

our care ; the attack was very short in duration, and she made rapid recovery.

No. 11.—Has been several times under observation, during both maniacal and melancholic phases. Indoxyl in moderate excess has been found in the urine. In several cases of folie circulaire, and also of alternating insanity, I have found a similar condition.

	Sex.	Mental disease.	Indoxyl.	Remarks.
1	Female	Acute melancholia, confusional type	Large excess	Recovered.
2	Female	Acute melancholia, agitated type	Large excess	Recovered after transfer to another institution.
3	Female	Acute melancholia, confusional type	Large excess	Recovered.
4	Female	Acute melancholia, confusional type	Large excess	Did not improve ; died from phthisis.
5	Female	Acute melancholia, agitated type	Large excess	Did not improve ; died from acute tuberculosis.
6	Female	Acute melancholia, supervening upon acute mania	Large excess	Improved.
7	Female	Acute melancholia (simple)	Moderate excess	Died.
8	Female	Acute melancholia (simple)	Moderate excess	Recovered.
9	Female	Acute melancholia (simple)	Moderate excess	Recovered.
10	Female	Acute melancholia, stuporous	Moderate excess	Still under treatment ; not improving.
11	Female	Acute melancholia (simple)	Moderate excess	Recovered.
12	Female	Acute melancholia (simple)	Moderate excess	Recovered.
13	Female	Acute melancholia, confusional type	Large excess	Still under treatment.
14	Female	Acute melancholia, agitated type	Moderate excess	Recovered.
15	Female	Acute melancholia, agitated type	Large excess	Transferred to another institution.
16	Female	Acute melancholia	Moderate excess	Still under treatment, but recovering.

Psychology of a particular Form of Pathological Intoxication. By Professor A. PICK (Prague).

IT is currently admitted that the state of intoxication in neuropathic persons differs from that of normal individuals or of habitual drunkards. Of this peculiar state Bonhoeffer has lately given an excellent account, but when one attempts to gain a clear conception of it the clinical cases scarcely bear out the general description. It will, therefore, perhaps be not inappropriate to go over some cases of this pathological form of

intoxication which are not yet numerous and endeavour to gather them into a more definite group. (¹)

On October 27th, 1902, at nine o'clock in the evening, there was brought to the clinique an unknown man, who afterwards designated himself as named T. Anton, locksmith's apprentice, æt. 20 years. It was stated that in the Karlplatz, where there were a number of low drinking-dens, he had attempted to overthrow the benches on the square, crying out that he was Prince Rosenkranz. At the police office he was still unruly and tried to hang himself in the cell. When brought handcuffed to the examination-room he had the appearance of being drunk, had a confused and sleepy look, and kept on muttering something about cigarettes ("Drama"). The preliminary questions being over, he allowed himself quietly to be led to the clinique. The appearance of intoxication had now disappeared and he carried on the following conversation with the assistant: "What are you called?" "Prince Rosenkranz, but if my father lived it would be different." "Who was your father?" "He is dead now." "What was he called?" "I don't know." When asked where he lived, after reflecting a little, he answered, Koschir (a suburb of Prague). He replied to many further questions about his dwelling with "Koschir." When asked how he lived he did not answer and remained dull to repeated questions. "What had he eaten to-day?" "Only three kreuzersworth of apples." "What had he eaten yesterday?" "Nothing." "What did he generally eat?" "Na, this week there was not yet Saturday, and on Saturday I ate nothing." When he was undressed and the assistant asked him the cause of a large lupus mark on his forearm, he said: "That is my birth mark of nobility." "How do you live?" "Na, I have sent for 'Dramas' (the aforementioned cigarettes); they would not bring them to me, and therefore I was annoyed." "Where did he get the two kreuzers?" "A woman gave them to me." Then he whispered confidentially into the assistant's ear: "I am Prince Rosenkranz. I was repudiated, but I am noble." "What are you generally called?" "Prince Rosenkranz." "But by ordinary people?" "Well, Mr. Anton, they call me, but I have been put away, and so I must beg; but tell nobody. I tell you you are a fine gentleman. You are certainly noble." When told he was in the hospital for insane he answered promptly, "But I am not silly." He

could only count the beginning of the multiplication table and that very slowly. The mucous membrane reflexes were prompt ; needle pricks were readily felt, but when pushed deeper were not felt as painful.

