

# C.G. JUNG

THE COLLECTED WORKS

Edited by Sir Herbert Read

Michael Fordham, M.D., M.R.C.P., and Gerhard Adler, Ph.D.

Volume One

## PSYCHIATRIC STUDIES

TRANSLATED FROM THE GERMAN  
BY R. F. C. HULL

BOLLINGEN SERIES XX

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THE COLLECTED WORKS  
OF  
C. G. JUNG

*VOLUME 1*

EDITORS

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# PSYCHIATRIC STUDIES

*C. G. JUNG*

SECOND EDITION

*TRANSLATED BY R. F. C. HULL*

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## EDITORIAL PREFACE

The publication of the first complete collected edition, in English, of the works of C. G. Jung is a joint endeavour by Routledge and Kegan Paul, Ltd., in England and, under the sponsorship of Bollingen Foundation, by Princeton University Press in the United States. The edition contains revised versions of works previously published, such as *The Psychology of the Unconscious*, which is now entitled *Symbols of Transformation*; works originally written in English, such as *Psychology and Religion*; works not previously translated, such as *Aion*; and, in general, new translations of the major body of Professor Jung's writings. The author has supervised the textual revision, which in some cases is extensive.

In presenting the Collected Works of C. G. Jung to the public, the Editors believe that the plan of the edition \* may require a short explanation.

The editorial problem of arrangement was difficult for a variety of reasons, but perhaps most of all because of the author's unusual literary productivity: Jung has not only written several new books and essays since the Collected Works were planned, but he has frequently published expanded versions of texts to which a certain space had already been allotted. The Editors soon found that the original framework was being subjected to severe stresses and strains; and indeed, it eventually was almost twisted out of shape. They still believe, however, that the programme adopted at the outset, based on the principles to be outlined below, is the best they can devise.

An arrangement of material by strict chronology, though far the easier, would have produced a rather confusing network of subjects: essays on psychiatry mixed in with studies of religion, of alchemy, of child psychology. Yet an arrangement according to subject-matter alone would tend to obscure a view

\* See announcement at end of this volume.

of the progress of Jung's researches. The growth of his work, however, has made a combination of these two schemes possible, for the unfolding of Jung's psychological concepts corresponds, by and large, with the development of his interests.

C. C. Jung was born in northeastern Switzerland in 1875, a Protestant clergyman's son. As a young man of scientific and philosophical bent, he first contemplated archaeology as a career, but eventually chose medicine, and qualified with distinction in 1900. Up to this time, Jung had expected to make physiological chemistry his special field, in which a brilliant future could be expected for him; but, to the surprise of his teachers and contemporaries, he unexpectedly changed his aim. This came about through his reading of Krafft-Ebing's famous *Text-Book of Insanity*, which caught his interest and stimulated in him a strong desire to understand the strange phenomena he there found described. Jung's inner prompting was supported by propitious outer circumstances: Dr. Eugen Bleuler was then director of the Burghölzli Mental Hospital, in Zurich, and it was under his guidance that Jung embarked on his now well-known researches in psychiatry.

The present volume, first of the Collected Works, though not large, is sufficient to contain the studies in descriptive psychiatry. It opens with Jung's first published work, his dissertation for the medical degree: "On the Psychology and Pathology of So-called Occult Phenomena" (1902), a study that adumbrates very much of his later work. But clearly a man of Jung's cast of mind could not be content with simple descriptive research, and soon he embarked upon the application of experimental psychology to psychiatry. The copious results of these researches make up Volume 2 and Volume 3. Jung's work brought about the transformation of psychiatry, as the study of the psychoses, from a static system of classification into a dynamic interpretative science. His monograph "The Psychology of Dementia Praecox" (1907), in Volume 3, marks the peak of this stage of his activity.

It was these experimental researches that led Jung to a fruitful if stormy period of collaboration with Freud, which is represented by the psychoanalytic papers in Volume 4. The chief work in this volume, "The Theory of Psychoanalysis" (1913), gives at length his first critical estimation of psycho-

analysis. Volume 5, *Symbols of Transformation* (originally 1912), and Volume 7, *Two Essays on Analytical Psychology* (originally 1912 and 1916), restate his critical position but also make new contributions to the foundation of analytical psychology as a system.

