who had been accustomed to it, if it promoted digestion and assimilation, was a good thing. He was not prepared to discuss, on the present occasion, the arguments of Archdall Reid, though there was much to be said in favour of those arguments.

Amentia and Dementia: a Clinico-Pathological Study.

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PART III.—DEMENTIA (*continued*).

PAGE

[*Introduction* . . . . . 221]

[*The general pathology of mental disease and the functional regions of the cerebrum* . . . . . 224]

[*Mental confusion and dementia* . . . . . 428]

Varieties of dementia 711

Group I—Primarily neuronic dementia 716

(a) *Senile or "worn-out" dementia* 717

Higher grade amentia.

(1) Recurrent insanity with senile dementia . . . 719

(2) Chronic insanity with senile dementia 724

(3) Melancholia with senile dementia 727

(4) Mania with senile dementia 730

High grade amentia.

(5) Recurrent insanity with senile dementia . . . 734

(6) Chronic insanity with senile dementia 738

[(b) *Presenile or "climacteric" dementia* . . . . .]

[(c) *Mature or "adult" dementia* . . . . .]

[(d) *Premature dementia* (*dementia præcox*) . . . . .]

[*Group II—Progressive and secondary dementia* . . . . .]

[*Group III—Special varieties of dementia* . . . . .]

VARIETIES OF DEMENTIA.

THE description of the varieties of dementia which is contained in the present section is based on the clinical classification of 728 cases of mental disease referred to in

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Part I of the present paper (*Journal of Mental Science*, April, 1905).

As has already been stated (*Ibid.*, April, 1906), under the term "dementia" are included all cases which agree, from the psychic aspect, in the possession of a decreased or decreasing mental capacity, and, from the physical, in the existence of a distinct and permanent loss of cortical substance in those regions of the cerebrum which especially serve as a physical basis for the performance of (voluntary) psychic processes. The term *dementia* is thus employed to connote in the widest sense *the mental condition of patients who suffer from a permanent psychic disability due to neuronic degeneration following insufficient durability.*

In the last section of this paper (*ibid.*, July, 1906) the writer dealt at length with the symptomatology which is the psychic equivalent of those physical states of the cerebrum which are the necessary precursors of dissolution of the cerebral neurones. To describe this symptomatology he employed the term *mental confusion*, which, thus used, connotes in the broadest sense *the mental symptoms which occur in association with certain pathological states of the cortical neurones which may be followed by the recovery or by a more or less extensive dissolution of these elements.*

Of the three necessary sequelæ of mental confusion, namely recovery, stationary dementia, and progressive dementia, the latter two will now receive consideration; and the description of the varieties of dementia which follows will be illustrated by examples derived from the 445 cases of mental disease which have been classed under the heading of "dementia" as above defined.

For reasons which will appear during the description which follows it has been considered undesirable to classify the cases into groups of stationary and progressive dementias, and the writer has therefore based the classification on certain broad lines suggested by the general causes of mental confusion which have already been cited and discussed (*ibid.*, July, 1906).

Three groups of dementias, namely "primarily neuronic," "progressive and secondary," and "special," have in consequence been employed as a basis for the classification under which these types of case will be considered.

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Under the first group are included all cases in which a more or less extensive dissolution of higher cortical neurones of deficient durability has occurred, either as the result of actual *wearing out* of these structures or in consequence of *the application of one or more of the various forms of physical and mental "stress"* or of *the direct action of toxines.* In the former case the process of neuronic dissolution is more or less slowly progressive and the degree of dementia gradually increases, whereas in the latter, after the acute pathological changes in the higher cortical neurones have subsided, the resulting dementia may be relatively or entirely stationary in degree until senile or pre-senile "wearing out" of these structures ensues. It may be added that in cases which have arrived at the individually necessary age both factors may take part in the precipitation of involution of the higher neurones of the cortex.

The second group contains the cases which, owing to the co-existence of definite and irremovable extra-neuronic morbid states of the encephalon, necessarily progress more or less rapidly towards complete dissolution of the higher cortical neurones and gross dementia. In all these cases deficient nutrition of the cortical neurones, with consequent interference with their vitality and functional activity, results from *the indirect action of toxines*; and this, reacting on neurones of deficient durability—and especially when acute pathological changes have been precipitated in these by physical or mental "stress," alcoholic excess, and the like—results not infrequently in the development of the most fulminating forms of cerebral dissolution.

It is convenient for practical purposes and owing to differences in etiology to divide such cases into two classes.

In the one, the result is achieved by vascular and neuroglial (and chiefly secondary neuronic) changes, which follow prolonged action of the toxine, and which are probably largely of the nature of secondary proliferation after, or of reaction to, the injury produced by the toxine, or by adverse influences occurring at any subsequent period of life. In such cases the greater the capacity of the non-neuronic elements of the encephalon for reparative reaction, the more fulminating and extensive is the process of neuronic dissolution. The chief variety under this heading is the dementia paralytica (general

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paralysis) which is a frequent sequela of systemic syphilis in degenerates, and which rapidly or slowly passes on to a fatal issue.

In the other, gross dementia more or less rapidly develops in consequence of the onset of degeneration of the cerebral arteries, at the senile or presenile period of life, which similarly results in secondary toxic and nutritional affection of the cortical neurones. This morbid condition, when occurring in cerebra in which some degree of neuronic dissolution has already occurred at some former period of life, or in which deficient durability of the higher cortical neurones exists, causes the supervention of a more or less rapidly progressive dementia which only differs from dementia paralytica in the relative absence of active reparative reaction in the non-neuronic elements of the encephalon.

Finally, in the third group of cases are classed certain special varieties of dementia which, in cerebra possessing higher neurones of deficient durability, are precipitated or directly produced by sense-deprivation, epilepsy, or cerebral lesions. This group is necessarily temporary, provisional, and residual, and its subdivisions will be considered later under the appropriate headings.

Of the 728 chronic and recurrent cases of mental disease under consideration, 283 have already been referred to under "Amentia" in Part II of this paper. The remaining 445 cases are now classified as follows:

DEMENTIA.

	M.	F.	Total.
I. PRIMARILY NEURONIC (age, stress, or both).			
(a) *Senile or "worn-out" dementia.*			
Higher grade amentia (without marked stigmata of degeneracy, and with original intelligence of average grade):			
(1) Cases with previous attacks and now chronic dements	9	23	32
(2) Chronic insanity with dementia.	6	7	13
(3) Melancholia with dementia	12	8	20
(4) Mania with dementia	6	8	14
Carried forward . . .	33	46	79

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DEMENTIA (*continued*).

	M.	F.	Total.
I. PRIMARILY NEURONIC (age, stress or both)—*continued.*			
(a) *Senile or "worn-out" dementia*—continued.			
Brought forward	33	46	79
High-grade amentia (with marked stigmata of degeneracy, and with original intelligence of below the average grade but greater than in imbecility):			
(5) Recurrent insanity with dementia	4	12	16
(6) Chronic insanity with dementia	16	12	28
(b) *Presenile or "climacteric" dementia.*			
(1) Mania with dementia	7	12	19
(2) Melancholia with dementia	6	20	26
(3) Chronic insanity with dementia	1	11	12
(4) Simple dementia	4	4	8
(c) *Dementia of maturity* (chiefly from intemperance, syphilis, and childbirth, etc.)	26	34	60
(d) *Premature dementia* (dementia præcox).			
(1) Approximately "hebephrenic"	32	32	64
(2) Approximately "katatonic"	23	18	41
(3) Approximately "paranoid"	2	5	7
II. PROGRESSIVE AND SECONDARY.			
[1] (a) *Dementia senilis.*			
(1) Melancholia with dementia	3	2	5
(2) Mania with dementia	—	5	5
(3) Simple dementia	6	8	14
(b) *Dementia paralytica.*			
(1) Juvenile	1	—	1
(2) Ordinary	11	9	20
(3) Senile	2	—	2
III. SPECIAL VARIETIES OF DEMENTIA.			
[2] (a) *Dementia following sense deprivation.*	6	4	10
(b) *Dementia following epilepsy*	12	8	20
(c) *Dementia following cerebral lesions*:			
(1) Cerebral syphilis	2	—	2
(2) Other lesions (gross)—			
(A) Old standing (embolism, etc.)	1	2	3
(B) From vascular degeneration	—	3	3
Total	198	247	445

[1] The systematised or semi-systematised delusional types of senile dementia come under subdivision I (a).

[2] A distinct class from amentia of deprivation.

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Group I.

PRIMARILY NEURONIC DEMENTIA.

This group contains 360 cases in which an attack of mental disease, precipitated by one or more of the general causes above referred to, has resulted in a greater or lesser degree of cerebral dissolution and dementia.

