was hardly perceptible, respiration was rapid, shallow, and entirely thoracic, the general condition was very unfavourable, collapse set in, and he died early on the fourth day after the injury.

Post-mortem.—An examination revealed every sign of septic peritonitis. Coils of intestine were seen to be dilated and deeply injected. The extruded coil had two large wounds, and was almost black with congestion. There was generalised purulent exudation, with recent adhesions; about 70 c.c. of purulent fluid were taken from the pelvis. The small intestine had three holes in it (apart from the one which formed the artificial anus); two of these were about 10 mm. long, the other 4 mm. The first wound was two inches above the cæcum, the second four inches, and the third four inches further.

Remarks.—With the experience of these two cases I am now of opinion that it would have given the last case a better chance if the "toilette of the peritoneum" had been carried out after having carefully sutured the wounds in the intestine by the Lembert method. With the means at our command at the present time, and the experience derived from operations after perforated gastric and typhoid ulcers, I should be disposed in future to close all intestinal wounds and to irrigate and douche the peritoneum, effecting a systematic cleansing, as taught by Maclaren, who directs that the folds of the mesenteric attachments of the small intestine, the lumbar and pelvic hollows, and all pockets should be well douched to avoid the risk of spreading septic conditions, and that this should be done thoroughly and in sequence from the cæcum to the colon under the liver, and from the stomach to the rectum. It remains to be said, however, that there are some authorities who consider that to irrigate, douche, or cleanse the peritoneum seriously diminishes the resistance of this serous covering, and that such a course favours the effusion of serum, which becomes the pabulum for septic organisms introduced previously, or by the process, or left behind after its completion.

A Case of Hebephrenia.

By W. R. DAWSON, M.D.(Dubl.), F.R.C.P.I., Medical Superintendent, Farnham House, Finglas, Dublin.

THE term "hebephrenia" was first used by Hecker (1) and Kahlbaum many years ago to denote a peculiar sequence of morbid mental phenomena commencing at puberty, or in early

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adolescence, and considered sufficiently constant and definite to be classed as a separate form of mental disease. The subject has been especially studied on the Continent, but the position which the group of symptoms should occupy is not even yet agreed upon. So prominent an authority as Krafft-Ebing has stated, in the last edition of his *Lehrbuch* (2), that the correctness of making hebephrenia a distinct disease still seemed to him questionable; while, on the other hand, Kraepelin (3) accepts the distinction and makes hebephrenia one of the three varieties of "dementia præcox."

The exact delimitation of hebephrenia has probably differed somewhat in the hands of different writers; but, taking Kraepelin's description for a foundation, as being the most up-to-date, the following would seem to represent the present significance of the term:—

The disease always occurs in hereditarily predisposed individuals, and typically about puberty. It may begin either with a period of depression, in which suicide may be attempted, or more insidiously, the patient becoming self-absorbed, morose, and solitary, or irritable and obstinate. The patient then grows apprehensive, depressed, and suspicious, and suffers from hallucinations, most frequently those of hearing (which take the form of voices or inarticulate noises), but also of sight, smell, and common sensation. At the same time he acquires delusions of personal unworthiness, of suspicion (poison; being worked upon by others; that his thoughts are not his own, etc.), and later of an expansive character. These last are accompanied by fabrications. At first the patient is quite conscious that something is wrong, both consciousness and orientation are little impaired, and he is quite coherent. Memory for recent events soon shows deterioration, and judgment is early affected. The patient becomes dull and indifferent, but is self-centred, with mental depression and irritability. Masturbation is frequent. Conduct becomes more and more childish; there are bursts of senseless laughter (a very prominent symptom), and various purposeless actions. Obstinacy alternates with facility. Speech shows looseness of thought and confusion, and there is a love of long words and stilted phrases. At first the appetite is poor, sleep is disturbed, and there may be some trophic disturbances, but these pass off later. The disease is progressive, but there are frequently remissions, especially in the earlier

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stages. As it runs its course the mental enfeeblement increases, but the delusions and hallucinations fall into the background and disappear. There may be periods of excitement, however. Marked dementia appears in from six months to several years, and in the vast majority of the cases continues to deepen. A few, however, recover to a certain degree, and in some others the disease remains stationary. Thus the essential features of hebephrenia are a progressive mental weakness beginning about puberty, and accompanied in the first stage by mental depression, with hallucinations and delusions, which subsequently pass off. It appears to cover much of the ground occupied by the insanities of puberty and of masturbation in some other classifications.

