inherent in the particular class of objects. Careful examination will reveal the action of the same principles in a less degree in relation to other classes of objects.

These views, based upon the study of cases of focal lesion, are no less applicable to cases of insanity depending upon diffuse cerebral disorder. Just as we have learned from Wernicke that every mental disease, in so far as it manifests itself in perverted speech-utterances, is for us an example of transcortical aphasia, to be studied from similar standpoints and by similar methods to those adopted in other cases of aphasia, so we must apply analogous principles of investigation to the phenomena of disorientation and confusion, if we would see the order underlying the disorder, or know anything worth knowing of the symptomatology of these affections.

(1) K. Bonhoeffer, "Die akuten Geisteskrankheiten der Gewohnheitstrinker," Jena, 1901, p. 125; see also p. 31.—(2) H. Lissauer, "Ein Fall von Seelenblindheit, nebst einem Beitrage zur Theorie derselben," *Archiv f. Psych.*, xxi, 1890, pp. 222-270.—(3) Heinrich Sachs, "Vorträge über Bau und Thätigkeit des Grosshirns und die Lehre von der Aphasie und Seelenblindheit," Breslau, 1893; see especially pp. 232-266.—(4) *Loc. cit.*, p. 23.—(5) E. Storch, "Zwei Fälle von reiner Alexie," *Monatsschr. f. Psych. u. Neurol.*, xiii, 1903, Ergänzungsheft, pp. 499-531.

Amentia and Dementia: A Clinico-Pathological Study.

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Introduction.

THE present division of this paper consists of a clinical description of those types of mental disease which are classed by the writer under the heading *Amentia.* Under this term he includes, from the standpoint of morbid anatomy, all cases of subnormal cerebral development, and from that of clinical symptomatology, all cases of subnormal, and hence frequently abnormal, mental manifestation. He thus uses the term *amentia* to connote in the widest sense *the mental condition of patients suffering from deficient neuronic development.*

In the first part of this paper, and also in earlier contributions, the writer has sufficiently elaborated the pathological basis on which he has found it necessary to group under one heading many types of mental disease which have hitherto been described as though they had nothing strictly in common; and he will therefore here content himself with the purely clinical aspect of the subject. It is, however, desirable to repeat that the cases to be referred to in this part of the paper agree, from the aspect of general histology, in possessing a subnormal development of the cortex cerebri which, except in the severer grades, is limited to the pyramidal or outer cell-layer of the cortex; and from that of morbid anatomy, in possessing an average brain-weight which is below that of the normal adult average, in association with normal cerebral membranes, vessels, and intracranial fluid. The whole group of cases therefore comes under the heading of Subnormal Cerebral Development.

After mature consideration and in spite of the various uses to which the term "amentia" has been put by different authors, the writer considered that it would better serve his purpose than would an entirely new word, as this would also have necessitated the introduction of a term in place of "dementia" to connote "the mental condition of patients who suffer from a permanent psychic disability due to neuronic degeneration following insufficient durability." He has therefore made use of these well-known words in a different manner from that

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sanctioned by common usage, and trusts to avoid misinterpretation by the employment of careful definitions.

The group of cases under the heading "amentia" thus includes not only idiots and imbeciles, but also a large number of cases which possess a milder degree of cerebral underdevelopment and mental deficiency than the imbecile, and which form the connecting link between the mildest type of imbecile on the one hand and the ordinary "sane" individual of average intelligence on the other. This group of cases closes a recognised but hitherto unfilled gap between morbid and normal psychology, and makes it possible to reduce the subject of mental alienation into a coherent system, which on the one side of the normal includes all types possessing deficient neuronic development under the term "amentia," and on the other side all cases suffering from deficient neuronic durability with resulting degeneration under the term "dementia." The writer hopes that recognition of the fact that mental disease consists in essence of a large group of cases with varying degrees and types of cerebral degeneracy and of another larger group with varying degrees and types of cerebral dissolution will be of value at a time when, with the object of elucidating the etiology of insanity with a view to its prevention, even a bacterial origin of mental alienation is being seriously discussed. If the views expressed in the present paper deserve credence, future attempts to deal seriously with the incidence of mental disease will treat the subject, not as a branch of infectious disease or at least of toxæmia, but as the greatest of the degeneracies; and an endeavour will be made on the one hand to discover and to minimise the causes which lead to cerebral degeneracy, and on the other to diminish the "stress" (in the widest sense) to which actual degenerates are subjected, with the object of decreasing the degree and the frequency of cerebral dissolution.

In the experience of the writer cases of "amentia" possess "stigmata of degeneracy," *e.g.*, abnormalities of the skull, face, ears, palpebral fissures, teeth, palate, mammæ, hair, etc., more frequently and in greater severity than do normal individuals or even other types of mental disease. They more frequently have an heredity of mental alienation and, not uncommonly, two or more members of the same family may be found in the same institution. They are also the cases about whom, apart

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from purely domestic reasons, the friends are never tired of instituting inquiries or expressing desires for their discharge; and it is amongst the friends of these types that the major portion of "borderland" cases of mental disease are found. Finally many of the milder cases of amentia are in asylums because they are so unstable that they cannot be kept outside them for any lengthened period, rather than because they constantly exhibit abnormal psychic manifestations. In other words, apart from senile or pre-senile involution of the cortical neurones, or from neuronic degeneration due to primary and direct toxæmia of the cerebrum or to systemic diseases, *e.g.*, vascular lesions and emboli, carcinoma, the very rare cases of tuberculosis of the brain, etc., these cases remain in a stationary condition for an indefinite period and do not develop dementia. It may, perhaps, however, be worthy of note here that the lower grades of amentia, *e.g.*, many idiots and imbeciles, frequently develop senile involution at a relatively early age, *e.g.*, 30 to 40, and that the higher grades—for example, many cases with systematised delusions—frequently arrive at presenility by the time their stationary mental state has properly developed.

In the subdivisions of amentia which will be described later little or no attention is paid to two conditions which at first sight might appear to be of importance, namely, the age-incidence and the emotional tone of the general symptomatology.

The former, however, is so largely a question of environment, as the age of the first or of any later breakdown depends almost entirely on the general "stress" to which the neurones of the individual are subjected, that it practically comes under the category of accident. The patient, for example, may become unable to withstand the normal environment of sane individuals at the change from school life and acquisition to the earning of his living and the practice of his acquirements, or as the result of illegitimate pregnancy or of a normal non-septic parturition, or at the climacteric or pre-senile period as the result of sexual involution, or when retiring from business at the senile period of life and undergoing the consequent entire change in habits and responsibilities, etc. At any one or more of these or similar critical periods the degenerate may fail to respond to what should be a normal environment, and may show his or her previously latent mental deficiency. The mere age of break-

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down has therefore been considered by the writer to be of slight importance in his classification of the types of amentia.

As regards the emotional tone of the general symptomatology manifested during a temporary or permanent breakdown, equally important reasons may be brought forward to show its slight importance from the point of view of classification. The emotional tone during mental alienation depends, however, not so much on the environment of the individual, as on his normal emotional tone. This may be seen from a study of the mental characteristics either of the patient or of his relatives. A natural tendency to look at things from the black side, for example, may end in simple melancholia, from which the patient awakens with a feeling as if he had been under a cloud and without any attempt on recovery to explain his temporary abnormal condition. In an environment of religious observances, however, such a patient may temporarily or permanently develop any variety of idea of personal unworthiness, which may crystallise eventually into a fixed delusion, as in the case of a patient who thought she had for her sins been changed by God into half a serpent or devil and half a human being, and who, to the best of her ability, acted up to her fancied transformation and seemed to glory in being such an abnormality as had never before been seen on the earth. Again, cases with a delusional state in which they are out of accord with their environment, but in whom a definite content of delusions has not yet developed, are suspicious, solitary, and often depressed, till they by accident of environment develop this, and then the depression disappears and may be followed by excitement or exaltation. In cases, again, of simple emotional instability, recurrent attacks of excitement with secondary depression may occur, and the positive and negative phases may bear any time relationship to each other or to the lucid interval. Examples of variation of emotional tone might be multiplied, but the above will probably suffice to explain the writer's omission of emotional tone as an important factor in classification.

