between the muscular condition in my cases, as well as probably in the great majority of those that are associated with the same forms of mental disorder, and that which is present in catalepsy of other origin.

If it be contended that the absence of volition in any form is essential to the existence of true catalepsy, then it may be fairly questioned if cases occurring among the insane have any proper title to be so regarded—at least such cases as are here recorded—and the writer considers that in all probability other cases have not generally any better claim. Should it ultimately be determined that genuine catalepsy in this sense does exist, then a *cataleptoid* group should be recognized, in which the will is not altogether in abeyance, and most of the insane cataleptics would find their correct place in this category. It is, of course, clear that the will in this, the apparently completely or partially voluntary class of cases, is not really free, but is subjugated by the morbid thought. In its turn the unhealthy ideation is the result of the serious disturbance of cerebral function, which in the sphere of sensation is manifested by anæsthesia, and in vaso-motor action by the torpid circulation in the smaller blood-vessels.

A Case of Prolonged Sleep. By J. Keser, M.D., F.R.C.S., Surgeon to the French Hospital, London.

Cases of prolonged sleep and hystero-epilepsy being of comparatively rare occurrence in England, it may be worth while to record one which came under my care in March last.

The patient, Chauffat, aged 38, belongs to a family in which tubercular and nervous affections have been frequently observed. His grandfather had a nephew who committed suicide; his grandmother died of phthisis; the father, who was addicted to drink and had had epileptiform attacks when 49 years old, died of tubercular laryngitis eight years later. The mother died of phthisis in her forty-seventh year. She was a passionate woman, subject to violent headaches and to paroxysms of nervous excitement. Chauffat is the eldest of eight children. His only brother died of croup when three years old; one of his sisters died of phthisis at the age of 26; another had repeated attacks of sleep, which lasted from one to six days, and were accompanied by cataleptiform phenomena; she also died of phthisis in her twenty-fourth year. The third sister had a fever after a premature confinement; the fourth had a severe attack of typhoid fever, after

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which one leg became shorter than the other; she limps a little, but there is no atrophy of the limb. The fifth sister has a situation as cook in Switzerland; her son has been rickety, but he is now in good health. The sixth (youngest) sister is anæmic, and of a weak constitution. It is not necessary to do more than note in the patient's family the coexistence of phthisical and nervous affections, which has been observed in so many other instances.

Chauffat was born at Gy (near Geneva), and, when twenty years old, he enlisted in the Foreign Legion of the French Army, where he remained for two years. During the Franco-German war he had an attack of pleurisy, and received a wound on the left frontal protuberance, which, however, does not seem to have been serious. Later on, a gun-shot wound of the left elbow necessitated the amputation of the arm in the upper third. Chauffat left the army and went to Switzerland, and then to Algiers, where he appears to have had a serious disappointment in love. In October, 1873, he had an attack of fever and delirium, which lasted six days. The temperature went up to 107°·5, and there were other serious symptoms, such as extreme restlessness and carphology. Two medical men diagnosed an acute meningitis, but after the sixth day there was a steady improvement, and two weeks later the patient had entirely recovered. Shortly after, however, he was seized, after a drive in an open carriage, with rigors and severe cephalalgia. He fell unconscious on the floor, and had a violent attack of convulsions, which was followed by coma and delirium. He recovered gradually, but in 1875, on his way to Algeria, he had another fit of a similar kind, which lasted only a few hours.

In Algeria he had small-pox, and, later on, an attack of ague, which obliged him to leave the country. He came back to Switzerland, and afterwards went to Germany as a commercial traveller. While at Balingen, in January, 1880, he went to bed one evening as usual, and remained fast asleep for forty hours. When he woke up he was paralyzed on the left side, and quite dumb. He went to Geneva, where he was treated in the hospital, and then left for Lyons, apparently in good health. During the summer of the year 1881 he often felt pains in the head, and on September sixth, without any previous warning, he fell unconscious on his bed, where he was found by his friends, who took him to the Hotel Dieu. He was treated there as a case of tumour of the brain, and woke up hemiplegic and quite dumb, as at Balingen. Several other attacks of a similar nature occurred at Valence and in Switzerland, and Chauffat then decided to go to Paris in order to consult Professor Charcot. He was admitted into the Salpêtrière in October, 1885, but left shortly after. He fell asleep one day, without any special cause, in an hotel, and remained unconscious for 130 hours, but when he woke up there was neither paralysis nor dumbness. During another attack of sleep he was robbed of a sum of money, and he then decided to come to England, thinking that he might earn some money by ex-

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hibiting himself as a fasting man, as he had on one occasion lived without food for 16 days.

