THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association*]

No. 133. NEW SERIES, No. 97. APRIL, 1885. VOL. XXXI.

PART 1.—ORIGINAL ARTICLES.

On Insanity alternating with Spasmodic Asthma.

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At the general meeting of the British Medical Association, held at Belfast last autumn, I read a paper in the Psychological Section "On Insanity connected with Spasmodic Asthma." In that paper I described some cases as appearing "to point to an occasional connection between Insanity and Spasmodic Asthma, the nature of which seems to be—if the term may be allowed—metastatic, or alternating." I also stated that though I was aware Dr. Savage had had some cases of a similar nature, yet up to that date the subject had excited little attention, and no mention of it was to be found in English medical literature.

In the discussion that followed on my paper corroborative cases were mentioned. Some members, however, expressed the opinion that my observations merely indicated a masking of physical by mental symptoms, a view which appears to me quite untenable when one examines carefully the history and course of the cases.

I find that so long ago as 1872, Dr. Kelp, at that time Director of the Oldenburg Asylum at Wehnen, read an account of a case of Insanity with Asthma at a meeting of Alienists at Hanover (published in "Zeitschrift f. Psych.," xxix. 4). It is somewhat singular that Dr. Kelp's communication does not appear to have attracted much notice, and no similar cases were subsequently published in the specialist journals; particularly as the condition dealt with would not, according to my experience, seem rare.

Dr. Savage's observations have now been published in his "Clinical Manual." That work being in everyone's hands it is not necessary for me to refer to his cases except incidentally.

In Dr. Kelp's case the patient was an unmarried man, 28

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years of age, in whose family insanity had existed on both sides. Some seven years before he came under observation he had suffered from an acute thoracic affection, the exact nature of which was not known. Subsequently he became liable to attacks of dyspnœa, sometimes acute, sometimes chronic, and often of great severity. He sought relief in subcutaneous injections of morphia, and also after a time in chloral taking. In both he exceeded largely. At length the asthmatic symptoms disappeared completely, and in their place came hallucinations of the senses, weakened will and intelligence, and finally maniacal excitement. On admission he was in wretched general health, and there were distinct signs of old organic lung mischief. Heart sounds clear. No dyspnœa. Extreme depression and anxiety amounting at times to desperation, accompanied by the delusion that he was being poisoned. Hallucinations of all the senses. During seven months no considerable alteration in mind appeared, though the physical condition improved greatly. On the contrary, while the patient became somewhat calmer, hallucinations continued, and various delusions of the fixed type appeared and developed. Suddenly his old asthmatic symptoms returned. At first there was excitement, and the patient threatened suicide if morphia were withheld; but as the asthma continued, and the attacks grew worse, the mind became gradually better. After about three months the hallucinations and delusions vanished altogether, the patient recognised that he had been insane, and recovery was rapid and satisfactory. On the other hand the patient now suffered habitually from asthma. In his remarks on this case Kelp draws special attention to the alternating (vicariirende) relation between the mental affection and the asthmatic symptoms. He sees a pathological analogy between this case and those where irritative conditions of sensory nerves bring about the development of insanity, either during their continuance or after they have entirely ceased, and cites a case, reported by Griesinger, in which insanity appeared after cessation of neuralgia of the fifth.

I wrote to Dr. Kelp about this subject, and he was so kind as to reply in some detail to my enquiries. The above was the only case wherein spasmodic asthma and insanity appeared as alternating or vicarious (vicariiende) phenomenon which he had observed during twenty years' work at the Oldenburg Asylum, and he had sought in vain for any mention of similar cases in the literature of the subject. He was also good enough to tell me that the patient above described remained mentally sound

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after his discharge, and died in the course of some years from lung mischief.

In the discussion on Dr. Kelp's case, Dr. Lorent, of Bremen, described a similar one, in which a man who had long suffered from asthma with cough fell ill of melancholia at the same time that the chest troubles disappeared. Nine months later recovery from the mental affection took place, whereupon asthma and cough returned. A year afterwards the chest troubles vanished once more and the melancholia reappeared.

The influence that poisoning by morphia and chloral may have had in contributing to the production of insanity in Kelp's case has not escaped the notice of that observer. In the communication with which he courteously favoured me, he drew attention to the fact that the misuse of morphia and chloral in asthma may bring about insanity, or at least aid in its development. It is also to be noted that in addition to spasmodic asthma there was organic lung mischief in this patient.