Before proceeding to classify and describe the different varieties of amentia, one other matter requires reference, namely, the accidentally aberrant symptomatology which occurs in many cases where the breakdown is precipitated by the direct action of toxines, especially alcohol and those of puerperal sepsis. Such cases may, by the family and personal history

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and by their general physical and mental characteristics, be typical examples of high-grade amentia, but they may on admission show such marked mental confusion that the general symptom-complex is quite altered, and in some cases they may eventually develop a certain amount of dementia. Usually, however, the mental confusion entirely clears up in a few weeks or months, and the early aberrant symptomatology bear a similar relationship to the later mental condition, as do the symptoms of an attack of bronchopneumonia following a chill in a previously healthy individual to those occurring during an attack of chronic pulmonary tuberculosis which has been precipitated by the bronchopneumonia. Nevertheless, in not a few cases an aberrant symptomatology may at first cause temporary difficulty in diagnosis, though the further progress of the case after the "acute" symptoms have subsided, together with the family and personal history, as a rule readily enables the diagnosis to be made.

In the following description of the types of amentia the writer separates the group into two subdivisions—*low-grade aments*, or idiots and imbeciles; and *high-grade aments*, or cases in which the developmental deficiency is slighter, and which show evidence of abnormal psychic processes at or after puberty.

Low-grade amentia.—For the purposes of this paper it is unnecessary to endeavour to subdivide the group into primary and secondary types and to give examples of each individual variety of low-grade ament, as these are already fully described in many important original publications. The author has, therefore, grouped his cases into those without and those with epilepsy, and has further subdivided each of these into classes showing extreme, moderate, and slight mental deficiency respectively. Though this classification is not a scientific one, it nevertheless affords a practical basis on which the author can briefly and from the purely clinical aspect refer to this group of cases, which is only included in the paper owing to its direct relationship to the following group and in order that he may more satisfactorily deal with the main subject under discussion.

High-grade amentia.—In this group are inserted several types of mental disease, the inclusion of which the author hopes to justify in the appropriate place, namely, under the respective descriptions of the different types. It contains many cases which are usually classified as "chronic mania" or "chronic

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melancholia," but which, as will be seen later, exhibit developmental deficiencies, which show themselves under the form of general mental or moral instability or perversion on the one hand or under that of curious and abnormal mental function on the other. It also includes recurrent cases of mental disease, whether these are still subject to periodic relapses and are temporarily under treatment, or are permanently certified. Further classes in the group contain cases of hysteria and of true epileptic insanity. Finally, the writer has inserted cases of insanity with systematised delusions (including paranoia) and he believes and hopes to demonstrate that these also are developmental in origin and should be described amongst the highest types of amentia.

As has already been stated, the common physical feature of these various cases is a more or less marked under-development of the cerebrum associated with the absence of intra-cranial morbid appearances, and the common psychic feature is the entire, or almost entire, absence of dementia, unless this occurs as the result of senile or pre-senile involution of the cortical neurones, or in a small proportion of cases as the result of neuronic degeneration following excessive primary and direct toxæmia of the cerebrum. In other words, apart from senility of or direct injury to the cortical neurones, their durability in the class of cases under consideration is sufficient to resist dissolution and dementia, although the readiness with which abnormal psychic manifestations develop, under what should be a normal environment, requires their possessors to be periodically or permanently placed under asylum treatment. Reference will later be made in Part III to those cases of high-grade amentia which eventually develop dementia, and they therefore need not be further considered at present.

The cases which will be made use of for illustrative purposes in the following description are selected from a consecutive series of 728 chronic and recurrent lunatics who were admitted into the East Sussex County Asylum, Hellingly, during the first seven months after the opening of the asylum. They were practically all transfers from other asylums, and all were chargeable to the different unions of East Sussex. The descriptions are all derived from personal notes made by the writer after admission of the patients and from personal study of the cases during their residence in the asylum, and therefore, as far as

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possible, any error due to personal equation is constant throughout the series.

Of the 728 cases, 283 are examples of amentia without any complicating dementia, all cases showing dementia being included under the remaining 445, which will be made use of in Part III under the description of "Dementia."

The 283 cases of pure amentia have been classified as follows:

AMENTIA.

	Males.	Females.	Total.
I. *Idiocy and Imbecility* (primary and secondary)	*51*	*43*	*94*
(*a*) Extreme	13	8	21
(*b*) Moderate	15	8	23
(*c*) Slight	7	8	15
(*d*) Extreme, with epilepsy	6	9	15
(*e*) Moderate, „	8	9	17
(*f*) Slight, „	2	1	3
II. *Excited and "Moral" cases*	*22*	*64*	*86*
(*a*) "Moral" cases	5	9	14
(*b*) Simple emotional chronic mania	4	32	36
(*c*) Chronic mania with incoherence and delusions	6	13	19
(*d*) "Cranks" and asylum curiosities	7	10	17
III. *Recurrent cases*	*17*	*30*	*47*
(*a*) Relapsing	6	13	19
(*b*) Now chronic	11	17	28
IV. *Hysteria*	—	*6*	*6*
V. *Epileptic Insanity*	*6*	*18*	*24*
(*a*) Epileptic mania	2	5	7
(*b*) High-grade amentia with epileptic mania	4	11	15
(*c*) Mild imbecility with epileptic mania	—	1	1
(*d*) Epileptic mania with mild senile dementia	—	1	1
VI. *Cases with systematised delusions (including paranoia)*	*10*	*16*	*26*
Total amentia	*106*	*177*	*283*

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Group I.

LOW-GRADE AMENTIA.

Idiocy and Imbecility (primary and secondary).

	Males.	Females.	Total.
(*a*) Extreme. . . .	13	8	21
(*b*) Moderate . . .	15	8	23
(*c*) Slight	7	8	15
(*d*) Extreme, with epilepsy . .	6	9	15
(*e*) Moderate, ,, . .	8	9	17
(*f*) Slight, ,, .	2	1	3
Total . . .	51	43	94

This group includes 94 idiots and imbeciles of various types, and, as is usual, the males preponderate over the females in number, excepting in the cases where the mental deficiency is associated with epilepsy.

The cases have been divided, as a practical working basis, into those without and those with epilepsy, and each of these classes has been further subdivided, according to the degree of mental deficiency, into extreme, moderate, and slight grades.

Though from a purely pathological standpoint this grouping of cases possesses the obvious disadvantage of classing together indiscriminately cases of primary and secondary low-grade amentia, it nevertheless has a practical basis in that the cases are arranged according to mental capacity. It also avoids what, for the present purpose of the writer, would be a still greater disadvantage, namely, the errors which would necessarily arise in the absence of a complete series of *post-mortem* examinations, for experience shows that an examination of the cerebrum is necessary in many cases before a correct pathological diagnosis is possible. Further, the life history of many of the severer types of low-grade amentia is peculiar in the facts that childhood or cerebral immaturity is relatively prolonged, that adult life is short, and that senility rapidly ensues on the latter, the whole cycle perhaps lasting thirty to forty years only.

As the result of these several considerations the writer has decided that, in a paper dealing with the subject from the stand-

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point of morbid psychology, a classification based on relative degrees of mental deficiency would best serve his purpose.

Class (a).

Cases showing Extreme Mental Deficiency.

This class contains 21 cases, of whom 13 are males and 8 are females, and includes examples of most of the common types of idiot. A few of the cases show slight signs of intelligence, but none of them are able to work or to do anything for themselves. All have shown symptoms since birth or infancy, and 2 males suffer from paralytic lesions. Nos. 2 and 8 are inserted as illustrative examples. The former is a well-marked case of cerebral immaturity, and the latter is one of microcephalic idiocy.

CASE 2.—F. L—, male, single, æt. 14. Symptoms from birth.

A restless idiot child, who looks like a very big infant of 2 to 3 years. He lies curled up in bed with his neck extended. He works his lips, makes faces, shows his teeth, breathes heavily, and wriggles his hands and legs. His legs are extended, with the left crossed over the right, and his arms are flexed. One of his common positions is an over-extension of the back with the right side of the pelvis, the upper dorsal region, and the head on the bed. He wriggles constantly in an involuntary manner and the movements of the hands and arms are practically purposeless. He tends to over-pronate the left hand, with the left arm straight and behind the back, and to keep the right arm tightly flexed at the elbow whilst the right hand wriggles about over the right clavicle and the front of the chest. When his position is altered he gradually wriggles back into the usual one without appearing to do this purposely. When two fingers are placed in his palm he partially grasps them, but does not use his thumb and index fingers properly, and this especially applies to the distal phalanges.

He appears to recognise certain people who notice him, and shows this by an extra amount of wriggling. If asked for a kiss he appears to try to give one. He is ravenous over food and takes it like a baby. He is wet and dirty in his habits, and absolutely helpless.

CASE 8.—C. H. A—, male, single, æt. 23. Certified at the age of 11.

