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Judge Schreber's Nervous Illness Re-examined

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Judge Schreber published *Memoirs of My Nervous Illness* in 1903 in which he described an illness since quoted as an outstanding example of paranoid schizophrenia and one which supports psychoanalytical explanations of the development of paranoia (first published in English in 1955 by MacAlpine & Hunter).[1] The Schreber case became famous when Freud published his *Psychoanalytical Notes Upon An Autobiographical Account of a Case of Paranoia (Dementia Paranoides)* in 1911.[2]

Schreber steadfastly maintained that he suffered from a physical disease of the nervous system: 'I can do no more than *offer my person as object of scientific observation for the judgement of experts. My main motive in publishing this book is to invite this.* Short of this I can only hope that at some future time such peculiarities of my nervous system will be discovered by *dissection of my body*, which will provide stringent proof.' He also stated 'Whatever people may think of my 'delusions', they will sooner or later have to acknowledge that they are not dealing with a lunatic in the ordinary sense.' In his appeal against detention (after six years) he wrote 'I do not deny that my nervous system has for a number of years been in a pathological condition. On the other hand I deny absolutely that I am mentally ill or ever have been.'

He became ill at the age of 42 and was admitted to a mental hospital. This illness was characterised by hypochondriasis without definite psychotic symptoms. That he recovered well is indicated by his being able to resume his duties as a judge after about 15 months, and some years later he was appointed President of the Superior Court at Dresden. His second illness began at the age of 51, and was much more severe.

The Asylum Superintendent, Dr Weber, wrote in his report to Court 'This physically strong man, in whom frequent jerkings of the face musculature and marked tremor of the hands were noticeable, was at first completely inaccessible and shut off in himself, lay or stood immobile and stared with frightened eyes straight ahead of himself into space... there could be no doubt that he was continually influenced by vivid and painful hallucinations, which he elaborated in a delusional manner...'

He became more and more noisy and restless at night, shouting abuse out of his window so that the local townspeople complained. Increasing doses of hypnotic drugs were ineffective and he had to be nursed at night in seclusion. He was 'in a highly excited state, in a fever-delirium so to speak', and referred to 'the hyper-excitability of my nerves'. He complained of weakness and an inability to carry out intellectual activity. He became severely depressed; 'My will to live was completely broken; I could see nothing but a fatal outcome, perhaps produced by committing suicide eventually.' He had experienced severe headaches, severe pains in other parts of his body and muscular symptoms such as 'states of paralysis', cramps in the calves, and difficulty in carrying out skilled movements. He also described *oculogyral spasm* 'My eye muscles are therefore influenced to move in a certain direction... The objective reality of this event cannot be doubted after thousandfold repetition... One will in any case not disagree that I must *know myself* whether my eyes are pulled towards an indifferent object or whether I look at something interesting around me *of my own will*'; and *ptosis:* '... whoever watches me carefully will observe that my eyelids droop or close even when I am talking to other people... In order to keep my eyes open nevertheless, a great effort of will is needed...' In view of his statement that he could see two suns in the sky, he evidently also suffered from *diplopia*. Symptoms indicating temporal lobe dysfunction were also recounted. He suffered from frequent auditory hallucinations and also complex *visual* hallucinations 'One day—in bright sunlight—I saw from my window directly in front of the building where I lived, a magnificent portico arise, just as if the whole building was going to be transformed into a fairy palace; later the image vanished'. He noticed that the heads of some of the patients appeared to change '... without leaving the room and while I was observing them they suddenly ran about with a different head'. *Déjà vu:* After being moved to a private asylum he noticed that 'almost all the patients in the asylum, that is to say at least several dozen human beings, looked like persons who have been more or less close to me in my life.' *Jamais vu:* '... in the direction of the Bavarian Station I saw beyond the walls of the asylum only a narrow strip of land, which looked quite strange to me and very different from the character of this district which I know so well...'

He saw: 'Yellow men, under middle size, appear now and then in front of the door of my bedroom.' He also saw talking birds '... of these species of birds I have never once during these years seen a single specimen which did not speak.... On the other hand, the pigeons in the Court of this asylum do *not* speak, neither as far as I have observed, a canary kept in the servants' quarters.... I therefore presume that these were simply natural birds.' (Schreber *seems* to be differentiating between real birds and hallucinatory ones, but it is clear that he does not really appreciate that the talking birds are hallucinations, as elsewhere he says they are 'miraculously created').

