anyone suddenly and quickly passed her. The symptoms conspicuously absent, therefore, were headache, vomiting, marked focal symptoms, speech affection, convulsions, and affections of sensibility.

It must be remarked, however, that the demented state of the patient prevented a complete analysis of the symptoms being made in a satisfactory manner.

NOTE.—In the post-mortem examinations made in Dundee Asylum the occurrence of well-marked cicatrices, often having small cretaceous nodules in their centres has for a considerable time been noted, and seems worthy of further investigation. They seem capable of only one explanation, namely, that they mark the sites of what have previously been cavities; in other words, that the patients have previously suffered from phthisis. It is well known that in many instances chronic diseases disappear on the occurrence of insanity, and it would be interesting to ascertain how far the healing up of these cavities was due to this cause.

Case of so-called Katatonia. By R. PERCY SMITH, M.D., F.R.C.P., Bethlem Royal Hospital.

F. A. C., æt. 32, admitted to Bethlem Royal Hospital May 20th, 1889, single, formerly a governess. Supposed cause, "Anxiety."

Family History.—No phthisis, alcoholism, diabetes, insanity or other disease.

Previous History.—Always reserved and retiring; never had rheumatism or chorea. Has had fainting fits when in for examinations; no epileptic or infantile fits, measles, or whooping cough in childhood. No syphilis and no other disease except occasional sore throat. Sober; no previous attacks. Has been treated unkindly by her people at home in consequence of having changed her religion to Roman Catholicism. Catamenia usually excessive; missed the month before last.

Present Attack.—Five or six months ago began to prefer to lie in bed; would not eat or speak; thought her sister kept back her letters and went to her boxes. Thought she was pregnant, though the catamenia were regular. Not suicidal or dangerous; no hallucinations.

Certificates.—(1) "Refuses to speak. Have seen her furiously rushing about the room on her knees.

"Her mother tells me she refuses to allow her clothes or linen to be changed, contrary to her former cleanly habits."

(2) "She is in a state of stupor and speechless; she lies on the bed, and will make no answer by word or sign to my questions. At

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times she makes spasmodic and apparently purposeless movements, and makes inarticulate sounds. She is apparently unable to comprehend at all completely what she sees or hears.

"Her mother tells me that she has not spoken for weeks, and that her habits and manner have changed greatly. Her sister tells me that she is passive and takes no interest in her old occupations and amusements."

On admission.—Of small stature and not well developed for a woman of her age. Pale face, of dark complexion. Had a fixed and confused stare; pupils dilated equally, but acting to light and accommodation. Her mouth was every now and then spasmodically puckered up. When first seen she would not speak for some ten minutes or so. Her knee jerks were very active, and on tapping the patellar tendon repeatedly the leg was forcibly extended and passed into a state of clonic spasm. On pressing up the foot, ankle clonus was found to be present. She then spoke for the first time, and tried to explain that the phenomenon was due to the tendons and blood running backwards and forwards, but her reaction to questions was slow and hesitating. Previous to speaking she kept her jaws closely clenched together. When about to speak sometimes the muscles of the mouth contracted spasmodically, and she was unable to speak till this passed off, after lasting for one or two seconds. Her lips were very tremulous. When first seen her limbs were in a condition almost cataleptic, but they did not remain for long in the position in which they were placed. She complained of some frontal headache, and also of pain over the mastoids, also in the neck along the line of the carotid artery; said she had pain in her shoulders, legs, and back, due to the blood running backwards and forwards in the tubes. Noticed bad smells, which she thought were possibly created to annoy her. Had nasty tastes in her mouth, and thought her food tasted peculiar. She considered someone had tried to poison her at home. Apparently had no hallucinations of sight or hearing. Thought her throat had become constricted, and for this reason she swallowed large pieces of food to keep the passage open, also thought this imaginary constriction interfered with her breathing. This feeling of narrowing of the throat was always present, and not coming on from time to time. Tongue clean and steady, appetite good, bowels regular, temperature normal, common sensibility normal. Thought that the bones about her wrist were soft and had a great tendency to break. No defect of sight or hearing. Memory for both recent and remote events weak. Heart and lungs normal.

The following are some of the notes from the case book:—

May 27.—Has spoken very little since last note.