A microcephalic idiot with an enormous mouth which, when opened, occupies a large part of his face. Teeth separated by large gaps. Beard slight. He at times carries out antero-posterior rocking movements, and also occasional spasmodic or rapidly athetotic rubbing movements of the thumb on the fingers of one or other hand, and often of both together. He walks with his legs splayed out and appears to drag the left leg rather more than the right. His power of attention is slight but present. He feeds himself and does as he is told if it be

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simple actions, such as getting up or sitting down, etc. He cannot dress himself, and is wet and dirty in his habits.

Class (b).

Cases showing Moderate Mental Deficiency.

This class includes 23 cases, of whom 15 are males and 8 are females. All the cases show moderate signs of intelligence and possess a certain power of imitation, and some can write a little. In every instance symptoms have existed since birth or infancy. Of the 15 males, 3 are unable to work, 1 does a little work, 6 are ordinary workers, and 5 work fairly well. Of the 8 females, 4 do a little work, 3 are ordinary workers, and 1 works fairly well. Two of the males, Nos. 33 and 34, are brothers; and two of the females, Nos. 38 and 39, are sisters; and these four cases are inserted as illustrative examples. Though neither the brothers nor the sisters are twins, they resemble one another in both appearance and mental capacity, and did space permit, these cases would be worthy of a more lengthy description.

CASE 33.—F. M—, male, single, æt. 36. Certified at the age of 16, the brother of Case 34.

A dull-looking imbecile with an open mouth, projecting ears, and a marked internal squint, chiefly of the left eye. His name is "Frederick M—." He does not know his age and cannot write his name. He cannot count fingers. He smiles vacuously when addressed. He has very little power of imitation of simple movements. He seems to use his left hand more than his right. He dresses himself, and does a fair amount of floor-polishing and ordinary manual work, and is clean in his habits.

CASE 34.—G. M—, male, single, æt. 34. Certified at the age of 14, the brother of Case 33.

A similar degenerate to his brother, and with difficulty distinguishable from him unless the two are together. The squint in his case is chiefly internal and of the right eye, and his general appearance is somewhat less markedly degenerate than is that of his brother. When given a pencil he makes some irregular lines which on examination are found to be a feeble imitation of my writing just above. This power of imitation is greater than is possessed by F—and agrees with his appearance. He does not reply to questions, but does as he is told. He grins like a monkey when asked to squeeze hands, and does not do it. He seems to use both his hands equally. There is little or no difference between the two brothers in their general habits and their capacity for work.

CASE 38.—M. T—, female, single, no occupation, æt. 54. Certified four years ago. Sister in the asylum, Case 39.

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Hair dark and tinged with grey. Forehead large and prominent. Eyes small, dark hazel, bright. Mouth large. Small moustache. Palate rather above normal depth. Teeth nearly all absent.

A childish-looking woman who laughs in a silly and vacuous manner. At first cannot be got to make a single intelligible remark, and smiles inanely to every question. Eventually says she is "Lady Queen —" and smiles; later says, on pressing, that her name is M. T— and adds that her sister is named E— and her brother H—. Then says she lived three years at H. H—. Articulation imperfect and indistinct. Continues to smile and speaks a few imperfectly articulated words about "T—" (her name) and "Lady—." Possesses a small case of needles and pins and cotton, and also a piece of rag containing a shilling and a pencil.

Emotional and prone to weep like a child when she cannot get her own way. At times loses her temper and may, *e.g.*, throw scissors across the room, but soon recovers. Can make shirts and do plain sewing well, and is industrious, though slow. Fond of her sister and likes to see the latter taken notice of.

CASE 39.—E. T—, female, single, no occupation, æt. 52. Certified three years ago. Sister in the asylum, Case 38.

Much resembles her sister, the preceding case, but her hair is more grey, and her eyes are greyish hazel. Forehead rather less prominent. Palate very flat. Teeth nearly all absent.

Has a pleasant childish smile. Chatters away in a partially articulate manner, and apparently almost senselessly. Gives her name. Says she has a sister called M— and a brother called H—. Was at H. H— seven years (incorrect). Very childish and emotional and at times chatters freely about her family, etc., but what she says cannot be clearly made out. Is much more lively and chatty than her sister. Possesses a small handkerchief and says she can hem neatly (the handkerchief is certainly well hemmed). Has, however, neither needles, pins, nor case.

Lively and garrulous. Makes motions when anyone comes into the room to attract their attention. Likes to be taken notice of and if her sister is in the room draws attention to her. Is excitable and at times quite noisy, and rarely weeps. More childish than her sister. Can use a needle, but is no use whatever at sewing.

Class (c).

Cases showing Slight Mental Deficiency.

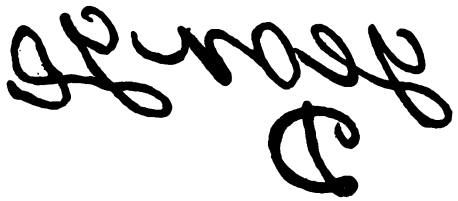
This class includes 15 cases, of whom 7 are males and 8 are females. All the cases possess considerable intelligence, but are distinctly feeble-minded. Of the 7 males, 5 are fairly good workers, 1 is an ordinary worker, and one, a very troublesome patient of filthy and disgusting habits, refuses to work. Of the 8 females, 1, suffering from advanced phthisis, is unable to work; 1, who is violent, spiteful, and of filthy and depraved habits, refuses to work; 1 is of no use as a worker; 3 are ordinary

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workers; and the remaining 2 are fairly good workers. There is nothing worthy of especial note in the class taken as a whole, and the two cases cited are fair average examples.

CASE 51.—G. D—, male, single, æt. 49. Certified since the age of 33. Labourer.

A dull-looking man with a very narrow forehead and large ears, the pinnæ of which are deficient. He gives his name and spells it for me, and also gives his correct age. He speaks in a gruff voice and with a stammer. He knows when he came and the present day, and where he came from and where he is. He was at his last asylum 11 to 12 years (actually 16). He did farm-work there and got three half-ounces of tobacco a week. He says he earned his living from the age of 11 or 12 years. I ask him to write his name, and he takes the pencil in his left hand and writes as follows:



It was only when I noticed the last letter that I found he was writing mirror-writing. I could not get him to take the pencil in his right hand, and he told me he is left-handed in everything but can use his right hand. The dark lines on the above are where he licked the copying ink pencil preparatory to using it. He can read moderately well. I asked him a question about fits, and he became most indignant and violently denied ever having suffered from them. He is very feeble-minded and childish, but is quite sensible and gives a fair account of himself. He attends to himself and keeps himself tidy and is a useful worker.

CASE 54.—E. K—, female, single, no occupation, æt. 33. Certified four years.

A vacant-looking woman who is obviously feeble-minded. Her face somehow suggests that of a sucking-pig or a fish. Outer canthi turn slightly upwards. No lobules to ears. Cranium very small. Mouth prominent. Chin receding.

Her age is "nearly firty last July." She speaks with a lisp. Asked where she has come from, says she has "worked up in his house where I come from." Says she has earned her living as a nursemaid. "This makes two that I've been in." Does not recognise the name of the asylum from which she has come, but the name evidently suggests something to her as she then says, apparently *apropos* of what has already transpired, that she "worked in the kitchen there up where the ladies are." Cannot read or write, and went to Christ Church school without learning either. Is fairly useful as a worker, in fetching and carrying and general cleaning, but is very slow and of low intelligence.

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Class (d).

Cases showing Extreme Mental Deficiency in Association with Epilepsy.

This class contains 15 cases, of whom 6 are males and 9 are females. Two of the males and two of the females suffer from paralytic lesions. Several of the cases, especially the females, show slight signs of intelligence, but, except in the case of one female who commenced fits at the age of 6 months and does a little simple work, none of the patients are able either to work or to do anything for themselves. One male and one female suffered from adenoma sebaceum. The latter died of status epilepticus, and neurogliosis of the brain and new growths of the kidneys were found at the *post-mortem* examination. Of the two cases cited, the former is an epileptic idiot, æt. 44, and the sister of Case 168, and the latter is a case of cerebral immaturity, æt. 7 years.

CASE 67.—E. S—, female, æt. 44. Brother in the asylum, Case 168. Face and head very large. Nose very broad, especially at the lower ends of the nasal bones. Large mouth, with marked philtrum. Small beard on chin. Palate extremely high, of medium width and shelves forwards. Congenital deformity of both elbows.

At first takes no notice of me, and then suddenly bursts out laughing and grotesquely imitates any movements I happen to perform, at the same time making inarticulate sounds of amusement. When I attempt to test her counting power by holding up fingers she at once begins to imitate me and then begins monkey tricks and gets quite uproarious. Is bad-tempered and petted and tries to cry if spoken to sharply but soon recovers and laughs. "Yes" and "No," as "Yeah" and "Noah," are the only words of her gibberish which can be understood.

