The psychopathic eye

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The eye doctor is guardian of a little cubic inch of tissue which is not as other tissues are. He commands a colourful catalogue of eye ailments which are given an indecently small share of the medical curriculum, but he also knows that the eye is a sounding-board for the travails of the whole persona. At times it is a whipping-boy for the wrought psyche; at times it is blamed for reflecting a distraught view of the world or for betraying our guilty thoughts; and at times it looks to God and becomes the symbol of our soul.

Why is it that half of the patients in our ophthalmic clinics turn up with "eye-ache" and nothing to show for it? To answer that we must step back for a moment into prehistory. In the beginning, as we all remember, God made light. To primitive man, worship of the sun-god (the giver of the heat and light that sustained his life) was almost universal, and to judge by most of our holiday brochures that old reprobate has never been wholly replaced. So godliness was equated with light and evil with darkness, and thus they have remained.

The human eye, then, as the avenue through which the sun-god's emanations reached us was the gateway into the soul. Our forbears sensibly located the soul in the pituitary (at the point where the two optic nerves meet), at any rate until Descartes decided to move it an inch or so further back into the pineal, which is the third eye of our reptilian forbears and paradoxically also a factory for an excellent LSD-type hallucinogen. But where godly light can enter so can satanic darkness, and the eye that at times looked wistfully up to heaven at other times looked libidinously elsewhere. So the eye also became a sort of sexual surrogate since it was such a convenient organ of projection or in Freudian terms) "displacement" whenever fear, guilt, inertia, impotence, or despair debarred a more physiological outlet.

That is why the seeing of sexual acts or images can become almost as exciting or as guiltful (according to our tastes and inhibitions) as actually participating, quite apart from being generally cheaper and less troublesome. Those who find it exciting tend to become voyeurs or (nowadays) addicts of pornographic magazines, or if they are of passive temperament they become exhibitionists (as in the complementary coupling of Suzannah and the Elders, Lady Godiva and Peeping Tom, or perhaps in our private fantasies — just yours and mine). On the other hand those of us who are guiltful become scotophiliacs like the majority of American women who, as Kinsey discovered, prefer to mate in the darkness, or else like the 15 per cent of our healthy-eyed English population who retreat behind darkened glasses, and are presumably seeking to escape and hide their guilt from the all-seeing eye of God or at any rate of their inquisitive neighbours.

So most of these eye-aches we endlessly encounter are just soul-aches or sex-aches, even though the patients prefer to label it eyestrain as if the eye itself had yearnings to furnish a clear image and heaved on its own involuntary muscles in frustration. And of course this myth of the poor eye being somehow "strained" is perpetuated by the commercial interests always waiting in our wings, which counsel the constant use (and frequent changes) of irrelevant spectacles. Indeed such spectacles of negligible power may well be gratefully accepted as a protective shield for the sensitive or guiltful soul that lies behind them. Or perhaps, as one oculist declared, since in all age-groups over puberty women spectacle-wearers well outnumber men, the spectacles serve as symbolic replacements of the hymen for those who mourn the virginity they have lost. And perhaps it is for a similar sort of reason that over a third of those who have recently become blind prefer to wear spectacles which they admit are useless.

And then there is the opposite school which prefers to activate rather than replace. These are the people who eschew spectacles as being somehow damaging to their anthropomorphic eyes and take up Bates exercises — endlessly swinging their eyeballs around, reckoning that the eye, which is aching in despair because it cannot get the image clear, should "pull itself together" and clarify that blurred image through a little healthy exercise. These more "positive" neurotics will of course be ready to squeeze any related muscles that are handy in their attempts to divert or expunge their fears; they turn up in our clinics with spasms of their eyelids, of their convergence, or of their ciliary muscles, or even of their retinal and cerebral arteries, when the bout of migraine at least gives them something else to worry about. Most artists, it could be added, prefer to paint without glasses or, if they are very ametropic, with a weakened correction. They say the image is somehow more true that way. And schizophrenics, who as part of their emotional withdrawal often have a low acuity, generally refuse to wear their glasses. They say they are calmer without them.

