*Alternation of Neuroses.** By Geo. H. Savage, F.R.C.P., Bethlem Royal Hospital, London.

I have chosen this title as inferring as little as possible any relation other than that of time between the states of disorder. Night follows day, but is not caused by it, and, as we shall see, in some cases one form of nervous disorder is followed by another form of disorder, both having probably a similar cause, but not the one depending on the other as its cause. It is only necessary to say that I use the term neurosis in a very general way, thereby meaning any well recognized disturbance of the nervous system which might be considered due to direct inheritance, or might itself start a morbid nervous series.

I have very few, if any, new facts to lay before you, but I think it is well to compare fresh arrangements of old facts, as thereby we may arrive at fresh and instructive relations which were not at first recognizable.

All our knowledge is relative and is gained by comparing, and so we go on comparing, hoping that some fresh light may arise in the at present very dark realm of mental and nervous action.

I have been of late very much struck by two very noteworthy relationships; first, those existing between neuroses themselves, and, secondly, those between neuroses and certain states or conditions of the body, as a whole, which do not at first appear to have any direct connexion with the nervous system.

The subject, then, will divide itself into the inter-relations between the neuroses and between certain bodily and mental functions. In studying neuroses I have followed my old teachers, and have constructed a neurotic tree with many branches, and have thus looked upon these varying branches as the various expressions of what we call the neurotic disorder; the stem is one, but the branches are different, and their relationship to the parent stem differs in degree rather than in kind.

We have further, in considering these branches, to remember that just as a twig or a branch under favourable circumstances may develop into a parent stem itself, so with neurotic branches of small size, they may give rise to parent stems of disease having other branches of their own.

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We have to guard ourselves against considering everything met with in the neurotic as part and parcel of the neurosis. To continue our simile, there are other growths on a stem beside branches, and though these growths may derive their nourishment from the tree, yet instead of contributing to its character they deface and destroy it.

To return to the neuroses, as they may alternate, we have first to consider that various forms of nervous disorder may appear in different members of the same family. It is hardly necessary for me to remind you that an insane parent not infrequently begets an epileptic child, and that an epileptic or insane parent may have an idiotic child.

The insane parent may have over-sensitive offspring, and this over-sensitiveness may be represented by hypochrondriasis, migraine, eccentricity, or the like in the different members.

Several interesting cases have occurred to me in which a nervous parent has had twin children who have suffered from different neuroses. Thus, in one case, one twin was insane and the other was epileptic, such cases go far to prove the distinct relationship by inheritance of nervous diseases.

The fact is, then, that a parent may have a nervous disorder and may pass this on directly to his child, who may suffer at a like age from a similar disorder, or the parent may suffer from one form of nervous disorder and the offspring from another, and the disorder in the offspring may be of a less or greater force than that in the parent, this increase or decrease depending on many conditions connected with the health of the parents at the time of the begetting or upon the constitutional state of the non-neurotic parent.

So far, then, we have considered the fact that from parent to child the insane or nervous disposition may be transmitted, and before leaving the subject I would only sum up my experience.

An insane parent may have an insane, idiotic, wicked, epileptic, or somnambulistic child. Alternation or change of form of neurosis may not only be seen as it occurs in the different generations, but it may be seen in the same individual, and the chief part of this communication will consist of examples of these changes. It seems to me that what is seen in chemistry is also present in disease; there appears a kind of substitution of one nearly allied body or force for another. This may appear rather a far-fetched likeness, but processes of disease are, as a rule, only alternations of natural processes, and are better understood by the study of the normal in its develop-

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ment than of the abnormal in its obscurity and definiteness. There is one more interesting fact, that the alternations are, as might be expected, rather between what may be looked upon as the functional than between the more organic diseases—alternations of disorder, not of disease. General paralysis of the insane is not replaced by any other disease, but maniacal excitement may be replaced by hysterical paraplegia. The examples I shall give are taken from—1, Cases of Headache, Migraine; 2, Hysteria; 3, Asthma; 4, Epilepsy.

I shall then refer to certain alternations of gout and rheumatism with neuroses.

1. I have frequently met with cases of severe migraine in the neurotic subjects, and I have found, as a rule, that patients who suffer from this disorder, if they become insane, lose their headaches; and I have seen one man who appeared to improve but relapsed, when he had not redeveloped migraine; but when he began again to improve and had a recurrence of headaches his sanity was assured. In one case only have I seen the more severe nerve storm of insanity leave the nervous sky clear, the patient for some years, during which I had the chance of seeing him, remaining free from both headache and insanity. This is interesting from the fact that I know of one case at least in which epilepsy seemed to clear the mental atmosphere also.

