

AUTOCANNIBALISM: A CASE STUDY

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While the occurrence of cannibalism in phantasy and practice in certain cultures is not unusual, self-cannibalism, or eating part of one's own body is a somewhat rare phenomenon.

The patient involved was a 37-year-old man who was hospitalized following a psychotic episode in which he cooked and ate his index finger. The described event was engrafted upon a chronically deformed ego with a poor childhood adjustment, a bad-conduct discharge from the service, and several previous periods of psychiatric hospitalization.

The present episode occurred while aboard ship when the patient became delusional feeling that the officers and crew were going to torture and kill him. He thought of killing himself first, but after a number of abortive attempts, he decided that he could rise above his torturers especially since it was approaching Easter, and Christ, too, had been faced with painful adversity.

In order to prove that he could withstand pain and physical damage, he began to burn parts of his body with matches. He burned his index finger to a crisp and was able to withstand the pain. Then he ate the distal and middle phalanx. He began to burn his wrist with the intention of eating his hand, but found that the wrist and the

left axilla were much more difficult to burn and subsequently gave it up. At this point, he felt that he could face his pursuers having spent the night in these preoccupations and he could now vanquish them, should it be necessary.

The autocannibalism, arising during a paranoid delusional state, was multidetermined. It is suggested that it was the culmination of a series of attempts at dealing with the patient's fears of being killed and castrated. His initial attempt at dealing with the fear of being killed was to retain control of the experience and kill himself. When this was not successful, he chose to still retain control over the aggression but limit the amount of damage by destroying only a part of his body. In a less violent way, we see this occurring in masochistic behavior where the patient limits the degree of the self-punitive behavior but where he also feels that in order to achieve a specific goal, it must also be accompanied by pain.

This patient also chose to deal with his feelings of helplessness, and worthlessness, by identifying with Christ at Easter and thus obtaining power and control over his pursuers.

Finally, the eating of his finger reflected the gratification of the forbidden homosexual impulses which were, in part, the source of his earlier decompensation.

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LEBER'S DISEASE AND SCHIZOPHRENIA

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Leber's disease is a relatively rare hereditary familial disease which is characterized by diminished visual acuity, irregular visual field defects, and optic atrophy and occurs chiefly in males. Its onset is usually abrupt in the second or third decade of life and its course is unpredictable. According to Wilson, this condition was initially de-

scribed by Von Graefe in 1858(1, 2). However, it is named after Leber who reported 55 cases in 16 families in 1871(3). Subsequent investigation has taken 3 main paths. There has been interest in the irregular and sometimes bizarre nature of the visual field defect(4, 5). Secondly, the nature and pattern of the genic transmission of this disease has provoked much investigation and speculation(6-8). Thirdly, there have been many reports of Leber's disease occurring

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