

ATYPICAL MENTAL ILLNESS IN A FAMILY INCLUDING IDENTICAL TWINS

By

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In St. Crispin Hospital, Northampton, there are male identical twins (J.L. and P.L.) who for nearly a quarter of a century have suffered from an atypical psychosis. They were previously studied by Palmer (3). Their sister (B.L.) had a similar mental illness but she obtained relief from a leucotomy operation at an early stage. The mother was also affected, but the onset of illness in her case was later in life. There are two unaffected siblings.

In their text-book *Clinical Psychiatry*, Mayer-Gross, Slater and Roth (2) say “. . . Leonhard (1) has shown that rare families are to be found in which an atypical psychosis runs true to form through several members; and in such cases we may very likely be dealing with a heredo-familial disorder *sui generis* . . . He has also pointed to the fact, frequently noted by clinicians, that where there is a strong family history (suggesting a dominant gene) the clinical course tends to be atypical and benign”.

This family provides an example of this type of illness, and the presence of a pair of identical twins enhances the interest of the study.

CASE HISTORIES

P.L. Birth weight 3 pounds. Delicate, but soon caught up. No neurotic traits in childhood. Normal play and friends. Education: had governess until 10. Then went to prep. school and public school. Was average scholar. Played rugby, cricket and tennis.

Work: Office work for a few years and then went to Agricultural College. Obtained Diploma in Poultry Farming. Was Victor Ludorum in sports. Good relationship with other students. Later started poultry farming and horse dealing. Mental illness began at about the age of 23. He complained of depression, loss of interest, feelings of perplexity and of unreality. There were no delusions or hallucinations. He was admitted to hospital two years later and had 20 convulsion treatments with only slight improvement. Over the years there has been a gradual general deterioration in his condition. He has become careless in his dress, and dirty in his habits. When seen at this hospital at the age of 48 he was depressed, easily moved to tears, and showed lack of self-respect. He remains a depressed, untidy and degenerated person. His I.Q. is 91 and psychological testing indicated 32 per cent. mental deterioration. Clinically, however, there is no evidence of organic dementia. There is still no evidence of thought disorder, and his conversation is rational.

J.L. Birth weight 5 pounds. Not delicate, No neurotic traits in childhood.

Education: Same as P.L. Was captain of House Rugby XV.

Work: Office work 4 years. Later joined P.L. in poultry and horse dealing.

Mental illness: Came on 2 years after onset of P.L.'s illness. Onset, sudden “like a flash”. Was depressed and felt life not worth living. Himself attributes onset of illness to worry over P.L. Was in hospital with P.L. at age 25. Not much response to treatment by convulsions. Married in his late thirties. Has one son. Was admitted to this hospital at age of 48 a few months after P.L. Features of illness similar to P.L. possibly less severe—J.L. has always been the more dominating of the twins. He is also much heavier (now weighs 15 stone—P.L. only 10 stone 12 pounds).

He remains depressed and shows gross deterioration of habits. His I.Q. is 105. Psychological testing indicated 24 per cent. of mental deterioration but again, clinically, there is no evidence of organic dementia. There is no evidence of thought disorder.

The outstanding features of the illnesses in these twins are:

1. Depression coming on early in life, with much weeping.
2. Feelings of depersonalization.
3. Deterioration in habits and loss of self respect.
4. Absence of any cyclic features.

5. Absence of thought disorder.
6. Absence of gross intellectual deterioration.
7. The relatively benign course of the illness over a period of nearly a quarter of a century.

The blood groups of the twins are identical. They are both A₂C₂DE, probable genotype CD₀/cDE. In the finger prints there is no discrepancy which would indicate other than that they are identical twins.

B.L. Normal birth. Happy childhood. No neurotic traits. Confirms good sibling relationship all round. Parents?—"None of us could have got on better with them"—Too lenient rather than overstrict.

Education: Private school, average scholar. Liked school games and company. Left at 17 years.

Work: Helped in the house, cleaning silver, sewing, etc. Later tried teaching privately, but without much success. At 26 years she married. Has one daughter of 17 who is very well.

Mental illness: First symptoms at age 18 were of mild depression from which she recovered. At 28 had recurrence after appendicectomy. Admitted to hospital age 29, at which time she denied feeling depressed but complained that she was unable to worry, unable to realize anything and unable to feel emotions.

She had a course of continuous narcosis with some improvement but after discharge she had several recurrences of depression and there was a suicidal attempt.

At the age of 38 she was again admitted to hospital and a prefrontal leucotomy operation was performed. The result was excellent and she has led a perfectly normal life since. She was recently seen when visiting this hospital and was very well. She felt that her illness was similar to that of P.L. and J.L. and regrets that they would never agree to leucotomy for themselves.

Mother (Mrs. L.), was the fourth of six children. Her father was "intemperate" (alcohol). One sister had occasional epileptic fits.

Pre-morbid personality. "Very charming, even temperament, interested in village life and farm work."

At the age of 45 had nervous breakdown lasting three months with symptoms of depression and fear of being alone but with inability to meet and converse with people.

Again at age 62 began to lose interest in her appearance. Became depressed and despondent. Onset sudden—"in a night". Husband quoted her as saying she felt that "an evil spirit had entered her". Since onset "nothing had been the same". She complained that she could not think, that her head was like brass, and was light and empty as if it did not belong to her. She felt that both the world and herself were unreal and she "feared insanity".

SUMMARY AND CONCLUSION

The case histories of four related patients are briefly described. All have been afflicted by atypical psychoses. The positive features common to all of them are a sudden onset with depression and marked feelings of unreality and loss of self-respect. The similarity in the illnesses of the identical twins is most striking.

The family provides an example of a heredo-familial disorder with atypical features and a relatively benign course. The response to leucotomy in one patient is noteworthy.

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