He arrived in London on March 23rd, and the next evening he went to a club with the intention of making some acquaintances with people who might have helped him to execute his plans; but things turned out otherwise than he expected; the strong English drinks upset him, and while he was muddled he was robbed of his money and watch. On March 25th he remained in bed the whole day without having anything to eat or drink. On the following day he became quite unconscious, and on March 27th I was called in to see him. A card was found in his pocket, on which the patient asked to be taken back to the Salpêtrière if found asleep. This, of course, helped to clear up the diagnosis, and I wrote to Professor Charcot, asking him to give me some details about Chauffat. I take this occasion to express to the highly-esteemed Professor of the Salpêtrière and to Dr. Babinski my best thanks for their valuable information. In their opinion, and in the opinion of those who have taken the trouble to examine Chauffat carefully, the diagnosis is that of hystero-epilepsy, with occasional attacks of prolonged sleep; but it must be admitted that, had nothing whatever been known of the patient's previous history, other diseases might have been thought of as possible. As a matter of fact, Chauffat has been repeatedly treated abroad for cerebral hæmorrhage, cerebral anæmia, acute meningitis, and tumour of the brain.

I found the patient a strong, healthy-looking man, lying on his bed in a small restaurant in Greek Street, Soho. He appeared to be sleeping soundly, and did not make any movement when called or touched gently; a tap with the finger on any part of the body was followed, after an interval of about half a second, by a sudden shaking of the whole body, which lasted for about two seconds. The colour of the face was natural, and the general appearance was that of ordinary sleep; the breathing was quiet, regular, of normal frequency and rhythm; pulse 84, soft; temperature 98°·5 at 5 p.m. (in the mouth). A careful examination of the chest and abdomen revealed nothing abnormal, except a considerable distension of the bladder, which had to be emptied by the catheter; it contained about two pints of dark-coloured urine. When the skin was pricked with a pin the same shaking of the whole body occurred as after a tap with the finger, but there was no expression of pain on the patient's face, and a mere trace of blood showed itself in the small wound. I tried to put some water into the mouth with a spoon, but it was not swallowed. I then opened the right eye with the finger and threw a ray of light into it by means of a concave mirror, in order to examine the pupil. The globe was turned upwards and inwards, but after two or three seconds the eye began to move, and the pupil became visible; it reacted to light as usual for about half a minute, and then remained dilated; the left eye opened spontaneously, and both remained open.

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They soon began to follow the movements of the mirror, and as the patient seemed to be partly awake he was placed in the sitting posture, supported by cushions, and I made him swallow about an ounce of wine and water, which was on the table. Every movement of deglutition was followed by a general tremor of the body. I sent someone downstairs to fetch some milk, but before I had time to give it, the patient closed his eyes, and I was unable to rouse him again.

On March 28th I examined the patient again, and made him swallow some milk and beaf-tea. The patellar, cremasteric, and plantar reflexes were normal on both sides, and there was no ankle clonus. Slight friction of the skin, especially across the chest, produced a well-marked *tache cérébrale*, which persisted for a long time afterwards. When the eyes were closed there was complete flaccidity of the arm and legs, but after the patient had been partly roused by means of the mirror the limbs remained for an almost indefinite time in the position in which they were placed. The condition of the muscles was not always the same; if, for example, the arm was placed very gently in the perpendicular position, it remained motionless, but there was no rigidity of the muscles, and a stroke with the hand did not cause it to fall down. If, on the contrary, the arm was firmly grasped by the hand and lifted up suddenly, the muscles became rigid and the rigidity could be increased by rubbing, but then a gentle stroke with the hand produced a complete relaxation of the muscles, and the arm fell down on the bed. The same result could be obtained by simply blowing on the arm or by passing the hand over the patient's eyes from above downwards.

On March 29th the patient made some spontaneous movements with the arm; during the night he spoke of thieves, and repeated several times the number 13,198; some words were pronounced quite distinctly, generally, however, there was a good deal of stammering. The pulse, temperature, and respiration were normal, and the patient took some milk or beef-tea every two hours; the urine had to be drawn off as on the first day.