The group of cases has been subdivided as follows:

	M.	F.	Total.
(a) *Senile* or "worn-out" *dementia*	53	70	123
(b) *Presenile* or "climacteric" *dementia*	18	47	65
(c) *Mature* or "adult" *dementia* (dementia of maturity)	26	34	60
(d) *Premature dementia* (dementia precox)	57	55	112
Total	154	206	360

In these classes the degree of mental enfeeblement in average cases is usually more marked in "premature" than in "mature," and in "mature" than in "presenile" dementia. Further, as a rule in premature and in mature dementia, and often for years in presenile dementia, the cases remain in a stationary condition of mental enfeeblement until senility ensues. Lastly, in cases of "senile" or "worn out" dementia, the mental enfeeblement gradually becomes more and more marked, though in cases of the class under consideration it is not as a rule at the time of death more than mild or, at the most, moderate in degree.

In this respect both the stationary and the progressive cases in this group differ markedly from the cases to be later described under the heading of "progressive and secondary dementia," in which extensive cerebral dissolution and dementia ensue.

It is unnecessary to refer here to the cardinal symptoms of dementia, as these are well known and have already been briefly summarised.

It is, however, desirable to again remark on the difference which is often noticeable between the mental condition of the patients who have developed dementia as the result of the direct action of toxines (including those of certain specific diseases) and that of the other cases included in the present group. It is commonly observable that the former cases exhibit a greater degree of dulness, apathy, and lack of initiative than the latter, though they may be useful workers of a mechanical type. It is

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probable that in such primarily toxic cases there is a more general involvement of the neurones of the cortex, and a resulting greater dissemination of the neuronic destruction, than occurs in cases in which the process of dissolution has been precipitated in deficiently durable higher neurones under the influence of "stress."

It may further be noted, as a supplement to the above observation, that of all the types of "primarily neuronic" dementia, the presenile and senile forms, when due to natural involution of the cortical neurones, are undoubtedly the mildest in spite of their inevitable progression in grade.

Group I, Class (A).

Senile or "Worn Out" Dementia.

	M.	F.	Total
Higher grade amentia (without marked stigmata of degeneracy, and with original intelligence of average grade):			
(1) Cases with previous attacks and now chronic dements	9	23	32
(2) Chronic insanity with dementia	6	7	13
(3) Melancholia with dementia	12	8	20
(4) Mania with dementia	6	8	14
High-grade amentia (with marked stigmata of degeneracy, and with original intelligence of below the average grade but greater than in imbecility):			
(5) Recurrent insanity with dementia	4	12	16
(6) Chronic insanity with dementia	16	12	28
	53	70	123

This class includes 123 cases of various types and, as a practical working basis, the above six subclasses have been found more convenient than subdivisions based on purely symptomatological distinctions.

A large proportion of the included cases are old asylum inhabitants who have survived under asylum *régime* until, with the onset of senility, the cortical neurones have begun to undergo the normal process of involution. This has resulted in the development of dementia or in an addition to a long-standing grade of stationary feeble-mindedness.

In the remaining cases, many of whom had earlier in life suffered and recovered from one or more attacks of insanity, the onset of senile involution of the cortical neurones resulted in their admission to and permanent residence in an asylum.

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A comparison of the average age of the patients in these sub-classes, and of the average duration of their insanity, reveals certain interesting details.

Sub-class (3), "melancholia with dementia," occupies the most favourable position in the series, with an average present age of seventy years and an average period of residence of six years.

Sub-classes (2) and (4), "chronic insanity with dementia" and "mania with dementia," come the next in order with, curiously enough, a common average present age of sixty-six years, and an average period of residence of fourteen and sixteen years respectively.

Sub-class (1), "higher grade amentia with previous attacks and dementia," has an average present age of sixty-five years, an average present residence of seven years, and an average period, between the first onset of insanity and the present age, of twenty-three years.

Sub-class (5), "high-grade amentia with previous attacks and dementia," has also an average present age of sixty-five years, an average present residence of twenty-nine years, and an average period, between the first onset of insanity and the present age, of thirty-six years.

Finally, sub-class (6), "high-grade amentia with dementia," has an average present age of sixty-one years, which is lower than in any of the other sub-classes—probably in consequence of an earlier onset of senile involution of the cortical neurones in association with the greater degree of degeneracy—and an average period of residence of twenty-six years.

Whilst such necessarily rough data do not justify definite deductions, they are sufficiently suggestive to merit attention. A detail which is especially worthy of note is the increasing grade of degeneracy which occurs in the several sub-classes when they are placed in the above order.

In nearly all the cases the grade of dementia is mild or moderate only, and the progress of the neuronic involution is slow and in many instances imperceptible. There is, therefore, as would be expected from a consideration of the section on "mental confusion" (*Journal of Mental Science*, July, 1906), a relative absence of this symptom-complex and a prominence of the cardinal symptoms of dementia.

Such cases, in fact, find their sane homologues in ordinary

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examples of normal healthy senility, and bear to the latter the same relationship as that which has already been shown to exist between the several varieties of high-grade amentia and their sane prototypes in the outside world. (*Journal of Mental Science*, July and October, 1905, and January, 1906.)

This group of cases therefore merits and will be found to receive more lengthy consideration and illustration than that accorded to the remaining varieties of primarily neuronic dementia.

Sub-class (1). *Higher Grade Amentia.*

Cases with Previous Attacks and now Chronic Senile Dements.

This sub-class contains thirty-two cases, of whom nine are males and twenty-three are females. Each case has been considered individually and inserted on its merits as an example of senile involution of the cortical neurones in a patient of intelligence which was originally of average degree.

The average present age of the cases is 65 years, and the list includes four cases of premature senility (1) in which the first attack of insanity occurred at the respective ages of 16, 21, 24, and 32, and the present ages are 50, 51, 48, and 51 years respectively. The oldest patient is 84 years of age, and in her present attack has been certified twenty-eight years.

The duration of the present and final attack of mental disease varies from 1 to 38 years (average 7 years). The age of onset of the first attack of certified insanity varies from 16 to 59 years. In cases with two attacks only, the longest interval between these is 35 years, and the shortest is 1 year. The longest interval of time between the date of the first certification and the present age is 56 years, and the shortest is 3 years (average 23 years). A number of the patients suffered from several attacks of insanity, and these cases as a whole were permanently detained at an earlier age than were the remainder.

The above figures, though valueless for statistical purposes, demonstrate that the present sub-class contains all types of relapsing case (*c.f. Journal of Mental Science*, October, 1905).

The clinical features thus necessarily vary considerably in the different cases, but the one common characteristic of the

(1) *I.e.*, senility occurring earlier in life than usual; a different condition from "presenility," which is a normal state in all individuals.

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sub-class is the incidence of senile involution of the cortical neurones, with resulting dementia, in cases of relapsing insanity.

Of the thirty-two cases fifteen were workers (six good, six ordinary, and three poor); three refused to work; and fourteen were unable to work, owing in the majority of instances to advanced age and feebleness.

The present sub-class therefore, for the age of the patients, contains a high proportion of workers.

The following cases are inserted as illustrative examples:

Mild Senile Dementia; æt 65*; certified one year; first insane thirty-six years ago.*

No. 285.—G. P—, male, widower, gardener, æt 65. Certified one year on admission and previously insane at the age of 29.

A rather depressed-looking old man with a constant frown. Eyes close together, face long, forehead low. He gives his name, and, to a question concerning his age, replies, "I couldn't tell you, to be sure, sir. It's between 60 and 70." Asked where he is, he replies, "I don't know where I are sometimes. I can't make out what they want to bring me here to a place like this, I don't want to hurt anybody." He knows where he has come from, but, on being asked when he came, replies, "It doesn't seem long I've been here. Oh, Saturday it was. Saturday." (Correct.) Day to-day? "Wednesday." (Correct.) Date? "8th or 9th of September, *9th* I heard somebody say." Year? "100—no, surely, 1,000—1902 or —3—3, surely, —3. It must be —3, sure." (Correct.) Was at the previous asylum "not more than 12 months, less, I think. I seem to forget the time, you know, sir." He used to "hear things and see things and think about things at night," but does not see why he should have been taken away, as he never harmed anybody. He feels rather miserable, and at times for some days as if he could *not* work. "I sinned so that I felt I must give up. I seemed overburdened on my mind." Why? "Well, I couldn't tell you," and sighs deeply adding, "This is a funny world to live in and no mistake."

Patient for some time after his admission was unemployed, but later on he at times did a little useful ward work.

Mild Senile Dementia; æt 73*; certified three years; first insane twenty-five years ago.*

No. 286.—T. M—, male, married, painter, æt 73. Certified three years on admission and previously insane at the age of 48–49.

A dull, apathetic, heavy-looking man. Base of skull broad and forehead low. He gives his name and age, and also the day and date in full, where he is, when he came, and where he came from. He would have been in the previous asylum three years on November 27th next. He did no work there. He thinks he is too old, and they gave him no tobacco. He denies hallucinations. He states that he was

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depressed when he was sent to the asylum, and that it was due to the fact that his wife and he could not agree. Since he was certified he has not had a single letter from his wife. He thinks that he could work at his trade outside, but considers that he has "no business to work inside." He says that he came here for a rest, and does not see any reason, as the ratepayers pay for him, why he should work. Then, as an after-thought, he adds that if he were outside, his friends would keep him, and he would, therefore, not be required to work.

