand, refusing the spoon. At times terribly violent.

1905. Reads journals with interest; then tears them to pieces. Beats her head hard for ten minutes upon the floor. Then very still; points, groaning, to her head. Still gives thanks at meals. Gives her hand in friendly greeting on a birthday. Glad to receive letters, but quite wild afterwards. Many times warns those about to be on their guard toward her. "Look out for me. I am very bad." Very unclean. A stereotyped meaningless phrase to every question.

March. Clearer, grateful, friendly. Knows her mother when the latter visits her, but gives her no answer. Very violent toward a fellow patient, who, to be sure, had irritated her. Said later, "I slipped from my rôle."

1906. Sits there inactive. Without shame. Shows no interest in her surroundings. Makes shrill and quavering noises to herself for hours.

September. Recognizes immediately her completely demented sister, calling her by her right name. Strives to stay near her permanently and talks to her—it is true, in a totally confused manner. Still has a passable interest in her music.

1908. At times still quiet. Gives her hand with exaggerated politeness. Mostly noisy, violent. Utters senseless words until hoarse. Unclean in her personal habits.

1909. End state. Has plucked out her hair.

*

A psychiatrist seldom has the opportunity to receive upon the childhood of a patient reliable reports from which he may prove that characteristics regarded by the relatives as bad habits, moral errors, nervousness, and psychopathy, are in reality harbingers of a psychosis resulting in deterioration. Having such records, however, we can show at which moment intrapsychic disharmonies and an inner laceration of the personality are plainly to be noted. In the following case, *this* was possible because the patient's father, a school principal, had kept upon his son a daily diary, from which (paper ⁵ page 42) we quote an abstract:

“Birth from six to a quarter past nine in the afternoon of November 27, 1881. First tooth in his seventh month.

June, 1882: During vaccination feverish.

November 25: First walked by himself.

Summer, 1883: Much diarrhea, often lasting a long time. Middle of November, four days' fever. End of December, after eating lentils the child had upset stomach. Four days in bed. Faints, with twitchings of whole body. Lasted ten minutes. Unconscious half an hour. Began to speak at an early age. Letter *r* was difficult for him.

March, 1884: Can speak *r* well. May. Walks of several hours' duration. Strong and healthy but a little stubborn. Talks of himself in the third person as “Johnnie” or “he.” August: Grows much, becomes thin and pale. November: Healthy and strong.

January, 1885: Mumps. April: Often out of humor, stubborn, and naughty. November: No longer stubborn; is friendly, cheerful. Speaks fluently, observes carefully. Very clever and sensible. Yields in quarrels.

May, 1886: Mumps again on both sides. A slight fever. August: During his vacation ate plenty of fruit. Once, spells without premonitory signs. After the attack, speechless; then slept. When awake, good behavior; played and ran about. October: Sings, manifesting a good ear. November: Tall for his age. A bit pale. Nimble and skillful with his hands. Good-hearted. Quieter; more earnest in disposition. A little round-shouldered. 24th: Yesterday ate fresh cakes. This morning, spells. No control over the bowels. Worms suspected but not found.

February, 1887: Lively, grows very much. Active and sure in all his movements. April: Takes long walks. Is still unmannerly. Grabs the bread and butter with all his ten fingers.

October: Goes to school for the first time, gladly and proudly.

December: First in school.

April, 1888: Gymnasium. Shy. Spirit of contradiction. Hard to persuade. For example, cannot be made to take off his cap. Does his lessons. Glad when he has finished. Healthy and large for his age.

July: Cries easily and keeps to himself when something does not suit him.

November 16: This morning, while dressing, has a mild attack of stomach cramps. (Day before had eaten much other fruit and unripe grapes mixed together.) A sort of fainting without convulsions; was not quite unconscious. Otherwise healthy. 122 Cm. Works hard at school. One of the first students.

July, 1889: A bit awkward. Gets spots on himself while eating. Many inkspots. Likes to find fault. Begrudges everybody everything. Truthful; diligent; sensible.

July, 1890: A bit rude and stubborn. otherwise clever.

May 1891: Cheerful and healthy. 133 Cm. tall. Favorite recreation, the atlas.

July: Famous expert in beetles. Coleopterist.

November: Strong; sometimes awkward. Very good student. Sits often, however, with his mouth open.

February, 1892: Cheerful, good-natured. Superficial in written lessons.

May: Second in school. Learns very easily.

