tains iron.—(2) Since this was written, by the kindness of Dr. D. Hunter, of Goodmayes Asylum, I have had the opportunity of examining the nervous system of an epileptic idiot æt. 13, in whom also a heterotopia spinalis was observed, with two central canals.—(3) The *Lancet* (November 24th, 1906) records a case of Bilharzia reported by Drs. Tsunoda and Shimamura, in which the patient suffered from Jacksonian epilepsy, and at the autopsy amongst other lesions a number of wedge-shaped areas of sclerosis were found in the brain. On histological examination these areas were found to contain ova in considerable number, which had doubtless produced embolism of the arteries. I quote these observations to support the view that cutting off the blood-supply of small areas of the brain does not necessarily result in softening.

Amentia and Dementia: a Clinico-Pathological Study.

By JOSEPH SHAW BOLTON, M.D., M.R.C.P., Fellow of University College, London; Senior Assistant Medical Officer, Lancaster County Asylum, Rainhill.

PART III.—DEMENTIA (*continued*).

		PAGE
[*Introduction*	LII.	221]
[*The general pathology of mental disease and the functional regions of the cerebrum*	LII.	224]
[*Mental confusion and dementia*	LII.	428]
[*Varieties of dementia*	LII.	711]
[*Group I—Primarily neuronic dementia*	LII.	716]
[(a) *Senile or "worn-out" dementia*	LII.	717]
(b) *Presenile or "climacteric" dementia*		84
(1) Mania with dementia		90
(2) Melancholia with dementia		93
(3) Insanity with dementia		
(4) Simple dementia		
(c) *Mature or "adult" dementia*		
[(d) *Premature dementia* (*dementia præcox*)		]
[*Group II—Progressive and secondary dementia*		]
[*Group III—Special varieties of dementia*		]

GROUP I.—PRIMARILY NEURONIC DEMENTIA.

CLASS (B).

Presenile or "Climacteric" Dementia.

THIS class contains sixty-five cases of *presenile dementia—i.e.*, of insanity ending in dementia, and occurring between the periods of maturity and of senility. Of the 728 cases of insanity under

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

consideration, the present class, therefore, includes 9 *per cent.*, and of the 445 cases of dementia 14·6 *per cent.* Though attention has already been drawn to the distinction which is necessarily made between "presenility," an age-period in all individuals, and "prematurely induced senility," it is perhaps permissible to remark here that cases of the latter type have been included in the class of "senile or 'worn-out' dementia," which was described and illustrated in the last section of this paper.

The present description is, therefore, concerned solely with such cases of dementia as occur at the presenile period of life and do not present indications of the premature onset of senility. These cases, at any rate when of the female sex, are, as a rule, referred to as "climacteric," and, as a considerable proportion of them exhibit some type of melancholia as the prominent symptom-complex, they are commonly referred to as examples of "climacteric melancholia." Kraepelin, in fact, appears to limit the term "melancholia" to the symptom-complex presented by cases of "climacteric" depression.

Under the present class the writer has included, not simply melancholias, but all the cases which he considers to be examples of involution of the cortical neurones at a date *prior* to the age-period at which this process may normally occur, but *after* these neurones have successfully resisted the maximum "stress" which necessarily accompanies their mature activity.

It is probable that in many patients of the female sex the grave metabolic disorders which occur at the "climacteric" may largely contribute to the onset of the process of neuronic involution. This is rendered the more likely owing to the occurrence in both sexes of similar metabolic disorders during puberty and adolescence, which at these periods undoubtedly influence profoundly—and in some instances directly precipitate—the development of premature involution of the cortical neurones. The generative organs, in fact, attain to functional activity later than the other organs of bodily function, and, at any rate in the female sex, normally retrogress earlier than these; and during their development and retrogression they induce general metabolic disorders, which necessarily often exert serious strain on such highly evolved and unstable elements as the neurones of the cortex cerebri.

Whilst it is not desirable to lay too great a stress on the

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

necessary influence of retrogression of the generative system over the onset and course of presenile involution of the cerebrum, this factor is undoubtedly an important one in many cases, and probably more commonly exerts a causative or contributory influence than do any of the other varieties of "stress" to which post-mature cortical neurones are subjected.

From the general argument with reference to the physical basis and nature of amentia and dementia, which has been so far elaborated in this paper, it is only to be expected that many types of case should be included in a class of presenile dementia. These types, however, readily fall, as a practical working basis, into the following four sub-classes:

	M.	F.	Total.
(1) Presenile mania with dementia	7	12	19
(2) Presenile melancholia with dementia	6	20	26
(3) Presenile insanity with dementia	1	11	12
(4) Simple presenile dementia	4	4	8
Total	18	47	65

Of these sub-classes the second, that of "presenile melancholia with dementia," predominates, but not unduly when the numerous types of symptomatology which are associated with mental depression are taken into consideration.

Though the number of cases (65 only) in this class is not large enough to justify elaborate statistical deductions, certain interesting details are readily elicited by an analysis of the data at the disposal of the writer, and these will now be briefly considered.

Age.—The average age, on the approximate date of onset of symptoms, in the 65 cases is forty-seven years, and it varies little either in the sexes or in the sub-classes into which the cases are divided. This is shown in the following table:

	M.	F.	Total.
(1) Mania with dementia	48	45·5	46
(2) Melancholia with dementia	47	47·5	47·5
(3) Insanity with dementia	45	47·3	47
(4) Simple dementia	50·6	46	48
Total	48	46·8	47

It will thus be seen that the writer, whilst employing a

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

clinical basis for selection, has included in the pre-senile class cases of a fairly corresponding age in both sexes, and has not, according to common usage, taken an artificial male "climacteric" about ten years in advance of the female. He feels justified in this course as he is not aware that the average duration of life in males is correspondingly longer than that in females, or that senility ensues in civilised races several years earlier in females than in males.

That females arrive at sexual maturity at an earlier age than males and that the capacity of procreation ceases in the former at a much earlier period of life than in the latter does not appear to him to justify the assumption that the pre-senile and the senile periods of life differ markedly in the two sexes. He prefers rather to associate the greater frequency of female pre-senile (in the sense here understood) cases with the grave metabolic disorders which occur at the female "climacteric," and hence he employs the term "pre-senile" (rather than "climacteric") to describe the cases here referred to.

The *average duration of residence* in an asylum does not differ markedly in the two sexes, being 5 years in the case of the males and 6·5 years in the females. The common average duration of residence is 6·2 years, and the individual duration in the case of the males varies from one to nineteen years, and in that of the females from one to twenty-three years.

Previous attacks.—The percentage of cases with previous attacks is 24·6, and these are distributed through the several sub-classes as follows:

	Per cent.
(1) Mania with dementia	5·2
(2) Melancholia with dementia	34·6
(3) Insanity with dementia	16·6
(4) Simple dementia	50·0

Without attaching undue importance to these figures it seems permissible to suggest that the percentages perhaps represent to some extent the respective facility with which the friends of the different classes of patient would be able to obtain their discharge from the asylum. This seems probable, because in only six instances was the interval between the attacks sufficiently long (7, 9, 10, 20, 22, and 24 years) to be evidence of actual "recovery." In all the other cases the interval was two years or less.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Degree of dementia.—The cases fall readily into two types, as regards the existing degree of dementia, about two thirds of the patients suffering from mild and slowly progressing dementia and about one third from a more marked but still only moderate grade.

When considered from the point of view of the incidence of dementia in the four sub-classes, the following interesting result is obtained.

	Mild.	Moderate.	Total.
(1) Mania with dementia	14	5	19
(2) Melancholia with dementia	19	7	26
(3) Insanity with dementia	9	3	12
(4) Simple dementia	2	6	8
Total	44	21	65

In other words, in the first three sub-classes three quarters of the cases exhibit mild dementia only, whereas in the fourth sub-class three quarters of the cases exhibit moderately severe dementia.

Considered as a part of the general argument which has been developed throughout this paper, this result is only to be expected, as the cases in the first three sub-classes should possess a distinctly greater degree of degeneracy and a relatively less proneness to the development of dementia than those in the fourth sub-class, in which obvious symptoms of "insanity" are replaced by those of "loss of mind." These last cases should, on the thesis already elaborated, have been precipitated by definite extraneous (primarily toxic) causes of undue severity, or should not have become insane at all. Such a cause is only too readily revealed by a study of the personal histories of the cases included in the four sub-classes, for ascertained intemperance in alcohol existed to the following extent:

	Per cent.
(1) Mania with dementia	10·5
(2) Melancholia with dementia	7·7
(3) Insanity with dementia	16·6
(4) Simple dementia	37·5
Total	13·8

It is therefore likely that both the actual existence of the sub-class of "simple dementia," and the higher grade of

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

dementia occurring in it, are associated with this high percentage of ascertained alcoholic excess in the included cases.

Capacity for work.—The percentage of actual and potential (*i.e.*, patients who refuse to work) workers agrees with what would be expected from the above remarks on the comparative grades of dementia in the different sub-classes. It is as follows:

	Per cent.
(1) Mania with dementia	79
(2) Melancholia with dementia	73
(3) Insanity with dementia	75
(4) Simple dementia	62·5
Total	74

Social state.—An estimate of the percentage of unmarried persons in the four sub-classes reveals the following interesting differences.

	Unmarried. *Per cent.*
(1) Mania with dementia	30
(2) Melancholia with dementia	12·5
(3) Insanity with dementia	63·6
(4) Simple dementia	42·8
Total	30·6

No explanation of these differences is attempted beyond the obvious one that the cases of melancholia were perhaps by normal temperament and general conduct more likely to obtain partners than were the members of the other three sub-classes.

Heredity of insanity.—The percentage of ascertained heredity of insanity in the sixty-five cases is 33·8. It is distributed as follows in the four sub-clauses:

	Per cent.
(1) Mania with dementia	31·6
(2) Melancholia with dementia	42·6
(3) Insanity with dementia	25·0
(4) Simple dementia	25·0

As in many of the sixty-five instances no family history was available, these figures hardly possess even a relative value. It may be here remarked that a history of heredity of *insanity*

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

is always unsatisfactory, as family and social conditions so largely decide whether a person should be sent to an asylum or not. The equally and often most important evidence of *family or parental degeneracy* is frequently not available and is usually not easy to obtain.