June 4.—Is in a condition almost of stupor; will not speak, and is more or less cataleptic. She does walk a little of her own accord, but like one feeling her way in the dark, and walks on her toes,

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the heels being quite raised from the ground, and the hands being held up.

June 30.—Does not yet show any improvement beyond having gained flesh, and is fresher in appearance than on admission. Still walks about in the same shuffling manner, saying over and over again, "I must be natural," in a rather monotonous voice, and says she will fall if she doesn't keep moving. She often stops in the middle of a word or sentence. Still in a semi-cataleptic state, holding her arms up in one position. She however manages to feed herself, but often eats standing or moves about while doing so.

July 29.—Takes no notice of anything, and constantly keeps her face covered with her dress or hands, as if she had some delusion respecting herself.

August 29.—Of late there has been an improvement in appearance, and she now answers fairly well when spoken to, and when told firmly not to stammer in her speech she does not do so, or at least to nearly the same extent as formerly, and she appears to take in more than one gives her credit for.

September 29.—Has of late become excited and emotional, with outbursts of causeless hilarious laughter, and very dirty in habits. She had for this reason to be moved to another ward.

October 19.—No improvement; speech and manner the same. Has to be washed and dressed; at times allows the saliva to trickle down her clothes.

October 31.—No change whatever.

November 27.—No change.

1890, January 15.—Speaks more than formerly. Appeals to an attendant whom she calls "Sabina" before every action, and requires her sanction before she says or does anything.

March 10.—Of late laughs at very little provocation; sings and dances at the command of "Sabina," who has power to prohibit all her actions.

April 13.—No improvement.

May 13.—Removed to a quieter ward again. Repeats all day the same sentence, "I must mind Letitia," in a monotonous voice and as if scanning. Takes no notice of anyone.

On July 29 I made the following note:—Patient is now fat and in good condition. Her expression varies, sometimes she laughs, and at other times looks annoyed, but her face as a rule is devoid of any marked expression, and she appears occupied with her own thoughts. She generally adopts rigid positions of the hands, the fingers being extended and approximated. There is a slight cataleptic tendency, but she does not long retain the position in which her hands or arms are placed. She generally stands with one foot in front of the other, balancing herself from one to the other incessantly. Knee jerks exaggerated; frequently before beginning to speak a sudden fibrillar twitching

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affects the lip muscles. She will not protrude her tongue when told. If a hand be laid on her shoulder or an attempt made to open her mouth she will say something to the following effect: "Doc—Doc—Doct—Doct—Doctor Smith ta—ta—ta—take your hand away." This repetition of the initial syllable is very constant. At other times she seems to drop terminals, *e.g.*, "Doc—Smi—ta—your han—aw—." She often repeats the same sentence over and over again to herself; recently it has been "I was brought up as a lady." She certainly does not appreciate her surroundings, and does not occupy herself. She takes food well. Is unclean in habits. She mistakes the identities of the people around her, and has addressed the medical officers by titled names. She seems to be passing into dementia.

September 26.—For some days has been very noisy; laughs at anything and everything, shouts out absurd remarks, apparently without much meaning. Hesitation in speech not so marked.

November 19.—Discharged uncured; transferred to Camberwell House.

By the kind permission of Dr. Schofield I was able to see her on April 29, 1892, at Camberwell House, and I found the following condition:—Still has the same tendency to "verbigeration." Her facial aspect is rather expressionless, with a deficiency of the usual folds at the corners of the mouth, but occasionally while talking to her she bursts into laughter, and it is then evident that there is no real loss of power in the muscles, and there is now no marked tremor of lips before beginning to speak. There is some tremor of the tongue. The grasp of the hands is equal, but they are still held somewhat stiffly with the fingers approximated. When asked to walk she took very large steps as if she were trying to step over something, and she is said not to walk on the tips of her toes as formerly. She is liable to occasional lapses into the stupor she formerly had. She is still somewhat cataleptic, her arm remaining in the position in which I placed it while talking to her. The pupils are equal and act to light. The knee jerks are exaggerated. There have been no fits of any kind. There is some analgesia, but no anæsthesia. Although she was tidily dressed when I saw her, the nurse told me that she is often destructive to clothing, and is dirty in habits. She recognized me, but her memory appeared to be weak for past events. She remembered "Sabina," but could only tell me the real name of one of the nurses at Bethlem. She remarked to me, "Sometimes I fight, and *he* fights me," and she talked incoherently of "Albert." She is said to mistake one of the nurses for a man, and names her Albert. She also has a new name for each of the nurses. She takes food well and is in good general health. She told me that her bones were now all right, but said her two brains had been pounded. She told me she was a physician. I could not find any evidence of hallucinations.