Enough perhaps about all those eye-aches. The basis of most neuroses is simply anxiety; a fear of blindness is very often in the background (with maybe the menace of a glaucomatous grandmother somewhere just off-stage). It need not of course have any sexual content and you may think that to labour this aspect is rather Freudian old-hat. But less than a century ago the great pioneer of corneal grafting,

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Henry Power (1888), in his prestigious Bowman lecture declared that nearly all eye disorders — cataract, trachoma, retinal haemorrhage, amblyopia, and neuroretinitis (although this, he claimed, occurred only "in young ladies") — stemmed from inadequately bridled sex. He even included myopia, in rivalry to the other dotty theories about its causation — then current and now alas being renovated. Such a theme was echoed at even greater length in the American press and is still current in some East European and Asian countries. In China, for instance, it was only in 1973 that the risk of damaging the eyes by imperfect husbandry was dropped from the official health handouts. Also, we must not forget the myth of the evil eye which reaches from prehistory — recalling the damaging power of Siva's third eye, and that of the Medusa and the lore of the Basilisk and Cockatrice (incubated by a toad from the egg of an elderly cock) — up to present-day Sicily and which stretched from eastern India to western Peru, and which reckoned that the bewitching eye, when powered by menstrual blood coursing through its veins, could destroy the fertility of any male it struck.

Anyway, enough about the mundane neurotics with their interminable eyestrains. The fortunate oculist can blithely reassure them that their eyes are in fact fine, and propel them out through the door back to their long-suffering GPs and even more long-suffering relatives.

But often the psychopathy bites deeper, the distraught mind crosses the Rubicon of reason, insight is abandoned, and we pass on into the unreal twilight world of hysteria where the patients persuade themselves that they cannot see or start seeing things that are not there.

The hysteric is one who escapes from a disagreeable situation by subconsciously creating a disability that has no physical basis, and the simplest escape from a difficult environment is literally to blot it all out. Being a negative response this appeals particularly to the more passive sex, and the word hysteron is just Greek for womb. It was described by Plato as "a wild beast, totally devoid of human reason, which roams about the body, exciting, here and there, the most inordinate desire", and was assumed to produce hysteria by breaking loose from its pelvic moorings and rattling about within the thoracic cage. In self-aware communities the full-blooded displays of hysteria that Plato doubtless encountered are getting much rarer, although simple hysterical blindness is common enough in more primitive societies. Nowadays the more intelligent hysteric simply presents with an amblyopia, which stops her having to work but does not curtail her social life or prevent her from eating. I can call to mind three such hysterical amblyopes (all schoolgirls); of these one had a prettier brighter sister who had just arrived at the school and one had an uncle who had evidently gone blind. These amblyopes can be very hard to unmask (a rotating drum with graded stripes is about the only direct way).

Hysteria shades off into malingering. While in the army we saw the inevitable mixed bag of false-attributers (pains blamed on any old birthmark or long-standing squint), counterfeiters (mepacrine tablets inserted to redden the lower fornix), and so on. I can only remember one soldier who blandly announced that he could not see when the battalion was ordered into line. Malingering was in fact rare in sophisticated units (like the New Zealanders I was with) but in some armies it was common enough. Somerville-Large (1947) counted 375 Indian soldiers who put in jequirity seeds (their equivalent of mepacrine) to redden the conjunctiva, and he described how "night blindness" had become an epidemic in India (to avoid night patrols) until Auchinleck arrived. Apparently, with a flourish of his pen — like a fairy queen — Auchinleck simply issued the order "There will be no night blindness" and they all recovered. Hysterical night blindness did in fact reach epidemic proportions with the crusaders, who unhappily had no Auchinleck to see what was happening and so exorcise it. And in the American army at the end of the last War, Yasuna (1946) listed 20 men who came to a sluggish halt half-way down the Snellen chart, not because of the dangers of battle that they faced, but because they were due for their discharge and were daunted at the prospect of the rough competitive world awaiting them in the so-called "civil" life outside the security of their barracks.

There are of course endless other hysterical manifestations, like bloody tears (on which some saints capitalized). I recently saw a serious young stockbroker who apologetically explained that he could not stop plucking his eyebrows — just like the Trobriand Islanders who constantly eat up each other's eyelashes and eyebrows in love-play. I did not have the nerve to tell him about Freud's displacement theory and to suggest that it might help if he got his girlfriend to do it for him. But as we move deeper into the world of the psychotic this ocular projection by the distraught psyche tends to be more flamboyant and at times more lurid.