The writer has, however, thought it worth while to insert the above figures, although he is personally indisposed, except in the case of families which possess a number of well-marked examples of high- or low-grade amentia, to attach undue importance to an ascertained heredity of insanity.

He thinks it more probable that isolated cases of insanity arise from the intermarriage of ill-assorted couples and mild degenerates, and that the severer grades of family degeneracy follow the intermarriage of definite degenerates, rather than that isolated examples of insanity in either parental stock will be followed by insanity in the offspring.

He would, in other words, place the percentage of heredity at 100, with regard to the offspring of either degenerate or "normal" individuals, and, without going so far as to say that non-traumatic cerebral under-development or dissolution *cannot* occur in the absence of hereditary causes, would emphatically express his doubts with regard to its occurrence with any degree of frequency.

Sub-class (1). *Presenile Mania with Dementia.*

This sub-class contains nineteen cases, of whom seven are males and twelve are females.

The dementia present is of mild grade in fourteen of the cases and of moderate in the remaining five. The general symptomatology is variable, and comprises one or more of the usual symptoms of mania—*e.g.*, instability, excitement, restlessness, exaltation, garrulity, and incoherence, combined usually with unsystematised or partially systematised delusions of a religious, grandiose, or persecutory character, and in some examples with hallucinatory phenomena. In the more complex cases, therefore, the process of neuronic retrogression involves not only the centre of higher association but also the centres of lower association.

The average age of onset of the attack is 46 years, being 48 in the case of the males and 45·5 in that of the females.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

The average duration of residence is 6 years, and varies from 1 to 7 (average 3·5) in the case of the males, and 1 to 19 (average 8) in that of the females.

Only one case, a married female, had suffered from a previous attack. This occurred at the age of 51, the present and final attack commencing at the age of 53, and the duration of this, when the case came under observation, being 9 years. Previous attacks are therefore rare in the present sub-class, as the presenile cases as a whole show a percentage of previous attacks which amounts to 24·6.

Of the nineteen cases, ten were workers (six good, one ordinary, and three poor), five refused to work, and four were incapable of work. The proportion of actual and potential workers is thus slightly above that in the presenile class as a whole.

The following four cases are inserted for the purpose of illustration:

Presenile Mania, with Religious Delusions and Mild Dementia; certified two years.

CASE 408.—T. G. A—, male, married, bricklayer, æt. 55; certified two years and has shown symptoms since the age of 51.

A lively and intelligent man who, whilst I am examining other patients in the ward, answers questions for and calls out information about them. He gives his name and says he was born in 1847, which year is probably correct. He knows where he is, and mentions a number of names of places in the neighbourhood. He states where he has come from, and says that he had resided in that asylum since three years on the 23rd of next February. (Correct.) He knows the day and the date. He is married and volunteers the exact date of his marriage, and adds that he has no family. When I ask if his wife is dead, he replies "God gave His only begotten Son that whosoever believeth on Him shall not perish, but shall have everlasting life; so she can't be dead." His mode of speech leads me to ask whether he is a preacher, when he states that he is not, but that he knows a bit about the Bible. He is a "bricklayer and a sanitary engineer." He used at his previous asylum to pour out the tea, to spread the bread and butter, and to oil the floors. He is lively and excited, and garrulous, and during conversation repeatedly brings up religious matters. He states that his mother looks after him, and when I suggest that she is dead he excitedly repeats the above text. He used to go round with the Salvation Army, but "missed my chance, as I was offered conversion; still, God is the same yesterday, to-day, and for ever." All his life he has lived amongst people who told lies. He thought that he was telling the truth when he spoke to the different gentlemen for whom he worked, so as to be different from his father and "shame the devil and tell the truth." He hopes to get out of the asylum so as to

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

get converted by the Salvation Army. "I have the sin of a hasty temper and don't know of anything else. I once struck my missus, and she got a poker and struck me and made the blood fly." He is excitable, jovial, and exuberant; and garrulous, self-centred, and introspective.

Whilst under observation he was excitable, quarrelsome, and fond of airing his religious views and indulging in stump oratory, and he persistently refused to work.

Presenile Mania, with Mild Dementia; Partial Incoherence; Delusions of Persecution; certified seven years.

CASE 409.—J. P. C—, male, single, seaman, æt. 50; certified seven years. Cause stated to be "sunstroke." Aunt insane.

Skin coarse, eyes sunken, marked horizontal wrinkles on forehead. Palate high and deep in front. Reflexes all exaggerated. Much muscular tremor and marked tremor of tongue. Left testicle atrophied and only partially descended. During examination of the last the patient remarks, "Your closets have served it with his devils and apes and f——g matches."

Patient gives his name and says his age is 54, and that he was born on March 14th, 1854. (The latter is probably correct, and the former should then be 50.) He knows where he is, where he has come from, and when he came, also the day and the month and year, but not the date, but "I doesn't keep count of dates." He was at his previous asylum three and a half years, and was before that at H— asylum "keeping dungeon, when your first b——y good keeping b——y in Christ started their b——y in Christ lunatic asylum." He says they put women in their beds, "packs of b——y God bucks and Christ bucks, and not of women round H——shire, and clever God Lord Christs, and devils, and going about to murder, liars, murderers, and reptiles." He hears these people talking "I know well enough how many times." He is garrulous and excited, and most of his language consists of stereotyped and inconsequent repetitions of persecutory words and phrases. He intends in the next life "to give something strong to people for every minute I've been robbed in the dens . . . and every hound of you concerned in it."

Whilst under observation patient was excitable, unstable, and at times troublesome, and was very little use as a worker.

Presenile Mania, with Delusions of Persecution and Mild Dementia; certified five years.

CASE 411.—A. O—, male, married, retired ship's steward, æt. 59; certified five years, and has shown symptoms since the age of 51.

A dull-looking man of florid complexion, who tries to see what I am writing. He gives his name and states that his age is 60 next March. He knows where he is and where he has come from and when he came, and also the present day and the approximate date. He is "right in every way and as straight as a man can be. I wish to earn my living. My forehead is very tender." He was at his previous asylum five years, and was twenty-three years in the L.&B.S.C. Service. He is very garrulous with reference to the persecution from which he suffers. He

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

says that he was attacked by a patient just before coming here, and since then has been badly attacked by and undressed by two attendants. He also complains of the dirty clothes he has to wear. He has had his face all smashed to pieces by people in the asylum, and his eyes have been filled with blood many times. He boasts of his cleanliness of body and mind. "I wouldn't be in such a place so long if I hadn't enemies. There's something hanging me up that shouldn't be here." He suffers from auditory hallucinations. "Filthy rattle and chirrup that disturbs people's rest. Them that does the harm should suffer if there's any penalty." He hears women "talking in good part in jokes." He has "never harmed a woman or given any chance to a woman to harm me." He is very garrulous, excitable, and querulous.

Whilst under observation patient was restless, excitable, and quarrelsome. He constantly complained of persecution and ill-usage, and persistently refused to work.

Presenile Mania; Inconsequence; Sham Deafness; Mild Dementia; certified twelve years.

CASE 424.—C. E. R—, female, married, housewife, æt. 63; certified twelve years, and has shown symptoms since the age of 47. Cousin insane.

A wrinkled old woman who at once shows me her husband's address on a letter, and says that she lives "on the estate." She gives her name and tells me that her husband didn't put her away, but that she was brought away and stripped of all her possessions. She is very anxious for me to read the addresses on a number of letters. She informs me that "all people are not Jews, but I know you are one." "I got deafer since I came away but I know the meaning of the world." She states that her husband's employer is cousin to the old Marquis of Salisbury who is dead. She talks on rapidly and inconsequently about this peer, the "young lord," etc., and becomes very excited. Eventually she remarks that the secretary of the Marquis was a Jew, and then becomes still more inconsequent, and her association of ideas becomes very rapid and difficult to follow. Accidentally using the word "son" she says "sun, moon, and stars, frost and dew; it proceeds from our mothers and fathers. That's what the world is." She still, however, inserts such phrases as "Some of the Jews was but to think they done such things" and "There's no craziness in me." These suggest ideas of persecution. She pretends to be quite deaf, but as I somehow suspect that this is not so I repeat quietly "I'll swear you've stolen those letters," with reference to the bundle of letters in her hand. She then at once looks up, says "You're a liar! you work underground, you do," and gets violently excited and abuses me roundly.

Whilst under observation she was excitable and unstable, and at times garrulous, but she was a good and useful worker.

Sub-class (2). *Presenile Melancholia with Dementia.*

This sub-class contains twenty-six cases, of whom six are males and twenty are females.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

The degree of dementia is mild in nineteen cases and moderate in the remaining seven. The general symptomatology is that commonly described as "melancholia" or "climacteric melancholia," and all the usual types of hypochondriasis and melancholia are represented. In many, in fact in the majority, of the cases the centres of lower association are more or less involved in the process of neuronic dissolution, this in some instances extending even to the simpler grades—*e.g.*, in certain cases of hypochondriasis.

The average age of onset of the attack is 47·5 years, and it differs little in the two sexes.

The average duration of residence is 5 years, varying from 1 to 16 (average 7) in the case of the males, and from 1 to 13 (average 4) in that of the females.

In marked contrast to the rare incidence of these in the previous sub-class, no less than nine of the twenty-six cases had suffered from previous attacks, and this is considerably above the average frequency in the presenile class as a whole.

The interval between the attacks was, in six of the cases, from one to two years. Of the remaining three cases, in the first the patient was insane at the age of 25, and the present attack began at the age of 47; in the second the previous attack occurred at the age of 42, and the present at the age of 51; and in the third the patient was insane at the age of 21 and then at the age of 45, the present and final attack beginning at the age of 46.