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This case seems to agree with the description of katatonia, and had in the most marked degree the symptom which is said to be absolutely special to it, namely, verbigeration; in fact, if cases with this symptom so prominently present were found to be of very common occurrence and always in association with fixed attitudes or spasmodic movements and stupor, one would feel inclined to allow the necessity, or at least the advisability, of adding another term to the already chaotic list of mental diseases. In the seven years I have been in residence in Bethlem Hospital, however, I do not remember to have seen an exactly similar case among over 2,000 admissions, though of course one is perfectly familiar with cases of stupor associated with catalepsy, or with fixed and rigid attitudes, and with liability to impulsive outbursts. With regard to the special symptom of verbigeration, I have at present under care a patient suffering from acute melancholia, with refusal of food and general resistance to all interference, and of a perfectly well recognized type, who repeats the same sentence over and over again, generally "I never said anything of the sort," or "I didn't say so at all," and who, therefore, must be said to have verbigeration, but to say that he is suffering from "katatonia" in consequence of this would seem to me absurd.

Dr. Goodall, in the last number of the Journal, refers to the fact that the term katatonia was not used in Bethlem Hospital in his experience, and although the patient whose case I have described (and who was admitted just after he had left us) was spoken of while she was here as one agreeing with the description of katatonia, yet I hesitated to definitely apply to her case a term which seemed so unsatisfactory. With regard to the attempt of Séglas and Chaslin to classify the motor symptoms of this condition under the head of hysteria, I cannot see that this brings us any nearer to their real nature, as I am not aware that anyone has yet thrown light on the true pathology of hysterical paralysis or spasms. One may, however, point to the fact that my patient had a feeling of narrowing of the throat and of difficulty in breathing, which is no doubt allied to the *globus hystericus*. The fact that the advocates of katatonia as a special form of mental disease do not hesitate to speak of katatonic symptoms in other varieties of insanity—for example, in general paralysis—seems to me to be an additional reason against the use of the dubious term introduced by Kahlbaum.

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Case of Cocainism. By R. Percy Smith, M.D., F.R.C.P., Bethlem Hospital.

M. D., æt. 39, a trained nurse, was admitted to Bethlem Hospital May 29th, 1889, as a voluntary boarder on account of cocain habit, of which she was anxious to be cured. The history she gave was as follows:—She was a German by birth, and when at home in Germany she worked hard as a teacher, her father being a schoolmaster. At the age of 10 years she began taking morphia injections for neuralgia, and went on doing so for 10 years, when she stopped it till four years before admission. A chemist then gave her some paregoric for intercostal neuralgia, after which she began to take laudanum, and continued it for five or six weeks. A year later she had hæmatemesis, which was thought to be due to gastric ulcer, and she again took laudanum to relieve the pain. This continued for about 10 weeks, when she got well and ceased taking the drug. In the October before admission she had two attacks of hæmatemesis, when a doctor prescribed cocain. This gave her great relief, and she went on taking it; she began with three-quarters of a grain and gradually increased it up to eight or ten grains as a usual dose, sometimes taking 24 grains and occasionally up to 36 grains at a single dose. She recognized that it was a bad thing to go on taking it, but she felt so utterly miserable when she tried to do without it that she always sooner or later broke her resolve not to take any more. For the first six hours after a dose of 10 grains she felt more able for and inclined to work—that is while sitting, *e.g.*, at writing or needlework—but at such times she could not go about, as the drug produced a feeling of weakness, and probably from her description it was a condition of inco-ordination in attempting to walk. At about the end of five or six hours she felt loss of inclination for work and could not apply her mind to anything, and so lay down to rest, feeling tired and exhausted, but was quite unable to sleep, and simply tossed about in a restless condition. About a quarter-of-an-hour after a dose, she usually suffered from vertigo for about an hour and from severe palpitation for some hours. She also had great dryness of mouth and thirst. Anorexia was also produced, so that she took nothing but milk and water. After a large dose there was difficulty in swallowing.