The constant growth of analytical psychology is reflected in Jung's frequent revision of his publications. The first of the *Two Essays on Analytical Psychology*, for example, has passed through several different editions. *Psychology of the Unconscious*, as it was titled in its first (1916) edition in English, appears in the Collected Works, extensively revised by Jung, with the title *Symbols of Transformation*. The Editors decided to leave these works in the approximate chronological positions dictated by the dates of their first editions, though both are published in revised form. Revision and expansion also characterize the group of studies that form Volume 12, *Psychology and Alchemy* (originally 1935-36), as well as many single essays in other volumes of the present edition.

*Psychological Types* (Volume 6), first published in 1921, has remained practically unchanged; it marks the terminus of Jung's move away from psychoanalysis. No further long single work appeared till 1946. During the intervening period, when Jung's professional work and his teaching occupied a large part of his time, he was abstracting, refining, and elaborating his basic theses in a series of shorter essays, some of which are collected in Volume 8, *The Structure and Dynamics of the Psyche*.

Volume 9, part I, contains essays, mostly of the same period, that have special reference to the collective unconscious and the archetypes. Part II of this volume, however, contains a late (1951) major work, *Aion: Researches into the Phenomenology of the Self*. From the chronological point of view, *Aion* should come much later in this sequence, but it has been placed here because it is concerned with the archetype of the self.

From Volume 10 onwards, the material deals with the application of Jung's fundamental concepts, which, with their historical antecedents, can be said by now to have been adequately set out. The subject-matter of Volume 10 to Volume 17—organized, in the main, around several themes, such as religion, society, psychotherapy, and education—is indicated by the volume titles and contents. It will be noted that, in his later years, Jung

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has returned to writing longer works: *Aion*, the *Mysterium Coniunctionis*, and perhaps others yet to come from his pen. These arise, no doubt, out of the reflective stage of his life, when retirement from his analytical practice has at last given him time to work out ideas that those who know him have long wanted to see in print.

In 1956, Professor Jung announced that he would make available to the Editors of the Collected Works two accessions of material which will have the effect of enhancing and rounding out the edition: first, a selection of his correspondence on scientific subjects (including certain of his letters to Freud); and second, the texts of a number of the seminars conducted by Jung. Accordingly, Volume 18, and thereafter such additional volumes as may be needed, will be devoted to this material.

The Editors have set aside a final volume for minor essays, reviews, newspaper articles, and the like. These may make a rather short volume. If this should be so, an index of the complete works and a bibliography of Jung's writings in original and in translation will be combined with them; otherwise, the index and bibliography will be published separately.

\*

In the treatment of the text, the Editors have sought to present Jung's most recent version of each work, but reference is made where necessary to previous editions. In cases where Professor Jung has authorized or himself made revisions in the English text, this is stated.

In a body of work covering more than half a century, it cannot be expected that the terminology would be standardized; indeed, some technical terms used by Jung in an earlier period were later replaced by others or put to different use. In view of their historical interest, such terms are translated faithfully according to the period to which they belong, except where Professor Jung has himself altered them in the course of his revision. Occasionally, editorial comment is made on terms of particular interest. The volumes are provided with bibliographies and are fully indexed.

\*

Of the contents of Volume 1, nothing has previously been translated into English except the monograph "On the Psychology

## EDITORIAL PREFACE

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and Pathology of So-called Occult Phenomena." The translation of the latter by M. D. Eder has been consulted, but in the main the present translation is new. It may be noted that, except for the 1916 English version of the "Occult Phenomena," none of these papers has ever been republished by Professor Jung.

An effort has been made to fill out the bibliographical details of the material, which were sometimes abbreviated in the medical publications of the 1900's.

Acknowledgment is made to George Allen and Unwin Ltd. for permission to quote passages from Freud's *The Interpretation of Dreams* and from Nietzsche's *Thus Spake Zarathustra*.

## EDITORIAL NOTE TO THE SECOND EDITION

Since the above paragraphs were written, and following Jung's death on June 6, 1961, different arrangements for the publication of the correspondence and seminars have been made with the consent of his heirs. These writings will not, as originally stated, comprise Volume 18 and subsequent volumes of the Collected Works (for their contents as now planned, see below). Instead, a large selection of the correspondence, not restricted to scientific subjects though including some letters to Freud, will be issued under the same publishing auspices but outside the Collected Works, under the editorship of Dr. Gerhard Adler. A selection of the seminars, mainly those delivered in English between 1925 and 1939, will also be published outside the Collected Works in several volumes edited by R. F. C. Hull.