As regards social state, the cases in this sub-class differ from those of the other types of presenile case in including only 12·5 *per cent.* of unmarried persons, whereas the average for the whole class is 30·6 *per cent.*

Of the twenty-six cases, fourteen were workers (eleven good, two ordinary, and one poor), five refused to work, and seven were unable to work.

Owing to the great variety and interesting nature of the included types it has been thought desirable to insert a larger number of illustrative cases than usual. It is worthy of note that two of these, No. 433 and No. 434, are sisters.

Presenile Hypochondriasis with Mild Dementia; certified sixteen years.

Case 426.—J. H—, male, married, æt. 64; certified since the age of 48. Nephew insane.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

A moderately healthy man with a large epithelioma of the left cheek. Face congested.

He speaks rather thickly owing to his deformity, but quite intelligently. He gives his name, and states when he came here and where he came from, and he knows approximately where he is. He gives the day and can reckon out the exact date. His age is 63, and he was at his previous asylum fifteen years. He has had his face bad for six or seven years. It was originally inside the cheek, and grew through the skin. At his previous asylum he has done work at bed-making and dusting up to about a month ago, and since then has not felt so well. When asked about voices he replies "I don't think I have very much." Before he went to his previous asylum he "took some medicine, and it sealed down tight and exploded through my head, and caused a drain off in my face. When the medicine exploded it broke my left arm, and this arm is off now." (Untrue.) "My legs have been out of place, not very much. Sometimes it works off my bowels when an extra lot of it comes off. I was quite coated with it and it is dropping off by littles. It was taken as medicine. I was cured at the time with it, but it laid all on me and takes some time to ripen and fall off by littles. I can feel it now coated on my heart and lungs. That that leaves the heart and lungs is the strongest and physics me the most. I can smell that which comes from my heart."

Whilst under observation patient was dull and apathetic, and at times somewhat depressed. He was a moderately useful worker, but was very willing to do what he could.

Presenile Hypochondriasis; "Pseudo-hallucinations"; Mild Dementia; certified eight years.

CASE 427.—D. B. D—, male, married, photographer, æt. 54; certified eight years, and also a year previously at the age of 45. Paternal aunt insane.

A vacant-looking and phlegmatic man, who, when I ask whether it is morning or afternoon, says "Well, I hardly know." He says that he has been told the name of this place, but doesn't know where it is. He came "from G—, I know that." He cannot say how long he was there as "I feel in a dirty idiotic state, nasty and wet, and day and night is a terror." He hears filthy, indecent, and obscene words very frequently, and "*It comes to me* and makes me perfectly rotten." *The words come into his mind, and it is not as if anyone was speaking—they arise in his mind day and night.* He doesn't know whether his appearance is altered or not (in reply to a leading question), for he has never thought of it like that. He has been married, but doesn't know whether his wife is alive. He doesn't know the day or date, but knows the month and year. "I look at the paper from time to time to see the date. I have not looked lately and so do not know it." His "insides feel rotten, and brain all rotten, all rattle, rattle, rattle. Cannot think of anything—all jumbled up." He owns to fairly frequent masturbation, which habit he explains by saying that it was the common thing at G— to find people in bed doing it, and so he did the same. "Feeling got so strong seeing

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

'em all at it, and nothing to do, that I did it. Of course it's a shameful thing to say, but there you are. I did it everywhere, in waterclosets, bedrooms, and outside and all over the place."

Whilst under observation he was hypochondriacal, and at times very worried and depressed. He was irritable and if not left alone was quarrelsome and impulsive. If, however, he was not interfered with he was a willing and useful worker, and he was very amenable to discipline when treated kindly.

Presenile Melancholia, with Moderate Dementia; certified four years; sister of Case 434.

CASE 433.—H. C—, female, single, laundry-hand, æt. 54; certified since the age of 50, and previously between the ages of 48 and 50. Sister of Case 434.

A dull and somewhat depressed woman, whose face is covered with fenestrated scar-tissue from former confluent small-pox. Palate very high, narrow, and deep in front. Knee-jerks absent. She gives her name, and knows where she is, and where she has come from, also the day on which she came, and the present day, the month, and the year. She has no idea as to the date, although it is only the second of the month. She thinks her age is 52 or 53. She cannot say how long she was in her previous asylum, but was certainly there several weeks (four years). Before going to work in the laundry she kept house for her brother. Whilst in her previous asylum she did a little county needlework. She cannot give any clear account of herself, and is very dull and slow in replying to questions. She owns to at times being depressed, but denies ever having thought of injuring herself.

Whilst under observation patient continued dull and quiet, was at times depressed, and did not occupy herself in any way.

Presenile Melancholia, with Moderate Dementia; certified seven years; sister of Case 433.

CASE 434.—F. M—, female, married, housekeeper, æt. 49; certified since the age of 42. Sister of Case 433.

A dull and phlegmatic woman, with many fine horizontal wrinkles on an otherwise perfectly smooth forehead. Palate high, and becomes narrow anteriorly. Finger-nails bitten into the quicks. Patient gives her name, and knows where she is, where she has come from, when she came, and the day to-day. She had been at her previous asylum some three or four years (nearly seven). Her age is 56. She is married, and has a son and two daughters. She cannot remember the year in which she was married, and when asked the colour of her wedding-dress she states that she knows but that it doesn't matter now. She is very slow indeed in replying to questions. She remembers going to her previous asylum, and thinks she must have been low and depressed when she went there. She was only in two wards during her residence in that institution. She did a little needlework there, but not much as her eye-sight has become so bad. She is better able to give informa-

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

tion about herself than her sister is, but she is, if anything, still more slow in replying to questions.

Whilst under observation she was as a rule mildly depressed, and was very dull and apathetic. She at times did a little work, but was not of much use.

Presenile Melancholia; Apprehensiveness; Mild Dementia; certified two years.

CASE 436.—S. P—, female, married, housewife, æt. 56; certified two years. Paternal uncle insane.

A dull-looking woman, with much loss of facial expression. She has a habit of almost constantly biting her finger-nails. She gives her name, and says she thinks her age is "57 or perhaps 56 next September." She knows the present day, and when she came, and the approximate date. She is doubtful about the year, but at last answers correctly. She knows where she is, and where she has come from, and thinks she was there about two years. When asked when she went there, she replies, "If this is 1903" (and she seems very doubtful in spite of re-assurance), "it must have been 1901." In her previous asylum she did what the nurses told her. "I have been *willing* but would not say *useful*." She felt very miserable whilst there, and has done wrong in many things. The recollection of her fancied wrong-doing makes her look very depressed. "I have not done my duty," and that sums up the whole of her offences, including those with regard to her husband. She in consequence thought of making away with herself by getting out of the window. She tried to do this, but her husband stopped her. Her worst trouble now is that her husband thought her last asylum was a "proper lunatic asylum," but it was not, and "I hardly know what name to give it. It was worse than an asylum. They treated them unkindly." She is very apprehensive, and is especially afraid of being sent back to the asylum from which she has come.

Six months later patient was stouter, but very dull and depressed. Her age is 55 to 60, and she is married, and her husband is alive. (A short time previously I informed her myself that he was dead.) She does not know the date, but can give the month and the day of the week, and the month in which she came here. She hesitates over the name of the charge nurse, whom of course she ought to know, but at once gives that of the head nurse. When I ask who I am, she replies, "I don't know quite who you are," but after an interval gives my name correctly. Her finger-nails are bitten into the quicks, and she is constantly nibbling at them, and especially so when agitated. She is solitary in her habits, but a hard and useful worker at either ward or needlework. When examined at bed-time by the nurse she is always afraid that she is to be hurt. She once asked what the poison bottles in the cupboard were for. When her work is done she sits quietly, never talks to anyone, and never reads or writes. At times she is rather contrary, and she often tries to stay in bed in the morning, but she is never either troublesome or spiteful.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Presenile Melancholia; "Resistive Stupor"; Apprehensiveness; certified upwards of a year.

CASE 440.—E. A—, female, married, housewife. æt. 53. Certified upwards of a year.

A restless, fidgety woman who objects to sit down. She is unable to attend to herself, she has to be washed and dressed, and is wet and dirty in habits. She is on mince diet and feeds herself, which is practically the only thing she does. She strongly and violently resists examination and eventually says "Don't, don't do that!" She notices what is going on around her, and at times looks round. She will not reply to questions or give any account of herself. She is quiet, except for restlessness, if left alone, but if interfered with in any way she at once becomes resistive and struggles.

Patient continued unchanged whilst under observation.

Presenile Melancholia Agitata with Mild Dementia; symptoms for at least ten years.

CASE 441—F. J. M. F. B—, female, widow, formerly housewife, æt. 62. Symptoms for at least ten years.

A very depressed old woman who when in bed is continually rocking herself from side to side, and whenever she has a chance gets out of bed and wanders about. The hair on the vertex is nearly all rubbed off owing to constant friction, and patient spends a good deal of her time picking and biting her finger-nails into the quicks. She is never still a moment and will not sit down. Her face is at times blank, but usually wears a very woebegone aspect. Patient talks readily and gives a fairly good account of herself and her illness. "Twenty-four years ago or more I had a very serious illness; there was a gas explosion when the youngest child was born; and I became very convinced of sin, and ever since then I have had more or less of bromide. Dr. T— gave me bromide for ten years" (she has been under treatment for this time) "and I haven't slept for a minute without. I have done all kinds of things wrong. I don't know that there is any exception." She thinks that she has committed nearly every sin, and when asked about murder says "Well, no, but I've destroyed my body and lost my soul." (Secret sins?) "God knows." When I suggest that she has been a good wife she admits "I suppose I was at one time." With reference to self-injury, she says that she stumbled and hit her jaw against something in the dark, "against the sharp edge of a shelf." "Someone said I did it myself but I didn't." (Tried to harm yourself?) "Well, not with any intention . . . Well, I walked into some shallow water once, but I was under some drug, I believe, not Dr. T—'s, but some other doctor's, I think morphia." She has, however, "though not of that kind, done lots of worse things, sins." She begs me to give her a draught as she is "so restless and cannot rest at all. Dr. T— gave me bromide in the day," and she gets extremely agitated. She knows where she is as she has "seen the name on something or other, and it's very awful to be here." (Day?) "Wednesday or Tuesday,

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

yes, *Tuesday*, I think." (Correct.) She knows the date approximately, and when she came, etc., etc.