T— slept the night after this examination and was quite clear in the morning, discovered where he was and gave an account of himself. He had been long without parents and had led an irregular life. Having been without work for some months, he had lived on charity and had drunk all he could get for the last two nights. He knew nothing of yesterday's excess. About Prince Rosenkranz he explained that he had taken part in private theatricals and perhaps had seen *Hamlet* acted. His bodily condition, apart from the lupus, presented no striking signs of degeneration. There were no convulsions or symptoms of mental derangement. T— shows no inclination to work, and on the whole he gives the impression of being a degenerate, and all that has since transpired of his history goes to confirm this.

A fortnight later in the evening of an idle Monday he was again brought to the clinique. He had been disorderly at the Karlplatz opposite the Military Hospital ; he was found furiously beating on a bench ; he offered to strike the soldier of the guard who came up, ran after him into the Military Hospital crying that he was Prince Rosenkranz and must kill everyone ; he called the policemen dogs. He was brought, tied and smelling of liquor, to the clinique. He was then drowsy and soon fell asleep ; in the morning his mind was quite clear, but he had forgotten all that had happened during the time of excitement. Brought in a third time shortly afterwards, he had the appearance of great heaviness and listlessness. When asked his name he muttered something. The only words which could be understood were : " They have not brought me the Dramas." It was reported that in the afternoon he had entered a drinking-shop and begged to be allowed to sit there ; shortly after he attacked the landlord with a ladder which he picked up and then ran out crying : " I am Prince Rosenkranz," threw himself on a passer-by and shouted to him : " You are not a nobleman." He demanded Drama cigarettes from the police, then he made as if he were waiting for a carriage to take him away. After sleeping at the clinique he completely regained his self-possession forgetting,

as formerly, what he had done save that he had gone into the shop.

Thus we see that T— after every excess in drinking passes into an abnormal state of consciousness distinguished by two peculiarities. First, his mind is separated from the usual sequence of his thoughts, and secondly it is narrowed into a circle which is very circumscribed but always identical. While I adhere to the views of Moeli (*Allgemeine Zeitschrift für Psychiatrie*, 57, page 186), still, I differ from him in that he treats these pathological phases as delusive conceptions. I believe that in this case we have to do, not with delusions *created in* the state of abnormal consciousness, but with something fixed which readily rises every time to the surface through or during this peculiar mental condition. It corresponds with pathological dreaming in children and with what Pierre Janet (*Neuroses et Idées Fixes*, 1898, I, page 393) has described as “*rêverie subconsciente*,” the relations of which to the waking condition he has also indicated. It is especially important in dealing with this subject to note the monotonous and dream-like character of the delusions of grandeur which in these cases are frequent. In the same passage Janet points out how these “*rêveries*” bring to maturity submerged dispositions and how they assume a more precise character when the conscious mental life becomes fainter ; a step further we see that through a diminished conscious activity the impressions of dreams come to the foreground and occupy the place of the narrowed scope of consciousness.

These considerations help us to answer a question which C. Mayer (*loc. cit.*, page 248), in dealing with the delusions he describes, has treated as quite incomprehensible, why in every one of his four cases there is a delusion of grandeur. Delusions of grandeur are, as a rule, the content of pathological dreaming, and in consequence of the weakening of the energy of the normal consciousness they appear in these states of intoxication.⁽²⁾ They do not, as Mayer there mentions, require for their production any previous or accompanying emotion, nor is it surprising that delusions of such a character appear, although the emotional states do not seem to favour them.

These views have a safe clinical ground. Let me here observe that the hallucinations which usher in the grandiose stage of paranoia first appear upon a mental state prepared for

them by corresponding conceptions, and that the same relation may be observed in the development of the delusions of grandeur in paranoia without hallucinations.

In connection with the arguments adduced in support of the views advanced regarding the significance of dreaming in this state of mental obscurity, I may make a few remarks upon the origin of the name "Prince Rosenkranz." It may be assumed that this notion originated from the part he took in the theatricals, either because this stage figure at once furnished the object in the dream or perhaps only suggested the idea of high birth, and that the name became casually associated with it. This view finds support in an observation of Krafft-Ebing's (*Arbeiten*, iii, 1898, page 93), in which some dreamy delusions seem to have been caused by a previous occupation at a theatre. This observation further serves to explain how ideas of grandeur frequently owe their origin to some recent real occurrence. Here the explanation by sub-conscious dreaming obviously fails, and these cases, like those described by Mayer, would remain incomprehensible (*loc. cit.*, p. 249). The patient described by Krafft-Ebing was a habitual drunkard, who first came to the clinique as King Ottocar of Bohemia. Fifteen years before he had several times been employed as supernumerary in the acting of the play *King Ottocar's Fortune and End*. This piece made a great impression on his mind. Two years after he was brought a second time to the clinique with transitory delirium from drinking. This time he came into the hands of the police, with his little son, five years of age, whom he announced as the Crown Prince Ottocar, and himself as the Emperor of Mexico, and pretended he had returned from Mexico the day before.