Two works usually described as seminars are, however, being published in the Collected Works, inasmuch as the transcripts were approved by Jung personally as giving a valid account of his statements: the work widely known as the Tavistock Lectures, delivered in London in 1935, privately circulated in multigraphed form, and published as a separate volume entitled *Analytical Psychology: Its Theory and Practice* (Routledge & Kegan Paul, London, and Pantheon Books, New York, 1968); and the seminar given in 1938 to members of the Guild of Pastoral Psychology, London, and published in pamphlet form by the Guild in 1954 under the title *The Symbolic Life*. Both of these will be published in Volume 18, which has been given the general title *The Symbolic Life*.

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Volume 18 will also include the minor essays, reviews, forewords, newspaper articles, and so on, for which a "final volume" had been set aside. Furthermore, the amount of new material that has come to light since the Collected Works were planned is very considerable, most of it having been discovered after Jung's death and too late to have been placed in the volumes where thematically it belonged. The Editors have therefore assigned the new and posthumous material also to Volume 18, which will be much larger than was first envisaged. The index of the complete works and a bibliography of Jung's writings in the original and in translation will be published as a separate and final volume.

Jung ended his long years of creative activity with the posthumously published *Memories, Dreams, Reflections*, recorded and edited by Aniela Jaffé and translated by Richard and Clara Winston (Collins with Routledge & Kegan Paul, London, and Pantheon Books, New York, 1963). At his express wish it was not included in the Collected Works.

\*

Finally, the Editors and those closely concerned with implementing the publication programme, including the translator, wish to express their deep sense of loss at the death of their colleague and friend, Sir Herbert Read, who died on June 12, 1968.

\*

For the second edition of *Psychiatric Studies*, bibliographical citations and entries have been revised in the light of subsequent publications in the Collected Works and essential corrections have been made.

\*

In 1970, the Freud and Jung families reached an agreement that resulted in the publication of *The Freud/Jung Letters* (the complete surviving correspondence of 360 letters), under the editorship of William McGuire, in 1974. And a selection from all of Jung's correspondence throughout his career, edited by Gerhard Adler in collaboration with Aniela Jaffé, was published in 1973 (1906–1950) and 1975 (1951–1961). Finally, a selection of interviews with Jung was planned for publication in 1975 under the title *C. G. Jung Speaking*.

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# I

ON THE PSYCHOLOGY AND PATHOLOGY  
OF SO-CALLED OCCULT PHENOMENA

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ON HYSTERICAL MISREADING

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## ON THE PSYCHOLOGY AND PATHOLOGY OF SO-CALLED OCCULT PHENOMENA <sup>1</sup>

### [1. INTRODUCTION]

- <sup>1</sup> In that wide domain of psychopathic inferiority from which science has marked off the clinical pictures of epilepsy, hysteria, and neurasthenia, we find scattered observations on certain rare states of consciousness as to whose meaning the authors are not yet agreed. These observations crop up sporadically in the literature on narcolepsy, lethargy, *automatisme ambulatoire*, periodic amnesia, double consciousness, somnambulism, pathological dreaminess, pathological lying, etc.
- <sup>2</sup> The above-mentioned states are sometimes attributed to epilepsy, sometimes to hysteria, sometimes to exhaustion of the nervous system—neurasthenia—and sometimes they may even be accorded the dignity of a disease *sui generis*. The patients

<sup>1</sup> [Translated from *Zur Psychologie und Pathologie sogenannter occulter Phänomene* (Leipzig, 1902). It was Professor Jung's inaugural dissertation for his medical degree and was delivered before the Faculty of Medicine, University of Zurich. The 1902 title-page stated that the author was at that time "First Assistant Physician in the Burghölzli Clinic" and that the dissertation was approved on the motion of Professor Eugen Bleuler. The book was dedicated to the author's wife, Emma Rauschenbach Jung (1882-1955). A translation by M. D. Eder was published in *Collected Papers on Analytical Psychology* (London and New York, 1916; 2nd edn., 1917). In the following version, the headings have been somewhat re-ordered and some new headings supplied in brackets in an attempt to clarify the structure of the monograph.—EDITORS.

concerned occasionally go through the whole gamut of diagnoses from epilepsy to hysteria and simulated insanity.

3 It is, in fact, exceedingly difficult, and sometimes impossible, to distinguish these states from the various types of neurosis, but on the other hand certain features point beyond pathological inferiority to something more than a merely analogical relationship with the phenomena of normal psychology, and even with the psychology of the supranormal, that of genius.