Whilst under observation she was for some months quite unchanged, very troublesome, and never appeared to sleep day or night except when given a sedative. Later she became somewhat quieter and slept better, though she showed little or no actual mental change.

Presenile Hypochondriasis with Delusions of Persecution and Moderate Dementia; certified nine years.

CASE 442.—E. M. B—, female, married, housewife, æt. 56. Certified since the age of 47, and previously certified at the age of 25. Grandfather committed suicide.

A nervous woman with a constant frown and numerous fine horizontal wrinkles on her forehead. Her lips are pursed up and her eyelids occasionally blink. Hands flat and spade-like, and skin of extremities shining and atrophous. Patient gives her name and her age as 46. She knows where she has come from, and was in that asylum a few years. She knows the day and the month, but neither the date nor the year. She is extremely slow in answering questions. She states that of late she has done bed-making and cleaning (her hands negative this statement), and could sew if her arms were not so affected by machinery. It seems like "train-work," and she compares it to "the chain between the buffers of railway carriages." She does not know who works it as she "wasn't an engine-driver's wife at any time." Her legs are not painful this morning, but sometimes it draws them up. It makes her head ache very much sometimes. It is the machinery that has made her bones so conspicuous (she is thin). It has never been in her stomach. One of her sons is suffering at H—. He always seems to be crying, and has been there four or five years (as far as can be made out, this is a hallucination). Yesterday patient was very excited and hysterical for a short time, probably in consequence of her transfer here.

Whilst under observation patient continued mentally unchanged, she frequently complained of the torture she suffered, and she did not employ herself.

Presenile Melancholia with Mild Dementia; certified one year, and also twice previously.

CASE 445.—C. E. T—, female, married, housewife, æt. 47 years. Certified one year. Previously certified at the ages of 45 and 21. Grandfather and cousin (paternal and maternal) insane.

A dull-looking woman, with Mephistophelian eyebrows and a surly expression. She gives her name and age, and knows when she came, and the day, the date, the month, and the year. She knows where she has come from and was there eleven months. She did no work at that asylum, as she thinks she is "lost, and it makes me feel so wretched that I can't work. I feel that I'm eternally lost. Something tells me inwardly, my heart says that I'm lost for ever." The feeling came

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

on her eighteen months ago quite suddenly (it is two and a half years since she went to the asylum for the second time, and a few days under a year since she was certified this time). She was in business with her husband, who is a butcher, and "it came to me in the night that I was lost for ever. I feel in a dreadful state. I don't know how to sit still. Such a dreadful feeling within. I can't read or anything. If I'd done anything I could have confessed it and got it off my mind, but I don't know what I've done."

From the time of her admission patient was obviously a chronic case. Whilst under observation she continued unchanged, and she persistently refused to work, at any rate continuously. She became rather more dull, and her depression and its expression became more mechanical.

Presenile Melancholia Agitata with Mild Dementia; certified four years.

CASE 446.—S. H—, female, married, housewife, æt. 47. Certified four years. Mother and maternal cousin insane.

A very restless and depressed woman, who pays no attention to questions, but, in a state of uncontrollable agitation, rapidly makes such statements as the following: "Oh! my God! will they burn me? Oh, dear! Oh, dear! I took the Sacrament wrongfully when I was thirteen years old, and I must be burned." . . . "Oh! my God! my God! Don't think anyone should be burned, do you? They shouldn't throw a cat on the fire. I was first-hand dressmaker in B— thirteen years." . . . "My mother was in H— three times." . . . "I think to be burned must be dreadful. I used to make Miss B— fourteen yards of lace at a time like that" (showing me some). . . . "Oh, dear! If they burn me! My God! my God! Oh! my God! My God! Oh, dear!"

After a time she settles down a little, and tells me where she is, when she came, where she came from, the day, the month, etc. The last fact causes her to add that she was married in the month of October (the same month), and has a husband 6 ft. 2 in. in height and 17½ st. in weight. Her agitation continues during her replies to questions.

Whilst under observation she, during the first few months, spent most of her time wandering to and fro restlessly, and loudly bemoaning her fate, whilst all the time she was engaged with almost inconceivable rapidity in making lace. Later, after several methods of treatment had been adopted in order to decrease the nuisance she caused, but without success, and after she had been tried in nearly every ward in the asylum, she was placed on bromide. She shortly afterwards became quiet and feverishly industrious, and developed into a useful sewing-room worker, though she was still somewhat unstable and liable to restlessness, but rarely to noisiness. She was then well-behaved and very useful, but somewhat childish.

Presenile Melancholia with Mild Dementia; much Emotional Instability and Apprehensiveness; certified one year.

CASE 449.—M. R—, female, married, housewife, æt. 47. Certified one year, and first showed symptoms at home some four years previously at the age of 42; brother insane.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

A restless woman, who has just pulled her bed to pieces. The only noticeable features in her appearance are her red and expressionless face, and her plain, monkey-like and lobuleless ears. She sits up with a finger in her mouth, turns shyly away and grins inanely. She refuses to reply to questions, and laughs in a silly manner when spoken to. Eventually she gives her name and says, "If you please I wish to go home." She gives her age as 47, and says that she was at her previous asylum two or three months, and that it is "shameful how I've been treated if this is H—" (her previous asylum). She insists that she has been here two or three months, but under three (two days only). (Day?) "No, sir, I wish to go home; you've not any right to detain me here." She knows neither the day nor the date. As she talks on she becomes gradually depressed, and remarks: "Everyone troubles me; I've been put on the hunt ever since I came here or a fortnight after." She has heard someone reading at night, and thinks it was "the nurses down at C— Place." She remarks that she is "not suffering from delusions." She obviously has fears of sexual interference, as she remarks: "Respectable made woman! I won't be treated in this way"; and during examination of her abdomen she resists violently and tries to pull up the sheet. She then becomes very depressed, and her eyes suffuse and she says: "I'm not here for any offence, my husband pays so much a week for me."

Some months later the condition of this patient had changed very little. She repeatedly remarks: "Oh, I *must* go home! I *must* go home! I'm going home, please God!" She does not know who the people are who talk to her, and then adds: "Oh, I *must* go home! I don't like this place at all. I'm going home as soon as my husband comes." The voices accuse her of "all kinds of things," and she here laughs in an erotic manner. She rapidly, however, relapses into a tearful state and repeats her cry, "Oh, I *must* go home."

As a rule she is restless and often wanders about. She is very excitable, and often very noisy, and has been violent. She often refuses to undress at bed-time and has to be undressed, and in the morning she at times refuses, till pressed, to get up and dress herself. She is fairly clean in her habits, but has been dirty after medicine. She often gets up suddenly and says that people are annoying her. Sometimes she works, and she can sew very nicely. She may also dust and make both her own and other beds. She, however, tends to give up working and to wander about, and is of no use as a worker. She reads and at times writes. She is at times noisy at nights.

Sub-class (3). *Presenile Insanity with Dementia.*

This sub-class includes twelve cases, of which one is a male and eleven are females.

The grade of dementia is mild in nine cases and moderate in three. The general symptomatology is variable, and abnormality of the emotional tone is not a prominent feature.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Certain of the cases, which possess a greater degree of degeneracy than the remainder, present a symptomatology similar to that of the class of "cranks and asylum curiosities" which has been described under High-grade Amentia; and in nearly all the cases of the sub-class there is at least some dissolution of the centres of lower association.

The average age of onset of the attack, 47 years, is that of the presenile class as a whole.

The average duration of residence is longer than that of the whole class, namely nine years, and it varies from one to twenty-three years.

Only two of the cases suffered from previous attacks. In one of these this occurred one year and in the other twelve years before the present and final attack.

As regards social state, this sub-class differs markedly from both the last, and from the presenile class as a whole, in containing no less than 63·6 per cent. of unmarried persons. The majority of the cases, in fact, are spinsters of eccentric habits.

Of the twelve cases, eight were workers (three good, four ordinary, and one poor), one refused to work, and three were incapable of work.

The following three cases are inserted for purposes of illustration:

Presenile Insanity with Mild Dementia; Garrulity, Inconsequence, Eccentricity, Delusions; certified seven years.

CASE 454.—O. N—, female, single, dressmaker, æt. 52. Certified since the age of 45, and previously very peculiar in her behaviour.

A garrulous woman, with much loss of facial expression and a very assertive manner. She at once tells me that she is "*Miss* O. N—," and that she got this name "right from the Queen of England and Empress at B—." When I call her by her Christian name she objects, as she could not be spoken so to when going out to her work at B—. She asks me if I am copying down what she is telling me, and on my replying in the affirmative she states that she was mistaken at B— (her previous asylum) for people called by names similar to her own, but different in the spelling. She gives me no less than six methods of spelling similar names, sees that I write them down, and solemnly warns me against anyone and everyone possessing such names. She tells me that many people have taken the name of N—, as she spells it herself, because they knew that she had "got into no scrapes," and they therefore thought that they would thereby become possessed of her spotless character. She talks rapidly and almost inconsequently,

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

but in a very grandiose manner, and seems to have numerous ill-defined ideas of persecution. When asked the name of the asylum in which she now is, she reads it on the sheet and asks me where it is. On my replying that it is near E—, this remark at once brings up a host of reminiscences, and it is difficult to get her to allow me to ask her further questions. She knows when she came and where she has come from. She knows the date within a couple of days, and when asked the day says yesterday was Tuesday and to-day is Wednesday; and then remembers that yesterday was Wednesday and says that to-day is Thursday (correct). She informs me that "people at times get out of their prison-specks and fly about like birds, but if you discover who they are and say, 'Is that you, Mrs. So-and-so?' you break the spell and they have to go back again." She also tells me that people outside are able to see what is in one's pockets, etc., and she most strongly and indignantly complains about this.