Dresses and washes herself and does her hair. Is, as a whole, quiet and obedient but objects to having a bath and screams afterwards. Readily becomes boisterous and often strikes me in play to attract my attention. Is quite unable to perform useful work, but at times tries to rub or dust when told. Occasionally suffers from very mild attacks of *petit mal* with, on one occasion, an abortive convulsion.

CASE 73.—D. N—, female, æt. 7. Certified 3 years ago.

A little child who rubs her eyes or puts her hands to her head when spoken to, and looks and acts like an infant æt. 2. At times hums "Dolly Gray" "Jesus loves me" or "Home, sweet home" with an excellent idea of time, and occasionally puts in one or two of the words. Sometimes she pinches and scratches as she sings, and she pinches quite savagely when she sings loudly. The singing sounds extremely like a gramophone, and she at times stops suddenly in

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the middle as if the record were finished. Has no habit movements, takes no notice when spoken to, and shows no evidence of a capacity for imitation apart from her singing. Can eat bread and butter or biscuit, but has no idea of feeding herself with a spoon. Cannot do anything for herself and is wet and dirty in habits. Is stated not to have had an epileptic fit for four years.

Class (e).

Cases showing Moderate Mental Deficiency in Association with Epilepsy.

This class includes 17 cases, of whom 8 are males and 9 are females. All the cases show a moderate amount of intelligence and possess powers of imitation, in some instances to a considerable degree. Some can write a little and others have learned the rudiments of arithmetic. Seven of the males are unable to work, and one is a fairly good worker. Of the females, 8 are unable to work, and one does a little work. Two of the males and one of the females suffer from paralytic lesions. Of the two cases cited, the male suffers from a paralytic lesion, and the female is an ordinary epileptic imbecile of low intelligence.

CASE 75.—E. G. B—, male, single, æt. 24, certified at the age of 19; epileptic fits from 10 months old, and paralysed since the age of 6 years (?).

A vacuous-looking imbecile with a very prominent malar region and a receding forehead and chin. He stares at me, as I am writing, in a sleepy way, but soon looks elsewhere. He has a left-sided, (?) birth palsy, and the right side of the head is smaller than the left. He gives his name in a slow but strong voice, and says his age is 18 or 19. He is rather deaf. He "can read a little and can write a copy," but cannot demonstrate either capacity. He has never been to school, but has been taught at home by his aunts. He has some slight knowledge of arithmetic, *e.g.*, $2 \times 3 = 6$; $4 \times 5 = 20$; $9 \times 7 = ?$; $5 \times 7 = 35$; $6 \times 7 = 42$; $7 \times 7 = ?$; $5 + 11 =$ "35, I think"; $2 + 3 = 5$; $5 \times 7 = 35$; $7 + 5 = 12$; $5 + 7 = 35$; $9 + 2 = 11$. These figures appear to show memory rather than understanding. He cannot correctly imitate simple movements, such as putting his hand over the opposite ear. He suddenly a moment or two later said, "Some one talks about me," "My aunts," "I don't know what they say about me," "I'm always happy." This puzzled me at first till I found that his right ear was burning owing to his holding it, and he explained to me then that when the ear burns someone is talking about one.

He can help to dress himself with his sound arm, he does as he is told, and he asks when he wishes to go to the lavatory. He does no work.

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CASE 90.—A. P—, female, single, no occupation, æt. 37. Certified 14 years ago, but had then suffered from fits and shown symptoms for many years.

A spiteful-looking woman with a contemptuous look on her face. Jerks her head away and says, "What for?" when I want her to open her mouth. Jerks out her name abruptly when asked. "Don't know" her age. "Mother would know, wouldn't she? She goes out seven in the morning to eight at night. They work hard, don't they? They should let me go to see them and learn how to iron. Mother would know my age, wouldn't she? Should like to go home to get two pennyworth of castor oil with peppermint to take. Would make me leave the room better, wouldn't it? Has made me so sore the other way, hasn't it? A big sore there, isn't there?" All this is rapidly and voluntarily spoken just as if she were repeating a lesson in a monotone. Then she says she "wants to go home to see father. He goes out and rides with ladies and gentlemen. Pleased to see me, wouldn't he? And see my brothers the soldiers. They might have a holiday, mightn't they? Should let me go home, shouldn't she? Could know the way and come back in the train, couldn't we?" Asked about her fits says they "come on bad sometimes. Never know when they're coming on. Make me fall on the floor and they get me something to lie on. I want to lie down a bit then, don't I?"

She fairly frequently (once or more a week) has very severe fits indeed. She screws and twists about in them and is severely convulsed in every part of her body. She is on the whole confused for about an hour after a fit. She at times laughs and talks to herself, and especially so before a fit. She is not spiteful but constantly grumbles. She has no friends amongst the patients. She does nothing except dress herself. At times she asks for work and occasionally does a little plain hemming, but otherwise she is quite useless.

Class (f).

Cases showing Slight Mental Deficiency in Association with Epilepsy.

This class includes 3 mild imbeciles of whom two are males and one is a female. These cases differ from many of those included in Group V (epileptic insanity) solely in the existence of such a degree of feeble-mindedness as is sufficient to class them as imbeciles. Both the males are fairly good workers, and the female, who died of status epilepticus, was an ordinary worker when not suffering from many fits.

CASE 92.—H. T—, male, single, æt. 30. Certified at the age of 20. Fits since the age of 14.

A dull-looking man of an unpleasant and even criminal appearance. He is very slow and hesitating in his speech, but asks me how I am, and gives his name. Says he was told at the other asylum that he was æt. 33, and was there ten or eleven years. He came here a week ago (5 days). He knows the date within 3 days, but does not know the day of the week, "but I can say the days through the

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week, sir," and repeats them from Monday onwards. He knows the multiplication table fairly well. $3 \times 4 = 12$; $7 \times 6 = 42$; $9 \times 8 = 102$; $12 \times 12 = 144$. He writes his name readily and fairly well. He says that he does not have many fits. He cannot say when he first had them, but his "mother was at home and could tell me." His father was a furniture dealer and he worked with him. He says I knew him at Ivy Place, and he thinks that I am a friend or son of a Mr. Saunders. It is six months since he had his last fit. He can tell by his "head being funny" that he has had one. They told him at the other asylum that he had only had three fits in ten years, and "I don't know as I had them." He still remembers the questions on arithmetic, for as I am leaving him he says that he can now "say the 12's time table from twice one are two to twelve 12's, as I've been to school, sir." He can attend to himself and to his own wants, and is a good worker.

CASE 94.—P. F—, female, single, hawker, æt. 24. Certified four years. A vacuous but pleasant-looking girl, who says she has a lot of fits, and "when I first had 'em a man frightened me. He dressed himself in white. He picked some wood in a pinafore, and give me some beer and some bread and cheese. That was at Crober, and there was a club there—and the next day I had fits." "I've had fits all my lifetime." "When it comes on me, sir, I hollers to the nurses. I can't help it, sir. It seems as though there's a man coming to me. I says, 'Oh, nurse, there a man coming after me,' and I can't help it." "He was a nasty man. He dressed himself in white."

She is "in a house now." Came the day before yesterday (correct) "from the other ward" (asylum). "We come in a train, sir." Doesn't know either day or month. Thinks it might be winter (September) "because it is cold." "I think it's better here, sir, than it was in the other ward." Never went to school and cannot write. Says 4 fingers are 5, and then 4 are 3. *Apropos* of this she volunteered the information that she has a little sister at home with six fingers on one hand.

She was at intervals, sometimes for days at a time, after fits, most violent, impulsive, and quarrelsome, but as a rule was good-tempered and well-behaved, and a willing and useful worker. She died of status epilepticus.

HIGH-GRADE AMENTIA.

GROUP II.

EXCITED AND "MORAL" CASES.

	Males.	Females.	Total.
(*a*) "Moral"	5	9	14
(*b*) Simple emotional chronic mania	4	32	36
(*c*) Chronic mania, with incoherence and delusions . . .	6	13	19
(*d*) "Cranks" and asylum curiosities	7	10	17
Total . . .	22	64	86

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In this, the lowest type of high-grade amentia, the cases vary in characteristics from, on the one hand, what is little better than mild imbecility to, on the other hand, the most grotesque and interesting examples of asylum inhabitant. Three fourths of the cases are of the female sex, and the great majority are, for obvious reasons, unmarried. Many of them show more or less marked stigmata of degeneracy, and quite a number of the females possess a left infra-mammary hysterogenic zone, which is often almost as hyperæsthetic as is the left ovarian zone in hysteria.