4 However varied the individual phenomena may be in themselves, there is certainly no case that cannot be related by means of some intermediate case to others that are typical. This relationship extends deep into the clinical pictures of hysteria and epilepsy. Recently it has even been suggested that there is no definite borderline between epilepsy and hysteria, and that a difference becomes apparent only in extreme cases. Steffens, for example, says: "We are forced to the conclusion that in essence hysteria and epilepsy are not fundamentally different, that the cause of the disease is the same, only it manifests itself in different forms and in different degrees of intensity and duration."<sup>2</sup>

5 The delimitation of hysteria and certain borderline forms of epilepsy from congenital or acquired psychopathic inferiority likewise presents great difficulties. The symptoms overlap at every point, so that violence is done to the facts if they are regarded separately as belonging to this or that particular group. To delimit psychopathic inferiority from the normal is an absolutely impossible task, for the difference is always only "more" or "less." Classification in the field of inferiority itself meets with the same difficulties. At best, one can only single out certain groups which crystallize round a nucleus with specially marked typical features. If we disregard the two large groups of intellectual and emotional inferiority, we are left with those which are coloured pre-eminently by hysterical, epileptic (epileptoid), or neurasthenic symptoms, and which are not characterized by an inferiority either of intellect or of emotion. It is chiefly in this field, insusceptible of any sure classification, that the above-mentioned states are to be found. As is well known, they can appear as partial manifestations of a typical epilepsy or hysteria, or can exist separately as psychopathic inferiorities, in which case the qualification "epileptic" or "hys-  
2 "Über drei Fälle von 'Hysteria magna'" (1900), p. 928.

terical" is often due to relatively unimportant subsidiary symptoms. Thus somnambulism is usually classed among the hysterical illnesses because it is sometimes a partial manifestation of severe hysteria, or because it may be accompanied by milder so-called "hysterical" symptoms. Binet says: "Somnambulism is not one particular and unchanging nervous condition; there are many somnambulisms."<sup>3</sup> As a partial manifestation of severe hysteria, somnambulism is not an unknown phenomenon, but as a separate pathological entity, a disease *sui generis*, it must be somewhat rare, to judge by the paucity of German literature on this subject. So-called spontaneous somnambulism based on a slightly hysterical psychopathic inferiority is not very common, and it is worth while to examine such cases more closely, as they sometimes afford us a wealth of interesting observations.

- <sup>6</sup> CASE OF MISS E., aged 40, single, book-keeper in a large business. No hereditary taint, except that a brother suffered from "nerves" after a family misfortune and illness. Good education, of a cheerful disposition, not able to save money; "always had some big idea in my head." She was very kind-hearted and gentle, did a great deal for her parents, who were living in modest circumstances, and for strangers. Nevertheless she was not happy because she felt she was misunderstood. She had always enjoyed good health till a few years ago, when she said she was treated for dilatation of the stomach and tapeworm. During this illness her hair turned rapidly white. Later she had typhoid. An engagement was terminated by the death of her fiancé from paralysis. She was in a highly nervous state for a year and a half. In the summer of 1897 she went away for a change of air and hydrotherapy. She herself said that for about a year there were moments in her work when her thoughts seemed to stand still, though she did not fall asleep. She made no mistakes in her accounts, however. In the street she often went to the wrong place and then suddenly realized that she was not in the right street. She had no giddiness or fainting-fits. Formerly menstruation occurred regularly every four weeks with no bother; latterly, since she was nervous and overworked, every fourteen days. For a long time she suffered from constant headache. As accountant and book-keeper in a large business she had a very strenuous

<sup>3</sup> *Alterations of Personality* (orig. 1892), p. 2, modified.

job, which she did well and conscientiously. In the present year, in addition to the strains of her work, she had all sorts of new worries. Her brother suddenly got divorced, and besides her own work she looked after his housekeeping, nursed him and his child through a serious illness, and so on. To recuperate, she went on September 13 to see a woman friend in southern Germany. Her great joy at seeing her friend again after such a long absence, and their celebration of a party, made the necessary rest impossible. On the 15th, quite contrary to her usual habit, she and her friend drank a bottle of claret. Afterwards they went for a walk in a cemetery, where she began to tear up flowers and scratch at the graves. She remembered absolutely nothing of this afterwards. On the 16th she stayed with her friend without anything of importance happening. On the 17th, her friend brought her to Zurich. An acquaintance came with her to the asylum; on the way she talked quite sensibly but was very tired. Outside the asylum they met three boys whom she described as "three dead people she had dug up." She then wanted to go to the neighbouring cemetery, and only with difficulty would be persuaded to enter the asylum.