Whilst under observation she was usually quiet and well behaved, but was most peculiar and old-maidish in her habits. She refused to work, and was often aggressive and dictatorial. She used to persist when going out-of-doors in wearing something white, *e.g.*, a sunshade or a white veil, etc., and if prevented would get violently excited and insist on staying in.

Presenile Insanity, with Mild Dementia; Eccentricity; Delusions and Hallucinations; certified eight years.

CASE 456.—L. T—, female, single, domestic servant, æt. 62; certified since the age of 54.

A curious looking woman, with a Mongolian-shaped head and a somewhat "death's-head" appearance. Hair short, chronic seborrhœa capitis. She gives her name, and states that her age is nearly 60. She knows where she has come from, was there about seven years, and was previously in a situation. She knows when she came here, and the day and date. She informs me that poison was put in her food by her mistress, "who was told by someone, under pretence of religion, to do it." It was a woman, not a man, who did this. Her mistress used "West Indian poison pencils," and several modes of persecution were also adopted towards her before she went to the asylum. Occasionally, whilst there, poison was put in her food, and she thinks that "someone came into the house to perjure Miss D—, the matron." A little jackdaw talks to her, and says he was a Scotch priest when he was on earth. If there is anything wrong with her at night "he will tell me pretty quick, if not at other times. He speaks very well. He was burnt at C—, and was told to stay about a certain number of years. He came down with the other tame birds when they came to dinner. He said there were some birds, and about thirty were little 'Gurds' which have a different nail. These are little God-birds." She thinks she has seen him once here. "He said just now 'I can see you, but you can't see me.' They are very smart in looking after poisoners and robbers' gangs." He tells her that he christened her, and so has a right to look after her. The eczema on her scalp was put into her stomach, and was discharged on to her head. She passes by the name of T—,

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

and has been brought up under this name, but he tells her that he christened her "Panella."

Whilst under observation this patient continued mentally unchanged. She was a quaint and interesting old woman, and a great favourite. She was a very willing and useful worker, but a great chatterbox and very childish in some of her ways.

Presenile Insanity, with Moderate Dementia; Delusions and Hallucinations; certified eleven years.

CASE 459.—F. H—, female, married, housewife, æt. 55; certified since the age of 44.

A healthy-looking woman, who at once begins in a querulous voice to inform me of her troubles. "It is not right, as I am so stretched. Tea and coffee pass, but not other things. My speech is very bad under my tongue." She knows where she has come from, and when asked how long she was there, she replies, "I didn't notice the time. We might be standing in error." When asked how long it is since she came here, she says, "As I counted day and night home, this makes the eighth day" (three days). When asked the day, she says, "I think it was Tuesday" (Thursday). Her age is "62 in January," and she volunteers that she has three children, "for what I should believe. Take the case of *them*." When asked about hallucinations, she replies, "I am too dead for voices now, but hear noises underneath." She thinks that she died "four years last July. I smelt death when I was there. They pulled my shoulders back, and so oppressed me. My husband was buried five years ago." She says that she is still dead, and that her hands are "not a colour open to ruts in different kinds of ways. I'm not alive to my nature. We expect to rise as Christ rose." She is very anxious to be buried.

Some months later patient was mentally unchanged. She is "very poorly, and badly done by." A Dr. W— can act on her and draw her wind or take her speech when he likes, and other people in different parts of the world can do the same. She lies very quiet at night as she hears "bangings. I have not any voices now. I'm too far gone for voices." She knows the day and the month, but neither the date nor the year, and she has been here eleven weeks next Friday. She came here from "the house where they deceived me to, there at first."

She is clean, and fairly tidy. She works fairly usefully, and can be depended on. She rubs the floors, sews at times, cleans brasses, etc., and at times makes beds. She usually makes her own bed in the morning. She is very excited and noisy at times about "chains," and often wants "to be undone" from these. She is often noisy at night owing to electricity, and to people under the floor. She is sometimes quarrelsome, and she often laughs and talks to herself.

Sub-class (4). *Simple Presenile Dementia.*

This sub-class contains eight cases, four of which are males and four females.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

The grade of dementia is mild in two cases and moderate in six. In this sub-class, therefore, the dementia is well marked in three quarters of the cases, whereas in all the other sub-classes it is mild in no less than three quarters.

As has already been stated, it is likely that alcoholic excess has at any rate contributed to this difference, as the percentage of ascertained intemperance in the four sub-classes is respectively 10·5, 7·7, 16·6 and *37·5*.

It is hardly necessary to remark that in this sub-class the process of neuronic dissolution is both more advanced and more generally diffused than is the case in the other sub-classes.

No less than four of the eight cases have a history of previous attacks, which occurred at the respective intervals of one, two, seven, and twenty years prior to the present and final one.

Three of the eight cases were workers (one good, one ordinary, and one poor), two refused to work, and three were unable to work. The proportion of workers is therefore lower than in any of the other sub-classes, as might be expected in view of the greater amount of dementia which is present.

The following four cases are inserted as illustrative examples of the contents of the sub-class:

Simple Presenile Dementia of Moderate Grade; Syphilis; Intemperance; certified five years.

Case 465—J. N—, male, single, bricklayer, æt. 56. Certified since the age of 51. History of syphilis and intemperance. Nephew in this asylum.

Pupils equal and react to light and accommodation. Tongue tremulous. Palate high, of average breadth, and deep in front. Knee-jerks dull. Superficial reflexes brisk. Scar to the right of and below the meatus. Chronic syphilide on body, limbs, and forehead.

A pleasant-looking but rather dull man. He gives his name and says his age is "32 or 3" He thinks this place is B— parish as it is not N— Union. He says he cannot read, and supposes that he has come from N—. When the name of his previous asylum is mentioned he says "Yes, sir, I have heeard of it before." Ever there? "No, sir." He knows neither the day, the month, nor the year. He owns to "drinking a drop" and supposes that I have too! He does not know any one here. Asked what he has been doing lately, he replies "Lying down." When asked what *work* he has done, he replies "I know what work I *have* done, not what I *can* do now."

Whilst under observation he remained dull and apathetic and refused to work.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Simple Presenile Dementia of Moderate Grade; Intemperance; symptoms for one year.

CASE 467.—T. K—, male, widower, general labourer, æt. 48. Certified some months and has shown symptoms for one year.

Face blank, eyes restless, nose greasy, marked flush on face and forehead. Pupils 4 mm. and react rapidly to light and accommodation. Tongue is protruded by instalments. Palate high average; much pigmented scarring of legs, especially the right. Frenum has been badly torn. Knee-jerks ++. Plantars normal. Patient is at present wet although he was only examined a few minutes ago.

Patient gives his name and says that his age is 26 and that he has not been married. He came "the other day." He neither knows what day nor the day to-day. He thinks it is "somewhere about winter" (September). He does not know where he is. He came from "B— way somewhere" (approximately correct). He does not know the time of day and has not had his dinner (3.45 p.m). When asked about his previous asylum by name he says he "has done in my time" (*i.e.*, has heard of it) but has never been there. When again asked his age he repeats "26" and also repeats that he has not had his dinner when the question is again asked him. He does not deny intemperance. He is dull and unemotional and appears to suffer neither from illusions nor hallucinations.

Whilst under observation patient was dull, apathetic, uninterested in his surroundings, and unemployed.

Simple Presenile Dementia of Moderate Grade; Intemperance; certified one year.

CASE 470.—E. B—, female, married, housewife, æt. 53; certified one year. Cause stated to be intemperance. Father committed suicide.

A dull-looking woman, with a very congested face and nose and a greasy skin. Pupils dilated and act sluggishly. Tongue and lips very tremulous. Palate narrow, high behind, and shelves very markedly forwards. Knee-jerks absent. Both plantars brisk and right > left. Radial arteries thickened and tortuous.

Patient is feeble and dull, and is hardly able to give any account of herself. She gives her name, but in a shaky voice, and when asked her age says, "I couldn't tell you exactly my age." She does not know where she is or where she has come from. She owns that she has heard the name of the asylum from which she has come, and also that she has been there. She knows neither the day, date, month, nor year, and as far as can be made out has no illusions of identity and no hallucinations. Pain? "Not particular." Married? "Yes." How long? "Don't know." Any children? "No." The only voluntary remark she makes is to the effect that she could sleep well if she could be quiet.

Patient while under observation improved somewhat in general health, but continued dull, listless, apathetic, uninterested in her surroundings, unemployed, and practically lost to time and place.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Simple Presenile Dementia of Moderate Grade; certified two years; previously insane.

CASE 471.—H. C—, female, married, housewife, æt. 50; certified two years. Previously certified at the age of 41 years,

A rather dignified-looking woman. Forehead narrows upwards. Palate high. Pupils and knee-jerks normal. Plantars very dull. She is very deaf.

She gives her name and her age as "about 48." She knows where she came from, and when, and where she is. She also gives the month, but does not know the year. She states that she was at her previous asylum two years and three months, and that she "used to work in the kitchen, but was called back," and polished tables, made beds, etc. When asked why she was taken to the asylum, she says that her "head came bad, and I was obliged to be taken there." She remembers nothing about the cause of her detention or of the events preceding it. She has heard people walking about the room and talking at her previous asylum, and is sure that they were women and also *real* women. She is very dull, childish, and apathetic, and it is with difficulty that she can be got to smile.

Whilst under observation she continued dull, apathetic, uninterested in her surroundings, and unemployed, but she was quiet and well-behaved, and caused little or no trouble.

GROUP I.—PRIMARILY NEURONIC DEMENTIA.

CLASS (C).

Mature or "Adult" Dementia.

(*Dementia of Maturity.*)

In this class are included sixty cases which exhibit various types of symptomatology. These cases agree, however, in possessing the two necessary characteristics of the class under consideration, namely, (1) an attack of insanity during the period of maturity, and (2) a greater or lesser degree of dementia as its sequela.