The frequency of the condition is also a matter of dispute, but it appears to be sufficiently rare to justify me in bringing the following case under your notice:

The patient, a youth æt. 18, was admitted as a voluntary boarder on March 1st, 1902. There was some neuropathic tendency on the paternal side. His father, who was still alive, suffers from chronic constipation. A brother died of cardiac disease.

The patient himself is said to have always been a solitary boy, but when at school he joined in football. For the two years previous to admission he was apprenticed to an architect, who had little business and left him very much to himself. He lived in a hotel, being absolutely his own master, keeping to himself, and maintaining late hours and irregular meal-times. He was a vegetarian. His only recreation was reading. General health was good, except for chronic constipation, and he had had no severe illnesses. He was not dissipated, but by his own account had masturbated for four or five years, though generally only about once a week; at one time, however, not very recently, he did so as often as once a day. He said he had felt depressed for two or three months, and it was noticed that he had lately found it hard to keep warm.

On Feb. 23rd he was noticed to be a little odd, and next day he walked about one and a half miles down the quay and threw himself into the river. He changed his mind and scrambled out, went to a neighbouring Sailors' Home to dry himself, and then back to his lodgings. His motives for this act he explained differently at various times and to different persons: (1) he did not believe in a hereafter, and did not expect ever to be well; (2) there was a lower and a higher class of people, and he, belonging to the lower, ought to make way for the higher; (3) he would never have done it had he not been drugged; drugs were put in his milk; (4) he did it because of religious depression. He showed a tendency to delusional suspicion. He was sent to a private hospital at first, but did not get on well there, and so was persuaded to place himself under my care. According to himself, he had not masturbated for some eight or ten days before admission, but he was suspected of doing so at the private hospital.

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He was a short, but well-made and rather good-looking lad, of a boyish aspect for his years, well-nourished, and with a fairly developed musculature; but he looked pale, neurotic, and debilitated. The only stigma noted was a rather high and narrow palate. His physical state was normal,(1) except that the pulse was rapid and a systolic bruit was audible everywhere over the heart, with accentuation of the second sound; but the area of cardiac dulness was not increased. The urine showed no abnormality. He was fairly cheerful at first, and joined in games, but said that there was no use in living, as he saw by his appearance in the glass that he was degenerating and falling in the social scale, and that this was his reason for attempting suicide. His general intelligence appeared to be good, however, but he failed to recognise the nature of the institution. He seemed easily fatigued.

On the night of March 3rd he was wakeful and perspired a good deal, and next day was depressed and complained of cold, and his temperature was subnormal. He asked that a bullet should be put into him if he did not recover. A mixture containing strychnine and phosphoric acid was ordered. For about a fortnight after this he was in the main depressed, but was somewhat variable, as now and then he would brighten up. He cried a good deal, and often would not answer questions, but he could be got to play both indoor and outdoor games. He manifested a number of delusions—that he was being tortured, that his sisters who visited him were not really so related to him, that poison was given him, and things done to annoy him. He also complained of various noises—that every one entering the room began to whistle, that the door creaked on its hinges, and the birds made maddening noises, and that someone was grinding a mill and making other sounds under his window at night, the object, so far as he alleged one, being to annoy him and make him mad. He also said that his mother had been tortured to death, as he was being. He spoke without reserve of his attempt at suicide, and seemed amused at some of the details, and he frequently expressed a wish that he was dead, and once tried to keep his head under water in his bath. Sleep was poor at night, and trional had to be given, but he was often drowsy in the daytime. As his bowels continued constipated, a mixture containing cascara and strychnine was ordered on the 10th, and to this tincture of strophanthus was subsequently added. His general behaviour and attitude of mind were rather childish, and he had vague ideas of wrong done him by his relatives in "keeping him in the dark all his life," as he put it, but could give no very clear explanation of what he meant. There was no reason to think that he was masturbating at this period, and he himself denied it and said he never thought of it now. Cold baths were added to the treatment.