This patient settled down comfortably, and under judicious treatment, and in spite of his advanced age, he became a good and useful worker.

Mild Senile Dementia, with Recurrent Attacks of Mania; æt. 70; certified fourteen years; first insane nineteen years ago.

No. 294.—S. D—, female, widow, dressmaker, æt 70. Certified since the age of 56. Previously insane at the age of 51.

A pleasant-looking, wrinkled old woman. She is somewhat deaf, especially on the right side, but is intelligent, and replies readily to questions. She knows the day, where she is, where she has come from, etc. She easily reasons out the date, as she had to come to this asylum on the 20th of July, and, therefore, it is the 22nd to-day. She notices that I am making notes. She tells me that her memory fails for events of the past few months, but that she remembers what occurred long ago much more readily. She gives instances readily and voluntarily. At the previous asylum she did a good deal of dressmaking. She states that she occasionally relapses. "I get off at times when I am run down, and remember nothing of it, but cannot sleep." . . . "The bottom of it all is, being too sensitive, anxious-minded, or something."

Patient, whilst under observation, continued quiet and well-behaved. She read a good deal and did a certain amount of needlework.

Well-marked Senile Dementia; æt. 76; certified seven years; first insane thirty-one years ago.

CASE 302.—C. P.—, female, widow, no occupation, æt. 76. Certified since the age of 69. First insane at the age of 45.

A deformed, apathetic, and feeble old woman. Ears enormous. Temporal ridges extremely marked.

She gives her name correctly. Her age is "more than forty." She knows what asylum she has come from and says she was there "forty years." She denies having been there all her life (in reply to a question) but repeats both replies again. She says she came here on a Sunday (Thursday—to-day is Sunday) and is not sure of the day to-day. "I'm a little forgetful lately; Friday I think it is." She states that at her previous asylum she was always at work mending shirts and socks, and can do any sort of plain needlework.

The following is her condition after four months' residence: she does not know the day; she thinks it is morning and that she has not had her dinner (it is 11.15 a.m. by the clock, but she does not notice

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it); she cannot state the dinner-hour; she is very dull and lethargic, and stands looking blankly forwards with her cold and blue hands clasped in front of her waist.

She cannot find her way about the ward, and can neither find her own bed nor make it. She is clean and can wash herself, but cannot properly dress or undress herself. She talks to herself a little and at times cries. She only speaks in reply to questions. She knows that she is forgetful. She tries to sew but is unable to work usefully.

It may be noted that, whilst in this case dementia is well developed, there is no evidence of mental confusion.

Moderate Senile Dementia; æt 60*; certified three years; first insane nineteen years ago.*

CASE 304.—J. C.—, female, married, no occupation, æt. 60. Certified since the age of 57. First insane at the age of 41.

A pleasant-looking old woman. She at once asks not to be sent away to-night. She frequently makes curious cooning noises. Her age is "turned fifty." She was at her previous asylum two to three years. She doesn't know the name of this place but "it is more like a prison than anything else, an asylum of some kind." She knows the day and when she came and also the month, but not the date. The year is "93—1993" (1903). She then volunteers that her youngest son is nine, and she doesn't want to part with him. She tells me that she has been accustomed to work in the wards, and that years ago she did folding in the laundry.

When asked about her illness she gives an account which probably refers to the time when she first went insane. She was depressed when she went to the asylum with not getting her lunch and stout. She does not know why they took her there. Some time before her removal a trap was put down with some bread in it for a mouse and was forgotten. The bread had poison on it, and her child nearly ate it and had many complaints which were probably due to it though she caught it away before he ate it. He died some months afterwards. He never walked alone and was two and a half years old when he died. "He hadn't time to eat it and could just have touched his face with it." This incident is well remembered and still seems to her the cause of her illness.

She is very nervous and apprehensive and strongly resists physical examination, being apparently afraid of being indecently assaulted.

Whilst under observation she was well behaved and a good and useful worker.

Well-marked Senile Dementia ("Second Childhood"); æt. 66*; certified one year; almost continuously insane for forty-one years.*

CASE 308.—E. M—, female, widow, no occupation, æt. 66; certified since the age of 65. First insane at the age of 25, and "off and on" ever since.

A dull-looking old woman, with many fine, horizontal wrinkles on her forehead. Right pupil 2 + mm., left pupil 3 + mm. React

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somewhat to both light and accommodation. Ears enormous. Palate flat, and possesses a deep chink along the medium raphé. Right knee-jerk +, left knee-jerk dull. Heart dilated and somewhat hypertrophied. No skin-cracks on abdomen. Vessels extremely calcareous and tortuous.

Patient at once remarks, "I want taking home and putting in a box like I came here in, a letter-box with the lid pushed down. I think I broke my nose with trying to push the lid." She then sobs and says, "A baby in a cradle and I couldn't rock him any more." She gradually becomes excitable and her eyes suffuse. "The one that locked me in a box is not the first mother I did see." When asked where she is, she looks up at me and says, "Dada, you knows where I am." She gives her name as N. O—, and later as P. M—, neither of these in any way resembling her present name. Married? "Don't know whether I am or not; to my doll I think I am." She replies that she is 100 years old. Asked whether she knows anyone here, she says, "A milkman when he comes with the milk. He puts a little in the bottom of a can and I drink it, and my throat feels *so* nice. But they won't have me anywhere. I can't sit on my bottom, it burns and is so sore, and I can't sit anyway else." "I wish I was at my own home with my father and mother and baby in a cradle." "They tried to get my head into fader's Wellington boot one night. It *did* hurt." During physical examination she remarks, "I don't shave myself down there" (pubes) "like fader does his face."

During the time the patient was under observation she continued unchanged; she could do very little for herself, and she was unable to do work of any kind.

This case is an almost unique example of "second childhood." The patient had obviously possessed considerable intelligence, as she is a widow. She is now mentally a child, and the process of involution must have been very slow and complicated in order to result in such an exact reproduction of a long anterior state.

Chronic Mania, with Moderate Senile Dementia; æt. 62; certified four years; first insane seventeen years ago.

CASE 311.—E. A. S—, female, married, housewife, æt. 62; certified since the age of 58. First insane at the age of 45, and several times since.

A wrinkled old woman, who gives her name but says she doesn't know her age. She tells me that she came here on Monday (Thursday), and that she has been here a week to-morrow (three days). Married? "I suppose I have had a good many children, and killed a good many by everybody's talk in the place." She states that I am Mr. A—; and on my denying this, she persists that, if I am not, I have changed my name. She accuses me of talking to her. She hears everyone talking "at the bottom part of the place where you've got your rings to listen like telephones."

Whilst under observation the patient was often excited and usually restless. She did a moderate amount of ward work.

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Chronic Insanity, Deafness, Mild Senile Dementia; æt. 79; certified thirty-eight years; first insane fifty-six years ago.

CASE 314.—E. M—, female, single, needlewoman, æt. 79. Certified since the age of 41. First insane at the age of 23.

Patient is a very wrinkled, restless old woman, with a high-pitched and cracked voice. She is almost totally deaf. She tells me that her age is 78 on November 25th, and mentions the name of the asylum from which she has come. She also states that she can do needlework. When I touch her wedding-ring finger she tells me that she is single.

She is very garrulous and restless. She talks away to herself in a whisper. She is able to dress and look after herself in spite of being so feeble and shaky. She suffers from bronchitis and emphysema and from cardio-vascular degeneration.

Sub-class (2). *Higher Grade Amentia.*

Chronic Insanity with Senile Dementia.

This sub-class contains thirteen cases, of whom six are males and seven are females.

The cases are examples of senile involution of the cortical neurones in patients who were originally possessed of average intelligence. The clinical symptom-complex exhibited is mild or moderate dementia, with or without delusions, which when present are only semi-systematised. It is therefore evident that in such latter cases the regions concerned with lower association are involved in the process of involution. In some cases this has occurred *pari passu* with the incidence of senile dementia, and in others these regions of the cortex cerebri may have been subjected to pathological changes earlier in the course of the attack of insanity.

The average age of the cases is sixty-six years, and the duration of asylum treatment varies from three to thirty-nine years (average fourteen years).

Of the thirteen cases five were workers (one good, two ordinary, and two poor), four refused to work, and four were unable to work. The proportion of potential workers is, therefore, very high.

The following cases are inserted for the purposes of illustration:

Very Mild Senile Dementia; æt 79; certified four years.

CASE 317.—A. B—, male, widower, æt. 79. Certified four years, and symptoms for a year previously. Brother's daughter insane.