November: Practices piano a bit; does not care for it. Since October in quarta. Now eighth in class.

October, 1893: In under-third.

November, 1894: Works diligently. Mathematics difficult for him.* Piano playing given up. Still reserved and shy in social intercourse. Likes to look neat. Not very kind and polite, but otherwise good. April, 1895: In spite of private lessons in mathematics, weak. Ill-humored. Glum disposition. October: In secunda. Sits much. Drudges. His favorite recreation, geographical cards.

April, 1896: Set back half a year. Begins secunda again. Thin, but looks well. Likes to be alone. Not sure of himself with strangers. Almost shy. Sensitive, awkward in working; wishes no help. Diligent.

July: Embarrassed before strangers. Contradictory. Disinclined to render any service in the household. Likes to be alone. Has nosebleed frequently during autumn holidays.

November: Very diligent. Often works until late at night.

* Some catatonics *excel* even in mathematics.

January, 1897: Exhausted. Eats little. Nervous. Often retires to be alone. Upper second class. Very shy—no admonishing helps. Runs away, calling them “reproaches.” Gets along better with his brother.

May, 1898: Healthy, diligent, but still has idiosyncracies and peculiarities. In winter his voice changed. Has a kind of stuttering; now better. Senior class.

April, 1899: Among the first in school. Tutored others for a while. Great change.

November: The diligence has greatly waned. Lax, lazy, stubborn. Is a source of much anger and worry to me.

January, 1900: No better. As if possessed about geographical cards. Seeks to be alone. Is often ugly.

March: Did not pass examinations. All but mathematics satisfactory.

April: Sent to the college at Berlin. Absolutely refused to write his first essay and came to class without it. Suspended for this. Came for some months in a sanitarium. Then employed by a lawyer. Did very well.

On April 27, he visited the grave of an uncle of whom he was particularly fond. Then he attended a concert. The following night intense regret, with crazed religious ideas. Because of these, he had to be placed in an asylum. With no improvement, the psychic destruction proceeds very rapidly and in the following twelve years the patient shows all the specific symptoms of an unusually severe catatonic terminal state.

*

Documents such as these, form the material for proof of the author's theses. We must limit ourselves here to what has been offered above, but even these short outlines will have shown the reader what is contained in this masterly written book of realism and truth. This volume will also tell us that if some one wishes to portray abnormal emotional conditions, he ought to pay attention to these all too true pictures of the pangs of the soul, to this narration of the most common mental disease. For, with Fielding,* we likewise decree: The work of a poet who has not gazed behind the deformed scenes of nature is not worth reading.

* Great English novelist, 20, IV, 1707-8, X, 1753.

Before me lies the third volume of the *Monatschrift für Criminalpsychologie und Reform des Strafgesetzes* (*Monthly Journal of Criminal Psychology and Reform of the Penal Code*) published by the distinguished psychiatrist Aschaffenburg and the illustrious modern jurists and criminologists Von Lilienthal and Von Liszt. This volume contains an article by Longard on "Diminished Responsibility." Longard was for fifteen years prison physician in Cologne and is—as every prison physician in Germany must be a psychiatrist—a well-trained specialist. Longard has been occupied later during ten years as court expert and has enriched our literature through valuable contributions from the field of forensic psychiatry. This is not the place to discuss Longard's views and his propositions. Instead, I will cite a case which abundantly shows how necessary it is to know the entire life history of a person, and what in it must carry such absolute conviction that even the observation of experts, in so far as it extends only over a given period of time, does not suffice to explain the case and to judge it fairly. Besides, it has already been emphasized repeatedly that we have no right to draw conclusions from *one* phase of the life of the individual to be examined; that our observation must go back into the earliest period of the patient's life. Yet we had no occasion to support our assertions by a convincing concrete example, which may be cited here literally from Longard:

"I saw a man who had murdered his wife and for this was condemned to death. Since he did not live in my district, I could not take part in his trial. During the preliminary inquiry, no doubt arose as to the responsibility of the doer of the deed, and even the medical investigations were also unable to establish in the man a psychic deviation from the normal.