About the end of the third week he began to show improvement, becoming more cheerful and reasonable, and eating and sleeping better, while his bowels were kept regular by the mixture. He developed the habit, however, of emitting sudden explosions of laughter now and then without cause, and was sometimes emotional. He also spoke of a plot against him, thought he was in some way the cause of epileptic fits in another patient, and studied himself and his sensations very closely, complaining that his lips felt stiff, and the like. He was always asking advice on such topics as whom he should imitate in his appearance and

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conduct, etc. Still he was and felt undoubtedly better both physically and mentally, and began to find the restraint irksome. His delusions and fancies also were more transitory, and less in evidence. The cardiac bruit disappeared, and the sounds became stronger. He was discharged on April 12th, greatly improved and in good spirits, and before leaving asked for advice as to his mode of life and general conduct, and professed to intend to follow it.

For about a fortnight after his discharge he continued well and natural, and helped his relations in some packing; he continued taking the mixture, and kept up the mode of life that had been advised. He then took a long journey to another locality, after which he was not so well mentally, but this was perhaps partly owing to an undue amount of solitude. He appeared to be always brooding upon something, and would not take much notice of what was going on around him, nor could he be got to speak except with difficulty. He also adopted a peculiar gait, "as if walking upon eggs." By his own wish he returned on May 24th, when, though looking healthy, he did not seem quite so well as on leaving, and the cardiac bruit was again audible at the apex. He seemed brooding, suspicious, and depressed, and was silent, only answering questions with difficulty, and evidently wishing to be alone. He said he was not worrying about his mental state so much as before, but preferred not to be too cheerful, and admitted that he thought I had been trying experiments on him, which were the cause of his having been worse at first after his previous admission. He sometimes walked peculiarly, placing one foot very exactly in front of the other, and he carried one shoulder high, saying that he could not lower it. His memory showed signs of failure, at all events for recent occurrences. The bursts of laughter still occurred occasionally and have persisted ever since, though sometimes with considerable intervals. At first he said that he laughed because everything seemed funny to him, but not long since he denied that he was laughing; "far from it," he added. On the day after admission he said he heard the voice of a person whom he knew to be in Belfast, so that it must have been imagination. He was much more silent, morose, and intractable than on the previous occasion, showed a curious perversity in doing what he was asked not to do, and was once or twice violent when prevented from doing something. On admission he was found to have sugar in his urine, and was dieted accordingly. The sugar had disappeared by June 18th, and has not since returned. Simultaneously there was some slight improvement and he became brighter, and even at his worst he would always join in games. He was masturbating about this period, and made no secret of it or of his intention to continue the practice, as he said it made him feel better; he said he had no wish to get well altogether. He continued fairly cheerful, but otherwise unchanged for the next six weeks; but the inspector insisted on his being certified, as he did not consider him capable of understanding his position. On several occasions he walked into Dublin with one of the assistants, and once he wanted to go into the dissecting-room of the College of Surgeons. He showed great indecision as to what he wanted to do in the town, but gave no trouble about returning He continued emotional, and would shed copious tears at times.

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In the beginning of August he began to complain again of noises in his room at night (such as whistling and dropping of pebbles down the chimney), which he thought were under my control. The former were probably distant railway whistles, and when his room was changed to the other side of the house he no longer complained of the noises. Before this was done, however, he on several nights hammered and made a noise in his room, apparently with a view of overmastering the other sounds, and one night he broke the fender against the grate, asserting that people were concealed in the chimney. The noises he still hears, but says that they no longer annoy him. In August he also complained of feelings of discomfort in his head, pains in his ears, and bad smells, which he thought were *not* from outside, and he also complained of peculiar feelings in his face impelling him to grimace and forcing his mouth into certain positions, some of which were uncomfortable. He thought that I placed the fibres of his mouth in certain positions, which enabled him to move his mouth into certain other positions. The object of doing so was to call up in his own mind the train of thought that had been passing through the minds of persons whose faces he had seen in similar positions. This applied also to positions of the tongue, hands, and other parts of the body. (It may be mentioned that no grimacing had been noticed by others.) He had vague delusions about my wanting to get at his thoughts, and wanted to know whether his saliva was not secreted by a gland different from that which had secreted it when he first came, as he swallowed it in a different way. He said he could think of nothing but his mental phenomena, and has frequently asked for books on the brain in order to study the subject. He said he was not masturbating much at this time. Later in August he complained of being "imposed upon" by locking his door, and in other ways, and showed me a notebook in which he had printed in pencil the grounds of his complaint, which included chemicals in his food, medicine to make the muscles of his face twitch, "deceitous lying," etc., and also a note: "If I am not imposed upon I may benefit mankind." Since then he has been variable, but on the whole more silent, morose, and solitary, only answering in monosyllables, if at all, when spoken to, and showing a tendency to ape the tricks of other patients. His silence he once attributed to being in doubts about everything, and he said also that I could read his thoughts, and implied that he had not control over his own mind. He played billiards and golf, and seemed to enjoy them, but otherwise simply mooned about. He masturbated a good deal in the autumn, but for about four weeks past has done so little, if at all, and for about that time he has appeared more intelligent, and at the same time more depressed, and has been very anxious to leave, saying that he is getting worse. The treatment was necessarily only symptomatic and general, and as his father wished him to try a sort of hydropathic treatment he removed him on probation on the 23rd inst. His heart is still weak, but there is no murmur. The unpleasant feelings in his face have ceased. He has never given evidence of any ideas or delusions that could be called sexual.

