Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[*Continued from page 604 of last volume.*]

The cases of melancholia narrated in the former papers have exhibited—1. Alterations or lesions of the moral faculties as a morbid degree of depression, grief, anxiety, fear, etc.; 2. Alteration or lesion of the psychical or intellectual faculties, as false perceptions, false conceptions, illusions, delusions, etc.; and 3. Alterations in motility; but, so far as we have yet gone, only an excessive motion or restlessness has been illustrated. There are cases in which the prominent feature is a lesion of motility, but which consists in an indisposition to move—in torpor of movement. Cases of this kind are next to be detailed.

Bearing in mind that the lesion of the moral faculty appears to be, as it were, the starting point or groundwork of the disease, it would appear that cases are to be met with in which the whole of the phenomena seem to be confined to this division of the mental faculties, while in other cases this groundwork is involved with one, or chiefly with one, of the other subdivisions. On the one hand, we meet with cases in which the motility is scarcely affected; or, on the other hand, we find cases in which the psychical functions appear but very partially implicated. It is a common cause of surprise to the friends of melancholic patients that the melancholic talks or writes quite rationally or coherently; that he is quite correct in memory; or that he argues as acutely as ever. When, however, there is torpid condition of the motility, the patient, though he often retains his intellectual powers nearly intact, bears the expression of the lowest degree of dementia; the features are dull and heavy. The French call this form *melancolie avec stupeur*. The next case is of this kind, and the intellect proper was only partially implicated.

Case ix. A. K., aged 34, married, wife of a butler, was formerly a lady's maid. She lived, previously to her marriage, eleven years in one place, and married the butler. This appears to have been an unfortunate match. The family made frequent inquiries about the patient. The husband has taken very little interest about her. He attributed her disease to stubbornness; and requested by letter that she might be treated with firmness and "well routed." The medical certificate accompanying the order of admission gave the following description of the patient just prior to her reception:—"She sits weeping and miserable; says she has broken her husband's heart; that she is better without food. Her landlord and fellow-lodgers found her in a state of complete exhaustion from want of food. The children also appeared half-famished. She declares she heard voices forbidding her to eat or drink, or light fire, or go to bed."

In this hearing of voices there was evidence of distinct intellectual or psychical disturbance. It never, however, manifested itself afterwards.

On admission (Oct. 21st, date of disease uncertain), she conversed quietly and correctly, though in a weak tone of voice. She said she had been living in London with her children in a lodging. She had no headache. The tongue was much furred. The bowels were confined. She took beef-tea only for dinner. She had no thirst. Pulse 60, feeble. There was no cough, nor any morbid chest-signs. She was ordered full diet, one egg, and two glasses of wine daily.

Oct. 24th. She was up; was pale, but had considerable turgescence of the vessels of the conjunctiva. The tongue was red; bowels not open. An aloetic draught twice a day was ordered.

It will be sufficient to describe the progress of the case by entries taken at the different epochs. During the first three months, she continued constantly depressed; was always more or less indisposed to exert herself; would not dress herself. She declined in strength, but made no complaint. During my temporary absence from home, her head was shaved and blistered without apparent benefit. The bowels continued obstinate; but she would seldom take an aperient; and she occasionally refused food.

Jan. 8th (three months after admission). She varied from day to day. One day she refused all food, and said she did not require it; that she could do without it. Another day she ate ravenously. The bowels seldom acted. She refused medicine. She emaciated visibly. Pulse 70, regular. There were no cough nor chest-symptoms. She was always listless and depressed. The expression of the features was dull and heavy.

Jan. 13th. Her mind was in the same state; but she ate ravenously. She would gorge herself if not watched; she filched the meat from the other patients' plates.

Jan. 20th. She again refused food. She sat moodily in one position for long periods. Her features were dull and expressionless. She allowed the nasal secretion and saliva to dribble from her as she sat.

Feb. 10th (four months after admission). Motility was still more involved. She sat for long periods in one posture, apparently indifferent to all around, and too lazy to move. She was like a statue in immobility; but the attitude was expressive of hebetude. She hung her head; the features were relaxed, and did not change; her arms dangled by the side of the chair as she sat. The secretions were dropping from the mouth and nose, and the lacrymal secretion had dried upon her cheek. The breathing was slightly accelerated. Her bowels were confined. She was at the present date eating largely. Three grains of podophyllin were ordered.