From what has already been stated with reference to the classes of "senile" and "presenile" dementia, which contain cases in which involution of the cortical neurones has occurred at a period of life *later* than that at which they were subjected to the greatest degree of "stress," namely, that associated with "mature" activity, it is to be expected that the present class should present important differences from these both as regards immediate etiology and general symptomatology.

In the senile and presenile classes an actual "wearing out"

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

of the cortical neurones is the primary cause of their involution —which term is perhaps more suitable to these cases than "dissolution"—and the "stress" required to precipitate this retrograde process is therefore in many cases much less than that through which for many years they have passed unharmed. The ensuing dementia is thus on the whole, as has been shown, relatively slow in development and relatively mild in degree, with the single exception of the last class of presenile dementia, in which the additional influence of alcoholic excess has apparently precipitated a more severe grade.

In the cases of the present class, however, the cortical neurones, at the time of breakdown, are being subjected to the "stress" of mature activity. In those examples in which involution occurs under the influence of a degree of "stress" which is equivalent to that constituting the normal environment of the sane adult cerebrum, it is obvious that the durability of the cortical neurones is lower than that present in cases which have survived to the presenile or the senile periods of life. Such cases exhibit relatively little dementia, as will shortly be pointed out, and may be considered to be the analogues of senile and pre-senile cases. In the majority of the cases of the present class, however, involution—which here may, perhaps, be more properly termed "dissolution"—does not occur at maturity under the mere "stress" of normal activity, but requires in addition for its precipitation the presence of extraneous (toxic) factors. Of these the most potent, in the male sex, are intemperance, and, in the female, intemperance and the toxic and metabolic disturbances associated with child-bearing.

In other words, direct toxæmia of the cortical neurones is, during their period of mature or adult activity, an important, and, indeed, almost a necessary, factor in the determination of at any rate the severer grades of dissolution which occur at this period of life.

It is evident from these considerations that a proportionately greater amount of dementia is to be expected in the cases of "mature" than in those of "presenile" and "senile" dementia.

The evidence which has been derived from a study of the cases included in the present class, and which will now be presented in summary, amply supports the above introductory remarks.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

Of the sixty cases, twenty-six are males and thirty-four are females. Even a cursory comparison of the clinical notes with those of the cases in the preceding classes shows that the amount of dementia present is greater than in these. Further, the cases can only with difficulty be subdivided into types, and these are of such an entirely artificial nature that any hard and fast line of demarcation is obviously undesirable. Dementia, in fact, in the present class is as prominent a feature as is psychic aberration.

Of the twenty-six male cases, a moderately severe grade of dementia exists in ten, and of the thirty-four female cases, in eighteen; a total of twenty-eight, or nearly one half, of the sixty cases thus exhibit dementia of a moderately severe type.

On the other hand, in the class of "presenile" cases, twenty-one out of sixty-five, or barely one third, suffered from this grade of dementia. As, however, the fourth sub-class of presenile dementia, which includes eight cases of simple dementia with a high percentage of ascertained intemperance, contains no less than six cases of moderately severe dementia, it may, therefore, without impropriety be considered that in fifty-seven examples of the purer types of presenile dementia the grade of dementia was moderately severe in 15 only, or just over one fourth.

There is, therefore, considerably more dementia in the present class than in the presenile.

Though the writer does not propose to divide the present cases into sub-classes which would, owing to the degree of dementia and the consequent obscuration of the symptoms of alienation, be largely artificial, it seems worth while from the aspect of dominant symptomatology (not of special type of case) to introduce the following table:

	M.	F.	Total.
Excitement	7	22	29
Depression	5	4	9
Unsystematised delusions . .	12	4	16
Simple dementia	2	4	6
Total	26	34	60

Nearly one half of the male cases thus possess unsystematised delusions alone, and more than two thirds of the female cases exhibit excitement. These proportions are naturally

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

without intrinsic value, but they approximately accord with the general experience of alienists and are, therefore inserted.

The *average age on certification* of the sixty cases is thirty-seven years, being a few months higher in the case of the males and a few months lower in that of the females.

The *average duration of residence* is nine years in the case of the males and ten years in that of the females, and varies in both sexes from one to twenty-eight years.

Previous attacks.—No less than eleven of the twenty-six males (42 *per cent.*) had been previously certified, but in five of these there is a history of intemperance and two of the five had been previously certified on three occasions each.

Of the females, only four of the thirty-four cases (12 *per cent.*) had suffered from previous attacks, and in none of these particular cases is there a history of intemperance.

Social state.—Of the males 56 *per cent.* and of the females 35 *per cent.* are unmarried.

Etiological data.—Certain details bearing on the etiology of the present class of cases will now be summarised. The percentages are, as previously, prepared on the total number of cases, and thus represent ascertained proportions only, as in many of the cases no facts whatever which bear on personal or family history are available. Though these data thus possess merely a relative value, they are useful for comparative purposes, as the relatively gross method by which they were obtained was at any rate a constant one throughout the whole series of cases included in the present paper.

Ascertained intemperance.—The percentage of cases with a history of intemperance is thirty-two, and is thus more than double that in the class of presenile cases, which is fourteen.

This exciting cause existed in the case of the males to the extent of 42 *per cent.*, and in the case of the females to that of 24 *per cent.* On classification of the cases from the aspect of dominant symptomatology, the following interesting result is obtained:

	Percentage of intemperance.
Excitement	27·6
Depression	22·2
Unsystematised delusions . . .	25·0
Simple dementia	83·3
Total	31·6

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

These percentages may be usefully compared with the lower percentages in the sub-classes of presenile dementia, which are as follows:

	Percentage of intemperance.
Mania with dementia	10·5
Melancholia with dementia . .	7·7
Chronic insanity with dementia . .	16·6
Simple dementia	37·5
Total	13·8

It will be seen that, whilst a similar relationship exists, the percentage in the fourth line being much the highest, the actual amount of intemperance in the "mature" class is more than double that in the "presenile."

In view of the introductory remarks to this section, this larger proportion of intemperance in the "mature" class, as compared with the "presenile," is at least highly suggestive that alcoholic excess is an important exciting cause of the breakdown of cases of "mature" dementia. It is not suggested that intemperance is the cause of the higher percentage of cases of moderate dementia in the "mature" class, though cases with a history of intemperance, and *in which the dementia is simple*, certainly do more often develop the profounder grades.

The "stress" required for the determination of the onset of dissolution of the cortical neurones is necessarily greater in cases of the present class than in the presenile cases, in many of which natural involution is imminent, and therefore a greater degree of dementia, in the "mature" class generally, is *a priori* to be expected.

This observation falls under the general law that the greater the "stress" required to produce dissolution of the cortical neurones, the greater is the amount of this when it occurs. Conversely, in cases which readily break down under "stress," *e.g.*, high-grade amentia, the injury which results is negligible; and in patients whose cerebra possess such a low functional capability (low-grade amentia) that "stress" cannot intervene to any material extent, dementia, except in consequence of senile or "presenile" wearing out of the cortical neurones (or of gross destructive lesions) does not occur.

Child-bearing.—In six of the thirty-four females (18 *per*

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

cent.) the onset of the attack was precipitated by child-bearing, this term being here employed to include all the usual types.

Syphilis.—A history or physical evidence of a former attack of syphilis was present in four of the twenty-six male cases (15 *per cent.*), and in all these cases the degree of dementia was mild. This is to be expected, in view of the remarks to be made later in the section on Progressive Dementia, for, in the experience of the writer, a higher grade of dementia is incompatible with a history of syphilitic infection unless the patient suffers either from one of the forms of dementia paralytica (*i.e.*, general paralysis of the insane) or of cerebral syphilis.

Ascertained heredity of insanity.—After the remarks inserted under this heading in the section on presenile dementia, it is merely necessary here to state that the percentage of cases with a family history of insanity is twenty-five, being nineteen in the males (*cf.* the greater percentage of ascertained intemperance in this sex) and twenty-nine in the females. It may be added that, as in the case of the previous etiological data, the percentages are made out from the total number of cases, in many of which no facts whatever which deal with personal or family history are available.

The present description will now be completed by a brief reference to the *capacity for work* exhibited by the individuals who compose the class of "mature" dementia.

Of the sixty cases in the class, forty-two were workers, eleven refused to work, and seven were incapable of work. The high proportion of workers is worthy of attention. It is probably due partly to the age of the patients, which is not beyond that of useful activity, and partly to the amount of dementia, which is large enough to curtail the exhibition of the more marked phenomena of mental alienation, and at the same time is not of so severe a grade as to prohibit the performance of useful work.

The proportion of workers is similar in the two sexes. Of the twenty-six males, seventeen were workers (sixteen good and one ordinary), seven refused to work, and two were incapable of work. Of the thirty-four females, twenty-five were workers (eleven good, seven ordinary, and seven poor), four refused to work, and five were incapable of work.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

The following fourteen cases have been selected as illustrative examples of the contents of the class under consideration. In the absence of specific sub-classes, the cases are inserted, for convenience of reference, according to their predominant symptomatology, in the order of excitement, depression, unsystematised delusions, and simple dementia.

Mania; Mild Dementia; certified eight years.

CASE 475.—J. B—, male, married, farm labourer, æt. 47; cause, intemperance. Certified eight years, and has shown symptoms since the age of 36.

A dull-looking man, with deep horizontal wrinkles on his forehead and bright eyes. He says "Good-day," and at first refuses to sit down "as I like standing." He gives his name and age, but does not know where he is, although he knows whence he has come. He can state the present day and knows that he came here six days ago. He objects to my "foolish questions," and especially so "on a Sunday" (correct day). He was at his previous asylum about seven years, and at times got tobacco, which was "given to prevent him from cutting up rough, as he was a very refractory patient" (private information). He tells me that he never worked at his last asylum, and "I won't here." He is an "outside man, and would be a lunatic if I worked in lunatic clothes." He complains about the doors being always kept locked. "I don't understand indoors work, and was not brought up to it." . . . "The gentry are keeping me away from work and from earning my living, and want me to work in other people's clothes." . . . "If I stood up and worked in other people's clothes I should lose my life and my wife, and you know it!"