- 7 The patient was small, delicately built, slightly anaemic. Left side of the heart slightly enlarged; no murmurs, but a few double beats; accentuated sounds in the mitral region. The liver dulness extended only to the edge of the upper ribs. Patellar reflexes rather brisk, but otherwise no tendon reflexes. No anaesthesia or analgesia, no paralysis. Rough examination of the field of vision with the hands showed no restriction. Hair of a very pale, yellowish-white colour. On the whole, the patient looked her age. She recounted her history and the events of the last few days quite clearly, but had no recollection of what happened in the cemetery at C. or outside the asylum. During the night of the 17th/18th she spoke to the attendant and said she saw the whole room full of dead people looking like skeletons. She was not at all frightened, but was rather surprised that the attendant did not see them too. Once she ran to the window, but was otherwise quiet. The next morning in bed she still saw skeletons, but not in the afternoon. The following night she woke up at four o'clock and heard the dead children in the adjoining cemetery crying out that they had been buried alive. She wanted to go and dig them up but allowed herself to be

restrained. Next morning at seven o'clock she was still delirious, but could now remember quite well the events in the cemetery at C. and on her way to the asylum. She said that at C. she wanted to dig up the dead children who were calling to her. She had only torn up the flowers in order to clear the graves and be able to open them. While she was in this state, Professor Bleuler explained to her that she would remember everything afterwards, too, when she came to herself again. The patient slept for a few hours in the morning; afterwards she was quite clear-headed and felt fairly well. She did indeed remember the attacks, but maintained a remarkable indifference towards them. The following nights, except on those of September 22 and 25, she again had short attacks of delirium in which she had to deal with the dead, though the attacks differed in detail. Twice she saw dead people in her bed; she did not appear to be frightened of them, but got out of bed so as not to "embarrass" them. Several times she tried to leave the room.

- 8 After a few nights free from attacks, she had a mild one on September 30, when she called to the dead from the window. During the day her mind was quite clear. On October 3, while fully conscious, as she related afterwards, she saw a whole crowd of skeletons in the drawing-room. Although she doubted the reality of the skeletons she could not convince herself that it was an hallucination. The next night, between twelve and one o'clock—the earlier attacks usually happened about this time—she was plagued by the dead for about ten minutes. She sat up in bed, stared into a corner of the room, and said: "Now they're coming, but they're not all here yet. Come along, the room's big enough, there's room for all. When they're all there I'll come too." Then she lay down, with the words: "Now they're all there," and fell asleep. In the morning she had not the slightest recollection of any of these attacks. Very short attacks occurred again on the nights of October 4, 6, 9, 13, and 15, all between twelve and one o'clock. The last three coincided with the menstrual period. The attendant tried to talk to her several times, showed her the lighted street-lamps and the trees, but she did not react to these overtures. Since then the attacks have stopped altogether. The patient complained about a number of troubles she had had during her stay here. She suffered especially from headaches, and these got worse the morning

after the attacks. She said it was unbearable. Five grains of Sacch. lactis promptly alleviated this. Then she complained of a pain in both forearms, which she described as though it were tendovaginitis. She thought the bulging of the flexed biceps was a swelling and asked to have it massaged. Actually, there was nothing the matter, and when her complaints were ignored the trouble disappeared. She complained loud and long about the thickening of a toe-nail, even after the thickened part had been removed. Sleep was often disturbed. She would not give her consent to be hypnotized against the night attacks. Finally, on account of headache and disturbed sleep, she agreed to hypnotic treatment. She proved a good subject, and at the first sitting fell into a deep sleep with analgesia and amnesia.

9 In November she was again asked whether she could remember the attack of September 19, which it had been suggested she would recall. She had great difficulty recollecting it, and in the end she could only recount the main facts; she had forgotten the details.

10 It remains to be said that the patient was not at all superstitious and in her healthy days had never been particularly interested in the supernatural. All through the treatment, which ended on November 14, she maintained a remarkable indifference both to the illness and its improvement. The following spring she returned as an outpatient for treatment of the headaches, which had slowly come back because of strenuous work during the intervening months. For the rest, her condition left nothing to be desired. It was established that she had no remembrance of the attacks of the previous autumn, not even those of September 19 and earlier. On the other hand, under hypnosis she could still give a good account of the events in the cemetery, outside the asylum, and during the night attacks.