The special ideas of grandeur of this patient had obviously been derived from his reading, or from some event in his experience. The idea about his son furnishes the explanation of how the delusions about his own personality had arisen. The brooding over the play about King Ottocar, and the accounts of the tragical end of the Emperor Maximilian of Austria, had fostered a latent megalomania from which his delusive notions had sprung.

One may here ask why, considering the commonness of day-dreaming, from childhood to old age, such cases are not oftener

met with. But we must remember that in the description of similar patients the psychological analysis is not often pushed far enough, or not clearly stated. In other cases such reveries do not occur, or are obscured by other symptoms.

In support of the views here announced I add another observation of my own. About two o'clock a.m. of March 12th, 1902, a man was found on the streets in his under-clothing, bare-footed and bare-headed. He said that he was a baron who was travelling to America. He thought the watch-house was the post-office and that an admission card was a railway ticket. He appears to have said to the police that he had lately been drinking heavily, and that two days before he had been let loose in Moravia as "a fool." When brought to the clinique he was trembling, spoke about deer which he had seen on the streets, and believed that he was in Hamburg. He said that he had run out of the house in his drawers because he thought that he was in a forest in America, and it was hot. When the eye-ball was pressed there were visions.

After he had slept some hours, he told us that he was called Knotek, that he was in Hamburg, his girl had gone to America, his father was a baron, and that he had inherited the name Knotek from his brother. The patient was heavy and torpid. The physical examination showed tremor of the hands, a dicrotic pulse, increased sensibility of the nerves, and abnormal excitability of the muscles, especially of the face; the general sensibility was normal. There was tenderness to pressure in the right iliac region. There was the mark of an old bite in the middle of the tongue.

The next day his mind was quite free, and he gave the following account of himself: He had learned on Sunday that his sweetheart had left for America. On this account he had taken to drinking, till the 11th, when he pawned his clothes and got drunk again; from this moment he has complete amnesia. Kaucky, the name he gave to the police, was his friend's who had drunk with him in the public-house. He recalled that he had spoken about his affairs with this K—, and then ran away, saying that he was going to America. To explain why he called himself baron, he only knew that he had read a novel by a Baron Rostoptschin some weeks before; he also recollected that he had said to the police that he had been put out of the shop or business as a fool; as cause of this statement

—true in fact—he said that when there he once, instead of men's gloves, had cut gloves for children, and, therefore, the master had called him a fool. About all the rest, and especially why he had said that his father was a baron, he had nothing to explain.

He afterwards related the following: He drank a deal, especially when off work. He dressed well, and used jocularly to style himself Baron Chotek (the name of a well-known Bohemian noble family sounding like his own). In the year 1896 he, when drunk, told the landlady in a wine-shop she could wait for payment as he was a baron's son. Some years ago he had (probably when drunk) provoked a riot during which he described himself as the son of a baron. The year before he once came home very drunk and demanded of his mother, "Are those boots for a baron's son?" On awakening next morning he had forgotten this. Respecting the old bite in the tongue he had on being turned away from his employment spoken in a rage while his tongue was between his teeth.

After this the patient returned twice to the clinique, the first time with well-marked symptoms of delirium tremens. He spoke of his plans of going to America. The second time, fearing delirium, he came to the police, and begged to be taken in lest he might rush about and throw away his clothes.

Although the foregoing case is not quite typical, yet if we miss out the variations that have the character of delirium tremens, it agrees with the views which I have advanced, and gives a further proof that these ideas of grandeur which appear every time in the state of intoxication arise out of a state of "rêverie." I think it possible and indeed probable that it was the likeness of his name with that of a well-known noble family which inspired the fancy that he was a baron. This dimly brooding in his mind led him to try to dress himself better than his companions. We have seen how, whenever he was intoxicated, this idea arose, for in this state his consciousness becomes narrower than in his normal frame of mind in which the notion about a baron existed, without, however, in the latter case, influencing his conduct.