A common characteristic of the class is the absence of dementia, at any rate till the pre-senile or senile period of life. These cases are usually vain and egotistical, and take strong likes and dislikes, which are frequently intense and uncontrollable. They may be easy to get on with, and are in many instances good workers, but they are erratic, unstable, and eccentric, and are at times extremely violent and dangerous.

Although the cases belong to one defined group, this may, on the whole, be readily subdivided into four classes, which show the following prominent characteristics:

(*a*) *Alteration of moral sense*, with a tendency to do desperate things, *e.g.*, to commit suicide or even homicide, to perform acts of self-injury or self-mutilation, to strike, smash, or destroy, to intensely irritate those around them, to be sexually inclined in a normal or abnormal manner, etc.

(*b*) *Alteration of emotional and intellectual control, e.g.*, exuberance, instability, garrulity, childishness, and often violence, treachery, and destructiveness.

(*c*) *Rapid and uncontrolled association of ideas*, with delusions of grandeur, which may or may not co-exist with or follow delusions of persecution; and

(*d*) *Stereotyped, symbolical, or grotesque association of ideas*, which leads to weird actions and eccentric general behaviour.

There is no clearly-defined age of onset, as accident of environment is largely responsible for the time at which asylum treatment becomes a necessity. The frequent heredity of mental disease, and the resemblance between the behaviour of the patients and that of their "sane" relatives, together with the personal history and physical conformation of the individual case, as a rule readily demonstrate that the patient is born a

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degenerate, although such obvious evidence as necessitates an asylum *régime* may be more or less delayed.

An interesting example of this type of degeneracy is afforded by a family of which no less than four members—two brothers and two sisters—are at present patients in the County Asylum, Rainhill. The family originally consisted of six members, of whom the oldest was lost at sea, and the fourth appears to have died, when a young adult, of intestinal tuberculosis. The remaining four went insane from the youngest upwards at the respective ages of approximately 23, 30, 33, and 46 years. All four cases show the more marked characteristics of this group of cases, being grandiose, eccentric, and erratic, and all but the oldest are grotesquely vain, self-opinionated, and sexual. The youngest is a good worker, but has gradually become dull and commonplace, though she is still fond of finery and extremely vain. She appears to have developed a mild degree of premature dementia. The next member is a typical example of class (*d*). He is grandiose, eccentric, abrupt, and shows a most weird association of ideas, with a marked tendency to symbolism. The next member is a good example of class (*b*), being grandiose, garrulous, very erratic, silly and childish, very fond of finery, extremely vain, and too much the fine lady to work. The oldest member, who is married and has a family, is grandiose, solitary, and eccentric, suffers from marked hallucinations of hearing and delusions of persecution, and is apparently developing pre-senile dementia. This series of cases shows in a striking manner both similarity of family type and an increasing degree of degeneracy to a maximum in the youngest member of the family, and it affords an illustration of the life history of mental disease from the aspects of both degeneracy and dissolution.

Group II.—Class (a).

Cases of a "Moral" Type.

This class contains 14 cases, of whom 5 are males and 9 are females.

The cases are of many types but possess the common characteristic of an abnormal moral sense. Some resemble silly children in being emotional, erratic, and inconsequent in speech. They are fond of decorating themselves with trifles, are most

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troublesome and mischievous, and are constantly misbehaving themselves and playing "monkey tricks." Others are excitable, petted, and passionate, and at times even homicidal. They, however, often work well, and are readily managed by kindness and tact. Even when in strong clothes in a padded room such patients may become tractable at once if, for example, they are allowed to search one's pockets, play with one's watch and chain, etc., and are generally treated like spoiled children. Others, again, are readily managed by men, but are spiteful, violent, treacherous, and resistive with women. They cause all the trouble they can, throw things about, and destroy or smash out of pure wantonness. Others, finally, are emotional, unstable, and suicidal. They try numerous methods of self-injury and self-mutilation. They put pins and needles into their arms, legs, breasts, abdomen, ears, nose, etc., or swallow them. They mutilate themselves with glass, knives, scissors, or anything available. They endeavour to strangle, choke, or hang themselves, or to injure their heads or limbs by striking them against walls or furniture. They often do these things in an impulsive way, if upset by not being allowed to do as they wish, or out of pure mischief, or frequently in order to get nurses or attendants into trouble. They often, however, really intend to commit suicide, and in any case the result may, whether from intention or accident, be fatal.

Several of the 14 cases in this class are good workers. Of the 5 males, 3 are usually good workers, 1 does a little work at times, and 1 refuses to work and is a marked degenerate who is excitable, abusive, and often violent. Of the 9 females, 2 are as a rule ordinary workers and 1 at times can be got to do a little work; of the remaining 6, 3 are troublesome suicidal cases, and 3 constantly refuse to do any work at all. The two cases cited are average examples of the class.

CASE 101.—C. P—, female, single, servant, æt. 43. Certified 19 years.

A healthy-looking brunette, who appears to be much younger than her stated age. She informs me that she is very excitable, and soon gets upset. She says she has tried to take poison, has cut her throat, has tied a string round her neck, etc. A month ago she snatched a nurse's scissors and tried to dig them into her throat, but during the struggle accidentally cut the nurse's finger, and she is indignant at having been blamed for this. She is tired of her life, as there is nothing to live for in an asylum.

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She has no inclination to smash. She does not hear voices. She does not "tend to retaliate or turn on nurses or patients, as I find it upsets my liver, and makes me bilious."

She laughs and hides her face with her hair, and behaves in a very coy sort of way when any suggestion of sexual ideas is made, and evidently suffers from these.

She has done "scrubbing and helping in the infirmary, and laying patients out and seeing 'em die too!" She often has bilious attacks, and she says that talking to me will make her bilious. She states that since a fall she at times passes blood *per rectum*, and that she menstruates once a fortnight.

She first went to an asylum when about 17 or 18 years of age, and was there 3 months. Later she was in asylums for 12 years, 5 years, and 13 months. Her memory and knowledge of time and place appear normal.

On the whole she is a favourite, and is often for long periods well-behaved and a good worker, except for general laziness and hypochondriasis. She at times, however, is excited, emotional, and irritating in her behaviour, trying to worry the nurses by hiding herself, etc. She is vain, and fond of dressing herself up, and is often silly and childish in behaviour. If upset she readily threatens suicide, and tries to frighten the nurses by pretending to carry out the threats. If carefully watched she is liable to become desperate, and perhaps would do more than she intended, but if taken no notice of she gradually returns to her normal condition.

CASE 106.—C. P—, female, single, dressmaker, æt. 22. Certified 3 years.

A lively-looking girl of Jewish appearance who wants to see what I am writing and is never still a moment. She asks me why I don't "take that dirty rag off my finger and put a clean one on" (my finger is bandaged). She gives her name but when asked her age says "ten" and laughs. Then she tries to pull my beard and laughs and makes remarks about my teeth. She gets hold of my watch and chain and wants to see the former. She remarks, "Ain't you got funny green eyes!" She notices the buttons on my sleeve and then remarks, "I don't want to stay in this shop." She takes my pencil and pretends to write but makes a scrawl and then throws the pencil down and laughs, and then asks me to give her it again so that she can "draw another little picture." She is most monkey-like and inquisitive and altogether like a silly, forward, spoiled child.

She can be made to work at times by careful management. She can sew nicely, and can put on patches. She would be a very intelligent worker if she were rather more steady. If not looked after she pulls stockings, blanket bindings, etc., to pieces, and ties the wool round her hair to decorate herself, and makes bracelets, rings, etc., of it. She is fond of using a looking-glass, and will get on a chair to do so. She is very clean and can make her bed. She dresses herself but not tidily. She is very mischievous, but is quite harmless, and if managed tactfully is obedient and tractable.

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Group II.—Class (b).

Cases of Simple Emotional Chronic Mania.

This class contains 36 cases, of whom 4 are males and 32 are females.

The chief characteristic of these cases is a lack of higher control, in the younger types over the emotions and in the older over the intellectual processes.

In many cases the abnormal mental state is one of simple instability. The patients are like silly, lively, unstable, and petted children, with an exuberance of spirits and a liability to act on impulse and to do *outré* things. They are passionate and wilful and at times are difficult to manage, but they are often pets and favourites. Intellectually they may be inconsequent in conversation almost to the stage of complete incoherence, and during attacks of excitement they present such a marked degree of hyperæsthesia of the special senses that they are credited with hallucinations, and at times probably suffer from these.

The more marked cases have an almost entire loss of control over their emotions and instincts, and are troublesome, spiteful, impulsive, treacherous, destructive, and often degraded and filthy in their habits. This type includes the very worst examples of refractory patient, some being like savage wild beasts, with few or no redeeming features, and it is this variety of case which, under prolonged sulphonal treatment, dies suddenly of hæmatoporphyrinæmia.