With regard to the interesting question of metastasis in mental disease, insanity has been observed to alternate with gout (Berthier, Savage, and other authors). Insanity is said to have followed the healing of old ulcers and skin affections. A well-marked alternation has been observed between rheumatism and insanity (Griesinger, Clouston). Acute outbursts of insanity have been observed alternating with, and taking the place of, paroxysms of intermittent fever (Focke).

In reference to the association of mental aberration with lung disease, insanity has been observed with pneumonia, sometimes at the commencement of the disease, or at its height, or when the fever ceases, or even during convalescence (Griesinger, Jacobi, and others). Griesinger considered that these cases presented a special tendency to pass into chronic insanity. Wille and Schüle describe acute and chronic cases of insanity occurring with, or consecutively to, pleurisy. The intimate connection between insanity and phthisis is well known, and Clouston's special form of insanity with phthisis, characterized chiefly by monomania of suspicion and tendency to refuse food, has been well established by the experience of other observers.

It does not appear strange that insanity and asthma should be occasionally associated together when we consider either the pathology of asthma or its numerous nervous connections. It may be said that there are three main theories as to the essential nature of asthma. First, the doctrine, now an old one, that it is due to spasm of the bronchial muscles. The

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most recent and able advocate of this view is Biermer. Secondly, that it is chiefly caused by tonic spasm of the diaphragm (Wintrich). Thirdly, the theory of Weber, to which the tracheoscopic experiments of Störck lend support, that asthma is due to a tumefaction of the bronchial mucous membrane, in consequence of dilatation of the blood-vessels through vasomotor nervous influence. It may perhaps be permitted to one to say that the recent experiments of Riegel go to prove that all three agencies are at work, though Riegel himself only admits that asthma is due to two—chiefly spasm of the diaphragm and intercostals, together with engorgement of the bronchial mucous membrane.

Whichever of these doctrines we adopt, the condition of asthma may be accounted for on the supposition of an alteration in the dynamic state of the respiratory centre in the medulla oblongata. It may be conjectured that this alteration may occasionally extend to the adjacent vasomotor centre, thereby affecting the supply of blood to the brain. Or, on the other hand, a wave of disturbance may pass down to the medulla, having originated in the higher centres, for we know the immense influence which the latter can at times exercise over those more directly controlling the respiratory and vasomotor functions. The phenomena of some cases of asthma (where, for example, a paroxysm is produced by emotion) themselves indicate this. In this connection it may not be uninteresting to point out that Christiani, and Martin and Booker claim to have discovered an additional respiration-regulating centre in the mid-brain of certain lower animals.

That asthma has many analogies with the diseases classed as nervous, and that it is often closely connected with them, has long been well known. It is not necessary to more than remind my readers that Trousseau, and, indeed, many others, have maintained that spasmodic asthma is hereditary, nor need I dwell upon the variety of causes which will produce an attack of asthma in the same or different subjects; this curious diversity being scarcely explicable except through the intervention of the nervous system. Many varieties of reflex asthma have been described (uterine, verminous, &c.), but probably the best instance of this form is offered in the case given by Hänisch of asthma caused by nasal polypus—disappearing when the polypus was removed and returning whenever the polypus grew again. Asthma has been stated to occur in consequence of retrocession of eruptions, particularly herpes (Waldenburg). Asthma has been connected by various

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authors with rheumatism and gout, the many nervous connections of which diseases we need not stay to consider. Asthma has been found to follow lead-poisoning, and we know that this metal exercises its toxic effects chiefly upon the nervous system, sometimes producing insanity (Bartels and others). Cases are on record of asthma with angina and hemicrania (Eulenburg); asthma with hydrocephalus (Salter); asthma with hydrocephalus and convulsions (Graves); asthma alternating with epilepsy (Salter); and asthma alternating with angina, with gastralgia and with hemicrania (Anstie). I have myself seen a case, to be again referred to presently, in which asthmatic attacks and attacks of angina occurred in the same person, sometimes together, sometimes alternating, and this person suffered also from at least one attack of insanity; but the chest symptoms did not exhibit, as far as I could make out, any metastatic or alternating relation with the mental.