Hallucinations and illusions readily transform the drab reality with which we can no longer contend, and the changes in our seen world as we retreat into schizophrenia or explode into mania are familiar and nicely exemplified by those artists who went over the edge. The exploders are the lucky ones, like Louis Wain whose gentle cats gradually became transformed into horrendous kaleidoscopic monsters until the manic storm blew over; the docile pussies reappeared on the paper and Louis was let out of his cell into the open world again.

But for those who withdraw, the schizoids, there is no sure release, and as the whole perceptual world becomes impoverished all colours tend to fade in the overwhelming bleakness of the scene. With our schizophrenic painters, unlike Louis Wain, the strokes tend to become tinier and tinier until their contact with reality is only enough to let them make a few dots on the paper. Occasionally this shrinkage of the point of contact means that their whole world is shrinking, just as in Alice's Wonderland. There was one schizophrenic patient who described how his sudden self-shrinkings could only be stemmed by grasping hold of objects that would relate his dimensions to the outside world. Again the depression of these painters often shows itself by a curtailment of the scene they are depicting to a series of basic forms that simply express their negativism and apathy, for example a hard empty horizon or a black implacable zigzag of a mountain range. This is reminiscent of the pictures Van Gogh painted during his last summer when he kept on portraying "immense expanses of wheat beneath troubled skies". It was after he had completed the last one — a storm-tossed cornfield out of which an ominous flight of crows was rising — that he shot himself, clumsily but fatally, telling his would-be succourers not to try to save his life as "the sadness will last forever". It did.

Hallucinations and illusions are not of course confined to the psychotic. We all hallucinate a bit, par-

ticularly if the visual screen is empty and our imagination heightened. We experience them vividly as children and when our eyes are closed; we enjoy them as dreams along with our rapid eye movements and erections in those inter-deep-sleep phases; and they are particularly striking when the visual screen is partially blanked out as in the homonymous hemianopia from a posterior cerebral thrombosis. In such organic brain lesions we are always blind to our blindness and vaguely fill in the empty half-field with an apparent continuation of that which is seen. But to the troubled mind such hallucinations may be much more vivid; for instance there was a lawyer patient, quoted by Savin (1958), whose hemianopic field was always invaded by a malevolent little woman (the image of the mistress he had once abandoned) who grimaced and guffawed at him night and day for the rest of his life. In a manner of speaking she indeed had the last laugh.

As Bernard Shaw said through St Joan, "The street is full of normally sane people who have hallucinations of all sorts, which they believe to be the normal equipment of all human beings". We accept these all right, and it is only when we expect other people to see them too that we have crossed the frontier into psychosis. Those of us who are natural visualizers and think in visual sequences have private shapes for the simplest sequences, such as for alphabets and numbers (which we use when we multiply in our head), even if we do not see music in colours (as many do, the sounds being illumined with so-called labyrinthine light) or extend our synaesthesias widely into other senses (as the blind constantly do).

Unlike hallucinations, illusions are the specific misinterpretations of things that are seen. These may be the shadow of an ordinary vitreous opacity which the disturbed mind exaggerates, as did the introverted artist Munch with his little bird-shaped vitreous "haemorrhage" until it became so large that it dominated the entire field and intruded into all his pictures. But illusions are classically provoked by drugs, like the spots on the alcoholic's counterpane that turn into pink rats as delirium tremens sets in; like the crystallization of colours in the second stage of ether abreaction which makes the view look increasingly segmented, resembling church windows with leaden lines between the blotches of colour; like those patients on propranolol, quoted by Fleminger (1978), who variously saw the alarm-clock turning into an owl, the dressing-gown into an interloper, and the pillow into a nexus of spiders; or most of all like the distortions, replications, and colour awareness that are the reward (or penalty) of an overdose of mescaline or LSD.

We should not be too dismissive about the rapture and the insight that LSD can offer. Gin famously provided the quickest route out of Manchester and we read that Siberians, stuck in an even worse environment, so prize the way of escape that is provided by the spotted fungus that they conserve it by collecting the urine of their fellows who have been lucky enough to have found one and eaten it. They then recycle this again and again through the tribe (just like the bizarre self-nourishing economy practised by the recent Prime Minister of India).