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An intelligent-looking old man. The right eye being rather smaller than the left gives him a quaint and shrewd appearance. He gives his name and age, and also states where he is, where he has come from, when he came, and the day and date in full. He adds that to-day is bank-holiday and notices that I am writing down what he tells me. He was at the previous asylum five years and five months, and went about the year 1899. At that time he "was troubled in my head, had queer feelings, didn't know nothing of what I was about, and the club doctor thought I had better have a change of air." He heard voices talking to him at night. He could not hear what they said, as the voices sounded like "running noises in my ears." He didn't sleep well at that time. He has not heard so much of this during the past two years. It has "gone off me now and I have done a good deal of work," such as "dusting tables, bringing food, etc." He was very comfortable in the last asylum and always "had my bit of bacca," and is also comfortable here. All his family are off his hands and grown up and so he has nothing to worry him. He is a decent and tidy old chap, but rather simple-minded and childish. He says he is very comfortable and that he is as well off here as he would be elsewhere. He does not like to trouble anyone to write a few lines about him to his daughter, but would be very pleased to see her.

He makes himself useful in the wards, carries the food, sets the tables, helps to feed the boys, etc., and is very willing and obliging although nearly eighty years of age.

Mild Senile Dementia; æt. 65; *certified twelve years.*

CASE 319.—R. M—, male, married, brewer's labourer, æt. 65. Certified since the age of 53. Sister and two maternal uncles insane.

An intelligent-looking and bright-eyed old man, with a long natural beard. He gives his name, but has no idea of his age. He, however, knows when he came, where he came from, and the day and date. He has been in two asylums for periods of five years during the past ten years. At the latter of these he did very little work, but "poured out the tea and coffee, and now and then made a few beds." He received no tobacco for his services, but he does not smoke. He was in these asylums because "they choose to keep me." He denies hallucinations, but states that "people said it was my fault there were such bad goings on at L—; so I said I would go to H— (the asylum) and get out of the way, and let them worry it out by themselves; and so I went and was no worse off than in the brew-house." He says that he "couldn't please the people at L— in any way," and also that "the superintendent of police at L— said I should have to take his place, but I said 'No,' as they would have to let out all the people from the gaols and start again." He adds that it has always been his custom to keep himself *to* himself, and that he was always called *Master* H—, and was always busy at work.

The patient was a quiet and well-behaved old man, but was very dull and of very little use as a worker.

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Senile Delusional Insanity, with Mild Dementia; æt. 71; certified six years.

CASE 323.—E. D—, female, married, housewife, æt. 71 years. Certified since the age of 65.

A pleasant-looking old woman, who smiles happily and tells me that her name is "E. D—, lady heiress." Her age is 50 years. She is "in premises of my own, and my son is superintendent of its being built." She gives the names of several large neighbouring towns in which she states that she possesses property. She informs me that her husband "is living with Mrs. S—, and ought to be with his lawful wife." She thinks that "Mr. P— has caused all this set out." She objects to any more questions, as "you are here with your lady wife to attend to the place. I have doctors and others in my hospital at H— also." In spite of this, however, she calls me "sir." She has only been in this place a few days (three days), as she hires people "to attend to these places." "I have had such a lot of worry through my husband's going on with Mrs. S—, and also P—. . . . I hear my sons calling out and crying how he ill-uses them and murders them, and I am very wild of how insulted I and all are by this man. He has done this for years. I blame my sons for putting up with it. He has been very rude to me in his low talk. Sometimes I have sent a word or two down to let him know I hear what he is saying." She thinks the sounds "come from below, but it depends on where they are, on roofs and all sorts of places. The nurses think they are mistresses here instead of me." She hears the voices night and day and all over *where she is*. She identifies the voices with me, and insists that I am a humbug when I cannot hear, or say that I cannot hear, them too. She refuses to reply to ordinary questions on the ground that, being her paid servant, I am taking a liberty in asking them.

Whilst under observation she continued mentally unchanged, and she persistently refused to do any work on the ground that she paid for it to be done for her.

Senile Delusional Insanity, with Mild Dementia; æt. 67; certified seven years.

CASE 325.—E. B—, female, widow, laundress, æt. 67; certified since the age of 60. Paternal cousin insane.

A pleasant-looking but dull old woman. Ears large. Somewhat deaf. She gives her maiden name, and says it was altered to B— when she was married. She was 67 last November, and was 60 when taken on August 22nd to her previous asylum. The present month is July (September). She thinks that she ought to have left after seven years; and when told that the month is September, she at once wonders why she is still here as August is over. She says that she ought not to have been kept at the asylum more than three hours, as she went on business but was detained. She was miserable all the time owing to being kept there "in such an undermined manner." They used her dreadfully, and took her little money from her house and would not let her have it for pocket-money. She hears people at night, especially a

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man, "talking from underneath." That is how she got to know about her business. "They terrify me. That old man that they 'numbed' here, S. C—, he has followed me here. Also a 'brazier' they 'numbed,' and that man what wants such a lot of meat costs 3*s.* 6*d.* a day."

Whilst under observation the patient was frequently excited and abusive owing to the hallucinations, and she persistently refused to work.

Sub-class (3). *Higher Grade Amentia.*

Melancholia with Senile Dementia.

This sub-class contains twenty cases, of whom twelve are males and eight are females.

All are cases which were originally possessed of average intelligence, and which at present are examples of senile melancholia with dementia, which latter is mild in degree in sixteen cases and moderate in four. In some cases the melancholia is simple, and in others it is associated with hypochondriasis.

The average age of the patients, seventy years, is higher than in any of the sub-classes of the present group of cases of primarily neuronic dementia.

With the exception of two cases, who respectively suffered from periodic melancholia from the age of twenty-eight for thirty-five years and from the age of thirty-two for twenty-six years, and then began to develop senile involution and dementia, this condition set in between the ages of fifty-six and eighty-one years, and at the time of observation had lasted from one to nineteen years (average six years).

Of the twenty cases eleven were workers (five good, one ordinary, and five poor) and nine were incapable of work.

In the capacity for useful work and the relatively small amount of dementia which is present, in spite of the advanced age of the patients, such cases present a marked contrast to the examples of senile progressive dementia which will be considered later and have already been referred to under "Mental Confusion and Dementia" (*Journal of Mental Science*, July, 1906).

Certain illustrative examples will now be cited:

Senile Melancholia (*Hypochondriasis*), *with Moderate Dementia; æt.* 83; *insane fourteen years.*

Case 329.—S. S—, male, single, labourer, æt. 83; certified since the

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age of 72, and previously without real recovery insane since the age of 69.

A lost-looking old man, with bleary eyes. The hair has been nearly all rubbed off from the front part of his head. He gives his name, and states that his age is 60. Asked where he is, he says that he is "this side H—, that's all I know." He came "two days ago about" (four) from H—. When asked how long he was in that asylum, he very irritably replies, "Don't know, I can't tell ye." He informs me that "a lot of shot has got into my head some way, I can't say how. It goes in at the crown of my head and comes out at my inside. Whores do it somehow." He tells me that rubbing his head eases the "rattle" in it. He has several sores on his legs, and he tells me that there is glass in them. He suffers from chronic conjunctivitis, and he states that "a lot of rotten pins comes out of 'em." He finally informs me that his head does all the rattling which is heard in the wires in the asylum.

He is clean in his habits, and dresses himself. He is very surly and irritable, and is unable to occupy himself owing to his age and infirmities.

Senile Melancholia, with Mild Dementia; æt. 78; insane one year.

CASE 332.—T. B—, male, single, farm labourer, æt. 78; certified one year. Family very eccentric.

A shaky and dull-looking old man, with staring eyes and a very wrinkled face. He gives his name, and his age as 78 "just before next month's out." He knows the day and the date in full. When asked when he came here, he mistakes the question for when he went to his first asylum, and replies, "First come, I don't know justly, but end of January" (approximately correct). He came "down here Tuesday, I think" (Monday) from "H—, I think" (correct). He doesn't know what is wrong with him, but he "can't get praying or finding the right way of dying." "I often thinks I will drop dead, the influence of another world is so strong in my soul." "I often thinks I would rather have some stuff and go to sleep than worry so much about it, owing to the influence and impossibility of getting the right way to get saved." He would like "to get a pious man who's gone through distress to pray with me." Patient does not suffer from hallucinations.

He is unemployed from both inability and unwillingness. He is at times garrulous, but as a rule quiet and well-behaved. At times he becomes fiendishly and desperately excited, noisy, violent, and destructive, and shows a strength remarkable for his age.

Senile Melancholia (Hypochondriasis), with Moderate Dementia; æt. 70; insane three years.

CASE 342.—E. F.—, female, widow, dressmaker, æt. 70. Certified since the age of sixty-seven. Sister insane.