The following is a brief summary of all the cases which I have observed in which spasmodic asthma and insanity existed in the same individual :—

I.—Mrs. M. M., aged 45, farmer's wife, mother of several healthy children. No hereditary history of insanity or chest affections. She has always been of a rather excitable and nervously irritable disposition. Her health was very good till her twenty-fifth year, when she became liable to asthma, from which ailment she suffered for the following twenty years. From the description her relatives give I have no doubt the affection at this stage was true spasmodic asthma. There would appear to have been rather less bronchial catarrh than is usual. The attacks were very frequent, and often very severe and prolonged. They mostly began during the night time.

Three months before she came under observation her asthma ceased to show itself, apparently quite suddenly. At the same time she became odd in manner—silent, which was not natural to her, and seemingly pre-occupied. She grew restless, went about talking to herself, exhibited groundless anxiety over trifles, and performed small household duties over and over again because she thought they were not done rightly. Later on, when her husband and sons went out to attend to their farm work, she would follow them to see that they came back alive. Finally extreme restlessness set in and then refusal of food.

When admitted to the asylum she presented the typical symptoms of melancholia agitata. There was no persistent refusal of food, though she was always inclined for a time to refuse to do anything she was bid to do, saying "If I do so-and-so I shall die." She exhibited constant aimless restlessness, which sometimes became intense, continually endeavouring to escape through every door she saw open,

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picking her clothes shred from shred, and often repeating monotonously for hours short phrases of sorrow or dread. A delusion that she was about to be burned was often expressed. Physically the chest was well shaped; there was no sign of emphysema, and the heart-sounds were clear.

The progress of the case it is not necessary to detail further than to say that after the insanity had lasted two and a half years the asthma returned, but without being followed by any amelioration of the mental symptoms, which undergo slight variations from time to time, but on the whole remain very much the same as when the patient was admitted. The variations in mental symptoms have no apparent connection with the asthmatic attacks. The latter are very frequent, and belong to the true spasmodic variety.

II.—G. M., a man of about fifty years of age, in a respectable official position, married, and having a number of children, all of whom are said to be healthy, has been under my care suffering from spasmodic asthma. Of his antecedent family history I can obtain little or no reliable information. His personal history is as follows:—He had been an intelligent man, of a cheerful, lively disposition, and had enjoyed excellent health, physical and mental, up to about seven years ago. He then became causelessly silent and morose, and gave rise among his friends to considerable anxiety by expressing unaccountable and irrational apprehensions that people were plotting against him and taking away his character; that he was being watched, and that his employer was harbouring suspicion of everything he did. These fears were utterly groundless, but they took such possession of him that he was incapacitated from work, and his friends were alarmed lest it should be necessary to put him under restraint. While affairs were in this state he for the first time became asthmatic, and immediately his beliefs as to plotting and persecution vanished. He resumed his business, and has held a position of trust ever since. He remains liable to frequent and severe attacks of spasmodic asthma. The paroxysms mostly begin in the middle of the night. I have not been able to detect any physical sign of heart disease. There is considerable emphysema. There is a tendency to pretty severe bronchial inflammation, especially after sharp or prolonged attacks of asthma. Mentally, he is intelligent and exhibits no trace of delusion or eccentricity, but he is now somewhat taciturn and rather depressed in manner. The weight of increasing years and constant physical suffering are quite enough to account for his present state of mind, in so far as it appears to differ from the status quo ante.

III.—J. W., male, 32 years of age, single, of peasant class, was admitted to the Castlebar Asylum on April 7, 1883. There was no hereditary history of neurotic or phthisical taint ascertainable. The patient is stated to have been of average intelligence and readiness to learn, and never to have exhibited any signs of mental aberration till the oncome of

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the attack about to be described. He suffered from early childhood from spasmodic asthma. Some ten days before admission it was remarked that he was unusually silent and downcast in manner. For three or four days he had been without a paroxysm of asthma, a circumstance that he could not remember to have occurred before. His silence and gloominess became more remarkable, and finally, seven days before his admission, he confided to his brother that he was haunted by a constant "thought" of killing his mother. This "thought" was at first clearly of the nature of an "imperative conception" (Zwangvorstellung). It suggested itself continually to his mind, becoming constantly more and more vivid and associating itself with every other idea. He then became overpowered with a dread lest he should really carry out the horrible notion. He thought he felt an impulse to put in action the ever-present thought. He entreated his mother to avoid him, and begged to be sent to the asylum. His relatives, thoroughly alarmed, acceded.