Other patients are full-blooded, exuberant adults, who are constantly quarrelling with some one; or they are querulous, complaining, and irritating, and constitute the cases who, if at large, would drive their husbands to drink or to wife-beating.

Many of the older cases differ from the above in the fact that the loss of control affects chiefly their intellectual functions, and the result is a quite abnormal garrulity. Their association of ideas is normal, except for its extreme rapidity and complexity, and during conversation the illustrations of their meaning flow in such an overwhelming torrent that the listener can be excused for becoming bewildered and exhausted and doubting the coherence of their ideas. They talk continuously whenever a listener can be found and whether he be interested or not. They devour the contents of all the books and periodicals

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available, and abstract and learn by heart apparently for the mere enjoyment of the exertion entailed. They are frequently very inconsequent, and show a marked tendency to parenthesis during their descriptions; and at times they return to the original subject after the listener has become quite confused and has forgotten all about it. One of the most marked examples of the type seen by the writer was a retired professor of natural science, whose mental state, except in general terms, it was practically impossible to obtain. The rapid but orderly association of his ideas, his extreme erudition, and the ease with which he could, in a relatively short period, cause exhaustion in cultivated listeners without the least effect on himself, were the most prominent features of his case. He was an excellent linguist, and did a large amount of translation for the writer from several languages, both extremely rapidly and absolutely correctly. One of the most interesting features of his case was his knowledge of insanity and his exact appreciation of his own mental condition. A similar example, Case 121, of the female sex, is inserted below.

Of the 36 cases in this class several were good workers. Of the 4 males, 3 worked well as a rule, and 1 constantly refused to work. Of the 32 females, 9 were good workers, 5 were ordinary workers, 2 did a little work, 9 refused to work at all, and the remaining 7 were dangerous and violent cases who were quite untrustworthy or entirely incapable.

Case 109.—H. K—, male, married, cab-driver, æt. 60. Certified since the age of 47.

A lively and garrulous old man, with small bright eyes. His memory and intelligence are good. He gives me a long description of the different asylums he has previously been confined in, and refers to them in their correct sequence. From his account he seems in each place to have got on quite well for about a year, till the Superintendent deceived him by not letting him be discharged, and then he "had done with him," and got the sulks. At N— he got on much the best, but he unfortunately made a "little mistake." He was promised his discharge, but did not write to ask his friends to take him out when he was told to do so. In this instance he was to blame himself, but at the other asylums it was the Superintendent's fault that they did not get on properly. He did all kinds of work at N— and received for it 2 ounces of tobacco a week, lunch, and 3 half-pints of beer. This asylum had a brewery of its own. He asks me to speak up, as he is deaf and doesn't want to make any mistake. He has worked well in each asylum and even after he fell out with Dr. M—. He owns to alcoholic excess before being sent to his first asylum. When I ask him about delirium tremens he laughs in a most

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shrewd and amused manner, and says he "won't tell me about that." Eventually, however, he tells me that he was a most reckless driver and was quite unmanageable when in drink. He is a useful and hard worker, chiefly in the ward kitchen. He is garrulous and short-tempered, and readily falls out with attendants or patients, and at times gets so violently excited and quarrelsome as to necessitate his temporary removal to a refractory ward. He is, however, a decent old man and a favourite.

CASE 121.—M. C—, female, widow, artist, æt. 66; certified six years on admission.

An intelligent-looking but restless and garrulous old woman. She is so anxious to give an account of herself and so verbose, and speaks so rapidly and with so many parentheses, that it is almost impossible to follow her. At first her remarks seem quite inconsistent. She is an artist and poet. In a couple of minutes she rapidly draws a moderately executed caricature, and she uses the pencil with skill. She quotes poetry rapidly and apparently accurately, and if I refuse to listen she rapidly summarises several verses in prose, and then proceeds to quote choice bits for my edification and amusement. She appears to be an exceptionally well read and cultured woman. After some time I succeed in getting her to settle down, when I find that her ideation is normal except for its extreme rapidity, and that her memory is exceptionally good even for dates of events which happened to her years ago. If her account of herself is accurate—and it is so circumstantial that this is probable—she has possessed considerable talent. She was a pupil of Landseer, and obtained two medals from the Royal Society of Artists. These were presented by the Prince Consort. She has earned her living by teaching and painting to order, and at the time when she was placed in an asylum, six years ago, she was teaching heraldic and animal painting and lived in lodgings near Dorking. The following is her account of her misfortune. She had obtained two Persian kittens for models, and had assured her landlady that they would not kill the latter's pet show thrushes. One of them did so, and in consequence of the resulting unpleasantness she left her rooms at 7 p.m. with a kitten under each arm, and took the train to Penge, where she arrived at 8.30. She asked a porter for a temperance hotel, and obtained an address, but it was 1½ miles off. She therefore, being tired, waited on the doorstep of an empty shop, with a Gladstone bag, and a kitten under each arm. She fell asleep and was awakened by two policemen, one of whom remarked, "She seems very respectable, Bill, perhaps a drop too much. She seems decently dressed." They took her to the police-station and said they would have to charge her with being asleep in the open air or they could not give her a bed. On the following morning, just as she was about to be let off with a caution, they noticed the Persian cats, so she was locked up for three days, lest she might have stolen them. She was then dismissed, and the magistrate said, "Don't be brought before me again." After leaving the station she looked into her bag and found that all her letters and sketches were missing. She worried over these till 11 p.m. and then went back after them. She was again taken before the magistrates and was sent for four days to prison in order that the state of her mind might be investigated. She

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was then sent to a workhouse for four days and afterwards to an asylum.

Whilst under observation she had too much loss of control and was too erratic to do any useful drawing or painting, and she was for many months very ill and feeble as the result of morbus cordis. She was so garrulous when her health improved as to be a nuisance, and she was less careful of her appearance and was much given to purloining, hiding and preserving newspapers and odds and ends. When last seen her ideation and memory continued unimpaired, but her general health was feeble.

CASE 128.—E. S—, female, married, housewife, æt. 29. Certified one year on admission.

An excited, restless, silly, laughing girl, who suddenly rubs my hair and says, "Like a bass broom: it looks as if it's been burnt in its time," then picks up a bit of blotting-paper and turns it about and asks me what I want to know. I ask her if she hears people talking to her and she replies, "All sorts," and then adds "All sizes." Then "Good God! He's the same man, ain't he? Should you call him a ginger man?" (referring to the colour of my hair.) I ask how long she has been married and she replies, "So much shifting and moving about that I can't recollect." She picks up things on the table and examines them like a monkey. Where have you come from? "From. I never know *from. Form*, do you mean?" She seizes my book and reads it, then sings "Sweet Marie, come to me . . ." or words to that effect. She rushes suddenly to the window, looks out and says, "Damn the paper!" Some minutes ago I told her not to act like a monkey and she now turns and calls me a monkey. At times she talks quite rationally for a few moments. She tends to repeat what is said to her and to mock at one.

In the ward she is most erratic and careless, though at times she talks sensibly. She is pleasant one moment and silly the next. She is very silly and mischievous in her behaviour and very lively and excitable. She often steals money or any article she can lay her hand on. She makes no attempt to read, but at times joins in singing. She will not work in the ward and neither makes her bed nor keeps herself tidy. She menstruates regularly, and is excited and silly and appears to hear voices at this time. She cannot be trusted at a dance. At the fancy dress ball she was most excited and indecent. She wore a bathing costume and tried to get the knickers down.

She works daily in the laundry, and her behaviour here is different. She is a good worker, but varies much in this. If supervised she nearly always works well and talks very sensibly and rationally. At times, however, if no one is there, she will turn on the steam or start a machine for mischief. She is very untidy with regard to herself, and nearly always gets her clothes soaking wet.

Group II. Class (c).

Cases of Chronic Mania, with Incoherence and Delusions.

This class contains 19 cases, of whom 6 are males and 13 are females. These cases form a half-way house between the

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previous class and class (*d*), and shade gradually into each of these. They differ from the former in being on the whole less troublesome and in showing an apparently complete incoherence in their association of ideas, and from the latter in the fact that their ideation is simply rapid and uncontrolled, rather than grotesque or symbolical, and resulting in erratic and eccentric conduct.