11 The peculiar hallucinations and general appearance of our case are reminiscent of those states which Krafft-Ebing describes as "protracted states of hysterical delirium." He says:

It is in the milder cases of hysteria that such delirious states occur. . . . Protracted hysterical delirium depends upon temporary exhaustion. . . . Emotional disturbances seem to favour its outbreak. It is prone to relapse. . . . Most frequently we find delusions of persecution, with often very violent reactive fear. . . then religious and erotic delusions. Hallucinations of all the senses are not uncom-

mon. The most frequent and most important are delusions of sight, smell, and touch. The visual hallucinations are mostly visions of animals, funerals, fantastic processions swarming with corpses, devils, ghosts, and what not. . . . The auditory delusions are simply noises in the ear (shrieks, crashes, bangs), or actual hallucinations, often with sexual content.<sup>4</sup>

<sup>12</sup> The corpse visions of our patient and their appearance during attacks remind us of states occasionally observed in hystero-epilepsy. Here too there are specific visions which, in contrast to protracted delirium, are associated with individual attacks. I will give two examples:

<sup>13</sup> A 30-year-old lady with *grande hystérie* had delirious twilight states in which she was tormented by frightful hallucinations. She saw her children being torn away from her, devoured by wild beasts, etc. She had no remembrance of the individual attacks.<sup>5</sup>

<sup>14</sup> A girl of 17, also a severe hysteric. In her attacks she always saw the corpse of her dead mother approaching her, as if to draw her to itself. No memory of the attacks.<sup>6</sup>

<sup>15</sup> These are cases of severe hysteria where consciousness works at a deep dream level. The nature of the attacks and the stability of the hallucinations alone show a certain affinity to our case, which in this respect has numerous analogies with the corresponding states of hysteria, as for instance with cases where a psychic shock (rape, etc.) occasioned the outbreak of hysterical attacks, or where the traumatic event is re-experienced in stereotyped hallucinatory form. Our case, however, gets its specific character from the identity of consciousness during the different attacks. It is a "second state," with a memory of its own, but separated from the waking state by total amnesia. This distinguishes it from the above-mentioned twilight states and relates it to those found in somnambulism.

<sup>16</sup> Charcot <sup>7</sup> divides somnambulism into two basic forms:

a. Delirium with marked inco-ordination of ideas and actions.

<sup>4</sup> *Text-Book of Insanity* (orig. 1879), p. 498, modified.

<sup>5</sup> Richer, *Études cliniques* (1881), p. 483.

<sup>6</sup> *Ibid.*, p. 487; cf. also Erler, "Hysterisches und hystero-epileptisches Irresein" (1879), p. 28, and Cullerle, "Un Cas de somnambulisme hystérique" (1888), p. 356\*.

<sup>7</sup> In Guinon, "Documents pour servir à l'histoire des somnambulismes" (1891).

b. Delirium with co-ordinated actions. This comes nearer to the waking state.

17 Our case belongs to the second group. If by somnambulism we understand a state of systematic partial wakefulness,<sup>8</sup> we must when discussing this ailment also consider those isolated attacks of amnesia which are occasionally observed. Except for noctambulism, they are the simplest states of systematic partial wakefulness. The most remarkable in the literature is undoubtedly Naef's case.<sup>8a</sup> It concerns a gentleman of 32 with a bad family history and numerous signs of degeneracy, partly functional, partly organic. As a result of overwork he had, at the early age of 17, a peculiar twilight state with delusions, which lasted a few days and then cleared up with sudden recovery of memory. Later he was subject to frequent attacks of giddiness with palpitations and vomiting, but these attacks were never attended by loss of consciousness. At the end of a feverish illness he suddenly left Australia for Zurich, where he spent some weeks in carefree and merry living, only coming to himself when he read of his sudden disappearance from Australia in the newspapers. He had complete retrograde amnesia for the period of several months that included his journey to Australia, his stay there, and the journey back. A case of periodic amnesia is published by Azam:<sup>9</sup> Albert X., 12½ years old, with hysterical symptoms, had several attacks of amnesia in the course of a few years, during which he forgot how to read, write, count, and even how to speak his own language, for weeks at a stretch. In between times he was normal.

