case tends to confirm Spitzka's remark that it is a very curable form of insanity.*

A Case of Chorea associated with Insanity.† By GEORGE P. COPE, L.K.Q.C.P., Senior Assistant Medical Officer, Richmond District Asylum, Dublin.

I am indebted to the kindness of Dr. Conolly Norman, who placed the following interesting case under my care, for permission to publish my notes of it.

W. B., admitted November 10, 1887; æt. 19; single; farrier.

History.—Father, mother, brothers, and sisters alive. No relative has been insane, or has suffered from rheumatism. Mother states that the patient was always healthy. Had scarlet fever at an early age, and made a good recovery. Never had convulsions, nor suffered from rheumatism. Was a quiet lad, and temperate. She noticed a change about two years ago, when he commenced to remain constantly at home, and very seldom went out in the evenings after his work. Appeared generally "nervous," and at times fretful. Nearly three weeks before admission he came home from his work and told her he was not well. Next day she noticed peculiar movements of his left arm, which increased and extended to his leg. Observed that he became very suspicious, and that his temper was changeable. Shortly afterwards he inclined to refuse his food, and said "they wanted to poison him." She had to taste all foods before he would partake of any. Has not eaten very much food for about two months.

On admisson.—Patient would not reply to any question, and was much excited. He was rather thin, but muscles of arms were well developed. Both pupils dilated. Anæmic; dark zone under both eye-lids. Persistent grimacing; head jerked from side to side; extensive choreic movements of left side of body, which was twisted

* In the discussion that arose on this case, the Chairman of the Section, Dr. James Little, President of the King and Queen's College of Physicians, cited as bearing on the subject two cases, which he thus described:—"Some years ago a business gentleman consulted him whose duty it was in his department to take the invoices and mark on the pieces of cloth the proportionate price to allow the regulation profit. He had been many years at this, and was so expert that no matter what the fractions to which the invoice price descended, he might go on without making a mistake; yet he got into a state of doubt that, even if the invoice price were only a shilling, he could not convince himself that he was right, 'though the man inside' told him he was. Another case came under his observation in which a pharmaceutical chemist, failing to convince himself of the accuracy of weight or measure, could not carry on business, and life became almost intolerable." This interesting condition is not at all identical with the state to which Griesinger has called attention, though both present a certain similarity through the irritable weakness that underlies each. The cases described by Dr. Little bear a very close analogy to various forms of occupation neuroses, such as Scrivener's palsy, etc.

† Paper read at the quarterly meeting of the Medico-Psychological Association, held at the College of Physicians, Dublin, May 17, 1888.

https://doi.org/10.1192/bjp.34.147.408 Published online by Cambridge University Press

about to such an extent that he had to be held when standing, as he was not able to balance himself. Tongue was furred, and put out with a jerk. Respirations normal. Heart quick, but regular, no murmur detected; pulse 90. No swelling, redness, or tenderness about joints. He was placed in a single room in the hospital, floor of which was covered with mattresses to prevent him injuring himself. Would not take food. About midnight became very noisy; tore some of his bed-clothing; at times shouting and hammering at the door. Did not sleep during the night.

11th.—Had to be dressed in strong clothing, as he would or could not keep himself covered. Bowels had not acted, ordered enema of castor oil; could not get any urine, as patient passed it under him. Would not take any food.

12th.—Again refused his food. Has not slept. Choreic movements of left side continue; right side not affected.

13.—Did not sleep. Is in a miserable condition; his lips covered with sordes, disagreeable smell from breath, face pinched and anæmic. Tried to induce him to partake of some food, but without success. Then endeavoured to feed him with the nasal tube, but could not introduce it owing to the choreic movements of his head, which appear greatly increased. With considerable difficulty fastened a gag, and used the soft œsophageal tube; about midway it was held, and prevented for a short time from passing. Gave him some eggs and milk, and told him I would again feed him in a similar manner. When dinner-hour arrived, and everything was ready for feeding, he spoke to me for the first time, and said he would take his food, which he did with some difficulty. The choreic movements seemed then more under control. Took his supper at 10 o'clock p.m. He was better, calmer; movements less severe.

14th.—Slept for two hours; improved mentally; takes food well; says he feels better; chorea much less severe, nearly entirely gone from left lower extremity; head not jerked about so much; bowels have not acted since morning of 12th; ordered mixt. sennæ. co.

15th.—Has considerably improved, and slept for several hours. Removed from single room to open dormitory. Left arm still affected; at times jerks his head. Has improved physically; face not pinched, sordes on lips disappearing, and tongue cleaning; skin moist and cool; pulse 80. Again examined him, and found respiratory sounds normal; heart quick, but no murmur; urine contained no albumen. Takes his food. Anæmic; ordered 4ɱ doses of Fowler's solution three times a day.