On admission. General physical condition poor. Phthinodal build. No sign of emphysema. On the contrary, resonance was hardly satisfactory beneath either clavicle. Heart-sounds normal. There had been no dyspnœa for "ten days or more." After most minute and detailed examination of his mental state I thought there was some degree of depression in manner, &c., and that he hardly took a sufficiently intelligent interest in things around him. Otherwise I could detect no sign whatsoever of mental alienation, except the morbid conception and impulse that according to his own admission existed.

He said that the idea or impulse above described was constantly present in his mind, and kept him in an unhappy, restless, harassed state. He deplored its wickedness. He admitted its unreasonableness, but he was unable to exclude it from his thoughts, and the feeling that it was both wicked and unreasonable only increased his sufferings. He felt happier now that he was so placed that he could not do harm. He stated that he slept little. He was placed under close observation, but behaved with such order and calmness that he was permitted within a few days to work on the asylum farm. He was found to sleep well, and he admitted that he slept better since he resumed work. He did not in the least obtrude his unhappy condition on one's notice, and there was nothing in his manner or bearing in the smallest degree hysterical. The very frequent association of *Zwangvorstellungen* with sexual depravity was not overlooked, but nothing was ascertained to lead to the belief that there had been either sexual excess or irregularity.

On one occasion he expressed a hope that his asthma would return, saying he thought he never would be well till this would occur.

On the night of April 21, that is, just a fortnight after his admission to the asylum, he had an attack of asthma. Visited in the

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morning about ten, he was found still suffering a good deal—not able to lie down, face very blue, small piping râles here and there over the chest. The expression of the patient's countenance was entirely changed. Of course there was the look of physical oppression, but the absence of the uneasy, timid expression he had before presented was most remarkable. He immediately said, "Thank God, I am better now. My mind is less unhappy." During the whole of this day he suffered off and on with his breathing, but he was quite cheerful and chatty in the intervals of comparative ease. His whole manner was changed, being bright and intelligent. On the following day he told me that he slept comfortably till morning, when he had a slight return of the asthma, and he said that he was "perfectly master of his own thoughts"—the imperative conception that had tormented him having ceased to recur since the first return of the asthma. He appeared to be completely restored to such health as he had enjoyed before the oncome of mental derangement. There was no recurrence of morbid impulse or idea, as far as could be made out, and I think the patient's statement in this respect was quite trustworthy. He might be fairly called a cheerful, active and intelligent man. The attacks of asthma recurred frequently, and were sometimes of considerable severity. A day rarely passed without some degree of asthmatic difficulty of breathing. He remained under my direct observation till July 7, 1883, when he was discharged, and I have heard nothing of him since.

IV.—P. M., male, aged about 20 years when admitted to the asylum. He is an illegitimate child, and nothing is known of his family history and little of his personal antecedents. He had been brought up in a workhouse. He was always looked upon as weak-minded. He had, however, been taught to read and write. He was said to have suffered habitually from shortness of breathing, sometimes aggravated to paroxysms of great severity.

When he came under observation, being then, as was stated, a few weeks insane, he was violently maniacal, very incoherent, very fierce, and excessively filthy in his habits. This condition lasted for a long time—fully a year—without any amelioration. Then followed a lengthened period of dulness, with gradual cessation of excitement. Physically he was in poor general condition on admission, deeply pitted with old marks of smallpox. The chest was barrel-shaped and unduly resonant. Heart-sounds clear. During the time that he was much excited he had several crops of large boils. About three years after he came under notice he had become perfectly calm, and at this period his dyspnœa returned. He remains for some years a chronic sufferer from spasmodic asthma. He is very weak-minded, but tractable. He seems to have reached a condition of mental equilibrium at a level considerably lower than that of the period before the acute attack of insanity. It is impossible to definitely date the attainment of this condition, but it corresponds pretty exactly to the time at which

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his asthma recurred. No symptom of the latter affection was observed while the patient was maniacal, or during the subsequent prolonged period of partial torpor.