A miserable-looking old woman. She gives her name as "*Mrs.* F—." She is a widow. "I can't think why I'm sent here, I'm sure. I thought

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I was going to E—." She knows exactly where she is but does not know whether it is a "home or an union or what." She knows the day and the month and approximately the date, but cannot state the year. Where have you come from? "They call it H—, but I know it isn't H—. They call it an asylum, but I don't know whether it is a home or what it is. I went there three years last February." She was never noisy "but when people covered me with that nasty stuff—galvanised me from head to foot. Nothing to be disrespectful for except my injurious treatment. Who was to blame except the head of the house." Who? "So many I'd no peace night or day. I'm just like a galvanised wire. I'm galvanised in my bones and flesh and all over and when they strike they hurt me as I'm not a wire."

Whilst under observation, the patient was restless and querulous and constantly complained of ill-treatment. Owing to her state of health no attempt was made to induce her to work.

Senile Melancholia (*Hypochondriasis*), *with Mild Dementia; æt.* 79; *insane nineteen years.*

Case 347.—E. H.—, female, married, housewife, æt. 79. Certified since the age of 60.

A dull but dignified old woman. She is somewhat deaf and in feeble health and subject to bronchitis. She gives her age as 87 years on June 9th last and was at her previous asylum 25 years. She knows where she is and the day and the approximate date. She tells me that last Sunday was the sixth after Trinity (correct), and that she has no almanac and so does not know the exact day of the month. During her asylum life she has done needlework, etc.; she complains that she has never seen her £15 and watch and chain and teeth since she was admitted. In the early days she had a good many "rows" owing to complaining to the doctors about the nurses, etc., in order "to defend myself." She was then twenty-four years in No. 4 ward without a change or a quarrel. She does not go to such small churches as asylum churches, but when outside she was a great deal amongst the clergy. She constantly uses her Bible and prayer-book and calls them "my holy luggage." She has numerous hypochondriacal ideas. She has a small black wart near the left nipple and she says that it is due to someone putting a syringe in and drawing her heart's blood out. She states that the muscles of her chest are gone, and that her arms are longer than they were, and that the triceps should be where the biceps is, etc. A good number of these ideas apparently arise in consequence of the comparison of present with former appearances.

Almost at once after admission she began to do needlework and when in good health she used to sew all the day long. Whilst under observation she was more than once seriously ill with bronchitis and cardiac dilatation, and after each attack was more feeble than before, and therefore was less able to employ herself. She exhibited, however, relatively little mental deterioration.

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Sub-class (4). *Higher Grade Dementia.*

Mania with Senile Dementia.

This sub-class contains fourteen cases, of whom six are males and eight are females.

All the patients, as far as can be ascertained, were originally possessed of average intelligence, and at the present time are examples of chronic mania with senile dementia, which latter is mild in degree in ten cases and moderate in four.

The average present age of the patients in this sub-class is sixty-six years.

Contrary to what occurred in the preceding sub-class, where with two exceptions the age of onset was fifty-six years and upwards, in the present sub-class nine of the fourteen cases became insane between the ages of twenty-six and fifty-four years, and only five after the age of fifty-six. The duration of the attack varied from three to thirty-six years, the average being sixteen years.

Of the fourteen cases eight were workers (three good, one ordinary, and four poor), and six were unable to work.

The present sub-class therefore, taken as a whole, consists of patients who, apart from the incidence of senile involution of the cortical neurones and consequent slowly developing feeble-mindedness, might have been classed under the second group of cases of amentia (" Excited and Moral ") in Part II of this paper (*Journal of Mental Science*, July, 1905).

Several reasons may be given for the great difference which exits between the present and the preceding sub-classes.

Excited cases are naturally, as a rule, certified early owing to the trouble they cause to their friends. Depressed cases, on the other hand, may either (and judging from newspaper reports probably often do) commit suicide at home, or if of mild type, may be looked after for lengthy periods by their friends. Further, such cases are likely, owing to their general habits, to die under asylum *régime* of tuberculosis, etc., before arriving at an advanced age. Finally, large numbers of cases of hypochondriasis, even when advanced, frequent the out-patient departments of hospitals and dispensaries, and are often never certified at all.

The following cases are inserted as illustrative examples of the contents of the present sub-class:

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Chronic Mania, with Moderate Senile Dementia; æt. 58; *certified eighteen years.*

CASE. 350.—S. H—, male, single, railway porter and labourer, æt. 58 years. Certified since the age of 40. Paternal cousin insane.

A dull-looking man, who sits uneasily and mutters to himself. He gives his name when asked, and then turns away. In reply to a question as to where he has come from, he says "Don't know," and whispers on to himself. Day? "20th June" (14th August). Where are you? "The Hall." Year? "I come from H—. I come to get you some tea. Oh! The driver is afraid. Oh! When do you come back? Seventeen miles. Mr. Faux—George Edwards." He jumps up and down and about, and is very restless.

He is unemployed, but does as he is told. He takes no interest in his surroundings, but he becomes surly and irritable if interfered with.

Chronic Mania, with Mild Senile Dementia; æt. (?) 60; *certified nineteen years.*

CASE 353.—J. N—, male, æt. (?) about 60 years. Certified nineteen years.

A curious-looking man, with prominent and staring eyes, and a "heathen-Chinee" appearance. He gives his name, and states that his age was 53 on February 4th last. He knows when he came here and the day and date in full. He knows how long he was at his last asylum. He was a grave-digger there during the last two years and previously worked on the garden and farm, receiving 3 oz. of tobacco a week for his services. He volunteers the information that his first trouble was a term in gaol for setting fire to a stack, but he says that that was a misfortune whilst he was lighting his pipe. This fact seems to have been suggested to his mind by the question about tobacco. He suffers from auditory hallucination, but when asked to describe them he says: "Put it down as mutineers and nothing else." "They generally like to help me at work a little." They talk to him and are only the patients. At night, however, he hears other things than patients, and "afterwards I study my own little business." "I used to be a little Norman boy—a very good scholar—Duke of Normandy. Property not worth much over £1000 a day."

On the whole patient was well behaved, and he was a good, willing and useful worker.

Chronic Mania, with Mild Senile Dementia; æt. 55; *certified twenty-nine years.*

CASE 354.—J. L— or W. H—, male, married, labourer, æt. 55. Certified since the age of 26.

A dull, vacant-looking man, of surly aspect. He gives his name, and his age is "nearly 100 years now." He knows the date. The year is 1893 (1903). He knows the day and also the day and date when he came into the railway station from H—. He was in his last asylum

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for nine years. He says that his name was "W. H— before they pulled the outside face off my head and prevented it from growing." He is very garrulous, and talks rapidly, but so indistinctly that one cannot understand him. He is, however, obviously grumbling and complaining. Asked about work, he states that he has been accustomed to make beds and scrub, and work in the garden. He received no tobacco for it, but he does not smoke. He then goes on talking rapidly about himself. "When the biggest man hung me I fastened up my own head and neck." "It has taken ninety years to grow, and then my head was the size of a five-shilling piece." He has illusions of identity. He insists that he knew me long ago, and also the attendant; but he cannot remember either of our names.

He was on the whole well behaved, and was a willing and useful worker outside in the grounds and also in the ward.

Chronic Mania, with Mild Senile Dementia; æt. 62; certified nine years.

CASE 356.—E. B—, female, married, housewife, æt. 62. Certified since the age of 53.

An excited and garrulous old woman. She at once asks me if I know who she is and says "Countess of England, Samson the Great, the old King's grandfather; the marks on me correspond with my leaflets." She tells me that this place is worse than the last. "You help to do it all and then pretend to cure 'em afterwards." "Why didn't they burn me with my royal uncle? They don't know who I am and have sent me here. I didn't know the Isle of Wight belonged to my family. King's doctor and vaccination on the right shoulder and royalty on the left arm." (She has a small sebaceous cyst on the right clavicle which is "royal vaccination," and a scar on the left arm "from a silver knife.") She says that this asylum is a new part added to the Bluecoat School, when asked were she is. She knows the day (Sunday) and when she came, and then remarks that she is a Jewess and that Saturday is the Jew's Sunday. She continues that the King gave her beauty spots on both eyes and they have turned to cataracts (early cataract exists in each eye). She knows where she has come from and says she was there four or five years and was previously for twenty-eight years a married lady at N—. Age? "If you can trace to the distressing Egyptian war in Palestine I was born then, called 'Old Christmas Day.'" She was born in 1874 and has four royal names of which three are Grace Darling, Martin Gould, and Ethel Darling. Her mother was Lady C—, and her father Lord A—, and the Prince of Wales is her royal cousin.

Whilst under observation she continued to be garrulous and abusive, but, in spite of this, she was nearly always amusing in conversation and was a favourite. At times she was spiteful and even violent. She frequently accused different people of impersonation. She thought I was a woman and said she had seen me disguised in feminine clothing. She told me to change clothes with a nurse as I must be petticoated owing to my previous filthy behaviour. She used to blame me for her lameness, telling me to "put your foot round my leg again as I have

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been tortured for years." She heard "all the voices in the pavilion, a cabinet of curiosities. They are quite under your bed and quite distinct." She constantly talked irrationally and in a persecutory vein —*e.g.*, about women giving birth to lions, about chairs moving and fire flashing under her at night, about being robbed of her life as Queen of Scots and locked in here, and about the Bluecoat School, when pulled down, being found to be built on purgatory, etc.