Mental Symptoms.—According to her account she had hallucinations of sight and hearing, so that she imagined she saw people walking about her room, principally those whom she knew, and also heard the voices of friends and others talking to her. She carried on conversations with these imaginary visitors and used to laugh at their jokes, the act of laughing arousing her from a sort of waking dream, so that she came to herself again. On one occasion she thought she saw two policemen at the door of her room, and

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thought (before admission) they had come to take her to an asylum. She recognized that all these things were hallucinations. Her reasoning power did not seem to be affected, for, when asked how she knew that these were hallucinations, she said that her landlady often came and talked to her in French or German, although she did not really know these languages; therefore, she inferred the whole thing must be imaginary. She, from this, inferred that other like impressions were also imaginary, but expressed considerable difficulty in making out what was real and what fancy. She complained of frontal headache. She told us that she had tried to break herself of the habit by replacing the cocaine by morphia, but that this was of no avail, as the morphia had ceased to have any effect.

In the family history there was no evidence of any insanity, but there was the important fact that her mother suffered from the morphia habit. In the previous history, as given to us by her friends, there was no account of any disease other than those given in the patient's own history of herself. She was said to have been a very cheerful and good nurse, and very patient. There appeared to have been some home anxiety, her father having married a second time, and, perhaps, having been rather unkind to her. The catamenia had been irregular. Before admission to Bethlem she had been to several general hospitals to try and get cured of her habit, and quite recently she had been in St. Thomas's, where she improved very much, but became discontented. There had been no tendency to suicide.

On admission she was somewhat anæmic, and appeared preoccupied, and suffered from the hallucinations described above. There were no hallucinations of taste, smell, or common sensation, and there were no delusions. She conversed quite intelligently. Her memory for recent events was slightly impaired for details, but the remote memory was quite good. There was no affection of gait, the grasp of the hands was equal and good, and the knee-jerks were equal and normal. Her appetite was good, there was never any dyspepsia or gastric trouble, the bowels were confined. She suffered a good deal from facial neuralgia, especially at night, and for this she had quinine and gelsemium, with local application of chloral hydrate, thymol, and camphor in equal parts, and under this she improved. She was somewhat fidgety, and was bad-tempered, indolent, and untidy, and never could be got to occupy herself in any way. She wanted to be allowed to smoke cigarettes, and used to ask for brandy at night. With complete cessation from the cocaine habit the hallucinations disappeared, and then she was anxious to leave the hospital. There was some difficulty in persuading her to remain voluntarily when the craving for the drug returned, but she was reasonable enough to see that it was almost her only chance of improvement. At the end of June, in order to render her voluntary restraint as little irksome as possible

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she was sent to our convalescent establishment, and there she made steady progress. She took for a time liq. arsenicalis, and then ferri et ammon citras, with benefit to her general health. The craving for cocaine seemed to leave her, and she was discharged from the hospital early in September. In the following December she wrote to me: "I found after I left the hospital that at different times, when I felt tired or in pain, the craving for opiates returned so strongly that I have given up all idea of working as a private nurse in some institution, but am going where the temptation, if it comes, cannot be gratified. Thank you most sincerely for having at the most critical time helped me to overcome a weakness that was fast ruining me."

I have not since heard of her and, therefore, should like to infer that she has kept well. One is, perhaps, not justified in assuming that with any certainty, but it is at least highly probable that if she had had a return of the malady she would have again sought the help of the hospital.

Remarks.—This case differs from the history usually given in cases of cocainism in that the habit was not acquired as the result of an attempt to cure the morphia habit, but resulted from the drug being in the first instance given medicinally; the remedy, however, became worse than the disease. Fortunately the habit did not become sufficiently firmly established to lead to permanent mental disease, though the patient had come perilously near to certifiable insanity. The fact that she had previously been able to overcome the morphia habit was probably a strong fact in favour of her being able to resist cocain, though the latter drug seemed to exercise a greater fascination over her. There was no evidence of abnormal sexual excitement or of sexual hallucinations as in the cases described by Dr. Conolly Norman in the last number of the Journal. Hallucinations resulting from the use of cocain are said to be often of a terrifying nature, but were not so in this case. The very large doses occasionally taken by her are worthy of note, though 20 grains are said to have been taken with suicidal intent without fatal effect. The case is important as illustrating the value of the privilege of patients being able to enter institutions for mental disease voluntarily. No medical man probably would have ventured to certify her, and without some control other than her own will she would most likely have drifted from bad to worse.

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