"Nevertheless, in the course of the main trial, as happens in similar processes almost without exception, the question as to the psychic state of the accused was again considered. The man was not observed for a very long time. The experts, however, declared that the impressions which they had obtained in the preliminary examinations and during the legal trial did not awaken any doubt as to the responsibility and the normal psychic condition of the man. The court also gained the same impression. But since the deed was carried out with extraordinary brutality, and

nothing spoke for a mitigation of the punishment, the arraigned was condemned to death and sent back to jail. Scarcely had he returned from the courtroom to his cell, when, as always, he greedily ate his meal and showed himself stupendously dull and emotionless, asserting that they would behead him that day directly after his supper. When my attention was called to this attitude, which so definitely contrasted with his situation, I began, as the prison physician, to observe this man and convinced myself that I had before me an unusually indolent, feebleminded individual. Thanks to further investigations, we found out that already in his native city and also during the serving of a term in prison this man had behaved very strangely, and that in his fifteenth year he had suffered from insanity with attacks of fury, which had been diagnosed at that time as *dementia praecox*. I imparted my information to the court authorities and sent in a detailed opinion. Sentence accordingly was not carried out.

“Dementia praecox,”—therefore catatonia—Longard says, “often even at the first outbreak of the disease already destroys the entire social personality of the individual concerned and leads to an asocial conduct, which, according to its nature, is diametrically opposed to the earlier behavior. For this reason, we are by no means entitled, when we give our decision upon the doer, to make it dependent upon the committed deed, as such, or upon the circumstances under which it was performed, and just as little upon the motives which have driven the culprit to the act: we must not overestimate these things even then when the deed was carried out with the greatest skill and in a marvelously consequent manner.

“The public, no circle excepted, like the press, demands vengeance if an event occurs which furnishes material for sensational reports and notices. All are dissatisfied, speak of violence being done to the righteous conscience in general, and they begin often to suspect if a person is acquitted on the ground of—it is assumed ‘pretended’—pathological psychic conditions. If the doer of the deed is condemned, however, then the same people and the same newspapers which called previously for revenge begin regularly, so far as a morbid sign becomes evident, to argue that, properly speaking, it was at least a detestable thing to punish the man, since it appears as plain as day that

insanity had driven him upon the path of crime. These are occurrences which we meet at every step. In the case of an ordinary criminal, if there are no special considerations at hand, particularly of a personal sort, nobody cares to ask what fate has been allotted to this individual lawbreaker. In general the public is even more at ease hearing that the delict was the outcome of an abnormal condition, that the perpetrator is freed from legal accountability and has been rendered harmless in some other way. Consequently, the judge, as well as the expert, must manifest great firmness and unyielding strength of character in order not to succumb to momentary public opinion but to preserve that objectivity with which he is accustomed to pass sentence upon deeds and persons in cases which concern the average man."

New York, July 24, 1924.

* * *

The die is cast in our cases . . . But—a life cataclysm, an elemental misfortune is any psychic disease, and never a shame, never a disgrace, never an intended misdemeanor, never a transgression against the law. Deeds of mentally sick persons may, in their consequences, have the most pernicious effects; despite this, no Legislator will acknowledge them as a crime.



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The Lancet. This volume is supplementary to one already published by the author. In the book under review Dr. Urstein maintains the thesis that manic-depressive and periodic insanity are varieties of catatonia, an episode in the course of that disease. . . . Not merely the symptom-complex must be considered in the classification of a given form of insanity, but its original course and termination are just as important in the matter. Dr. Urstein has given in this book a very careful and elaborate investigation of cases, and his examinations are characterized by the same excellent psychological analysis as was shown in the companion volume.

This monograph will appeal to the psychiatrist by reason of the critical ability which its author evinces, at the same time the fullness of clinical description is commendable, and the documentary value of the cases is in itself noteworthy. . . .

New York Medical Journal. This work is based upon an enormous amount of material studied to the last detail. . . . Many important and interesting facts are presented, especially the proof that it is not uncommon for patients to pass through repeated attacks of manic-depressive or circular types of insanity before finally developing the usual signs of catatonia. This has an important bearing upon our conceptions of the classifications as well as of the clinical course and prognosis of manic-depressive insanity and catatonia. . . . The considerations of symptomatology, prognosis and diagnosis contain many valuable observations, and the entire book impresses the reader as being a most careful and able elaboration of an enormous amount of important clinical material.

American Journal of Medical Sciences. This monograph is the complement of the previous one written by the author upon Dementia praecox. . . . It is a splendid bit of work, and should be read by everyone who is interested in insanity because it exemplifies what can be accomplished by profound analytical study, and is a distinct advance in modern psychiatry.