She washed her head every morning and was fairly tidy. She made several beds each day, cleaned brasses, and took blind patients to the lavatory and she paid especial attention to a certain feeble old woman. Though variable in temper, and apparently enjoying "speaking her mind" in the form of violent and even indecent and foul abuse, she was on the whole good-natured and was very good to those more feeble than herself.

Chronic Mania, with Moderate Senile Dementia; æt. 67; certified thirteen years.

CASE 357.—E. V—, female, married, housewife, æt. 67. Certified since the age of 54.

A stout, healthy-looking old woman, of excited appearance. She asks me what I want with her. She gives her name as "*Mrs.* E. V—" and her age as 65. She doesn't know her exact age, as she is an adopted child. "The Earl of R—, he's Prime Minister, and knows me by the wart under my nose." This peer gives her £1,000 a week, and the Earl of D— is her husband. She is worth millions, and has never spent a halfpenny. She lives at A— Court, and is a "perfect lady." In her previous asylum she did "cleaning about, and scrubbing and needlework." She was there thirteen years, and the journey here has upset her. She came on Monday (Thursday), to-day is Wednesday (Saturday), and she has been here three days.

Whilst under observation she hoarded rubbish, but looked after herself, and was a fairly useful ward helper.

Chronic Mania, with Mild Senile Dementia; æt. 79; certified twenty-two years.

CASE 359.—L. B—, female, married, housewife, æt. 79. Certified since the age of 57.

A pleasant-looking old maniac, who talks most rapidly, and, as a rule, entirely incoherently. Her husband is crown commander under the King. She was brought up under Lord A—. She caught people stealing waggons belonging to him. A trial came on, and they said she was a gay lady, and sent her to the asylum. General P— was her grandfather. Her age is "over 70 a good way." She knows where she is, when she came, the day and the date correctly to a day or two, but "never sees an almanac." She was "forged in here from E—, and my lord begged for protection of his just servants, and so Dr. W— protected me." She was twenty-three years at her previous asylum. Whilst there she used to do folding, etc., in the laundry, and M. J— was very kind to her, and shook hands when she came away.

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During the time she was under observation the patient worked in the laundry at sorting, and, though slow, was useful. She was very irritable and excitable, and at times extremely garrulous. Whenever I spoke to her she became violently excited, shouted "murder," etc., and ran to the window and called loudly for the police. She seemed to think I had unlawful intentions towards her, and if I did not go away she became almost frantic.

Sub-class (5). *High-grade Amentia.*

Recurrent Insanity, with Senile Dementia.

This sub-class contains sixteen cases, of whom four are males and twelve are females.

These cases are the homologues of those included in sub-class (1), all the patients being examples of recurrent insanity. The contents of the present sub-class, however, consist of distinct degenerates who suffer from a degree of original mental deficiency (high-grade amentia) which is less marked than that in imbecility, whilst in sub-class (1) are included cases of recurrent insanity which were originally possessed of average intelligence (higher grade amentia).

The average age of the cases in the present sub-class is sixty-five years, which is identical with that in sub-class (1).

Eleven of the cases were first certified between the ages of nineteen and thirty-eight years. The average interval between the first and last certified attacks is seven years (five to thirteen), and the average length of residence in asylums during the present and final certified attack is twenty-nine years (twenty-one to forty-one).

Of the remaining five, one case had suffered from relapses all her life and was first certified at the age of sixty years, and the other four had each several relapses during an average interval between the first attack and the present age of forty years and an average present residence in asylums of thirteen years.

The average period, in the cases in this sub-class, between the first attack and the present age, is thirty-six years.

The cases all suffer from commencing or progressing senile involution of the cortical neurones. The individual symptomatology is various, but original feeble-mindedness combined with dementia of a mild or moderate grade is a common feature to all.

Of the sixteen cases six were workers (five good and one

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ordinary), one refused to work, and nine were incapable of useful work.

The following seven cases are inserted as illustrative examples of this sub-class.

High-grade Amentia, Mild Senile Dementia; æt. 71; certified twenty-nine years; one previous attack.

CASE 363.—J. B—, male, single, no occupation, æt. 71. Certified since the age of 42, and showed symptoms for some time before, and had previously been in an asylum. Ears plain. Palate high, and shelves forwards.

An intelligent-looking old man. He gives his name and his age as "70 or 70 odd." He knows when he came here, and the approximately correct date, but not the day of the week. He knows where he has come from, the year when he went to that asylum, and where he is now. He has worked in the tailor's shop at his previous asylum for over twenty-five years, and was, for his work, given three half-ounces of tobacco a week, "as they don't have no beer." He suffers from auditory hallucinations, and "it is painful to hear, as it is no substance-sound; what they say should be all water, so that anyone can hear." It is a "singing above." "I think it must be the average of the churches, populations' doings. I used to sing in church when we was there." He says that he was well behaved and in one ward during the whole of hi residence in his previous asylum.

The patient is still a moderately useful worker, and active for his age.

High-grade Amentia, Mild Senile Dementia; æt. 65; certified nine years; ten previous attacks.

CASE 365.—T. M—, male, farm labourer, æt. 65; certified since the age of 56. First attack at the age of 24, and the present is the eleventh; sister insane.

Head low and broad. Eyes close together. Ears prominent and with adherent lobules. Palate extremely high, and very narrow and deep in front.

A dull and rather depressed-looking old man. He gives his name, and is "turned 60." He knows the day and the exact date, but not the year. He knows when he came, and what asylum he has come from. He was there this time for about eight years, and had previously been confined there about eight times. He worked on the farm, and received 2 oz. of tobacco a week for his services.

He is a simple-minded and childish, but very decent, old man. He is comfortable and contented, but says that he would have liked to have got out of the asylum again. He is a very willing and useful worker.

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High-grade Amentia, Moderate Senile Dementia; æt. 70; certified forty-one years; one previous attack.

CASE 367.—C. T—, female, single, formerly a servant, æt. 70; certified since the age of 29, and first insane at the age of 21.

A phlegmatic old woman with a short beard, who has little to say for herself, except in reply to questions. She, however, when her baldness is noticed, remarks that it is due to the sun. She says that her age is 78 next March, and she knows neither the year nor the time of year. She does not know where she is. "It looks like a workhouse outside, perhaps it is." It is seventy years since she lived at home. When asked about employment, she states that she can "do rough sewing, but nothing else." To a question regarding marriage, she laughs and says she has "not been to church," and endeavours to suggest that she is married except as regards the ceremony. She informs me that "most of the people here haven't no sense in 'em." It is difficult to obtain a satisfactory mental state beyond the readily elicited important details that she exhibits no mental confusion, and shows in many of her remarks an unexpected amount of shrewdness, in view of her age, the length of her residence in asylums, and her extremely feeble bodily condition.

Whilst under observation, until her death from carcinoma of the large intestine, she was mentally unchanged. She was physically unable to do any kind of work.

High-grade Amentia, Mild Senile Dementia; æt. 59; certified seventeen years; several previous attacks.

CASE 368.—E. F—, female, married, laundress, æt. 59; certified since the age of 42, and first insane at the age of 27. She was several times insane between these attacks.

A pleasant-looking, garrulous woman, with a very high palate, a lisp, and a meek and almost pathetic expression. She at once rapidly informs me that the wicked people at her previous asylum hit her on her poor face and hurt her, and becomes lachrymose. She knows the day, when she came here, and where she came from. She can tell me the month, but neither the date nor the present year. She "could not say the year, as I am only a patient, and I like my medical doctors to know best." She talks rapidly, and in a very childish manner. Her age is "about 55 last January." She remembers her first incarceration in an asylum, and says that she was there two years. She went shortly after her youngest child was born, "a dear little son, who died at the age of 5½ months."

She hears "those that are not believers in God" at night, and tells them not to talk to her. She says that she has repeatedly reported to her "medical doctors" that she has "not even seen those wicked people." She is sure that it is really people who are speaking, and she frequently asks them to "please use better language." They are invariably women who speak. She tends to repeat her stories, etc., over and over again, and especially to refer to her "dear little son, aged 5½ months."

Whilst under observation she was clean and neat, and a hard worker in the ironing-room of the officers' laundry. She was willing and obliging,

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and her bird-like chatter was, within limits, pleasant to listen to. She was intensely religious in a child-like manner, and exceedingly devout.

High-grade Amentia, Moderate Senile Dementia; æt. 74; certified thirty-two years; two previous attacks.

CASE 374.—E. G.—, female, married, housewife, æt. 74. Certified since the age of 42. Previously insane at the age of 33 and also on an earlier occasion of unknown date.