On March 30th Chauffat was examined by several medical men, and amongst others by Mr. Brudenell Carter,* who found contraction of the vessels of the fundus. During the afternoon the patient was restless, and began to speak again in an incoherent and almost unintelligible manner; he occasionally moved his arm, but he never answered or seemed to understand any question. When the arm was stretched and the fist clenched, the patient's face took an expression of anger; it was also noticed that a movement of the limbs or face performed passively once or twice was continued automatically and with great rapidity for an almost indefinite time, when the eyes were open; closure of the eyes was followed by a gradual cessation of the automatic movements. I tried, but without success, to induce the patient to perform various movements by suggestion. It should be

* See memorandum by Mr. Carter at the end of this case.—[EDS.]

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stated that during the above rapid movements of particular muscles there were no signs of effort in the patient. His facial muscles remained as placid as before. In the evening, Dr. De Watteville ascertained that the electrical reactions of the muscles were normal; prolonged faradization of the facial nerve produced a persistent contraction in the corresponding muscles; faradization of the septum of the nose gave rise to signs of uneasiness, the patient moving his head away, but without opening his eyes. He then had a well-marked epileptiform seizure with violent tremor of the whole body, pleurosthotonus and clonic spasms, which were followed by rigidity of the extremities.

On March 31st, the patient had an enema, but it remained without effect; about 300 grammes of urine were drawn off with the catheter; liquid food was given every two hours.

The following day (April 1st), I succeeded for the first time in inducing the patient to pass water by suggestion; he was also able to sit up almost without help. On April 2nd he began to answer simple questions in writing, and to walk about the room when supported on both sides; it was noticed that the left leg was very weak, and that the patient was unable to stand alone; he was quite speechless, but could write without any difficulty. When asked if he was asleep, he wrote that he had not slept for several days, and that he was not hungry but very thirsty; when told to write something which was either absurd or untrue, he did so, but with very evident signs of displeasure; he signed his name in his usual hand. Having been asked to *write* Charcot's name, he did so, forming the letters as he did when writing any other word, but when he was told to *sign* "Charcot," he imitated Charcot's signature in a very striking manner. I then ordered him to write a letter to Charcot, and he at once set to work; he began by excusing himself for having left the Salpêtrière so suddenly, and went on to say that "this fatal sleep always played him tricks;" that he had gone to sleep on a bench, and had been robbed of all his money, &c.; he signed this letter—"Chauffat, Paris, le 13 Mars, 1887." It was ascertained later on that he had really left the Salpêtrière without permission, and that he had written a letter of apology to Professor Charcot, but that the letter had never been sent. On the following days, whenever he was told to write to Charcot, he began the same letter.

On April 3rd, in the evening, Chauffat could be made to open his eyes by passing the hand before the face from below upwards several times; a single movement in the reverse direction sent him to sleep again. Patient ate three oysters and drank some white wine.

On April 5th he recognized Charcot's photograph, which was shown to him by Dr. A. Garrod; he answered readily most questions by writing, but was unable to make a choice; when, for example, he was asked if he would like to have some claret, he answered *no;* when asked if he desired to drink some white wine, he wrote *yes;* but

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whenever I asked him which wine he liked best, the answer was always—"I do not know."

On April 6th the patient was more easily roused than before, and made some spontaneous movements with the lips; on the following day it was noticed that the automatic movements were less easily induced, and less persistent.

On April 8th, when the landlord entered Chauffat's room in the morning, he found him apparently asleep, but when he tapped him on the shoulder and asked him if he was still sleeping, he at once opened his eyes, sat up in bed, and showed by signs that he wished to write. I arrived shortly after, and found the patient wide awake, but nearly paralyzed on the left side, and quite unable to speak. The right eye was slightly congested. In answer to my questions, Chauffat wrote that he had a headache and felt very drowsy; he had no appetite, but felt thirsty. He was soon after removed to the French Hospital, where he rapidly improved under the influence of galvanism and nux vomica; at the end of a week he was able to walk alone and without a stick, but the aphonia was still complete.

During his 13 days of sleep, Chauffat's temperature had always been normal, but the pulse and respiration had varied a good deal; the pulse was soft, regular, and the number of the beats oscillated in an irregular manner between 68 and 100; respiration 18 to 24.

The quantity of urine passed or drawn off daily varied between 50 grammes on the second day and 1,600 grammes on April 6th; the average was about a pint. The urine has been examined for me by Mr. Woodland, who has sent me two reports on which the following table is based:—

Date.	Reaction.	Spec. Gravity.	Urea %	Uric Acid %	Hippuric Acid %	Chlorides %	Phosphates %	Albumen.	Sugar.
April 1.	Very acid	1029	4·13	0·481	0·431	0·01	0·21	none	trace
April 3.	Acid	1026	1·26	0·3·1	0·216	In small proportion.		trace	trace
April 5.	Acid	1028	1·002	0·312	0·221			none	trace

During his sleep the patient had two motions, one on the 31st of March, and one on April 3rd; the first was abundant, of a brown colour; the second was small in quantity and of greyish colour.