Patient settled down comfortably, and though he was at times troublesome, he was on the whole readily managed and became a good and useful worker.

Mania; Moderate Dementia; certified fifteen years.

CASE 484.—E. F—, female, married, housewife, æt. 49. Cause, puerperium; certified fifteen years. Two brothers insane.

A dull-looking woman, with a fatuous smile. Several coarse, horizontal wrinkles on forehead. A small moustache and imperial.

She does not know where she is, or when she came, although she has only been here two days. She knows neither the day nor the month, but remarks that it is summer (correct). She volunteers that her age is 53. She states what asylum she has come from, and says that she was there three years, has been from home ten years, and was 51 years of age when she left home. When I point out that these statements do not agree, she remarks that she thought she was ten years away from home, as it is ten years since she left her husband. She then informs me that she has been married twenty-two years, and that she has had

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

ten children; also that her youngest child is ten years old this year, and that it was two months old when she was taken to the asylum.

Whilst under observation she was as a rule dull and quiet, and at times she did a little work, but she was often bad-tempered, excitable, quarrelsome, and even impulsive. If not watched she would, apparently without suicidal intent, swallow different articles. On one occasion, for example, she swallowed a bottle of ink, and on another a quantity of washing soda, and she stated, as her reason for doing this, that she was suffering from wind in the stomach. She was a more difficult case to treat than an actively suicidal patient would have been, as her degree of dementia was such as to make it easy, though inexcusable, for her attendants to neglect their instructions.

Mania; Mild Dementia; certified twenty years.

CASE 486.—E. H—, female, married, æt. 55; occupation "said to be literary"; certified twenty years.

A dull-looking woman, with a narrow forehead. She gives her name as "Mrs. Alice, Blenheim House, Havelock Road, Hastings, Sussex, in Surrey's sight." Age? "I was very little in '44." Children? "They haven't put it in my bill anything of that, sir." Married? "Not in our way of speaking, sir." Married? "Not in these directions quite sure, sir; it's not been entered in any writing" . . . "If they wouldn't allow the Elizabeth books, the Elizabeth couldn't settle the Elizabeth's accounts." When now asked her name she repeats exactly what she said at first. She then remarks, "If there were four by of Battle, four times two and four of them again, it a very good piece for forty-eight ebonets, fifty dreads the minute nearly, every minute that is run." Hear people talking? "Yes, sir, very often indeed." What? "According to the themes." . . . "Seventy-eight to-day, sir, and ninety of them, twelve by seven apiece and twelve by fifty and twenty-five of them an hour for forty years more," etc. She speaks rapidly and indistinctly, and almost as if she had pronounced her numerous remarks so repeatedly that she had quite forgotten their proper sound. She, however, *speaks* as if she were talking sense.

Whilst under observation patient was often noisy and quarrelsome, and she talked a good deal to herself. She showed considerable intelligence, and was a useful worker. Her behaviour and remarks often suggested that she had originally been of considerable intelligence and education, and had developed more dementia than a comparison with the ordinary patients would at first suggest.

Mania, Moderate Dementia; certified seven and a half years.

CASE 493.—L. C. H—, female, married, housewife, æt. 48; cause, pregnancy; certified seven and a half years, and symptoms for two years previously.

An excited woman, with a narrow, peaked forehead. She gives her name as "Mrs. T. F. H—," and her age as 40, and adds, "I have six little boys and three little girls." The youngest of these is just over

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

6 years old, and the oldest 21. When married? "12th September." She cannot give the year, but says, "We were married by licence at a registry office. We didn't sleep together till next day. That is twenty years ago." She then says that her oldest boy would be 22 years old if alive, and that she was married twelve months before he was born. She cannot appreciate the discrepancies in the above data, and persists that they are true. She knows when, or approximately when, she went to her previous asylum, and adds, "On my oath to prove my true life, and I was bearing my youngest child four months as incense." She gives the exact date of its birth in the asylum.

She tells me correctly how long she has been here, and then rapidly runs on to her personal matters, complaining bitterly that "all the women in the ward here are the cause of me and my husband being apart for seven years." No evidence of hallucinations is obtainable. She remarks, "The man in the surplice, who reads the prayers at H—" (her previous asylum), "kept haunting to my commandments, as if wearing my cloak. I have kept my own commandments. They mocked me, and made my eyes their eyes, and my commandments their commandments, and there was no connection between them," and wanders on rapidly and excitedly in a similar vein.

Whilst under observation patient continued unchanged. She was restless and excitable, and at times quarrelsome, and, though not unwilling, was of very little use as a worker.

Mania; Moderate Dementia; certified fifteen years.

CASE 495.—M. U—, female, married, housewife, æt. 60. Cause, parturition. Symptoms since the age of 42, and certified fifteen years.

A determined-looking woman with a beard and moustache, and a right hæmatoma auris. She chatters away to herself in a low tone, but at the same time obviously notices what I am doing. She gives her name and states that her age is 50. (Where are you?) "I'm staying here; they call it all sorts of places." It is "Sebastopol," "Constantinople," also "Zoological," "Mayfield," "the Indies," "Mount Ephraim," and "The Lord's Station Houses." When asked for further names she says "I don't know what else it is at present." She has been here since she "came by the trains." (How long?) "We tabled so many tables since I've been here." She has heard the name of her previous asylum when it is stated to her and has "been there lots of times. I've stayed there also a long time." When again asked her age she gives it as 58. She does not appear to suffer from hallucinations and states that "we all talk of a night."

Four months later she was unchanged on the whole, her mental condition being as follows: She knows neither the day nor the month. She states that she goes to church, but the name of the minister she gives is that of the official at her previous asylum. She does not know the names of the different nurses she sees daily. She hears voices saying "lots of things." She saw something done last night, but she does not know "whether it was a murder or not." Her age is now given as 58. She is nervous and apprehensive, but is neither noisy nor quarrelsome. At times she mutters to herself and makes signs with

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

her hands. She never writes, but at times she reads odd bits of paper. She is very willing and is a worker of ordinary type. She is fond of sitting over the kitchen fire, but is willing to work and remembers what she has to do day by day and also when she has been told overnight to do anything. She is clean and tidy.

She showed no mental change whilst under observation.

Melancholia; Moderate Dementia; certified four years.

CASE 505.—G. K—, male, single, labourer, æt. 41, certified four years. Mother insane.

A vacant-looking man, whose eyes are very close together. He takes no notice of me, and slowly picks his teeth with his nails. When asked, he gives his name, but he says he does not know his age. He knows that he is in an asylum and whence he has come, also the day he came and the present day. He cannot give either the present date, the month, or the year. When asked how long he was in his previous asylum, he replies, "God knows, I don't." He worked on the farm there and received tobacco for doing so. He hears "all sorts of things at nights, the devil sometimes. Worst thing I've done, to come in one of these places. I don't know what he *do* say." When asked why he was taken to his last asylum, he says it was owing to "the harm I have done. I have taken all the goodness in my body away." He then sighs deeply and says, "Dear me, I *was* a silly fool. I see my folly now it's too late." He here becomes extremely depressed. He adds that he has starved many men and women to death. "Silly fool! I didn't know when I was well off. I see it now it's too late."

Whilst under observation patient was unstable and often depressed. He was a willing worker of ordinary capacity.

Melancholia; Mild Dementia; certified one year.

CASE 508.—S. T—, female, single, dressmaker, æt. 32. Cause stated to be intemperance; certified one year. Two aunts and a sister insane.

A dull and vacant but somewhat depressed woman. Tongue tremulous. Palate very high and very narrow in front. Knee-jerks absent. Superficial reflexes dull. She gives her name, and states that she was at her previous asylum "about a year, but I do not exactly remember." She came yesterday (correct), and thinks that to-day is Wednesday (Tuesday). She knows neither date, month, nor year, but thinks that it is summer (correct). She states that her age is 32. She was sent to the asylum as she was ill and gave up work. Whilst there she "helped a bit to wash up and wipe." She spent most of her time there "sitting and looking like the rest of 'em." She says that she was depressed when she first went there. She is dull and uninterested in her surroundings, and speaks in a peevish and dissatisfied way. She tends, where possible, to reply in a contrary or contradictory manner. She does not suffer from hallucinations.

Whilst under observation patient showed no sign of mental improve-

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

ment. She continued dull, listless, peevish, and generally dissatisfied. She did a moderate amount of work, and performed it in a slow, mechanical, and perfunctory manner.

Unsystematised Delusions; Mild Dementia; certified six years.

CASE 510.—N. A—, male, married, gardener, æt. 48; cause, syphilis; certified six years, and showed symptoms for no less than ten years previously. Father intemperate.

An excitable and wide-awake man of considerable intelligence. He knows where he is, where he came from and when he came here, and also knew beforehand where he was coming. He knows the day and the approximate date, and, after thinking a time, tells me the year. He knows how long he was in his previous asylum. He gives his age as 45. He has been married twice. By his first wife he had two children, a boy now eighteen years of age, and one who died. He had had no children by his second wife.

His pupils are equal and do not react to light. Tongue tremulous. Palate very high. Knee-jerks brisk. Superficial reflexes normal. Left inguinal hernia. Testicles large. No visible scar on penis. Arteries tortuous and very rigid. Patient states that he had a "chancre a lot of years ago and about four runnings during eight years in the merchant service."

He worked in the garden during his last four years at his previous asylum, and was only in three wards during his residence there. He hears voices from the "orb" in the air. They are "chiefly sounds, and what they say depends on what they want to say." When asked if they tell him to do things, he becomes excitable and speaks so rapidly as almost to be unintelligible. "We don't take their orders from the orb. We don't belong to B— but to the town of H—," etc. When asked why he says "we," he replies that there were several men in his previous asylum waiting for their discharge, "who used to hear the orb," and that "it seems more natural-like to say 'we' than 'I.'" They are in this asylum to "take up our discharge as well as signed for discharge," and at the previous asylum they were "there as discharged patients, but couldn't get out. We knew we were discharged from the doctors, and the attendants were much chastised and prosecuted for keeping us in," etc.