2. As to hysteria, I have often been struck with the rarity of hysterical outbreaks in Bethlem. There we have an average of 160 women, and yet hysteria is very rare in its explosive forms. On the other hand, I have seen several true cases of hysteria alternating with other neuroses. I have seen hysterical paralysis of one limb recover during an attack of insanity, and I have had the opportunity of seeing several cases in which persistent hysterical vomiting and supposed ulcer of the stomach was relieved when insanity developed.

In one case a patient who had suffered from hysterical paraplegia for some months became insane, the paraplegia passed off, but returned with the recovery of sanity. In this first case there were several relapses, the mental state being one of maniacal excitement with great loss of control.

In a second case the woman was bedridden for seventeen years and recovered power of walking, when she became very much depressed in mind. At present there are no signs of the mental cloud in this case passing off, and of the motor paralysis returning.

In another class of cases I have seen marked moral perversion associated with loss of hysterical symptoms, that these

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two perversions are not uncommonly seen together is a common experience.

3. Next as to asthma. Attention has specially been called to the fact that there may be an almost regular alternation between the difficulty of breathing and the insanity. I have seen several cases in which the alternation was constant, not only during the one attack of insanity, but whenever the asthma ceased in after years the patient broke down in mind. It is further worthy of interest that I have met hay asthma frequently in neurotic subjects. In one an attack of acute insanity was associated with absence of hay asthma in the spring for the first time for many years. One other point here deserves remark, and that is, or may be, of importance in future treatment. In one case of chronic asthma, the only time the sufferer was well was when he had a severe and painful inflammation on one hand. In this, then, the asthma showed a further likeness to other neuroses.

4. As to epilepsy, my experience is but small in this form of disease, therefore I look to others to support or criticize my work. I have seen at least one case in which nocturnal epilepsy was replaced by insanity, and I have on the other hand seen several cases in which severe epileptiform fits have relieved the mental symptoms.

I have several times seen cases in which the epileptic fits, occurring as they did only at rare intervals, and at night, were of little or no importance; and yet when these fits, either by treatment or from some other cause, have been suppressed, the mind has suffered great deterioration. I know I shall be in the minority in thus speaking, but I have been surprised into this knowledge, if I may use the term, for when I expected to hear that improvement had followed treatment and arrest of fits, I have heard a mother say that she at least thought there were worse things than fits, and that she always looked upon the periods following the fits as those in which the child had most happiness and gave most pleasure.

Epilepsy may, of course, persist without any outbreaks of violence, but we have to recollect that the motor disturbance may be replaced or followed by a mental epilepsy resembling in many ways the motor storm—resembling it in its suddenness, in the symmetrical way in which it develops, and in the constancy with which the symptoms recur in the same order and force, and further by the similar effects of treatment. This, then, may be looked upon as the best example of transformation or alternation. It may appear strange to those who have never met such cases to hear me say that epilepsy has in my

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experience not only alternated with other forms of mental disorder, but has also in some cases seemed to re-establish the defective balance or rectify the nervous action, and that fits have been followed by sanity. Now to my second division.

As I have already said, there is at present no fine dividing line between those disorders of the body which depend on disorder of the nervous system, and those in which the nervous system suffers from the primary disease of the body. There is a growing inclination to give the nervous system at least its full share of responsibility for disorder of the body. Whether it will be shown at some future time that some cases of rheumatic fever arise from nervous disorder I cannot say, but I shall have to point out that cases arise in which the rheumatic symptoms are replaced by nervous ones; and again, the nervous symptoms may pass off to be replaced by the pains and redness of the joints. This is what used to be called metastasis.

It does not necessarily follow that because neuroses alternate with other conditions that these latter are also neuroses, though to my thinking if such alternation is common, and recurs several times, it adds greatly to the probability of there being a deep alliance between the two states.

Gout and rheumatism are interesting from this alliance, and it is further interesting to note that these again may be interchanged for other morbid phases such as asthma. So we come to this, that these rheumatic conditions may be allied to neuroses and asthma, and that neuroses and asthma are also allied to one another.