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The sensibility of the skin was frequently tested while the patient was asleep, and also afterwards. There was a partial loss of sensation on the left side of the body; on the leg, between the knee and ankle, the anæsthesia was almost complete. Careful examination revealed the existence of four patches where the sensibility was either normal or exaggerated; one of these patches was situated in front of the left external malleolus, and had an oval shape; the second occupied the front and back of the left knee; the third was found in the left inguinal region; and the fourth on the extremity of the stump. The shape of the three last patches was irregular, but always the same on repeated examinations.

Although both eyes are apparently normal, the patient sees better with the right than with the left, and the same difference is found in regard to his hearing. The taste is almost completely abolished on both sides of the tongue. There is a marked anæsthesia of the pharynx, which makes the examination of the larynx very easy. The vocal cords present their usual appearance, and move freely when the patient breathes; when he tries to speak, they remain quite flaccid and separated by an interval of 2 or 3 millimetres, so that the patient is unable to produce a sound. According to Professor Charcot, this dumbness is likely to last some time, and the patient will stammer when he begins to speak again.*

I have not much to say about the treatment of this case, as I considered that the best plan was to feed and wait. The retinal vessels being contracted, it was thought that nitrite of amyl might produce some favourable effect, but this expectation was not realized, although a rather large quantity was given to the patient to inhale. There was a well marked congestion of the face, but no sign of returning consciousness.

Editorial Note.

To the foregoing report by Dr. Keser, we append the memorandum by Mr. R. Brudenell Carter, referred to at p. 270.

"While Chauffat was in a state of profound unconsciousness, I twice examined his eyes with the ophthalmoscope, and once again when he had so far recovered as to be able to write replies to questions. In consequence of the difficulty of giving any definite direction to his eyes, I was unable, on the two first occasions, to obtain a satisfactory view of the optic discs, but I saw the general surface of the

* After this notice had been written, the patient recovered the use of his voice. On May 9th, during the application of the galvanic current to the sides of the neck, he was able to utter an inarticulate sound. The next evening he suddenly began to speak in a peculiar squeaky voice, but without stammering.

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retinæ very well, and noted an entire absence of any morbid appearance, together with a state of the vessels which I should best describe negatively as the reverse of distension. On the third occasion I examined both discs minutely, and came to the conclusion that an apparent slight turbidity of the nerve tissue was physiological, and due to its being somewhat massed together towards the inner side of the scleral foramen.

"Dr. Tuke asks me to append to this note a mention of a case of catalepsy, which I saw more than forty years ago. The patient was a young woman, employed as a farm servant, who had a stormy interview with a man of her own class, by whom she was pregnant, and who refused to marry her. On returning home she was attacked by convulsions of great violence, which lasted for about two hours, and then passed into catalepsy, with well-marked *flexibilitas cerea*. She was left about midnight, and woke up the next morning as well as usual, except for fatigue and stiffness. She had a severe instrumental labour, but never showed any more tendency to convulsion or other nervous disorder."

We are indebted to an article by Dr. Edgar Bérillon in the April number of the "Revue de l'Hypnotisme" for the following references to cases of prolonged sleep, *à propos* of the report by himself of a case of lethargy in a woman.

Dr. Bérillon borrows them from a work by Dr. Semelaigne, Superintendent of the Maison de Santé of St. James, at Neuilly. His work is entitled "Du Sommeil pathologique chez les aliénés," Paris, 1885. See also "Annales médico-psychologiques," Janvier, 1885. He himself reports a case which he had observed from 1875 to 1883, in which there had been altogether, in the course of eight years, 1,698 days of pathological sleep. The last crisis of sleep had lasted 15 months, and during the whole of this time he was fed only by means of the œsophageal tube. After the death of this patient, on the 19th of June, 1883, an examination was made, and at the close of a report made to the Medico-Psychological Society of Paris, Dr. Semelaigne collected together 80 cases presenting similar phenomena. From these 80 instances Dr. Bérillon extracts only the principal:—

Dr. Burette observed in 1713, at la Charité, a carpenter who slept for six months. During this time he was fed with spoonfuls of broth and of wine introduced every day between the teeth.