Concerning *Late Catatonias.* A clinical study 1913. Pp. 451, we quote from:

The Lancet. In this monograph Dr. Urstein has described with minutest detail the cases of patients suffering from catatonia

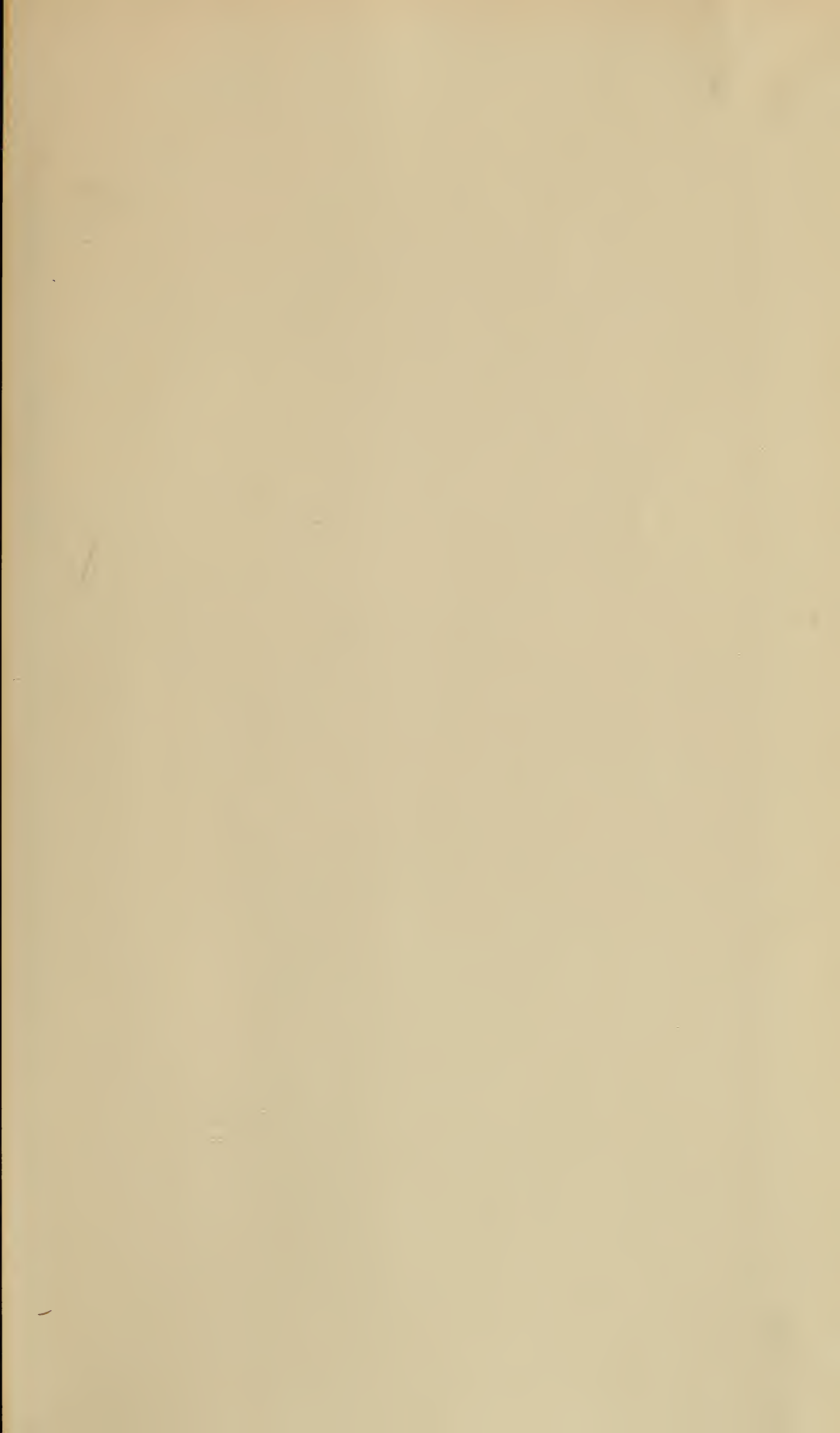
developing after the age of 40. . . . There are chapters on the influence of the climacteric on the psyche, on the relations between the time of life and the symptomatological type of the psychosis with which an individual may be afflicted, and on the physiology and psychology of old age. . . . The cases are elaborated with a wealth of clinical description that could not be improved on.