Rheumatic fever has to be noted as a disease prone to develop, associated with insanity. I have had many cases admitted to Bethlem from general hospitals in which the rheumatic fever passed off, in what would in old days have been styled metastasis, to the brain, and in several, the rheumatic attack has recurred more than once on temporary mental improvement.

These cases differ from some others in which the hyperexia has been associated with delirium and loss of all joint pain; what the relationship of rheumatic fever to the neuroses is has not yet been made clear.

With gout, again, I have met cases in which, the gout being suppressed or not appearing, mental disorder has resulted. I know that here I am open to the grave charge of special pleading, for many will be ready to say the patient had his gouty material still circulating through his brain, which was thus poisoned, and naturally gave expression to its complaint.

I can only reply that the suddenness of the alternation is so

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very striking that I cannot accept this as an explanation. Is the gouty toe a concentration of all the *materies morbi* in the blood, and is this all poured out in a couple of hours? I think not. Yet I have seen the suicidal melancholic become the gouty but sane man in less than that time.

One more condition deserves notice, and I draw special attention to this for several reasons. First, then, it has been noticed by Maudsley and others that diabetic parents not uncommonly have neurotic children, and I have to point out that diabetic patients may have alternations of neurosis and of diabetes, the alternation in the family and in the individual being parallel.

I have now had some four or five cases admitted into Bethlem with genuine diabetes; these cases have on admission been found to be free from both glycosuria and polyuria; and I am able to go further, and to say that it is almost unknown for me to have a true case with diabetes among my patients. The history has generally been that the patient has suffered from diabetes for some time and then has become insane, and on admission and examination I have found no sugar.

In some of the cases the patients were discharged free from both insanity and diabetes, but in one, an altogether exceptional one, the patient being a general paralytic, the diabetes disappeared only as long as the mental symptoms were acute, but as the nervous disease progressed the diabetes returned. In this particular the case more resembles those cases with phthisis in which the mind clears with the onset of acute lung troubles and becomes clouded again when the lung disease is checked, but in the end when the lung disease is established the mental symptoms and the bodily may both appear and progress together.

This subject would not be complete without referring to the fact that besides what I have called alternations proper, there has to be recognized the fact that certain bodily diseases, when they occur in the insane, often appear for a time, at least, to mask the insane symptoms. I am not in a position to say what conditions govern these changes of symptoms, but here again my experience makes me think that functional not organic troubles are relieved by bodily disease as a rule. Thus a fever will affect the mental state of a patient suffering from acute mania of an emotional type, but will leave the symptoms of the general paralytic unchanged.

Some diseases seem much more likely to change the aspect of the mental symptoms. These are generally painful or of considerable extent, and affecting the skin surface.

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But already I have sketched out a very large field which has been but imperfectly tilled, and other workers are begged to come in to contribute to the tilling; and I believe a richer harvest for the philosopher lies in these doubtful and changing lands than in any of the more fixed.

We may be colonists and explorers preparing for a great future.

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## *What are the Tests of Fitness for Discharge from Asylums?**

By H. Hayes Newington, M.R.C.P., Ticehurst.

It is not proposed that the time of this meeting should be taken up by a monologue of mine in the shape of a set paper. I intend only to mark out the ground which can be profitably covered, and after dealing myself with one or two of the questions raised, I shall leave the remainder to other members present. After that it is hoped that there will follow a general discussion commensurate with the importance of the subject.

In the first place it will be well to point out that we shall not touch the question of recovery, for, of course, when that takes place, there will be no need for further test. We shall by this free ourselves from the consideration of a knotty point or two, such as what recovery means, and so on; but I take it that what we have to discuss is far more knotty and serious. If a patient is discharged as recovered, and subsequently causes harm to himself or others, we, when it is sought to cast the responsibility on us, can well say that the appearances of recovery left us no choice in the matter; but when we send out into the world, on our own opinion as to his safety, a man who is confessedly not sane, then the responsibility is as continuous as if he were still under asylum care, a responsibility that we all have to face from time to time.

The broadest and most comprehensive test of fitness for discharge is formed by the question—How far has the residence of the patient in the asylum answered the purpose for which he was sent there? This naturally leads up to the further question—Why was he sent there? For two distinct reasons—first, because he was insane, and secondly, because he needed detention. It follows then that, if the law needs something beyond insanity to justify admission into an asylum, when that something has disappeared, mere insanity need be no bar to his re-

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