

Report on Thirty-one Cases of Maniacal-Depressive Insanity which came under treatment in the Down District Asylum during the year ending December 31st, 1907. By JAMES COTTER, L.R.C.P.S.E., Assistant Medical Officer, Down District Asylum, Downpatrick.

FOR the purpose of this report the definition of Maniacal-Depressive Insanity as laid down by Kraepelin has been adopted.

There were in all 31 cases, 16 males and 15 females, making 19·6 *per cent.* of the total number of new cases admitted during the same period.

The case-books have furnished the particulars contained in the subjoined table, and have been most carefully verified, as far as possible, by exhaustive inquiries.

Taking each of the headings *seriatim*, we find as under :

Age.—For purpose of comparison, the present age, and the age at first attack, where there were more than one, are given together.

Age	First attack.	Present attack.
Under 25 years. .	22·5 <i>per cent.</i> .	9·6 <i>per cent.</i>
Between 25 and 35 .	22·5 " .	22·5 "
" 35 " 45 .	19·3 " .	22·5 "
" 45 " 55 .	19·3 " .	25·8 "
" 55 " 65 .	6·4 " .	9·6 "
" 65 " 75 .	" .	9·6 "

It will be noted that by far the greatest number of cases occurred before the age of 35.

Sex.—Although the sexes are practically equal in the table when compared with the numbers admitted during the year, the female sex predominates in the proportion of 21·7 *per cent.* females to 17·9 *per cent.* males.

In no case was the disease associated with pregnancy at the puerperal period.

Heredity.—In 70·9 *per cent.* of the cases under review a markedly insane history was obtained.

In 29 *per cent.* a hereditary taint could not be ascertained. Of the total number of cases admitted during the year, 42·4 *per cent.* showed a markedly insane stock, whilst in 57·6 *per cent.* no such history could be ascertained. This shows the

Table of Cases.

Name.	Age, Sex.	Social condition.	Hereditary.	Previous attacks.	Age on first attack.	Delusions.			Hallucinations.		Result.*
						Exalted.	De-pressed.	Perse-utory.	Visual.	Auditory.	
W. J. L—	35 M.	M.	—	1	31	Yes	Yes	Yes	—	Yes	R.
G. M—	7 M.	S.	Cousins	0	—	Yes	Yes	Yes	Yes	Yes	R.
J. D—	65 M.	M.	Two brothers	1	53	—	Yes	Yes	—	Yes	R.
J. C—	56 M.	M.	Grandfather	1	53	Yes	—	—	—	—	R.
H. S—	50 M.	M.	Father	0	—	Yes	Yes	—	—	Yes	D.I.
J. W—	28 M.	M.	Two brothers	0	—	Yes	Yes	—	Yes	—	R.
W. S. M'C—	48 M.	S.	Uncle and aunt	1	45	—	Yes	Yes	—	—	R.
R. H. W—	26 M.	S.	—	0	—	Yes	Yes	—	—	—	H.
J. P. G—	25 M.	M.	—	1	22	Yes	Yes	—	—	Yes	R.
H. K—	23 M.	S.	—	1	22	Yes	Yes	—	—	Yes	H.
T. R—	30 M.	M.	Uncle	1	29	—	Yes	Yes	—	—	H.
P. S—	70 M.	M.	Cousins	6	41	Yes	Yes	—	—	Yes	R.
R. C—	48 M.	M.	—	15	34	Yes	Yes	—	Yes	Yes	R.
H. M'G—	46 M.	S.	Cousin	0	46	Yes	Yes	—	Yes	—	H.
J. D—	45 M.	M.	{ Father Uncle	0	—	Yes	Yes	—	—	Yes	H.
M. P—	39 M.	S.	{ Brother Father deaf-mute	1	34	Yes	Yes	—	—	Yes	R.
M. H—	40 F.	M.	{ Twins { Mother Aunt	0	—	Yes	Yes	—	—	Yes	H.
L. G—	40 F.	S.	{ Grandmother Two sisters	0	—	Yes	Yes	—	—	Yes	H.
E. L—	40 F.	S.	—	1	28	Yes	Yes	—	—	Yes	H.

* R. Recovered. D.I. Discharged insane. H. In asylum at present.

Table of Cases—continued.