In conversation they appear absolutely incoherent as a rule, although frequently the sequence of ideas by relative association is readily followed. Usually they are garrulous and exuberant, and are therefore grandiose. When ideas of grandeur arise, whether or not as a result of the suggestion contained in a question, they repeat the names of every person of eminence they happen to think of or perhaps of every place in the world they know by name, and hence the result is either an absurd exaggeration of their importance on the one hand, or a mere list of casual but related names on the other. The sequence of words may occur as a result of sound, or meaning, or both, and as a rule their ideation appears to be largely mechanical or automatic. The smart word-play, etc., which is a marked feature in the cases of class (*d*) is not as a rule obvious in these patients. They, however, equally with class (*d*), suggest gross madness to ordinary outside observers.

In some cases a rather curious type of incoherence exists. The intonation is correct, and the patient, whether in reply to questions or not, would appear to be talking sense if one did not hear the words clearly, but all or many of the words are misplaced or replaced by coined words with a very curious effect. In other cases, again, no sequence of ideas whatever can be made out, but scattered words occur during their conversation which suggest grandiose or persecutory notions. Finally in other cases an apparent partial consciousness of, with some control over, their subconscious ideational processes occurs, and this leads to a condition allied to a co-existing double consciousness on the one hand or to intense pseudo-hallucinations of an imperative nature on the other. An example of this class of case is given below as Case 161.

A considerable proportion of the 19 cases were workers. Of the 6 male cases, 4 were good workers, 1 was an ordinary worker, and one did a little work; and of the 13 female cases, 6 were good workers, 1 was an ordinary worker, 2 refused to

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work, and 4 for mental or physical reasons were incapable of useful work.

CASE 148.—G. M—, male, single, street singer, æt. 57. Certified at the age of 47.

A lively and garrulous little man. On hearing the reply made to me by an attendant to a question about him, he says that this is a mistake, but not a beef-steak. He gives his age and the full date within two days, and adds "All depends on what calendar they go by. The Jews begin a new year on the 22nd of this month. They want to get back to Zion, but there's so many Zions." He says that he was in the previous asylum for eight or nine years. He was in the infirmary, working day and night. He got two ounces of tobacco a week for this and worked all over the place. He "helped the doctors with a good many dirty jobs—operations and things." He cannot stand too much humbug. "I like to know what's wanted doing." He says that if he got upset he knocked attendants or patients out of the way and was very violent. His real name is "Joseph Thorne, No. 1106, War Office." G. M— is a travelling name when he "doesn't want knowing who he is." He appears not to suffer from hallucinations. At this stage of his examination he becomes violently excited and will not tell me anything more, but asks whether I am a "God or devil or a w——." "I never owned her or her church, and I'm sure Joseph never did. . . . I've travelled two million miles among all nations and I've been aboard ships with mutiny, so you know what I know, and I ain't going to talk to anyone who knows less than me. . . . Man, know thyself. If you don't it's impossible to know others. That makes all the mischief in the world, and I've proved it on sea and land."

He is clean and neat and looks after himself, and when not upset is a good and useful worker.

CASE 155.—E. F. B—, female, single, shop-assistant, æt. 45. Certified 8 years on admission.

A very stout but rather feeble woman with a blank face and a number of purely horizontal wrinkles on her forehead. She knows the day and date, and where she is and where she has come from. She is very garrulous, and readily talks as follows. "Before the floods all the earth was water and everybody walked on the top like Christ, and had wings. The people were very wicked, like those in Gainsford Road, and so the flood came. . . . My father said I was brought down from heaven with two kisses." She talks in a coherent but doubtfully rational vein. When asked how long she was at G— H—, she says "that is Gainsford Road and also on the clouds." She mixes up religion and everything else, but her association of ideas can be followed. A large part of her remarks is of a descriptive nature. She is most inconsequent in her train of thought. She gives an animated description of meeting Jack the Ripper bending over a warm corpse. She says he is a Christian, and that she talked to him and he said the woman had murdered some children. She told him she was from Scotland Yard and was only three months married, and that he must therefore be careful what he said lest it should hurt her unborn child. She says she thinks Jack the Ripper is

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a Christian and a gentleman, and that he must give up murders. She held several positions of importance. She is "first of the soldiers in the wide wide world, Heart Christian's anchor and anchor heart and Christian, Captain Harrington, R.N.,—true life, I think." She has several titles. She is "Duchess of Cleveland, Countess of Arledene or Her Grace the Duchess, Duchess of Athole." She has in all 64 titles. Others are "Duchess of Gainsborough, Empress of France, Olga of Russia, Mercida of Spain, Amelia (such a pretty name), Queen of Switzerland." Her family are "the owners of the Alps. Papa gave me these: also the hotel and châlet and Anthony's there, such a nice boy. You can trust him with any mortal thing. He keeps things going lovely. Ben Avis (? Nevis) belongs to us." She is also Empress of India, etc., etc.

During the time she continued under observation she was extremely stout and in feeble health owing to morbus cordis, and was mentally unchanged.

CASE 161.—S. E. D—, female, housekeeper, æt. 44. Certified since age of 35.

A restless, fidgety woman who lies curled up in bed. She looks at me and says: "I take again all I speak . . . all I speak. You're working on me." . . . "I'm not yours." . . . "You must have a bed-table and not use me. You're a perfect black and scamp to use me." (I am resting my notebook on the bed-clothes.) She notices everything said in her presence or to her and makes contradictory remarks, and if one touches her she shouts out. She keeps on talking to herself, telling herself to say something and then saying it. Often she tells herself in a whisper and then makes the remark aloud. "Harvey . . . Lue Harvey on to Kerby at Maryfield. Say Thomas Scurvy Maryfield. *Thomas Scurvy Maryfield.* Murdock Kerby really, really. Say me my own. *Me my own.* Say your son Charles. *Your son Charles.* Isabe, say Isabe. *Isabe.* Say your son Charles. *Your son Charles. Your son Charles.* Again. *Your son Charles.* Don't, leave me alone. You're right. You're not leaving me nice as I should, would, ought. Say B——r. *B——r.* Now. *B——r.* Now. *B——r.* Now. *B——r.* Now. *B——r.* Now. *B——r*" (a foul name she is applying to me). After a while she takes little or no notice of me. I say: "Yes, that's very good," and she repeats: "That's very good," and then goes on talking to herself about me in an uncomplimentary way. I put my hand under the bedclothes near the pillow and she at once says: "Oh! he's indecently assaulting me." She reacts strongly to stimuli, but voluntary attention is practically absent.

She has no paresis as far as one can make out, but she never uses her legs. She often sits on the floor and rapidly moves about on her ischial tuberosities by means of her arms. This is probably a mechanical habit caused long ago by some imperative idea or delusion. She has one chair in the ward on which she will sit, and if anyone else uses it she sits on the floor. She is very solitary in her habits and never converses with anyone. At times, say when being given a bath, she lifts her legs herself, and therefore can presumably use them if she will. She understands everything said to her. She dresses herself and makes her bed, and always, without being asked, comes first to have

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her hair done on hair-combing days. She refuses to work and never does anything except for herself.

Group II. Class (d).

"Cranks" and Asylum Curiosities.

This class contains 17 cases, of whom 7 are males and 10 are females.

These cases are of many types but possess certain fairly constant characteristics. They are extremely vain, conceited, and grandiose, and frequently form the "show-birds" of asylums. Their general behaviour is grotesque and usually amusing or absurd, and their actions are uncertain, erratic, and frequently weird. They are usually fond of finery and they wear absurd and curious decorations to which they often attach a symbolic meaning, whilst at other times they either refuse to say why they wear them or invent some ridiculous excuse on the spur of the moment. For similar reasons they at times perform strange actions—*e.g.*, constantly holding a finger in one or other ear whatever they are doing, going out of their way to touch particular articles as they pass, placing some utterly useless article on a particular part of the table where they work, etc. Sometimes they are artistic and if carefully watched may turn out good work, but if left to themselves they tend to spoil the effect by erratic modifications, or by introducing grotesque features, etc. These characteristics find their counterpart and cause in their association of ideas, which is usually erratic and frequently grotesque, and at times appears quite incoherent. Usually, however, a careful study of the case shows that this is not really so, and it is often difficult to determine how far they are voluntarily talking nonsense and how far the words they use are employed in some curiously symbolic manner or with some specially invented meaning. One day when I was reprimanding a patient for misbehaviour, he turned round to me and asked if I thought I was God. On my denying this he straightway informed me that I might be Jesus Christ perhaps, but that he was the Archangel Michael and would stand none of my d—d nonsense! This was merely a roundabout way of telling me to mind my own business.

These patients are always interesting and many of them keep one in a constant state of expectation as to what par-

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ticularly smart or apt remark they will make next or as to what peculiarly erratic action or absurd antic they will perform. They are usually good-natured and are frequently favourites, but they are unstable and passionate and take strong likes and dislikes.