Whilst under observation patient was excitable, and quarrelsome if provoked, and was very garrulous on the subject of the "orb." He was a good and useful worker, but was distinctly feeble-minded and childish, in spite of his generally excellent memory.

Note.—As will be pointed out later under Progressive and Secondary Dementia, this case, in the opinion of the writer, has avoided the onset of dementia paralytica owing to the possession of neurones of average durability. Such cases as the present, who have previously suffered from syphilis, either develop little or no dementia, or become examples of dementia paralytica. In the experience of the writer, therefore, previous syphilis in either a sane or an insane individual whose neurones are of normal durability does not cause either stationary or progressive dementia. In all cases, however, in which

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

the durability of the cortical neurones is deficient, previous syphilis results in one or other of the numerous types of dementia paralytica, a *progressive* dementia.

Unsystematised Delusions; Moderate Dementia; certified eleven years.

CASE 514.—R. W. A—, male, æt. (?) 45. Cause, intemperance. Certified eleven years, and also a year earlier at the age of (?) 33.

A man of hypochondriacal appearance, who knows where he is, where he has come from, and the day he came. He also knows the month and the year, but he does not know the present day although he has only been here five days. "I was reading a paper yesterday, but forgot to look at the date." He states that he is single and that he is 46 years of age on October 29th next. He exhibits much mental apathy, but when he has got worked up to it he talks rapidly and minutely, and also as far as is known fairly accurately, regarding his history and previous whereabouts. He states approximately the number of years he lived in the different asylums to and from which he was transferred, and remarks that the cause of his original incarceration was "a mere nothing, a bit of drink and no serious offence." When his present troubles are discussed he informs me that "the cushion I lie on at night plunges and makes my head sore." He cannot recollect any words, but he says that he certainly hears people talking to him. The "cushion comes on and off. It can leave off and go on at times as if it were alive itself." It is "only the cushion" at night and not his bed-clothes, and it has appeared in any bed in which he has slept. It never troubles him during the day, nor does any similar thing. He remembers that when asked the other day by the Superintendent about voices he denied them, and remarks "I did not think of the cushion from that point of view." In different asylums he has slept both in side rooms and dormitories, and in each bed he was troubled by the "cushion."

Whilst under observation patient continued mentally unchanged. He was often noisy at night, but was, as a rule, quiet during the day. He was able but unwilling to work.

Unsystematised Delusions; Mild Dementia; certified eleven years.

CASE 521.—J. S—, male, married, carpenter, æt. 52; certified eleven years, and has shown symptoms since the age of 38.

A dull man, of phlegmatic appearance. He gives his name, and states his age to be 50 or 51. He knows when he came, whence he has come, and where he is. To-day is "Monday or Tuesday—I forget. Which is it?" (Tuesday). He was at his previous asylum "nine, ten, or eleven years." He did not do much work, but "I was busy with the Supreme, that was like God, Him being with us." When he got to his previous asylum, "I found I was with the Supreme, and then found I had worked up to this before when I married," etc. . . . "I wasn't sure if the wife married me for it, or if I married her for it." Have you been "with the Supreme" all these years? "Must have been, for I

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

haven't joined or met any of my parts for understanding." Have you heard "the Supreme"? "Yes, He's been busy with the understanding all the time. That was in my happiest time with the Supreme when I used to get a few understandings and feelings that with me, or me with that, or through me, or in me. I knew I was with it if I went out for a walk, but not so much as if I was in the asylum."

Whilst under observation patient remained mentally unchanged. He was always ready to talk about "the Supreme," and used this idea as his excuse for refusing to do any work at all. He was quiet and well-behaved if left alone.

Unsystematised Delusions (?); Mild Dementia; certified nine years.

CASE 524.—M. T—, female, married, housewife, æt. 48. Her present illness commenced as melancholia during pregnancy, and she has been certified nine years.

A healthy-looking woman, with a low forehead and a wide-awake appearance as regards the eyes. Palate high, and narrow in front. Marked corns on both knees. She gives her name, and her age as 49. When, from her watchful appearance, she is asked about hallucinations, she says that she has "not heard voices for months." She then remarks that she used to think that she heard people swearing at her, but "it was only fancies, and was people in the ward." She is obviously here trying to hide something from me, as she remarks, "I used to try not to hear them, and not to tell the doctor, and I used to try hard to get home, but I am not at home yet. I worked very hard in that asylum." She did ward-work there and also some needlework. She used to help another patient, for whom she appears to have great respect, if not awe, to do the latter. She can give the day, and the date within a day, and she knows how long she was incarcerated in her previous asylum. "My husband put me in the asylum, as I tried to drown myself—I don't know what for. I had a baby three months after going there, and it died."

Whilst under observation she was simple-minded, childish, facile, and easily led, and was an excellent worker. She was, however, easily upset by injudicious treatment or environment, and at times, owing to her hallucinations being particularly obtrusive, was suspicious and secretive.

Mild Dementia; certified seven years.

CASE 526.—W. H—, male, married, miller, æt. 47; cause, intemperance; certified seven years.

A quiet and well-behaved man, of rather dull appearance. Pupils normal. Plantars dull. Knee-jerks practically absent. A marked band of dilated venules round the chest at the diaphragm-line. Arteries tortuous and somewhat thickened.

Patient has a fairly good memory, and gives all the usual details readily and accurately. He worked in the scullery for several years in his previous asylum. Till two years ago he received beer and tobacco for his work. After that date the beer was stopped, and then he got

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

more tobacco instead. He shows much mental apathy, but talks sensibly and intelligently. His recent memory is better than his remote, but both are fairly good. Before admission he admits having drank a good deal of both beer and spirits. His wife has not seen him for years, and he does not know where she or the ten-year-old child is. He never bothers himself about them, as "I was kept pretty well busy from morning to night." He is quite comfortable, and doesn't seem to have either thought or "bothered" about getting his discharge.

Whilst under observation he was feeble-minded, and showed great mental apathy and lack of initiative, but he was a willing and useful mechanical worker. He was sent out to the workhouse at the request of the guardians.

Moderate Dementia; certified eleven years; three previous attacks.

CASE 527.—W. R. B—, male, married, grocer and gardener's labourer, æt. 47; cause, intemperance; certified eleven years and previously, with very short intervals, at the ages of 32, 33-34, and 35-36. Mother insane.

A stout man, with an expressionless face. Ears without lobules. Right knee-jerk just present, left absent. Pupils react normally.

Patient comes up to me with a fatuous smile and shakes hands. He informs me that he came here a "little more than a month ago" (two days). The day is Wednesday (Saturday). He then remarks, "I've been bucking up with another brother." . . . "The last rice we packed up wasn't so good." Work? "I can drive, good drive, steady reins." Anything else? "Sleep. I can sleep." . . . "I've come all the way. A good many in the Albert Edward, they say. I was off my beer and lots of things." What is this place? "Thornton Heath." . . . "I've always heard it highly spoken of—madhouse." Why were you brought here? "Fast wife." He says he has been married nine years, and has "just about" two children. He hears people talking to him "all day, Sunday, Monday, and Tuesday when I came out on the round. They said 'coffee' . . . Bar going out of business on my round." He does not hear them "quite so bad" at night. He has not drank so much, but he has "looked after a drink place." He can tell the time of day to within an hour. When again asked the day he now says "Thursday." He has been in this asylum "five years with the major. Hack mare won several plates on this county." When asked who sent him to the asylum he replies that "Mamma put me here. She thinks a good deal of making a slight change in the family."

Whilst under observation patient continued mentally unchanged, and was a good and useful worker and quiet and well-behaved.

Confusion; Moderate Dementia; certified one year.

CASE 531.—J. A. N—, female, single, dressmaker, æt. 38. Cause stated to be intemperance; certified one year. Mother died in a fit.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press

A dull-looking woman, who tells me that she is called by several names, "but my right name is J. A. N—." People call her "Jerusalem," "old lady," "or just what they think" . . . "I suppose they call it for fun." Who do? "Anyone." When? "Always during the day, but not so much since I've been in this house." She then asks if this house is M—r Buildings. Are you married? "I think I'm meant to be married, as they sent several rings to the last house for me." The name of that place was H—, but "I don't remember going into that one." She does not know how long she was there, but "it seemed summer all the time, so it couldn't have been so wonderfully long." She knows neither the day nor the month, but can state the year. She gives her age correctly, and says that she had a child when between 20 and 21 years of age. When asked who the nurse is, she says, "I seem to know her face," and asks, "Is it Mrs. Wilson?"

Whilst under observation she showed no sign of mental improvement, but became less actively confused and more dull. She persistently refused to work.

On the Formation of Character: an Address to the Nursing Staff at the Retreat, York, delivered November 1st, 1906.

By WILLIAM BEVAN-LEWIS, M.Sc., (University of Leeds), L.R.C.P.(Lond.), M.R.C.S.(Eng.), Medical Superintendent and Director of the West Riding Asylum, Wakefield, and Lecturer and Examiner in Mental Diseases to the University of Leeds.

WHEN a few months since I was asked by Dr. Bedford Pierce to address the nursing staff of this time-honoured institution it was a moot point in my mind whether I should take as my thesis some general subject connected with the history and profession of nursing or direct my remarks to you in a more personal appeal than so general a theme would permit.

I might have taken as my text:

(*a*) The present position of the nursing profession in the hospitals and asylums of Great Britain.

(*b*) The history of the several organisations of nursing, and the work accomplished by them.

(*c*) The aims and special features of mental nursing in particular.

(*d*) Or, lastly, the proposed legislation which has been set on foot for securing for this profession certain desirable ends.

https://doi.org/10.1192/bjp.53.220.84 Published online by Cambridge University Press