18 A case of *automatisme ambulatoire* on a decidedly hysterical basis, but differing from Naef's case in that the attacks were recurrent, is published by Proust:<sup>10</sup> An educated man, aged 30, exhibited all the symptoms of *grande hystérie*. He was very suggestible, and from time to time, under the stress of emo-

<sup>8</sup> "Sleepwalking must be regarded as systematic partial wakefulness, during which a limited but logically consistent complex of ideas enters into consciousness. No opposing ideas present themselves, and at the same time mental activity continues with increased energy within the limited sphere of wakefulness." Loewenfeld, *Hypnotismus* (1901), p. 289. <sup>8a</sup> [See Bibliography.—EDITORS.]

<sup>9</sup> *Hypnotisme, double conscience* (1887). A similar case in Winslow, *Obscure Diseases of the Brain and Mind* (1863), quoted in *Allg Z f Psych*, XXII (1865), p. 405.

<sup>10</sup> *Tribune médicale*, 23rd year (1890).

tional excitement, had attacks of amnesia lasting from two days to several weeks. While in these states he wandered about, visited relatives, smashed various things in their houses, contracted debts, and was even arrested and convicted for picking pockets.

<sup>19</sup> There is a similar case of vagrancy in Boeteau: <sup>11</sup> A widow of 22, highly hysterical, became terrified at the prospect of an operation for salpingitis, left the hospital where she had been till then, and fell into a somnambulistic condition, from which she awoke after three days with total amnesia. In those three days she had walked about thirty miles looking for her child.

<sup>20</sup> William James <sup>12</sup> describes a case of an "ambulatory sort": the Reverend Ansel Bourne, itinerant preacher, 30 years old, psychopath, had on several occasions attacks of unconsciousness lasting an hour. One day (January 17, 1887) he suddenly disappeared from Greene, Rhode Island, after having lifted \$551 from a bank. He was missing for two months, during which time he ran a little grocery store in Norristown, Pennsylvania, under the name of A. J. Brown, carefully attending to all the purchases himself, although he had never done this sort of work before. On March 14 he suddenly awoke and went back home. Complete amnesia for the interval.

<sup>21</sup> Mesnet <sup>13</sup> published this case: F., 27 years old, sergeant in the African regiment, sustained an injury of the parietal bone at Bazeilles. Suffered for a year from hemiplegia, which disappeared when the wound healed. During the illness he had somnambulistic attacks with marked restriction of consciousness; all the sense functions were paralysed except for the sense of taste and a little bit of the sense of sight. Movements were co-ordinated, but their performance in overcoming obstacles was severely limited. During attacks the patient had a senseless collecting mania. Through various manipulations his consciousness could be given an hallucinatory content; for instance, if a stick was placed in his hand, the patient would immediately

<sup>11</sup> "Automatisme somnambulique avec dédoublement de la personnalité" (1892).

<sup>12</sup> *The Principles of Psychology* (1890) I, p. 391.

<sup>13</sup> "De l'automatisme de la mémoire et du souvenir dans la somnambulisme pathologique" (1874), pp. 105-12, cited in Binet, *Alterations*, pp. 42ff. Cf. also Mesnet, "Somnambulisme spontané dans ses rapports avec l'hystérie" (1892).

feel himself transported to a battle scene, would put himself on guard, see the enemy approaching, etc.

<sup>22</sup> Guinon and Sophie Woltke made the following experiments with hysterics: <sup>14</sup> A blue glass was held in front of a female patient during an hysterical attack, and she regularly saw a picture of her mother in the blue sky. A red glass showed her a bleeding wound, a yellow one an orange-seller or a lady in a yellow dress.

<sup>23</sup> Mesnet's case recalls the cases of sudden restriction of memory.

<sup>24</sup> MacNish <sup>15</sup> tells of a case of this sort: An apparently healthy young woman suddenly fell into an abnormally long sleep, apparently with no prodromal symptoms. On waking she had forgotten the words for and all knowledge of the simplest things. She had to learn how to read, write, and count all over again, at which she made rapid progress. After a second prolonged sleep she awoke as her normal self with no recollection of the intervening state. These states alternated for more than four years, during which time consciousness showed continuity within the two states, but was separated by amnesia from the consciousness of the normal state.

<sup>25</sup> These selected cases of various kinds of changes in consciousness each throw some light on our case. Naef's case presents two hysteriform lapses of memory, one of which is characterized by delusional ideas, and the other by its long duration, restriction of consciousness, and the desire to wander. The peculiar, unexpected impulses are particularly clear in Proust and Mesnet. In our case the corresponding features would be the impulsive tearing up of flowers and the digging up of graves. The patient's continuity of consciousness during attacks reminds us of the way consciousness behaved in the MacNish case; hence it may be regarded as a temporary phenomenon of alternating consciousness. The dreamlike hallucinatory content of restricted consciousness in our case does not, however, appear to justify us in assigning it without qualification to this "double consciousness" group. The hallucinations in the second state show a certain creativeness which seems to be due to its auto-sug-

<sup>14</sup> "De l'influence des excitations des organes des sens sur les hallucinations de la phase passionnelle de l'attaque hystérique" (1891).