In a case reported by Franck the sleep lasted 18 months. Nourishment was administered to the patient in the same manner. Legrand

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du Saulle had under his observation at the Bicêtre, a sleeper whom he found on September 9th, 1868, during his round, in the attitude of a man plunged into a state of profound sleep. This patient remained in almost the same condition until his death, which took place in April, 1869. He was nourished by means of the tube.

In another case reported by the same physician, a man, eighty years of age, slept from April 3rd to October 1st, 1867.

From this pathological sleep he never awoke. As in the preceding case he was fed by the tube.

In 1868 Dr. Foville had under his observation a man at Charenton who remained in a condition of absolute immobility for about nine weeks.

In 1707, Homberg read at the Academy of Sciences a report of an extraordinary instance of lethargy. The man was called "the sleeper of Holland," and his sleep was prolonged for six months, without any interruption, during which he evinced no sign of voluntary movement, or of feeling. (Not reported in the work of M. Semelaigne.)

In the foregoing observations there are points of difference between them and that of Mdlle. B. (reported by M. Bérillon); but there is a second group of facts which more nearly resembles it, in the sense that they are manifestly dependent upon hysteria. Thus, Sandras cites the case of a young hysteric, who had several complete attacks of lethargy. These attacks only lasted a few days, but the description of her state during the lethargy recalls that of Mdlle. B. exactly. As with this latter case, liquid placed upon the back of the tongue was swallowed without effort. Louyer-Villermer has placed on record a similar case of hysterical lethargy which lasted about a week.

In the same group of hysterical lethargies, it is necessary to include the patient of Louvain, known under the name of *La Marmotte de Flandre*, who was seized every day, from the morning until the evening, with an attack of complete lethargy. We may add that similar cases of more or less limited duration have been observed by Briquet, Charcot, Delasiauve, &c. Quite recently, in the service of M. Jules Voisin, we have seen a patient, called Eudoxie R., remain during several months, at the end of a nervous crisis, in a state of complete immobility and insensibility. The report of this patient, who in many respects resembled cases of lethargy, will be found in the "Iconographie Photographique de la Salpêtrière," de MM. Bourneville et Regnard.

This patient has been described by M. Charcot in several masterly lectures, and she is one of the subjects which have aided him in reconstructing the complete natural history of these peculiar cases of prolonged sleep.

We have found also in the "Bibliothèque Nationale" some facts of the same description, old cases, but, nevertheless, very carefully studied. Among these, we may cite that of a young hysterical girl, published by M. De Beauchêne, physician to the King. This patient

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for five years was attacked with lethargic sleep, for periods lasting from eight to ten days; and of which one lasted even seventeen days. The patient during this period had no excretions. She took food only when awake. Another case, not less conscientiously observed, is that published by M. Dionis, surgeon to the Dauphiness. Elizabeth Devigne, aged 25, living with her mother in the Faubourg-Saint-Germain, was attacked on May 26, 1709, with an extraordinary malady, which was looked upon as catalepsy. . . . The physicians who came to see the patient went away convinced that there was no imposture; but no one was able to formulate a plausible theory. . . . The Lieutenant-General of Police had her placed in one of the religious hospitals, where she was placed under the care of Drs. Ombert, Morian, and Geoffroy. They found that in the hospital, under their eyes, the patient had the same attacks of catalepsy. Ultimately, the patient greatly improved.—[EDS.]

OCCASIONAL NOTES OF THE QUARTER.

Lunacy Acts Amendment Bill.

The Medico-Psychological Association has not been idle in considering the clauses of this oft-introduced Bill, and in bringing its defects and actually mischievous enactments under the notice of the Lord Chancellor. The Parliamentary Committee has repeatedly met, and it has stated the grounds of objection in the form of a circular. It was thought only fair to the members of the Association, and likely to be productive of benefit to the Committee itself, to submit this statement to the quarterly meeting of the Association. As will be seen from the report of this meeting under "Notes and News," the result was a lively and practical debate on the Bill. Experienced men in and out of asylums agreed in regretting the troublesome interference with the prompt admission of private patients into institutions for the insane. A curious omission in the clause referring to urgency certificates was pointed out by the Chairman, in his appropriate opening remarks.

Strong protests were made against the worse than useless checks put upon the care and treatment of single patients. That they should be visited only once a year is, no doubt, a great defect; but we fail to understand why the Bill should rush from this extreme of neglect to that of so great an interference with the system that it would become practically unavailable, much to the detriment of the

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