Some cases are solitary in their habits and peculiar in their behaviour and are given to morbid introspection; and these patients at times invent some new system of morbid philosophy. They re-adjust the world on lines of their own and invent all kinds of new words to express either directly or in a kind of shorthand their meaning. Some cases of this type, in their views of life and affairs, remind one of the Christian scientists or the different types of mystic, and may only differ from them in the fact that they themselves are not merely the inventors of the particular system, but the actual holders of the leading strings of the world. One patient, a relatively uneducated man, has invented a remarkable system under which he is a Doctor of Divinity and holds fourteen other "doctors' certificates." A few of the more important of these are—"chief doctor of bibolitical literature, chief doctor of medical aspects, chief doctor of aristoristic voice singing and apian music, chief doctor of prevelenation of cruelty, chief doctor of silk, cloth, and carabanic art-work, chief doctor and instructor of deaf and dumb motions." All these hard words were carefully spelled and partially explained for the benefit—and to the amusement—of the writer.

It may finally be added that these patients as a class (like many other types of ament) only differ from certain "sane" individuals in the absurd and grotesque extremes to which they carry their ideas and their resulting behaviour and actions, and that their stereotypism, which often suggests dementia, also only differs in degree from the stereotypism and prejudice which are often seen in the "cranks" of the outside world. It is this type of case, in fact, which most obviously illustrates the connecting link which exists between normal and morbid psychology, and which most clearly suggests an organic basis and a developmental origin for individual mental peculiarities.

Of the 17 patients in this class, a considerable proportion are good workers. Of the 7 males, 4 are good workers, 1 does a little work, 1 refuses to work, and 1 is mentally incapable of useful work. Of the 10 females, 2 are good workers,

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3 are ordinary workers, 1 does a little work, 1 as a rule refuses to work, and 2 are mentally and 1 is physically incapable of work. The two cases cited are fair and by no means remarkable examples of the type.

CASE 168.—W. C. S—, male, married, stonemason, æt. 53. Certified 3 years. Sister in the asylum, an epileptic idiot, Case 67.

An intelligent-looking but excited and garrulous man. He gives his name, and says his age is about 50. He knows where he is and where he has come from and when he came and the present date in full, and at first he talks sensibly. He was at the last asylum about three years, worked well in his ward, and got three half-ounces of tobacco a week. He was taken there as his votes where he was living and the property that belonged to him were forged and returned, one for C— and the other for L. C—. He had two letters of thanks for recording the votes. To hide the forgery the constabulary were "electropated" and also the relieving officer, and they came and carried out Secret Service orders worked by the great power electrical mesmerism by Whittaker Wright and Prince Jerome, who "is the double for the Sultan of Jehore and is the murderer of the whole of my army and navy and that of the whole of the Americans and of the Salvation Army, Church English and Roman Catholic, of the Italians." He says that he is his own authorised "minter" and poses as Father Almighty. He is simply on his own, and holds the whole deeds of the world, and is, in short, Mephistopheles himself. "A short thick-set man, wearing black optics. He invited me to dine with him, and I was so abhorred and shocked at his blood-curdling form. You have his incubed son here. [He points out a Mongolian idiot in the ward.] He is Pontsfort. He is the American Ambassador and the owner of all this property." I here ask him to write his name and he writes "Walter Charles Sir ——Ace. Sir ——Ace = One and only." He is not an "incuba." He owns the whole world. "My father is the only power in heaven. The Bible has never been righteously taught. I'm the only man of letters in the world." He has now got "on top of Mephisto." There is a lot about him (Mephisto) in the papers, and his extradition from America, and he is on tramp and a showman. At the previous asylum patient "heard him in converse all day. He spoke to me by Secret Service and wished to create me chief of police and arranged to give me £2 2s. a week. His voice is everywhere. Everything in these buildings is a tractory, even the plaster on the walls and the paint—like the whispering gallery in Westminster Abbey." Patient is known on the service privately as "Pistol bullets." He is an "incube" and is the author of "electropation." He electropates kings, cardinals, and even the Pope. He could open all the locks at the previous asylum at the same time. There are two pins in all the locks. They are Pullman carriage locks. The doors are opened and closed for what he calls his midnight service.

During the above description the patient was obviously speaking largely in metaphor, with the design of impressing me. The last reference, for example, is either to the alteration in the side-room locks

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which is made at bed-time, or to the hourly opening and closing of the doors by the night patrol.

Patient is a shrewd, well-read, and well-informed man, and at times talks quite sensibly, but he is very unstable, and when he gets excited one does not know whether to marvel at his extraordinary and grotesque association of ideas, or to be disgusted with the foulness of his language. He frequently makes most apt and cutting remarks, even when one might suppose that he was totally incoherent, whereas he is largely showing off. On one occasion, when he quite correctly thought that a friend of mine was laughing at him, he suddenly turned on him with a torrent of questions. My friend time by time replied "No;" but eventually incautiously answered "Yes" to a question as to whether he knew some purely imaginary individual. The patient at once rapped out: "Go and——his——then for a——liar!" to my friend's discomforture and the attendants' amusement.

He is a steady worker in a ward kitchen and a general favourite. He at times gets violently excited and abusive, but on the whole is amusing rather than troublesome, and he always has a genial word for anyone passing through the ward.

CASE 178.—M. A. C—, female, æt. 44, single. No occupation. Certified 8 years on admission.

A stout, dull-looking woman with a small moustache and imperial. Forehead narrow and eyes close together compared with the rest of the face. She has a great idea of her importance. She says she was the matron's maid and housemaid at C. H— and received 6d. a week and uniform. She was sent there by an old magistrate for refusing to pay her rates and taxes. In 1884 she left her home and went out as a housekeeper. In 1892 she returned and opened a shop for a butcher. In August, 1895, she was sent to C. H. She knows the day and the date within a day, and her general memory and power of conversation are good. It is difficult at first to estimate her mental capacity, as her intelligence appears masked by a grotesque exaggeration of her own powers which renders all the information she gives untrustworthy. In conversation she soon passes from the possible to the absurd. For example, at school she learned and could speak all languages but talks none now. Asked if she has any children, she says she has not, but adds that she picked up a boy and took him to her house and took care of him. On seriously leading her on she even makes such statements as that she was a General in the Boer War and her supreme conceit prevents her from seeing the absurdity of such attempts to convince me of her great capacity. She finally informs me that it is by no wish of hers that she is in the asylum, but as she is here she will do any work I wish. She speaks in a curiously abrupt manner, which seems to suggest that it would be barely worth her while to do so at all, were it not for the fact that it may impress me if she does.

She became a worker, and a most useful one, in the nurses' mess-room, and at once developed the idea that she was engaged as mess-room maid at £18 a year. She considered the real maid her junior, and frequently made most candid, and in some cases probably correct, remarks about her laziness and incapacity. On one occasion she told

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me the maid was no use at all since she had taken to sweethearting, that she had two sweethearts, who gave her money, and that she had better take one or she would lose them both. Every staff pay-day she used to speak to me about the wages owing to her, telling me the exact sum owing since her admission and insisting on payment. She once offered me a shilling in the pound to buy tobacco and the matron two shillings in the pound to buy dresses if I would get her the cash. When I said I would do what I could if she would offer me the same as the matron, she was disgusted at my greediness and got quite bad-tempered. Whenever she happened to be tired or cross she would solemnly give me notice and tell me to send for her boxes so that she could leave and start a butcher's shop. She used to speak of marriage as quite a probability, and on one occasion she made an elephantine attempt to embrace me. At times she would make the most cutting remarks about the shortcomings of both the patients and nurses, and her appearance and behaviour were invariably those of a woman who appreciated her infinitely superior position and abilities, though occasionally she would condescend to be friendly and, in a heavy sort of way, even jocose.

(*To be continued.*)

The Natural Characteristics and Temperaments of our Patients and how they help or handicap us in our Treatment. By LIONEL A. WEATHERLY, M.D.

IN these days of ever-increasing progress in pathological research, carried out to a great extent by a body of enthusiasts, who devote their lives to the study of the *post-mortem* room, we are apt to have the important clinical aspect of our cases somewhat neglected, while with the present craze for building gigantic asylums for our insane we are tending more and more to lose sight of the individuality and personality of our patients.

I take it our ambition, our aim, must be two-fold: first, to try our utmost to increase the recovery rate of insanity; and secondly, to ameliorate as far as possible and make happy and comfortable those whose recovery cannot be hoped for.

Has pathology yet done much to improve our ratio of cures and can it for a moment be considered as tending to the welfare and happiness of the insane that they should be herded together by the hundred?

There can be no doubt whatever in my mind that the pathologists of our asylums should be always able to devote a very considerable portion of their time to the clinical study of their

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