V.—Mrs. X. was a woman of bad family history. Married to a first cousin, a man of extreme eccentricity. At least one of her children died in infancy of convulsions, and one, who attained to maturity, suffered from infantile paralysis. Much domestic anxiety caused by the business incapacity of her husband. Mrs. X. was always a woman of a highly excitable disposition, garrulous to an extreme, very passionate and easily moved to emotion. At about thirty years of age she became liable to spasmodic asthma, from which she suffered very severely for the next ten years, when, after a period of more than usual trouble as to money affairs, &c., she became insane, her friends say, quite suddenly. She was not under my treatment, so that I am not in a position to say much as to her mental state, but she appears to have suffered from delusions of suspicion. She thought her husband wanted to poison her, and she made an attempt to kill him. After about six months' seclusion she made a good recovery. I knew her intimately both before and after this illness, the details of which she was not unwilling to speak of. She often mentioned to me as an odd circumstance that from the time her mind began to fail, from the time she first entertained suspicion of her husband, she had no trouble of breathing whatsoever, until her mind became clear again. This statement was confirmed fully both by her relations and by those who had been in immediate charge of her. Neither the patient nor her friends attributed her insanity to her chest affection, but were convinced it had arisen from constant worry and anxiety. While I knew the lady she remained a great sufferer from asthma, and had no recurrence of insanity. She left the country some years ago, and I have lost sight of her.

VI.—G. H., male, 30 years of age, farmer, married, was admitted to the Castlebar Asylum on the 14th January, 1883. History very imperfect; no neurotic taint discovered; a sister died of phthisis; mother was asthmatic. Patient suffered from asthma for many years. This affection is stated to have become less severe about two years before admission. From the same period, though they do not connect the two events, his relations date the commencement of his mental affection. He became odd in manner, negligent of his business, and fond of being alone. After about a year he became very much worse in mind, being taciturn, suspicious, and easily excited to passion. Gradually delusions appeared, chiefly that he was being poisoned, that people were plotting to kill him, and the like. He refused food at times. He had no attack of asthma nor any dyspnœa for nine months before his admission.

When admitted he was in somewhat feeble general health. The lungs showed no sign of emphysema or any other disease. A faint

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murmur with the first sound was occasionally audible at the base of the heart, chiefly over the pulmonary valves. No symptom of heart disease. Kidneys healthy. He was full of delusions with reference to his food, and to the actions of all those about him, thinking that everything that was done had some relation to him. He seldom answered questions. Very obstinate and restive. Perpetually made desperate and violent attempts to escape, trying to throw himself out of every window, to bolt through every open door, &c. Restless. Bit his nails below the quick. Extremely violent when thwarted. For the first year or so that he was in the asylum there was no improvement at all. Since then there has been a gradual amelioration of mental state. The delusions seem to have lost their edge, and exist rather as an insane habit of mind than in their earlier active state. They are seldom referred to, and have no influence on conduct. The patient has become quite harmless and tractable. There is marked weakness of mind, and he exhibits many of the tricks of gesture, &c., so common among chronic dements. Till November, 1884, he exhibited no symptom whatsoever of asthmatic trouble. At that date he got a very severe attack of spasmodic asthma. Ever since he has had frequent attacks, and he suffers from a constant asthmatic dyspnœa. The chronic calm condition of partial dementia was well established before the return of the asthma, and there has been no further change in mind.

VII.—One other case of asthma with insanity I have observed which differed in some particulars from all those above mentioned. The patient, a man aged 41 years, exhibited the physical signs of a large fatty heart. He suffered from paroxysms of angina pectoris, which were generally accompanied by dyspnœa, more or less severe. He also had occasional attacks of spasmodic asthma, without the pain or other symptoms of angina. For many years he had been in feeble health. When he was under my care he was convalescent from an attack of what appeared to have been simple acute melancholia with tendency to suicide. The asthmatic and anginal attacks persisted throughout. There was a tendency to severe bronchitis.