16th.—Chorea has disappeared. Memory defective; no recollection as to what has happened.

20th.—Very much better; no return of chorea. Is bright and cheerful, able to walk about the grounds. States that his illness commenced about four weeks ago, when as he was returning home after a hard day's work felt as if something had given way in his ear; then became very nervous, heard bells ringing, and soon afterwards

https://doi.org/10.1192/bjp.34.147.408 Published online by Cambridge University Press

lost the use of his left arm and then his leg. Says he never suffered from pains in his joints or muscles. Admits he masturbated for some years, and more frequently for some days before he took ill.

23rd.—Removed patient from the hospital to the school division. Has considerably improved; sleeps very well, and has had no return of chorea.

10th January, 1888.—Left the asylum. Since removal from hospital he has been seen by me daily; had no return of chorea; at times was fretful, and slightly nervous; occasionally would cry, says that his reason for doing so was his dislike to being detained in the asylum.

So far as can be ascertained there has been no return of chorea or of maniacal excitement since his discharge.

Remarks.—The history and symptoms of the case which I have ventured to bring under your notice give it, I think, unusual interest for the following reasons: Chorea affected the left side only; no trace of rheumatism or neurosis could be found in family or personal history; the patient made a peculiar and rapid recovery. Most of the cases reported which I have been able to find show that they suffered from chorea affecting both sides of the body. The attributed cause generally was a rheumatic diathesis, or the existence of a neurosis in patient's family. In the absence of any rheumatic or neurotic taint, and being satisfied that the case was not of a hysterical form, I have been driven to seek for some other cause to account for the very acute attack of mania and intense chorea, and after careful consideration of the surroundings of the case have come to the conclusion that this patient's illness arose from the anæmic condition and general debility acquired by persistent masturbation and want of nourishment.

The recovery of the patient can be dated from the time that it was necessary to resort to artificial means of feeding, viz., on the morning of the 13th, three days after admission. It was then absolutely essential to feed him. He from that date rapidly commenced to improve, the maniacal attack passed away and chorea became less severe, and entirely disappeared on the evening of the 15th.

If a similar case again came under my care I should be inclined to feed the patient as soon as I possibly could, as I believe the unexpected shock, viz., the attempt at introducing the nasal tube and then passing the æsophageal tube, assisted recovery in this case. Ziemssen, in the "Cyclopædia of Practice of Medicine," reported two cases of chorea magna simulated in the male that recovered by an unexpected stimulus.

https://doi.org/10.1192/bjp.34.147.408 Published online by Cambridge University Press

Before concluding this paper it may prove interesting to shortly refer to some of the most noted instances of choreic insanity. The ætiology varies in most cases from the one I have brought before your notice. Of these the first to which I will allude is one of two cases reported by Dr. Wiglesworth in the "Journal of Mental Science," No. cxxi., in which rheumatic symptoms were only indirectly traced, viz., by systolic bruit at mitral orifice, there being no joint or muscular complications; both sides of the body affected with chorea.

Dr. Clouston refers to some interesting cases of chorea affecting both sides, accompanied with insanity, in the "Journal of Mental Science," No. lxxiv., due undoubtedly to rheumatism. Dr. Macleod, in the same Journal, No. cxviii., describes three cases of chorea in aged persons; chorea attacking both sides. Dr. Bevan Lewis describes a case in No. cxxx. of the same Journal of post-hemiplegic hemichorea associated with insanity.

In Dr. Lewis's case "The post-mortem examination revealed patches of softening in the motor areas of both hemispheres," "traced to a venous thrombosis resulting from partial plugging of the lateral sinuses and an extension of an old organized clot backwards into the minute vessels at the vertex." Here we have, as Dr. Lewis says, a condition supremely favourable to capillary pluggings.

In Dr. Macleod's cases there was a distinct coarse lesion affecting the motor areas (in two arachnoid cysts, in one multiple tumours of the dura-mater). It is remarkable that hereditary tendency to chorea also existed in these cases. In a case originally recorded by Dr. Maclaren ("Journal of Mental Science," Vol. xx.), the post-mortem account of which is given by Dr. Macleod, extravasation of blood over the middle lobes was found, and traces of old inflammation of membranes. Dr. McDowall, of Morpeth, has described a case of limited chorea, or "athetosis," occurring in an elderly dement who had a strong hereditary tendency to insanity. In a very similar case that came under his notice some years ago, which also presented a strong resemblance to Hammond's athetosis, Dr. Conolly Norman informs me that he found post-mortem extensive pachymeningitis hæmorrhagica interna.

It is evident from the short duration of the symptoms and the completeness of the recovery that in the case I have noted the affection was due to some mere "functional" mischief.

https://doi.org/10.1192/bjp.34.147.408 Published online by Cambridge University Press