<sup>15</sup> *The Philosophy of Sleep* (1830), cited in Binet, p. 4.

gestibility. In Mesnet's case we observe the appearance of hallucinatory processes through simple stimulations of touch. The patient's subconscious uses these simple perceptions for the automatic construction of complicated scenes which then take possession of his restricted consciousness. We have to take a somewhat similar view of the hallucinations of our patient; at any rate the outward circumstances in which they arose seem to strengthen this conjecture.

<sup>26</sup> The walk in the cemetery induced the vision of the skeletons, and the meeting with the three boys evoked the hallucination of children buried alive, whose voices the patient heard at night. She came to the cemetery in a somnambulistic condition, which on this occasion was particularly intense in consequence of her having taken alcohol. She then performed impulsive actions of which her subconscious, at least, received certain impressions. (The part played here by alcohol should not be underestimated. We know from experience that it not only acts adversely on these conditions, but, like every other narcotic, increases suggestibility.) The impressions received in somnambulism go on working in the subconscious to form independent growths, and finally reach perception as hallucinations. Consequently our case is closely allied to the somnambulistic dream-states that have recently been subjected to penetrating study in England and France.

<sup>27</sup> The gaps of memory, apparently lacking content at first, acquire such through incidental auto-suggestions, and this content builds itself up automatically to a certain point. Then, probably under the influence of the improvement now beginning, its further development comes to a standstill and finally it disappears altogether as recovery sets in.

<sup>28</sup> Binet and Féré have made numerous experiments with the implanting of suggestions in states of partial sleep. They have shown, for instance, that when a pencil is put into the anaesthetic hand of an hysteric, she will immediately produce long letters in automatic writing whose content is completely foreign to her consciousness. Cutaneous stimuli in anaesthetic regions are sometimes perceived as visual images, or at least as vivid and unexpected visual ideas. These independent transmutations of simple stimuli must be regarded as the primary phenomenon in the formation of somnambulistic dream pictures. In excep-

tional cases, analogous phenomena occur even within the sphere of waking consciousness. Goethe,<sup>16</sup> for instance, says that when he sat down, lowered his head, and vividly conjured up the image of a flower, he saw it undergoing changes of its own accord, as if entering into new combinations of form. In the half-waking state these phenomena occur fairly often as hypnagogic hallucinations. Goethe's automatisms differ from truly somnambulistic ones, because in his case the initial idea is conscious, and the development of the automatism keeps within the bounds laid down by the initial idea, that is to say, within the purely motor or visual area.

<sup>29</sup> If the initial idea sinks below the threshold, or if it was never conscious at all and its automatic development encroaches on areas in the immediate vicinity, then it is impossible to differentiate between waking automatisms and those of the somnambulistic state. This happens, for instance, if the perception of a flower associates itself with the idea of a hand plucking the flower, or with the idea of the smell of a flower. The only criterion of distinction is then simply "more" or "less": in one case we speak of "normal waking hallucinations" and in the other of "somnambulistic dream visions." The interpretation of our patient's attacks as hysterical becomes more certain if we can prove that the hallucinations were probably psychogenic in origin. This is further supported by her complaints (headache and tendovaginitis), which proved amenable to treatment by suggestion. The only aspect that the diagnosis of "hysteria" does not take sufficiently into account is the aetiological factor, for we would after all expect *a priori* that, in the course of an illness which responds so completely to a rest cure, features would now and then be observed which could be interpreted as symptoms of exhaustion. The question then arises whether the early lapses of memory and the later somnambulistic attacks can be regarded as states of exhaustion or as "neurasthenic crises." We

<sup>16</sup> "I had the gift, when I closed my eyes and bent my head, of being able to conjure up in my mind's eye the imaginary picture of a flower. This flower did not retain its first shape for a single instant, but unfolded out of itself new flowers with coloured petals and green leaves. They were not natural flowers, but fantastic ones, and were as regular in shape as a sculptor's rosettes. It was impossible to fix the creative images that sprang up, yet they lasted as long as I desired them to last, neither weakening nor increasing in strength." *Zur Naturwissenschaft.*