Thus we have a certain degree of childishness, with mental

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depression of gradual onset and not very profound degree, accompanied by delusions and hallucinations (both of which seem to be passing off), as well as by other characteristic symptoms. On the whole there has been gradual mental deterioration, with, however, one remission. The case therefore seems to be undoubtedly one of genuine hebephrenia, although it has not lasted long enough to show the marked dementia of the later stages.

The relation of hebephrenia to some other forms of mental disease is interesting. That it is essentially a psychosis of the degenerate was first pointed out by Fink, (4) who considered that those who suffer from it have really been affected from birth with a slight degree of idiocy, which, latent during childhood, becomes manifest after puberty owing to the claims of a higher psychical activity and increased stress of life. It is perhaps hardly necessary to assume that such patients have always been somewhat imbecile, but in many respects the psychosis does appear to be nearly related to idiocy, and especially in being, at first at all events, a failure of development rather than a mere degeneration. The resemblance of the earlier symptoms to that phase of frothy emotionalism, egotistical introspection, and sentimentality through which most pass at puberty is evident; and, in fact, it seems to be essentially a hypertrophy and fixation of these normal peculiarities of the period, just as idiocy is of those of early childhood. But it differs from idiocy in that the dementia is progressive and eventually replaces all the other symptoms, whether this dementia is altogether primary and inherent in the disease, as seems to be always assumed, or whether it may to some extent be considered secondary to the more acute early symptoms. As the brain is always initially a weak one, this latter suggestion does not seem improbable. (On the other hand, imbeciles often become more weak-minded at puberty, but this deterioration does not seem to advance beyond a certain point.)

The resemblance of hebephrenia to paranoia is undoubtedly considerable, but this is only true in the earlier period of the former disorder, and the differences (especially the very marked dementia and the temporary nature of the delusions in hebephrenia) are so marked that it is difficult to understand how they could have been classed together. Whereas hebephrenia is the

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hypertrophy of the characteristics of a period, paranoia is the hypertrophy of certain of those of the individual. I should be inclined to consider the disease as partly a failure of development and partly a degeneration, but, as the degeneration is dependent on inherent weakness, this is perhaps not so much of a distinction as it sounds.

Lastly, it may be asked what part is played by masturbation in its etiology. Although this habit when practised to excess probably hastens the process of mental degradation, it seems to me that there is no sufficient reason for holding it to be other than a symptom of the general mental disorder.

REFERENCES.

1. Hecker's original paper was published in Virchow's *Archiv*, Bd. lii, p. 394, but I have unfortunately been unable to obtain access to it.
2. Sixth ed., p. 146.
3. See Defendorf's English abridgment of the *Lehrbuch der Psychiatrie*, pp. 152 ff. and 162 ff.
4. *Allgem. Zeitschr. f. Psychiat.*, Bd. xxxvii, p. 490.

(1) It should have been mentioned, however, that there was a small cyst on the right spermatic cord, and that the prepuce was long, though it could be fully retracted.

DISCUSSION

At the Meeting of the Irish Division held at the Royal College of Physicians, Dublin, January 28th, 1903.