A wrinkled old woman, who constantly makes rolling and jerking movements of her head. The direction is as a rule up and down, and the frequency averages forty-two in five seconds. The movements vary in range and are apparently more or less voluntary in origin. Curious coarse tremors also occur at times in the right upper limb. As a rule the right index finger becomes coarsely tremulous, the right thumb then follows suit, and the tremor in a few seconds passes to the forearm as a wave, the index and thumb becoming motionless. If the index-finger is now squeezed the tremor of the forearm ceases, and shortly afterwards the cycle is repeated. The left hand is usually held in grotesque positions and shows no tremor. The condition described is probably associated with cortical degeneration and of a similar nature to Huntingdon's chorea.

It is extremely difficult to attract and especially to retain the attention of the patient as she takes little or no interest in her surroundings. Name? "I've told you. I can't tell you again. They all know." Question repeated. "I don't very often speak to them." Her age is 36. When asked if she knows the name of the asylum from which she has come she replies "No, I never mentioned it to anyone." *Heard* of it? "No, I never speak about it myself." She replies that she has had nine children and voluntarily adds "and four died, one at fourteen weeks and one at thirteen." She states that she was married at the age of 20. Her attention then wanders. Further and later attempts elicit similar replies and her attention can only be retained, and then incompletely, for a minute or two at a time.

She exhibits a mechanical response to the stimulation of questions, with flashes of mental association, rather than a condition of confusion.

Whilst under observation she continued unchanged, and she was extremely feeble and helpless and physically unfit to look after herself.

High-grade Amentia, Mild prematurely Senile Dementia; æt. 51; certified twenty-three years; two previous attacks.

CASE 375.—C. J. F.—, female, married, of no occupation, æt. 51. Certified since the age of 28, and previously in asylums at the ages of 21 and 24.

A neurotic-looking woman who smiles when spoken to. Her name is "Mrs. F—." Her age is 53. She knows where she is and where she has come from, when she came, and the present day. She does not know the date as "I've being ill two months and no one's told me and I haven't been well enough to know." She was in her previous asylum for twenty-three years. Whilst there she for five or six

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years made beds in a ward in which there were seventy beds and she did "sweeping and dusting and scrubbing and polishing, and I think I overworked and made myself bad." She hears voices but "I don't remember and don't keep it in my head. I let it all pass away. I've been told not to notice it." She first "went wrong as I thought my sister didn't ought to look at my husband as she did, a little thing and yet it wasn't a little thing." The magistrates told her mother that she was capable of taking over the entire management of the asylum, so there could not be much the matter with her. "I was told I should get my discharge as soon as I got here."

Whilst under observation she was an extremely useful worker and continued unchanged mentally.

High-grade Amentia, Mild Senile Dementia; æt 69*; certified thirty-three years; two previous attacks.*

CASE 377.—E. T—, female, single, domestic servant, æt. 69. Certified since the age of 36, and previously insane at the ages of 27 and 33.

A very wrinkled old woman, who is sitting up in bed on her hams, with her arms curled round her legs. She gives her name and her age as 67. She knows the day on which she came, the present day, and the full date within a day or two. She informs me what asylum she has come here from, and states that she was there thirty-one years. During her residence she did "all sorts of work, first in the laundry and then in the vegetable room for two and a half years, getting night nurses' vegetables ready." She converses in a very childish and feeble-minded manner. She states that she has been very quiet, and has behaved herself. She tends to repeat her remarks. With reference to the vegetable room, she informs me that she "worked in a very damp cellar, damp cellar, damp cellar, damp cellar." When I ask the nurse if she is quiet, the patient replies, "I've been very quiet. I was much obliged to you for the custard. I was very quiet." She thus is aware that I am a doctor, though she mixes me with the medical officer of her section. "Do you think I'm better than when I come, sir? I feel a bit better than when I come."

Whilst under observation the patient was quiet and well-behaved, and was a useful and willing worker in spite of her age.

Sub-class (6). *High-grade Amentia.*

Chronic Insanity, with Senile Dementia.

This sub-class contains twenty-eight cases, of whom sixteen are males and twelve are females.

These cases are examples of senile involution of the cortical neurones in high-grade aments possessing marked stigmata of degeneracy and an original degree of intelligence which was below the average, though above that of imbecility.

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Patients of this kind are naturally difficult to classify, as in some examples it is not easy to distinguish between congenital and acquired feeble-mindedness, and in others the result of senile involution of the neurones is liable to be confounded with dementia which had occurred earlier in life and is now stationary. Each case has, however, been classified after individual study, and the writer is of opinion that he has arrived at a result which for practical purposes is correct.

The average age of the cases is sixty-one years, which is lower than that in any of the previous sub-classes. Three of the cases are between forty-seven and forty-nine years of age, eleven are between fifty and sixty, ten are between sixty and seventy, and the remaining four are between seventy-two and ninety-four. Several of the patients therefore, as is fairly common in the case of more or less pronounced degenerates, are suffering from premature senility.

The age of certification is very variable, ranging from sixteen, the patient now being fifty years of age, to seventy-six, the patient now being ninety-four.

The average duration of residence in an asylum is twenty-six years, but the individual duration is very variable. Two patients who had been feeble-minded all their lives had only been certified two and four years respectively, and three other cases had been certified forty-one, forty-three, and forty-four years respectively.

Both the age of certification and the duration of residence in asylums are, in fact, of relatively little importance in cases of this kind, depending as they do on the home environment of, and the degree of trouble caused by, the individual patients.

The degree of dementia is on the whole of a mild or moderate grade.

Of the twenty-eight cases, twelve were workers (eight good, one ordinary, and three poor), two refused to work, and fourteen were incapable of work.

The following nine cases are inserted for purposes of illustration.

High-grade Amentia, Mild Senile Amentia; æt. 66*; certified twenty-six years.*

CASE 379.—J. M—, male, widower, under-gardener, æt. 66. Certified since the age of 40.

A wrinkled old man, who is fairly intelligent in appearance, in spite of

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the fact that his right eye is half shut and his right pupil is occluded. He knows the day, but not how many days here or on what day he came. He does not know where he is, and he "isn't scholar enough" to read his name on the admission sheet, though he gives it. He says that he "never could learn at school. I forgot day by day, and my children I don't think will learn not fairly either." He says that he is "over three times forty-five" years of age, and when I remark that he is then 135 years old, he says: "Well, I suppose I be." "They did wrong to bring me here. They ought to have let me be out and earn my own living. I'm a very good hand at counting anything, but not in writing, signing, and reading." At his previous asylum he worked in the garden. He does not smoke, and therefore did not earn any tobacco. He was there upwards of twenty-six years (correct). To a question concerning voices at night, he says that he "sleeps very soundly, and can be pushed about like a brick in a house" without awakenin. When he does talk he is garrulous and rather jolly and jovial, and is at times amusing.

Whilst under observation he was an industrious and useful worker.

High-grade Amentia, Mild prematurely Senile Dementia; æt. 49; certified two years; feeble-minded since birth.

CASE 380.—J. G. A—, male, single, æt. 49. Certified two years. Simple-minded since birth.

A childish-looking man with a blank but rather despondent expression, owing apparently to some drooping of the angles of the mouth and of the outer canthi of the eyes. Ears large and possess good lobules. He is very deaf, especially in the right ear, and takes little or no notice of his surroundings. He does not know where he is, but knows when he came and from what asylum he has been transferred. He knows the day, and when I ask him the date replies that it is the "day after yesterday." "I know it is, and I ain't wrong in that." He is quite indignant at the question and obviously deliberately misunderstands it. He knows the month, and the part of the month, but does not know what year it is. He tells me that he is "not disabled at all," he is vexed at being here, and he says that he can work, etc., and gets excited and irritable. When I continue to question him he informs me that he has "been far enough and won't say any more." He tells me to go to H— (his previous asylum) and find out about him. He grudgingly acknowledges that he did gardening work at H—, and says that he doesn't wish to do it here. He has "giv up doing it." He becomes now quite huffy. I ask if he was miserable at H—, and he shows much displeasure and asks "How dare you say such a thing? There is nothing the matter with me and I am going to have it out." When I ask about voices he gets extremely indignant, vehemently denies that he has ever had hallucinations, and looks as if he would like to strike me. He is very displeased with me for taking notes, and says "I don't know who you're going to send that to. I shall only laugh at it. It will only be laughed at." He now refuses to have anything more to do with me. "I'm not going to say any more. I've done with it."

He is irritable, bad-tempered and spiteful and refuses to work. He

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is physically much older than his actual age, and is becoming prematurely senile.

High-grade Amentia, Mild Senile Dementia; æt. 94; certified seventeen years.

CASE 385.—J. R.—, male, widower, hawker, æt. 94. Certified since the age of 77.