Feb. 26th. She was moving down the gallery at a snail's pace. Her head was drooping, and her arms hanging heavily by her side. Her dress was neglected. She had not menstruated since admission. Compound iron mixture was ordered.

March 2nd. She would not take the medicine; was still more dull and heavy. She stood about in one position, obstructing the passage, and did not move to allow one to pass. She appeared motionless and statue-like. Her arms and head drooped. The saliva and nasal secretion dribbled from her. She dropped her fæces about, and wet herself as she stood. She never attempted to dress or wash herself. The pulse was 60; the circulation appeared torpid; the nose and lips were purplish; the hands cold and puffy. At times she would eat, and at times refused food for days together; she had, however, gained flesh.

March 9th. She asked voluntarily for some paper, and sat down and wrote a letter to her sister, requesting her to send her some needlework. The letter was correctly worded and spelt; but rather less neatly written towards the close; and it was without signature.

Great improvement in the appearance of the patient took place from this date, and increased. The work was sent, and she took to it at once.

163*rd day* (*or five months*). Her expression was greatly improved. She was now quite animated. The

features had undergone such a change that she was scarcely recognisable. She was tidy, cleanly, cheerful, and disposed to be rather mischievous, playing tricks upon the other patients.

The sudden amelioration of the symptoms in cases of melancholia is not uncommon.

However, from the above date, the progress towards recovery was less satisfactory. The patient continued to work well at her needle. Her health improved; menstruation became re-established. On several occasions she exhibited libidinous feelings, as shown in watching the workmen and following them whenever she could get the opportunity. She wrote several times to her relations; her letters were correctly and clearly indited. She has had one or two attacks of hysterical character; and has been more than once again depressed for a short period.

She is still in the asylum; and is now, at about the 400th day of residence, passing gradually into a state of mental imbecility.

The case illustrates the degree to which the torpor may be present, giving the appearance of dementia, while the intellect is comparatively but little affected. It is also an example of the occurrence of erotism in a melancholic, which is the form of insanity in which that symptom is most frequently connected; and it illustrates also the suddenness with which the symptoms of melancholy sometimes pass off.

The following case is one in which the motility was still further implicated; but the intellectual faculties were less free than in the foregoing case.

Case x. A. L., aged 32, married, the wife of a fruit-hawker; had had two children, the youngest of whom was 12 years old. Her education had been very moderate. She was of sober habits; and was said to have been insane two years and a half at the time of admission. The affection was attributed by the parents to the ill-treatment of her husband, who, when drunk (which was frequently the case), was in the habit of beating her savagely. She had been separated from him during the same period of two years and a half. The mother, a country labourer's wife, gave but an imperfect or confused account of the symptoms. She said that when her daughter was first taken, she appeared silly or simple; and soon afterwards became slovenly and neglectful, and then very timid. She "was afraid to be left in the dark, and said she was going to be killed." These symptoms, thus described by this peasant, were probably the usual first signs of melancholy—dulness, listlessness, carelessness, and neglect of home, morbid apprehensions, and imaginary dangers. At the end of two years and a half from the commencement of the symptoms, the patient fell down in a severe fit; "she fell, foamed at the mouth, and struggled much." She begun immediately afterwards to show a further alteration in her conduct. "One Sunday she went from pew to pew and shook hands with everybody, gentlefolk as well as poor people." Her morbid fears continued; she still imagined she was going to be destroyed, and became afraid to go to bed.

Note on Admission. March. She was feeble. Her manner was strange; but she was neither depressed nor elated. She was quite quiet; appeared harmless. At times she sat listlessly for some hours. She seemed disinclined to speak.