Dr. LEEPER asked whether suicidal attempts were frequent in the early stage of cases of this class, as he had seen a patient in whom the disease had seemed to manifest itself in this way or by violence. He had been trying lecithin in young degenerative cases, and would be glad of the experience of others with this drug.

Dr. DRAPES, alluding to the existing difference of opinion as to the application of the term hebephrenia, expressed the opinion that it was misleading to assign fixed appellations to such vague and indeterminate groups of symptoms. He was not yet clear as to whether hebephrenia included all cases of insanity occurring at puberty, or whether it was restricted to those associated with masturbation. He had had cases of recurrent insanity at this period, regarding which he wished to ask whether they were to be considered examples of hebephrenia or not. One such patient was at first in a hilarious, exalted state, recovered from this, and returned after a time in a condition resembling imbecility. He was sent to the sea, and is now doing well. Another was a lad of seventeen in a demented state, who developed paralysis and a large sacral bedsore, but recovered under thyroid treatment. Was either of these a case of hebephrenia?

Dr. CONOLLY NORMAN agreed that the case was one of hebephrenia, and, as he had seen the patient, wished to add, with reference to his degraded habits, that he had a small varicocele and an elongated prepuce. Speaking of the questions raised by Dr. Drapes, he said that although elaborate classifications of insanity were of little worth and confusing, he thought that hebephrenia existed as a type, and that some such attempts at classification must be made if the subject were not to become a mere mass of endless detail. Precocious dementia had been divided by Kraepelin into hebephrenia, katatonia, and paranoid insanity, of which he believed in the first two, but thought the last a mere dumping-ground for all cases which would not conform to the other two types. In this particular case there were

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a number of interesting points. The boy gave four or five contradictory reasons for his attempt at suicide, which showed that none of these was the true reason. Such attempts were to be set down to perversion of normal instinct, and not to any definite reason. The group of paranoia-like symptoms which he showed at first—notions of his thoughts being read, together with the grandiose idea that "he might benefit mankind," and hypochondriacal delusions—have been assigned as evidence of degeneration; and he agreed that the form of insanity was one of arrested development. Fatuous attempts at suicide are common in such degenerative cases. He pointed out that the condition called hebephrenia is identical with a form of insanity described by Skae under the name "hereditary insanity of adolescence."

Dr. DAWSON, in replying, said that attempts at suicide were common at the early stage of hebephrenia. He agreed with Dr. Drapes to a certain extent, but thought that when a definite series of symptoms were found to arise in a certain number of cases it was perfectly legitimate as well as convenient to give them a name. Hebephrenia did not include all the insanities of puberty or early adolescence, and it differed from paranoia in its marked tendency to dementia and in the temporary character of the delusions. As to the possibility of recovery, it was stated that about 8 *per cent.* recover, though in many of these some mental impairment was left. In some other cases the disease was arrested at a certain point, but in the vast majority of cases it progressed to the utmost degree of dementia compatible with life.

A Case of Thoracic Aneurysm simulating Mediastinal Growth. By ROBERT PUGH, M.D.Edin., Assistant Medical Officer, Claybury Asylum.

H. B—, æt. 45, single, occupation porter. He was admitted to Claybury Asylum on June 6th, 1899, suffering from mild secondary dementia.

Family history.—Father died insane; mother alive and healthy; one brother alive and healthy.

Personal history.—Patient was born and has always lived in London. He had a severe attack of rheumatic fever when a boy at school; shortly after this he developed chorea, and since that time has suffered from choreic movements of face, arms, and legs. Ten years ago he contracted syphilis.

Certificate.—He has no sense of decency; is dirty in his habits; eats out of the refuse pail; fills his pockets with all kinds of rubbish; and steals everything he can get hold of.

Physical condition.—Is poorly nourished; has numerous pigmented scars across loins and both legs; varicose veins of both legs; first cardiac sound impure; lungs healthy; pupils unequal, right dilated; light reflexes sluggish; knee-jerks exaggerated; speech slurred; muscular movements jerky and inco-ordinate.

Mental condition.—His intellect is weakened; he is slow in answering questions and stupid in his general behaviour; memory much impaired; his general condition is somewhat suggestive of general paralysis.

Progress of case.—September 8th, 1899.—Patient is practically unchanged mentally, but probably some slight progress has occurred in his dementia, as his choreic movements are much less marked.

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