It has been said that "The road of excess leads to the palace of wisdom". And we must not think too harshly of our recent medical colleague and her companion, now languishing in gaol, who genuinely believed that LSD led the way to truth and ecstasy! Truths certainly, for LSD simply strips away the dulling effect of one's associations that succeed in making our visual images compatible with what we

expect to see. Thus we see again those heightened colours and brilliant shadow colours and the stroboscopic and three-dimensional effects which we have not been able to enjoy since the shades of the prison house began to close upon us as growing children. The trouble is that it is hard to arrest the display at the right moment, before the stage when one's associations are so whittled away that we become isolated, lost, and frightened in a schizophrenic turmoil.

After the hysterics who pretend they cannot see and the hallucinators who give themselves a private vision to replace what they have got, we now pass on to the real psychotics who not only "will not see" but see to it that they "cannot see". And they expunge the very organs that led them to sinful sex rather than to God. They take too literally those stern strictures quoted by St Matthew, "If thine eye offend thee, pluck it out, and cast it from thee" for "Whosoever looketh on a woman to lust after her, hath committed adultery already with her in his heart".

There are many recorded instances of this — the final solution — for example the young negro described by Gorin (1964) at a hospital in Baltimore who smilingly handed his eyes to his nurse as she came on her ward round. She had passed through the ward a few minutes before, and in the interval he had painlessly and almost bloodlessly hooked them both out with his thumbnails. He then explained that he was a member of a group that did not need eyes "since one does not require them to see spirits and the truth"; he asked permission to leave the hospital so that he could have a chance "to persuade others to join his happy sightless gang". In that momentary manoeuvre he had neatly removed all the muscles and included an extraordinary length of optic nerve. Another of these autoenucleators only had time to scoop out one eye, but he had pulled so much of his optic nerve away that he had even taken a bit off the chiasma and was left with a temporal field defect in the remaining one! There was also the young American who last year, in a postbaptismal trance, scopped out both of his mother's eyes and got away with 49 mm of optic nerve. We can reflect on the battle most surgeons often have to get out a mere half inch of the optic nerve, with all our smart and expensive instruments.

Nearly all of these macabre self-blinders have had an overpowering sex problem such as fear of syphilis, remorse after rape, and sex with the wrong sort of partner. But not always. One young Frenchman simply proffered one of his eyeballs saying "it just fell out while I was playing cards", although a tell-tale drop of blood was then discovered on his fingernail.

It is of course an easy escape to dismiss these bizarre self-mutilators with a sigh at the quirks of human waywardness because it is almost too painful to peer into the "black-pit" of others; our own black-pits are often too embarrassingly close for comfort. So many people are just further out-to-sea than we thought and not waving but drowning.

The patron saint of ophthalmology is St Lucy, a pious Sicilian girl who looked on a man lustfully and in proper remorse plucked out the eyes that had offended to give them to God; and He then, in His permissive wisdom, gave her two more so that she then had two good ones as well as the two squashy ones. Some others had the same idea of becoming a saint and having two spare eyes — St Medana in Ireland who threw her eyeballs at her startled lover's feet and St Triduana, a simple Scottish girl, who presented her eyes impaled on a thorn to her embarrassed suitor but both missed out on the replacements. Others indeed were luckier, for example St Odilia of Alsatia who had been born blind and simply earned, as a rather generous baptismal present, two extra eyes; these were rather large for her sockets and she had to carry them around like a handbag.

For those myth-makers of old were wiser than we are. They knew that the eyes were seducers, leading on to worldly gratifications and eclipsing the inner eye which was the fount of all true knowledge and understanding. Oedipus had to expunge his eyes because they had beguiled him into incest, and Tiresias was blinded because he had watched Minerva bathing naked. Both became the wisest of soothsayers. As Milton had it:

> Blind Thamyris and blind Maeonides [Homer],
> And Tiresias and Phineus, prophets old.

For Milton too, after the rougher passages of his middle years were over and serenity had returned, reckoned that his blindness had illuminated his thoughts. As we know, sitting in that little house alongside the old Westminster Hospital, he dictated in snatches the whole of *Paradise Lost* (in all its polysyllabic splendour) from a world of total darkness.

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