All the foregoing cases except the last have one remarkable feature in common. They all show a marked alternation of mental and pulmonary symptoms. Thus in the first case we have chronic asthma vanishing when insanity comes on, and reappearing when the mental trouble becomes chronic. In the second, asthma cuts short and takes the place of an attack of insanity. In the third, perhaps the most remarkable and interesting of the series, habitual asthma disappearing, its place is rapidly taken by insanity, which again disappears immediately on the return of the asthma. When the last change occurred the patient was under close observation in an asylum,

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so that there can be no doubt as to the sequence of events. It would probably be carrying scepticism too far to say that the cure was due to the action of expectant attention in a patient already convalescent. In the fourth case, chronic asthma occurring in an imbecile ceases with an acute attack of insanity, and comes on again when the latter has passed off. In the fifth the same order of things is observed as in the third. In the sixth, chronic asthma lessens in severity and finally disappears with the oncome of insanity: when the mental defect becomes chronic with some degree of amelioration, asthma returns.

Analysing the mental symptoms in each case, it will be observed that the first and the seventh presented the character of acute melancholia, though the former has become chronic in its course. The fourth was a case of acute mania, occurring in a person of originally feeble mind, and followed by an increase of feebleness. The four other cases all exhibited the characteristics of chronic degenerative mental disease rather than of acute insanity, and this is the more remarkable as they were mostly acute in their course. The significance of delusions of persecution, tending to be organized, it is needless to point out, but it may be necessary to note that impulses and imperative conceptions such as those found in the third case are almost unknown as symptoms of an acute primary neurosis. Krafft-Ebing, who has given much attention to this subject, classes imperative conceptions among the signs of mental degeneration. They are found in persons exhausted by sexual excess, or burdened with the load of strong hereditary neurotic taint.*

The cases recounted by Dr. Savage and Dr. Kelp similarly bear the impress of a chronic incurable malady, though two out of four noted by the former observer recovered, as did the single case recorded by the latter.

A considerable similarity is to be seen between the mental symptoms ascribed by Dr. Savage to the form of insanity which alternates with asthma and those of the insanity of phthisis, which is also of the chronic degenerative type. The actual resemblance of symptoms is less marked in my cases.

* "Die Träger dieses peinlichen Krankheitszustands sind meist erblich belastete Individuen von neuropathischer Constitution, die besonders häufig in der speciellen Form einer hysterischen or hypochondrisen Neurose Auftritt." —"Lehrbuch der Psychiatrie," B. ii., s. 96. Similarly Schüle: "Stets ist eine neuropathische Disposition (Heredität, Uterinleiden, Onanie, vorausgegangener Typhus) mit noch anderen nervösen Störungen nachweisbar."— "Handbuch der Geisteskrankheiten," 2te. Aufl., s. 89.

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In three of Dr. Savage's cases there was a history of phthisis in the family. In one a history also of insanity. In Dr. Kelp's case neurotic taint existed, and there appears to have been phthisical trouble. In one of my cases there was organic lung-delicacy that will probably end in phthisis. In only one was there any hereditary history of phthisis. Hereditary tendency to insanity existed in one case. In none of the others was any special hereditary taint discovered.

On Epileptic Violence. By M. G. Echeverria, M.D. Late Physician-in-Chief to the Hospital for Epileptics and Paralytics, and to the City Asylum for the Insane, New York, etc.

The important clinical researches on Epilepsy during the last decade have contributed to afford a sound criterium for a correct discernment of the curious physical phenomena connected with this dreadful neurosis, in cases where it becomes of great moment, for a legal decision, to establish the positive grounds for a just estimate of the sanity or insanity of a culpable act committed by an epileptic. To the important bearing of the matter to be here briefly discussed, we have been fully alive for many years past, laying upon it particular stress, in the light in which we present it, as our contributions on the subject testify. There are, however, noteworthy points related to epileptic violence which stand out in great clearness, but have not as yet received a proper recognition, as it is evident from the doubts raised by the writer of an editorial article in the "Lancet," August 9, 1884, on the case of Joseph James Donnelly, who was sentenced to death for the murder of his sister and for severely wounding his mother, in a paroxysm of what may have been epileptic furor, and who has been respited during her Majesty's pleasure :—

There are, nevertheless, remarks the "Lancet," features in the case of Donnelly that do not really lend themselves to the presumption of his insanity. For example, while it is true, as pointed out by Doctor Cullingworth, that the sister and mother attacked were not at the time so obnoxious to him as was his father, it cannot be forgotten that the sister had just refused to get him some water to drink, and, for the moment at least, she may therefore have been the object of his special animosity. It is necessary to bear in mind that in the most clearly marked cases of epileptic mania, there is generally an entire absence of motive or cause of quarrel ! (*sic* in original.) The maniac,

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