He also describes hallucinations of *taste and smell*, these sensations being characteristically unpleasant: 'In quite a number of instances later I received souls or parts of souls into my mouth, of which I particularly remember the foul

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taste and smell which such impure souls cause in the body of the person through whose mouth they have entered.' Again, '... the brown and the black plague were connected with the evaporation of the body, which in the former spread a glue-like and in the latter a soot-like smell; in the case of the black plague this was at times so strong that it filled the whole room.' (These passages are good illustrations of the 'delusional elaboration' of Schreber's hallucinatory experiences which Dr Weber refers to in his report). He was also plagued by *compulsive thinking* ('having to think continually'): 'It is hard to give a picture of the mental strain the compulsive thinking imposed upon me particularly after it had become so much worse, and what mental torture I had to suffer.' He complained of disturbances of respiration, for example sudden involuntary acceleration of the rate, and attacks when he felt his chest was being compressed. He was distressed by attacks of 'bellowing', and a compulsion to shout obscenities. 'I am forced to emit bellowing noises, unless I try very hard to suppress them; sometimes this bellowing recurs so frequently and so quickly that it becomes almost unbearable and at night makes it impossible to remain in bed.' He complained of atrophy of the external genitalia, and a loss of hair from his beard and particularly from his moustache, and he complained that he was developing a female form.

Comment

Whether or not Schreber was correct in his claim that he suffered from a *physical* illness, he was certainly wrong in claiming that he never suffered from a mental illness—he described a florid psychotic illness characterised by fantastic delusions. He wrote: 'Only he who knows the full measure of my sufferings in past years can understand that such thoughts *were bound* to arise in me. When I think of the sufferings through loss of an honourable professional position, a happy marriage practically dissolved, deprived of all the pleasures of life, subjected to bodily pain, mental torture and terrors of a hitherto unknown kind, the picture emerges of a martyrdom which all in all I can only compare with the crucifixion of Jesus Christ.'

He has a delusional explanation for most of his symptoms, usually attributing them to miracles or the action of rays. The involuntary movements of the eyelids are caused by 'little men' who stand on his eyebrows and pull his eyelids up and down, using fine filaments like cobwebs. Of his respiratory symptoms he writes: 'One of the most horrifying miracles was the so-called *compression-of-the-chest miracle*, which I endured at least several dozen times...'

He writes of his 'voices': 'I have come to recognise them as undoubted divine miracles.' He felt that divine rays emanated from Professor Flechsig who he believed could put divine rays to his own use and had found a way of raising himself up to Heaven, so making himself a leader of rays. '... on one occasion 240 Benedictine Monks under the leadership of a Father whose name sounded like Starkiewicz, suddenly moved into my head to perish therein.'

His delusions became more grandiose—he came to think of himself as 'the greatest seer of spirits of all millennia'. He considered that 'since the dawn of the world there can hardly have been a case like mine...' He came to believe that 'everything that happens is in relation to me.' He wondered eventually whether he was in fact mortal, and even asks 'What is to become of God—if I may so express myself—should I die?'

MacAlpine & Hunter concentrated on psychoanalytical explanations for Schreber's symptoms, particularly the views of Freud: 'Freud interpreted Schreber's illness as the outcome of conflict over unconscious homosexuality; an upsurge of unconscious homosexuality was unacceptable to Schreber's personality because of its implied castration threat, and the ensuing struggle led to his mental illness and withdrawal from reality.'

Some of Schreber's symptoms are difficult to explain on the basis of a diagnosis of 'paranoid schizophrenia'. The severe headaches, severe pains in various parts of the body, the involuntary movements and other motor phenomena, the ocular symptoms, respiratory disturbances, and intractable insomnia would be difficult to reconcile with this diagnosis. But all were typical manifestations of encephalitis lethargica. The three most constant symptoms of the acute stage were headache, disturbance of sleep rhythm, and visual disturbances[3]. Turner & Critchley[4] found that 'disorders of respiration form well-defined and important sequelae' and that tachypnoea was by far the commonest respiratory disorder, and quote reports of patients who felt 'as though something were compressing the lower chest and interfering with adequate depth of breathing'. Schreber complained of both these unusual symptoms.

The attacks of involuntary bellowing, and compulsive shouting of obscenities, accompanied by facial grimaces, resemble Gilles de la Tourette.