An excited, garrulous, and violent old man. Many fine transverse wrinkles on forehead. Huge ears without lobules. Palate high. Genital organs undeveloped. When asked his age he shouts "J for John R. Pollard." When I question the accuracy of the name he yells out that he would like to know whether I "think I'm going to tell you a d—d lie, because my father was named Pollard and my mother was ——" (a lot of foul names.) Age? "Six hundred years old and seven or eight days" and shrieks this over and over again, and each time louder than the last, and tells me to put it down right. He is "the cousin to the almighty power of God." He becomes violently excited when I ask him what he says, and he howls his remark over and over again, and says "You're a b—r (etc., etc.) and won't hear because I have been a hard-working man all my life. You want to get at me." He uses most foul language and has a habit of repeating what he says three or four times or more, each repetition being more loudly and more viciously spoken than the previous one. At times he becomes nearly black in the face owing to his vocal exertions. On being asked where he is says "Some d—d old 'sylum, I expect." He has heard of the name of the asylum from which he has come, and he went there "about corn for people that sow on the land."

He is a most irascible old man, and is remarkably strong and wiry considering his advanced age. He is both unable and unwilling to work.

High-grade Amentia, Mild prematurely Senile Dementia; æt. 52; certified twenty-three years.

CASE 390.—F. F—, male, married, farm labourer, æt. 52; certified since the age of 29.

Head low and broad. Ears projecting. Palate high and shelving forwards. Has a crafty smile and a criminal appearance. He gives his name, and his age as "44." He knows the day of the week, and approximately when he came here. "November 21st—October 20th, I think" (29th October). Year? "37, I think, sir." He is in a new asylum, but does not know its name. He knows where he has come from, and says that he was there nineteen years (twenty-three). Whilst there he "worked in the garden, and scrubbed inside, and cartering, and a lot of other things." He received for his services "three half-ounces of tobacco a week and more." He then mutters to himself in a perfectly unintelligible manner about "money," and "Lavington's spare table," etc.

He is a well-behaved patient, and in this belies his appearance, and he is a good and useful worker.

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High-grade Amentia, Mild Senile Dementia; æt. 60; *certified fourteen years.*

CASE 392.—E. D. S—, male, single, no occupation, æt. 60; certified since the age of 46.

A dull-looking man, with intelligent eyes. He informs me that he has a cold, "catarrhal fever," in his head, and is dull of hearing. He gives his name; and when asked his age, says "he's somewhere about 60." He speaks of himself as "he," or "the man." He was born in '44 or '45 (probably nearly correct). He knows the day and date in full, where he is, where he has come from, when he came, and also the exact date of his admission to his previous asylum, and the number of years, months, and days he spent there. He gives a detailed account of his residence at that asylum, and of the various duties he performed, which varied from tailoring, carpentering, and helping the butcher, to tarring fences and looking after the medical superintendent's horse and the bicycles. He states that he wandered about unattended, and would have been discharged but he could not find anyone to take him, or act as a guarantee for him. Before he was sent to an asylum he "hit a peeler," and was locked up for some days. "The man didn't know he was wrong in his mind, that's how he got locked up. Detective on one hand and policeman other, and flicked peeler on face. That was the beginning of it, and he had to be took care of." The detached way in which the patient speaks about himself is interesting.

He is now developing senile feeble-mindedness, and is of very little use as a worker, though he is a very decent and well-behaved old man.

High-grade Amentia, Senile Dementia; æt. 63; *certified twenty-seven years.*

CASE 395.—L. S—, female, æt. 63. Certified since the age of 36 years.

A wrinkled old woman, who is muttering to herself. She has corns all over her hands, which on the palmar surfaces are smoothly polished from a constant habit of rubbing the one over the other. She replies that her age is "forty-one years a month and a day," and gabbles something to the effect that she has "lived in servitude." She says that she is not married. She has been "in servitude as a servant-of-all-work." She "does not exactly know" where she is. She thinks it must be summer, as it is "nice hot weather" (August). She "does not exactly know" where she has come from, and then adds the name of the asylum, and states that she has come "a long way in the railway." She rubs and works her fingers, and repeats her name, and other recent replies to questions, exactly as if the cortical region for speech were in a similar condition of activity to that presiding over the movements of the fingers. She has much tremor of the tongue. Her pupils are small, but react well to light and accommodation.

Whilst under observation the patient continued unchanged, and was feeble, unemployed, and incapable of looking after herself.

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High-grade Amentia, Prematurely Senile Dementia; æt. 47; certified eighteen years.

CASE 396.—E. G. S—, female, single, no occupation, æt. 47. Certified since the age of 29, and also in an asylum during the previous year. A near relative is at present in this asylum.

A marked degenerate, with a small head, no lobules to ears, a projecting nose with thick nostrils, large lips, and prominent upper teeth. The head is very narrow across the forehead.

She fidgets a good deal, and gives no reply to questions. When given a sheet of paper she picks it up and looks at it, and turns it over like a monkey. As, however, she holds the sheet with the writing upside down, it is probable that she cannot read. She takes no notice of anything said to her, but merely fidgets, and she seems unconscious of or careless of the most uncomfortable attitudes. Her hands are rough and coarse on the palmar surfaces, but smooth on the back. Her knees are smooth, but there is much thickening of the bursæ patellæ.

Further investigation showed that her articulation is defective. She is very untidy. She is fond of washing herself and of hoarding rubbish, and of sewing her aprons and dresses up. She will put on two or more aprons if she can get them, and would, if she could, put on two pairs of stockings. She ties pieces of string, etc., round her hair, and on one occasion tied a handkerchief tightly round her neck. She frequently laughs to herself, and at times appears to be reading hymn-books and bibles. She does rough ward-work, such as cleaning lavatories, etc., and is very noisy whilst at work, and also frequently at other times, and at night. She is clean in her habits. It is almost impossible to attract her attention. When spoken to or taken notice of she is restless, pats her clothes and her hair, shuffles her feet on the floor, examines her nails, mutters to herself, etc. She is, as a rule, extremely dull and stupid.

High-grade Amentia, Mild Senile Dementia; æt. 59 years; certified thirty-one years.

CASE 398.—M. V—, female, single, gentlewoman, æt. 59 years. Certified since the age of 28, and symptoms since the age of 25.

A marked degenerate, with a narrow head. Eyes close together. She smiles in a childish manner, and tells me that her name is M. D—. She denies the name of V—. Her age is 27, and she is unmarried. She knows correctly where she has come from, when she came, where she is, the day and the month. She knows the date within a week and the year within five years. She says she has been in an asylum fourteen years (thirty-one) and that that place is "quite eighty miles away from here" (nearly correct). Whilst at her previous asylum she tells me that she made all the beds and spread the table-cloths, and helped to get the dinner things. She was there "so many years that it turned out very expensive." She says that she had a "good bit of money left her—thousands—£500,000—but it has been spent at random by her brother." She laughs in a childish manner as she gives me this information. She tells me that she was "two or three

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and twenty" when she went to her last asylum, that she is now "twenty-six or seven," and that she was there "twelve or fourteen years." When I point out the discrepancy she laughs and remarks: "We have to make it fit somehow, don't we?" She says that she was quiet and well-behaved in her previous asylum, "but they didn't altogether consider me so." She also states that she has "a sister and a brother or so" in that asylum (untrue), and adds, "for all that were at home." She writes her name "M. D—" in an educated manner.

Whilst under observation she persistently refused to work, and she was often noisy and garrulous, and also at times impulsive and spiteful.

High-grade Amentia, Mild Senile Dementia; æt. 67; *certified twenty-five years.*

CASE 400.—S. D—, female, single, domestic servant, æt. 67 years. Certified since the age of 42, and insane from the age of 40, when she was first certified. Maternal aunt insane.

A wrinkled old woman, who says her name is "Timothy Tom," and then whispers to herself. She afterwards gives her correct name. Age? "Forty, ain't I?" She thinks she is "near Hammersmith." After most replies she whispers away to herself. She came here a month ago (two days). After a short interval the same question is asked, and she informs me that she has "only been from home a fortnight." She states that the day is Monday (Saturday). She has not had her tea (correct), as "I wait till you have had yours." She has an illusion of identity with reference to the nurse. During her whisperings I frequently catch the word "pencil." This suggests that she notices that I am using one.

Some six months later she was rather more garrulous. When asked her name she began in a partially intelligible manner to tell all that had happened to her during the day. Age? "I shall leave that. It wouldn't do. . . ." Asked who the nurse is, she replies, "Oh, that's where it is. You run in the trains with the food," and hence partially recognises an official. Day? "Day after New Year's Day" (quite incorrect). A piano is being played in the ward above, and when I ask her what the sound is she replies, "Playing with wires. That goes to the closet and then goes somewhere else." As she left me she remarked, "You may as well let me see in that little book."

She is clean in her habits, and asks when she wants to go to the lavatory. She is very obstinate, and often refuses her food. She almost constantly mutters to herself when alone. About once in three weeks she becomes more troublesome, and unfastens her clothes and pulls her hair down. She interferes with the other patients, but never strikes them. On such occasions she talks a good deal at night, and requires a side-room. Occasionally she dresses herself, except as regards boots and stockings. She cannot keep herself tidy. She never reads or writes, or talks to the other patients, although she often talks *at* them.

She continued unchanged during the period in which she was under observation.

(To be continued.)

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