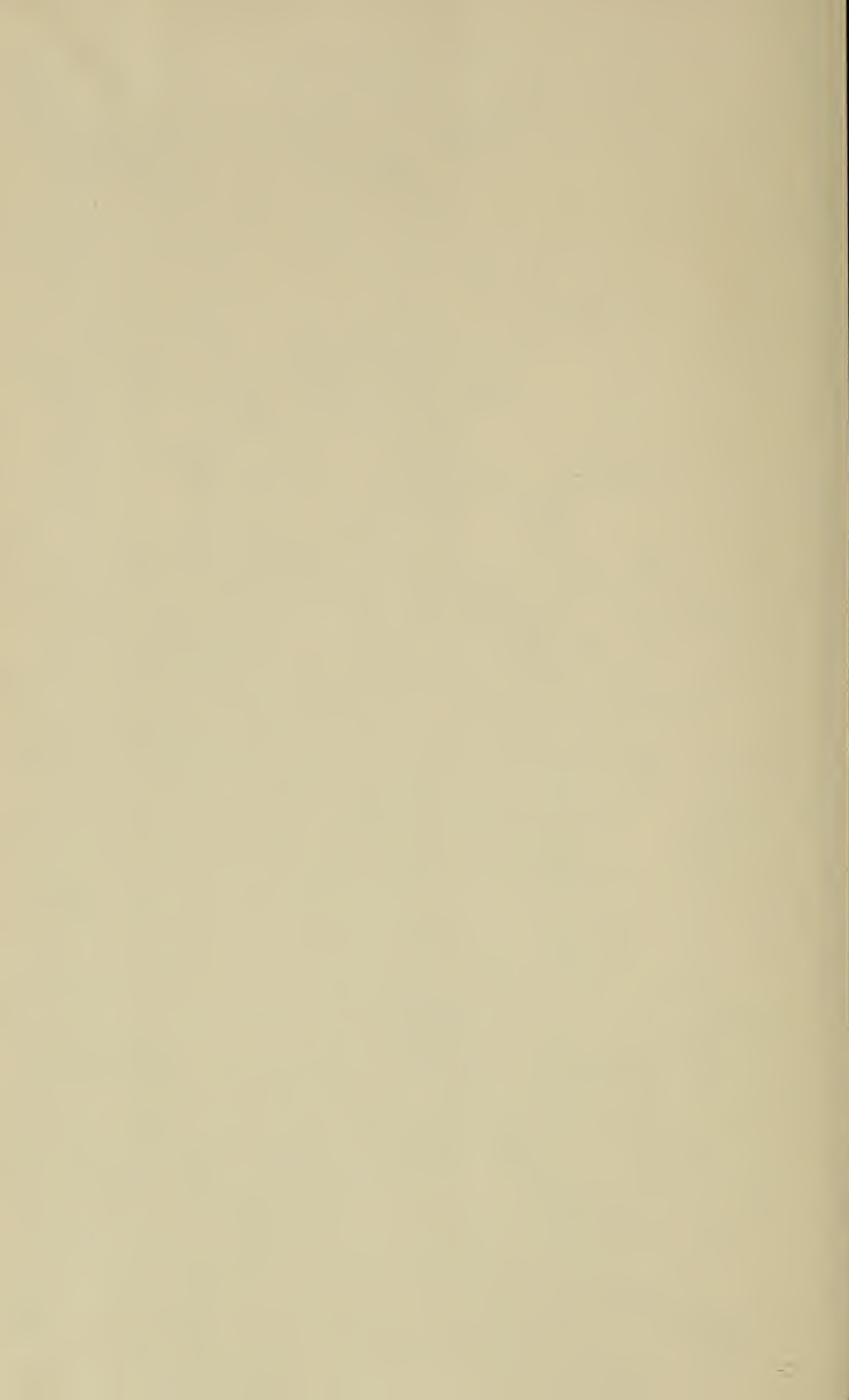
Regarding *Catatonia* under the picture of *Hysteria* and *Psychopathy*. A monograph 1922. Pp. 456 the *Journal of Nervous and Mental Disease* says:

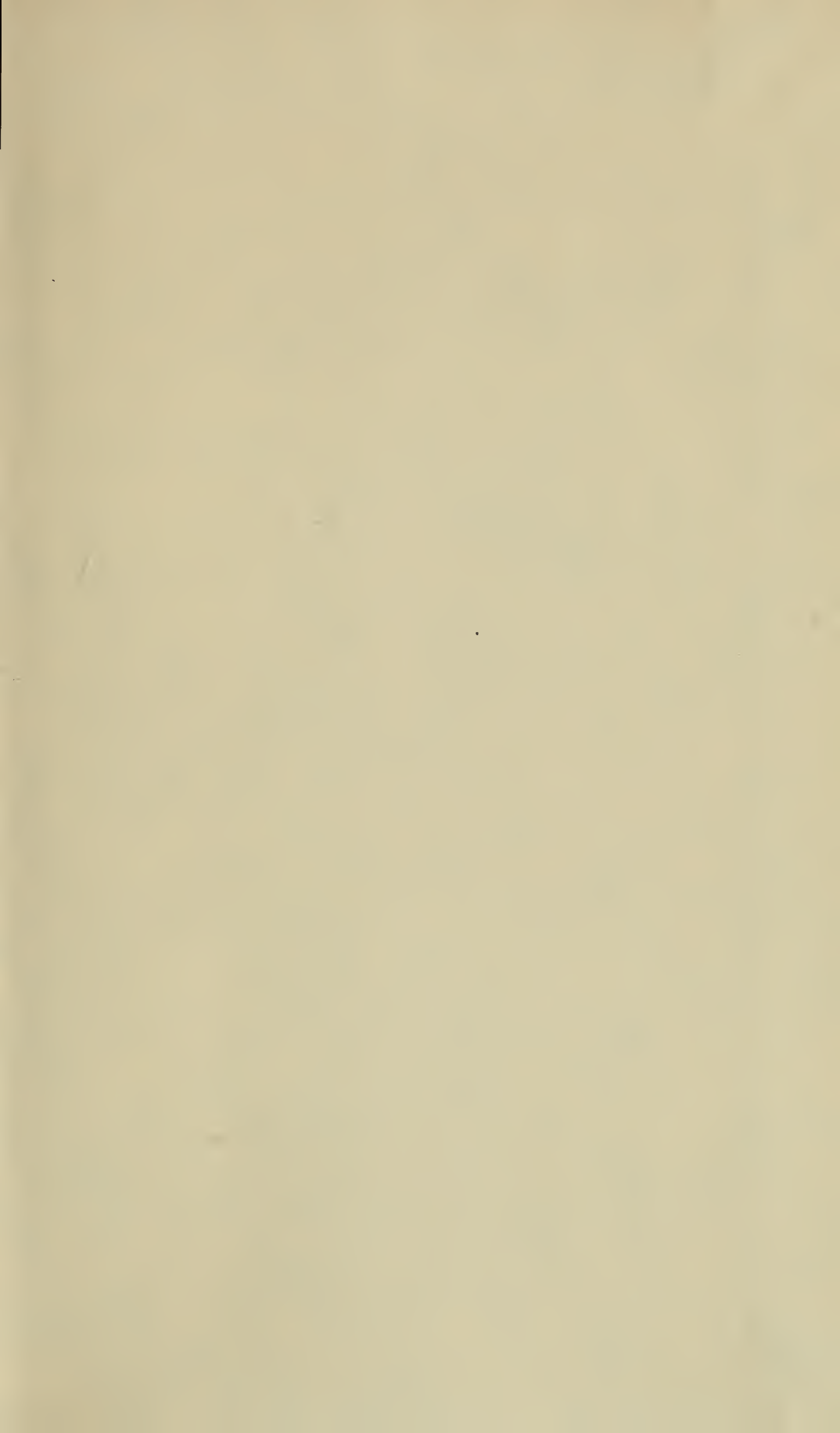
The author here presents us with a monograph of 450 pages. It has all the evidences of a very detailed and exhaustive study. We are acquainted with Urstein's clinical studies of neuroses and psychoses encountered during the Russian-Japanese War. Also his monograph on dementia praecox and its relations to manic-depressive psychoses. His Kraepelinian study period brought forth the first of his studies on catatonia as a form of manic-depressive insanity, a thesis which has doubtful value and now this large effort to show an essential relationship between catatonia and hysteria and the psychopathies.