In view of Schreber's hallucinations of taste and smell, complex short-lived visual hallucinations, feelings of *déjà vu* and *jamais vu*, and transient 'indescribable' feelings of well-being (the last being interpreted by Schreber as female sexual feelings), it seems that Schreber suffered from temporal lobe epilepsy due to temporal lobe damage. Prolonged temporal lobe epilepsy is known to lead in some patients to abnormal sexual behaviour including homosexuality, transvestism, and bizarre fetishism[5] and could possibly account for the previously normal Schreber taking to wearing female clothes and ornaments. Slater & Beard[6] described schizophrenia-like psychoses in patients with temporal lobe epilepsy.

Whilst encephalitis lethargica is thought to have more or less disappeared, Hunter & Jones[7] as recently as 1966 reported six patients with the clinical features of the disease. They complained of malaise, headache, lethargy, sleep disturbances, giddiness, blurred and double vision, and sensory disturbances, including altered taste and smell. Two patients complained also of strong feelings of *déjà vu* and *jamais vu*, two of tremor of the hands and two of attacks of 'staring' of the eyes. In all patients the condition had rapidly worsened shortly before admission with increasing

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agitation and depression, paranoid and bizarre bodily delusions, and nocturnal excitement and hallucinosis.

Crow[8], in his review of the viral hypothesis of schizophrenia, points out that Goodall[9] first put forward this hypothesis: '... there are observers who consider that there is no essential difference between psychotic disturbances connected with encephalitis and those covered by the description schizophrenia.' Goodall based his views on the effects of the epidemic of 1918.

Davison & Bagley[10] in their wide-ranging review of the literature noted that schizophrenia-like psychoses have long been accepted as sequelae of encephalitis lethargica. They state that in many CNS disorders the association of 'schizophrenia' exceeds chance expectation, and that in most cases the organic disorder appears to be a necessary cause of the psychosis. Lesions in the temporal lobe and diencephalon were particularly significant. In their view 'alleged distinguishing features between these psychoses and 'true' schizophrenia are largely illusory.'

Freud laid stress on Schreber's claim to be turning into a woman. Schreber complained of atrophy of the external genitalia and the development of a female form, which changes he said anyone would verify if they examined him. Freud regarded these complaints as purely delusional, but genital atrophy and adiposity are known sequelae of encephalitis lethargica, due to involvement of the hypothalamus[3]. Incidentally, Freud used Schreber's *book* as the source for his theory of paranoia—there is no evidence that he ever saw Schreber.[11]

Relapse after apparent recovery from the first attack of encephalitis may occur after a long interval, even over 20 years[3] so possibly Schreber's first illness at the age of 42 was due to a first attack, and the second at 51, after a period of over eight years of normality, represented a severe relapse.

MacAlpine & Hunter tried to discover the eventual outcome but were only able to establish that Schreber died in 1911. There is no mention of a post-mortem examination, which Schreber said would provide 'stringent proof' that he suffered from a physical disease of the nervous system.

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Research Award

The Board of Trinity College, Dublin, has approved the nomination of Dr Brian Fleming for the Peter Beckett Postgraduate Research Award 1985. Dr Fleming received the Award for his study entitled 'Factors Associated with Compliance in the follow-up Treatment of Alcoholism' during his postgraduate training in psychiatry, while working at the Shaftesbury Square Hospital, Belfast, Northern Ireland.

Research Awards

The Editors are interested in starting a new section on research awards. Readers are invited to send details of recent awards they have received.

The International Society for the Investigation of Stress

An ad hoc committee consisting of David Wheatley (Chairman), Donald Stonefield (Secretary), Graham Burrows, Gary Cooper, Hans Hippius, Brian Leonard, Norman Morris, Karl Rickels, Bernice Cohen-Sachs and Pierre Simon has been established. The committee met on 26 April 1986 in London and agreed that the time was opportune to form an international organisation dedicated to the study of stress and stress-related illnesses. It was proposed to call this organisation the International Society for the Investigation of Stress (ISIS). Preliminary plans were made for the first annual congress of ISIS, to be held in Tenerife in the Canary Islands in March 1987, and a Constitution was drafted for presentation at this meeting. It was further decided to invite applications for Foundation membership from suitably qualified people, interested in the problems of stress in all its manifestations. Readers are invited to apply for Foundation membership. Further information may be obtained from Donald F. Stonefield, MD, 9239 South 45th Place, Phoenix, Arizona 85004, USA.

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