Name.	Age.	Sex.	Social condition.	Hereditary.	Previous attacks.	Age on first attack.	Delusions.			Hallucinations.		Result.*
							Exalted.	Depressed.	Persecutory.	Visual.	Auditory.	
R. M—	28	F.	S.	—	3	19	Yes	Yes	—	Yes	—	Died.
R. A. M—	30	F.	S.	{ Father Brother	0	—	Yes	Yes	—	Yes	Yes	H.
C. M'L—	27	F.	S.	{ Uncle Aunt	1	24	Yes	Yes	Yes	—	Yes	R.
M. J. O'D—	24	F.	S.	—	0	—	Yes	Yes	—	—	Yes	R.
J. M—	59	F.	M.	Cousins	0	—	Yes	Yes	—	—	Yes	R.
T. C—	33	F.	S.	{ Brother Sister	0	—	Yes	Yes	—	—	Yes	H.
S. J. A—	38	F.	S.	Brother	0	—	Yes	Yes	—	—	Yes	R.
E. M—	40	F.	S.	Brother	0	—	Yes	Yes	Yes	H. of smell	Yes	H.
E. J. L—	50	F.	S.	{ Mother Two sisters Brother	0	—	Yes	Yes	—	Yes	Yes	R.
J. M—	47	F.	M.	Cousin	1	46	Yes	Yes	Yes	Yes	Yes	H.
A. J. G—	69	F.	M.	—	4	29	—	Yes	Yes	—	Yes	R.
M. A—	54	F.	S.	Cousins	7	20	Yes	Yes	Yes	—	Yes	R.

* R. Recovered. D.I. Discharged insane. H. In asylum at present.

part played by heredity in this particular form of mental disease.

Number of previous attacks :

15 were suffering from 1st attack.

11 had 1 previous attack

1 " 3 " attacks

1 " 4 " "

1 " 6 " "

1 " 7 " "

1 " 15 " "

Form of disease.—Maniacal: No case under treatment.

Mixed: These were divided into A and B.

A. Showing exaltation and depression in a single attack.

B. Showing exaltation or depression separated by a well-marked lucid interval.

A. Males 22·5 *per cent.* . Females 32·2 *per cent.*

B. " 19·3 " " 12·9 "

Melancholic: Males 9·6 *per cent.* Females 3·2 *per cent.*

Hallucinations.—Hallucinations of one kind or another were present in 90 *per cent.* of the cases.

Social condition.—Married 38·7. Single 61·2.

Result.—Fourteen patients were discharged recovered within the year, the average length of residence being five months; 3 were since discharged recovered; 1 was discharged insane, to care of friends; 1 died; 12 remain in the asylum at the time of writing. Of the patients who were discharged recovered, two have been re-admitted within the last few months.

It is worthy of note that in the melancholic cases the physical and mental disturbances were less marked, and that they made a more rapid convalescence than was the case in the mixed types.

Note on Dr. Cotter's Report by Dr. Nolan.

When my colleague undertook to make a return of the cases of maniacal-depressive insanity, he referred to me for his best guide, and I suggested Kraepelin. Accordingly the return was framed on the classifications of Kraepelin, *and the cases were grouped as that author would have grouped them.* This was done without prejudice to personal opinion, and merely as an adaptation to suit a special purpose, *viz.*, to

ascertain what proportion of the year's admission could be differentiated, were Kraepelin's classification to be adopted *without question* as to its soundness. As a result the return covered the vast majority of the recoverable admissions, and in this way support the view that Kraepelin's classes are artificial and without practical value. Personally, I hold that the term "maniacal-depressive insanity" might be retained with advantage to classify a limited number of cases which are characterised by acute mixed symptoms in recurrent attacks which are not followed by dementia.

Maniacal-Depressive Insanity amongst the Male Admissions to the Richmond District Asylum in the year 1907. By J. M. REDINGTON, F.R.C.S.I., Assistant Medical Officer, Richmond Asylum; and P. J. DWYER, M.B., Clinical Assistant, Richmond Asylum.

IN examining the male cases admitted to the Richmond Asylum during the year 1907, special attention was paid to the mixed variety of maniacal-depressive insanity as described by Kraepelin. The result, I must say, was disappointing, for out of 292 admissions only one case came under this head. It is only right to state that fifty-five of these cases were drafted to the Portrane Auxiliary Asylum, where I was unable to follow their history. Of these 292 cases 42 were suffering from acute mania and 59 from acute melancholia, and neglecting the cases sent to Portrane, none of these, with the one exception, departed from the ordinary course of these diseases.

W. M—, æt. 41, builder's clerk, was first admitted to the asylum on December 27th, 1902. There was no history of insanity, epilepsy, paralysis, or other nervous disease. Father died of phthisis. Patient was temperate and never had syphilis.

Mother states that patient had an extraordinary memory, and in every way showed great brain power, and that of late years his whole mind was centred in music. Some years ago he suffered from insomnia. In March, 1901, he became melancholy, and continued so till October, 1902. During this period he remained indoors and showed a great fear of meeting