She continued in this condition for several weeks. She had several slight attacks like syncope, at intervals of two or three days; but without convulsion. This continued through April and part of May, when she refused food for several days consecutively. In June, she had several attacks of excitement, but without any act of violence. In one of these attacks, she stripped herself quite naked in the airing-court, and appeared to be in a state of ecstasy. The features, however, expressed dulness and hebetude. At times she was taciturn; but at times, as it were by a sudden impulse, became talkative and voluble. She said, on one of these occasions, that she conversed with God; that God told her this or that; and occasionally made use of disgusting language. In some of her paroxysms, she appeared in a semi-cataleptic state. She had several of these attacks, which appeared to have at first all the characters of feigning. In one of them, however (on August 10th), their character was placed beyond suspicion; and she was removed back to the infirmary. The note, which is brief, says that on this day she lay as she was placed. She had scarcely moved since she was put to bed some hours ago. If placed in another position, she continued in it for long periods. When the hand was lifted up, it was slowly drawn back. She had passed a large quantity of urine. She drank much. Her appetite was indifferent. She took food as it was given, and answered questions when spoken to. This state of indisposition or indifference to move lasted six or seven days. It was succeeded by a state of mental excitement. She made numerous frivolous complaints, and behaved with an air of contempt towards the nurses. The cataleptiform seizure being at about the fifth month at the date of five and a half months, the following change occurred.

She was strange in her conduct to-day. She had been excited, and jumping about in a grotesque manner. She spoke in an incoherent strain, and addressed imaginary persons. Her talk was chiefly in blame directed against her husband. She was somewhat grandiloquent, and said, in a preaching kind of tone, "The water follows me," and "The sun follows me," etc.

Six days later, the entry is: "Puts herself into constrained postures, which she maintains for long periods; *e. g.*, rests on her toes and knees, and on her vertex; and says it is when she prays that she does this. At times she sings, and repeats the words of her song correctly from memory."

Seventh Month from Admission. The same peculiarity of the motility continued. She usually sat in one position and in one place, and did not move till she was told. She moved to the dinner-table only when told. She began to eat when directed, but not before. Her attitude was often very obviously an uncomfortable one, but she did not alter it unless bidden. Her bladder was one day found to be enormously distended; and when questioned about it, she said no one had told her to pass her urine; and, on being told, she passed, according to the rough estimate of the nurse, nearly half a gallon. The pulse was 84. She took her food well. Her bowels were open; but she emaciated slightly.

During the eighth month, but slight variation in the above condition took place. About the middle of the month, she complained that she could not remember her catechism, and was much annoyed and excited about it.

Ninth Month. The motor symptoms continued. She sat in an awkward posture, like an image, and without moving for very long periods. She allowed the flies to feed on her face and hands undisturbed, and said they wanted food as well as she herself. She waited to be told to pass her urine; and, if not told, she wetted the bed or her clothes. She took her nourishment well, and assisted as before, but always waited to be told.

About the tenth month, she was visited by her mother, who brought her a bible; and she was considerably excited about it; put the book on the fire, and said there were lies in it; that God was unjust; and upbraided God that she had become dirty in her habits. The statue-like immobility continued.

About the eleventh month, she fell in a well-marked epileptic fit, in which she was much convulsed. One week afterwards, she began to show a difficulty in articulation; she stammered, but protruded the tongue well. This difficulty gradually increased. She was quite conscious of the change, and complained of it. She complained also about this period of occasional headache, and a sensation in her arm which she called a jumping of the bone.

After this, she became gradually excited, and disposed to be violent. Her movements were stiff and slow. The excited conduct extended from the eleventh to the fourteenth month from her admission. Her general health was not greatly impaired; she took her meals, and retained her usual amount of flesh. She had no return of fit. On May 10th (fourteenth month after admission), she was, after a day of great excitement, taken with vomiting. The bowels were also confined. She would not take medicine, but was relieved by an enema. A few days afterwards (May 14th), she became libidinous in her actions.

May 15th. She continued very excited; threw herself about in a wild manner and somewhat indecently. The skin was moist, and emitted an extremely offensive odour.

May 17th. She had a restless night, and had a very violent fit this morning. At my visit about 2 P.M., she had a second fit, from which she did not rally. She died in the convulsion; the face being flushed, and the limbs contracted.

[*To be continued.*]

DIPSOMANIA.

By F. D. FLETCHER, Esq., Liverpool.