Thus this case forms a link of connexion between cases of derangement already mentioned in which such insane ideas do not appear in the usual waking condition, and those cases described by Krafft-Ebing (*Arbeiten aus dem Gesamtgebiete*,

i, 1897, p. 52) in which insane delusions are evolved from ideas in ordinary life taking on an extravagant form.

The correctness of the views here advanced is confirmed by a case cited by Moeli as an example of his form of transitory delirium. This was a workman aged thirty-six who after suffering from a blow became intolerant of alcohol. After any excess in liquor he was troubled with sensory derangements and impairment of consciousness without convulsions. There were also fits of transitory insanity during which he twice threw off his clothes on the street. On one of these occasions he said that he was the Shah of Persia, and that he was in his bedroom. It is likely that on the other occasion he had the same delusion.

This condition of transitory delirium may be regarded as resulting from exhaustion of the brain, as has been pointed out by Mayer and also by Meynert. We recognise the formation of such delusions in the second patient described, who took the name of a friend and a baron out of his reading.⁽⁸⁾

This form of pathological intoxication is very rare; we do not find it described in the work of Mayet (*An d'Hygiene Publique*, Fevr., 1202). Something like it may be found in his "*délire éphémère de la première ébauche de la folie alcoolique*," which in Germany we call abortive delirium; it comes also close to what the French express by the words "*bouffées délirantes*." Arnaud (Ballet, *Traité de Path. Ment.*, 1903, p. 796) points out how excesses in drinking are followed by paroxysms of insanity, sometimes passing away in a few hours. On closer examination the condition of consciousness described in our cases even with the amnesia, in spite of outward resemblances, is identical neither with the forms of the French authors nor with the "*pseudo-ivresse délirante*" of Lentz (*Bullet. de l'Académie Roy. de Med. de Belgique*, 1898, p. 15, Sep. Abdr.). A variety designated by Lentz as paranoiac only shows ideas of persecution. The forms described by Arnaud and Lentz resemble one another. Arnaud further points out the likeness of these forms to the delirious paroxysms in hysteria which may be regarded as transitory hysterical insanity. We may presume that alcohol may become the exciting cause of the somatic symptoms of hysteria taking the part which in other cases is played by emotion, and bring on the abnormal mental derangement. Alcohol thus under certain circum-

stances becomes the cause of a form of insanity resembling the hysterical.

(¹) For example, C. Mayer (*Jahrbücher für Psychiatrie*, xi, p. 37), who has collected three years' material from the Vienna General Hospital, states that those affected in this way after intoxication—which, after Meynert, he names a half dreamy condition—only bear a small proportion to the other alcoholics.—(²) Mach, in his *Analyse der Empfindungen*, 2nd edition, p. 133, says that the mere missing of inhibiting associations may lead to delusions of grandeur.—(³) Griesinger (*Pathologie und Therapie der psychischen Krankheiten*, 2 Auflage, 1861) has already pointed out how often the last conceptions before the outbreak of insanity give a character to the delirium.

Kinds of Insanity. By CHAS. MERCIER.

IN the last number of this JOURNAL, I gave reasons for concluding that the table of forms of insanity, suggested by the Statistical Committee, was unsatisfactory, and suggested a new classification of cases of insanity to be substituted for their arrangement. Certain objections that are likely to be taken to the classification that I have proposed are worth considering, and would have prolonged the previous communication to an unwieldy length if embodied therein; I propose, therefore, to consider them now.

The arrangement that I have suggested divides, first, the congenital from the non-congenital cases. This division is eminently natural, and has been adopted in every classification with which I am acquainted. I think, therefore, that it needs no formal defence. The non-congenital cases were divided, it will be remembered, primarily with regard to the degree of intensity of their symptoms; secondarily with respect to the predominant symptom that they display; and the cases of general paralysis were separated throughout from cases of non-paralytic insanity. The question that I now propose to discuss is whether a further classification of the latter kind is not desirable; in other words, whether there are not, included within the group of non-paralytic insanity, diseases sufficiently distinct to merit the same separation that is given to general paralysis. Is it not, it may be objected, as important to know the number of cases of adolescent insanity, of puerperal, climacteric, senile, alcoholic, phthisical, epileptic, and other named varieties of insanity, as to know the