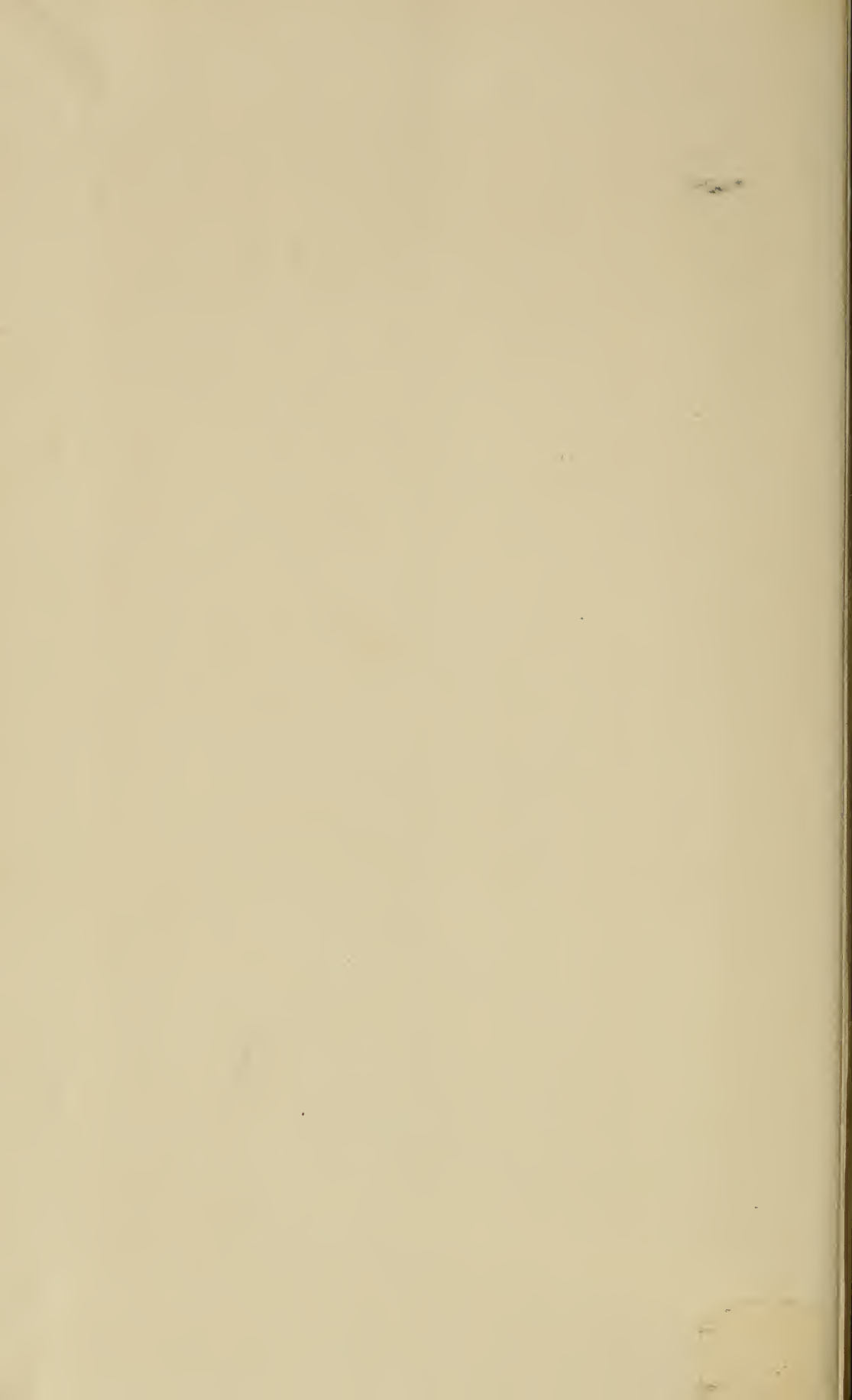
Urstein has sedulously cultivated the art of collecting case history material. He has gone to different clinics and laboriously compared the voluminous clinical records which have accumulated many years. These he has utilized to maintain his main thesis. . . . It is recognizable as a late catatonic disorder (1913 thesis) and here he finds it running under the guise of generative hysteria, and some psychopathies. Thus for Urstein catatonia has become a "Proteus" the chief features of which he has painstakingly endeavored to construct now after ten years persistent laborious effort.

In many respects one can sympathize with Urstein's point of view. One can at least give him credit for his persistence in following up his cases as they have been moved here and there and gathered in this or that institution where he has followed them through voluminous records and often personally investigated them. . . . Urstein has a perfect right to claim his point proven. He has studied his case histories from the standpoint of "lebenslauf" in greater detail than Kraepelin himself. . . . At all events the present volume is of value to the "catatonia" problem.











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