[*Read before the Medical Society of Liverpool.*]

AMONG the many evils produced by drunkenness which come under our notice in the practice of our profession, not the least is the origination of that morbid state of mind and body to which the title of Dipsomania has been assigned.

I propose now to make some observations as to this condition; in reference to its characteristic features; the manner in which it is occasioned; the course which it runs; and the treatment by which we may attempt its cure.

The special symptoms which characterise this form of mania are, I think, as distinct as those which mark the individuality of any other form of monomania. The maniacal tendency to drink is as evident in the dipsomaniac as is the maniacal tendency to kill, to burn, or to steal, in the homicidal monomaniac, the pyromaniac, or the kleptomaniac. I may be asked, perhaps, what we are to understand by this general term of maniacal tendency, and I reply that I hold that tendency to be maniacal in its character which has acquired such power over an individual as to completely subjugate his will—so that in obedience to its impulses he will act in direct opposition to the dictates of his judgment, his instincts, his interests and his own desires. I do not consider a man maniacal whose conscience and judgment are simply silenced for a time by the voice of his passions, and who for a time surrenders himself voluntarily to their misguidance; but I do consider that man to be maniacal who, with his conscience and judgment alive and active, has a will so powerless that he is at the mercy of every influence brought to bear upon him.

I do not profess to be able to draw a line which shall exactly mark the boundary between that condition in which a man does evil of set purpose and that in which he does evil in spite of himself; but I think that facts bear me out when I assert that there is such a psychological condition as that which Coleridge described, from his own experience, as "paralysis of the will," and in asserting further that the place and influence of the paralysed will are usurped by other powers that act upon the mind and soul. It has often seemed to me that between our physical and psychical natures there is this analogy; that, as the physical part of us when its power is at a low ebb becomes susceptible of morbid influences which, at other times, and when its vigour is in full force, pass over it and produce no effect, so when the psychical part of us (which I take to be synonymous with the moral part of us) sinks low in depravity, it also becomes the helpless subject of forces of evil which are powerless against a nature which breathes a purer moral atmosphere and lives in a higher moral condition. Now to apply these general principles to the particular class of cases before us, I think that those who have many drunkards brought under their notice, and who inquire into their natural history, will see that they are divisible into two great general orders—those who drink because they like to do so, and those who drink because they cannot help it. I use the term drink generally, but I should of course group habitual opium eaters along with dipsomaniacs.

Inquiring into the causes of drunkenness, I find that by far the larger number of those who come under my notice at the workhouse ascribe the commencement of their debauches to drinking just because they are in a drinking company, or to drinking to drown care. A smaller number cannot say why they drink, and some acknowledge that having once begun they cannot stop.

It seems that there must be some constitutional difference of a physical nature and independent of the moral condition, which determines the desire for stimulants which we find in some people and the indifference to them that there is in others. Drunkenness does not always accompany moral degeneracy. We find some men who are neither moral in their habits nor scrupulous in their associations, who live in the society of those who drink, and who yet themselves do not drink. We find others whose moral character is good, whose associations are good, and in whom, nevertheless, there is a tendency to drink sometimes heroically vanquished, at others tyrannously asserting its power, over-mastering the most solemn resolutions and driving its victim into excesses to which he looks back with loathing and shame. Again, among drunkards themselves there is likewise discernible a fainter trace of the same diversity; there are among them the habitual deliberate drunkards, who can go to bed drunk every night and yet be up and fit for work every morning; and the impulsive, occasional drinkers, who, when once fairly launched on a debauch, can no more stop themselves than they can arrest the wind or tide.

How is this condition occasioned? At times we get clear proof of the hereditary transmission of this tendency from parent to child, coming out sometimes in the precocious appetite which some children manifest for stimulants, but more frequently evidenced by the later development of intemperate habits in successive generations of the same family. In some cases where drunken habits infest certain families, it may be difficult to say how much of the bad result is due to bad example and bad training; but we do find occasionally the drinking propensity developed where there has been no cause to blame the example offered to a child or the training to which he has been subjected. It is, however, but in a minority of cases that we can prove the hereditary transmission of this taint; far more frequently we can trace the course of the patient's drunkenness upwards to its source, and ascertain how the tendency has been acquired. We may find three distinct stages in the patient's history;