

*A Case of Prolonged Mental Stupor ending in Recovery.* By  
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L. C., a commercial traveller, aged 30, single, admitted 2nd June, 1892. He had been found wandering about the City of London four days previously, and was taken to the Union Infirmery in a state of mental stupor, said to have been caused by the robbery of his watch and five pounds in money.

Parents dead; only brother died of phthisis. No hereditary predisposition to mental disease could be ascertained, and this was his first illness. He had indulged in sexual excess. On admission he was in a stuporose dazed condition, and would remain standing in one position with downcast head and half-closed eyes, would not answer questions or speak, and took no notice of his surroundings, but would put out his tongue and shake hands when requested to do so: his dress was very careless and slovenly, and he was quite passive, offering no resistance when moved. He was in fairly good bodily health, though thin, the heart and lungs were normal, pupils dilated and reacted sluggishly to light and accommodation: there was slight tremor of the facial muscles, and his body weight was 10st. 4lbs.

He continued very much in the above state for the first fortnight, but on June 17th refused food, and had to be fed by stomach tube; this was repeated on the 23rd, and continued thrice daily till July 6th, when he suddenly brightened up, and spoke for the first time since admission, saying in a low tone of voice that he was "getting better." Two days later he entered into conversation, and showed a marked improvement in every way until August 8th, when he became very depressed and again refused food, giving as his reason that he "did not think it necessary to eat." For the succeeding eight months his mental condition varied considerably, for at one time he was fairly cheerful and would take his food when spoon-fed, whilst at another he was depressed and refused all food. During this period the interrupted current and shower baths were given daily, but with little or no beneficial effect; he was abundantly fed with custards, eggs, cod-liver oil, etc., and did not lose weight.

Early in April, 1893, the stupor became more marked, so that he could no longer be roused from it, and now strongly resisted any effort to move him. About this time he on two occasions showed the impulsive suicidal tendency so commonly met with in stuporose melancholia by forcibly dashing himself upon the ground and against the wall, necessitating his being carefully watched night and day.

Gradually the stupor became so profound that he had to be kept in bed, as it was quite impossible to dress him owing to his stubborn resistance when any attempt was made to interfere with

him. and he now lay in a perfectly rigid state with arms firmly folded over chest, hands tightly clenched, wrists bent, and the whole body so rigidly fixed that he could be laid across two chairs, one of which supported his head and neck, the other his heels, in which position he would remain till lifted up. When placed in an upright posture he at once fell forwards or backwards as if he were a log of wood, making no attempt whatever to save himself; the plantar reflexes were entirely abolished, and there was considerable anæsthesia of the entire body surface. He remained in this state for about nine months, during which he was spoon-fed; his body weight was well maintained; special care was taken to prevent his catching cold, and his room was kept at a uniform temperature of 60°. Despite the heaviness of the stupor he gave an onlooker the impression that he was perfectly well aware of all that was being done for him, and hope of his ultimate recovery was never quite abandoned.

On January 6th, 1894, he suddenly awoke as if from a long sleep and ate food ravenously, voluntarily allowing himself to be fed, but refusing to feed himself. From this date he slowly improved, and gradually began to use his upper limbs, the lower still remaining rigid.

He was unable to articulate properly, but signified "yes" or "no" by a nod or shake of the head, and would whine when displeased. He now commenced to take notice of his surroundings, his attention being particularly attracted by any flower, and he eagerly read the contents of a French newspaper given to him.

At this time his aunt paid him a visit, and he at once recognised her, nodding his head and smiling to show his delight, and carried on a conversation with her by pointing out letters in a book which, when put together, formed words conveying his meaning. When shown the photograph of a friend whom he had last seen as a boy he pointed to a chair to show the height his friend then was, and stroked his beard to signify that he must now have grown to manhood. Whilst this mental improvement was taking place his body weight increased to 10st. 10lbs.

On September 16th he suddenly relapsed into a drowsy state, which rapidly increased in severity, and from the 2nd to the 29th of October feeding by stomach and nasal tube was again resorted to. He now sat all day long with head bent on chest; the eyes were partially closed, a sticky discharge exuding from them, and there was frequent clonic blinking; when the lids were opened the eyeballs rolled upwards. Once more the arms were firmly crossed over the chest, the wrists bent, and the hands clenched, whilst the lower limbs, which were cold and livid, were now firmly flexed, and could only be extended by the use of considerable force, at once returning to their former state when it was removed; the urine was occasionally retained, necessitating the use of the catheter.

Every endeavour was made to rouse him, and the sluggish circulation was stimulated by rubbing the body surface twice daily with rough towels, care being taken that the friction was not severe enough to injure the skin, and at the same time the muscles were massaged. The phosphates of iron, quinine, and strychnia were given along with alcoholic stimulants, and especial care was taken to keep the body warm. Under this treatment the joints became supple and could be extended with ease, and the lividity of the extremities considerably diminished. He now occasionally opened his eyes when he thought he was unobserved, and slowly replaced the blankets when any part of his body was purposely left without covering; he drew up his legs when the soles of his feet were tickled, and attempted to say "yes" when asked if he was better, but only succeeded in making an inarticulate sound, accompanied by a childish smile. For the next three months he showed no further improvement, and his body weight slightly diminished, but not to any great extent, and during this period he was regularly and abundantly fed by artificial means.

On December 25th, when about to feed him, I wished him "A Merry Christmas," when he suddenly opened his eyes, laughed, unclasped his tightly-clenched hands, held out his arms, and uttered a peculiar crowing sound of delight; he allowed himself to be spoon-fed, and amused himself by looking at a picture book.

Next day on first awakening from sleep he was somewhat stupid and dazed, mentally, but brightened up considerably during the forenoon, partook of food eagerly, clapped his hands when shown a Christmas card, shook me by the hand and attempted to place a sprig of holly in my coat; he drank some stout, holding the glass up to his mouth without assistance; he now used his spoon voluntarily when taking food, which he had never previously done, even during his temporary improvement at the beginning of the year.

On January 25th, 1895, the following note was made regarding him: "He now takes food well and voluntarily; sits up all day in bed reading books and looking at picture magazines, frequently drawing the attention of those around him to some humorous design or drawing. He is still unable to articulate, and signifies his desire as before by signs and by putting together letters to form words from printed matter; his habits are clean; average temperature in axilla 98°; urine normal in quantity and of a somewhat high specific gravity, namely 1026, but there is no trace of sugar or albumin; plantar reflexes normal, knee jerks dulled."

On February 8th he was not so well mentally, and on the 10th his limbs became rigidly fixed and he refused to feed himself. He continued in a stuporose state for the next four months, during which he made three half-hearted attempts at self-destruction by throwing himself on the floor. This attack was neither so prolonged nor severe as the former ones.

In the beginning of June he commenced to speak, asking in a whisper if he might be allowed to see a cricket match, and a week later, in quite a natural tone of voice, requested permission to walk about the grounds. He now rose from his chair at my approach and walked by my side with the aid of a stick, although his gait was very slow and tottering. He sent a written request to be allowed to see the asylum engine-room, the writing of which was somewhat shaky, but quite distinct and the spelling correct.

The lower limbs were ordered to be rubbed daily with a stimulating liniment from which he derived much benefit, being speedily able to walk a considerable distance without support of any kind.

From this date he improved rapidly and steadily, showing himself to be a man of considerable culture; he was particularly fond of relating his experiences whilst travelling in Russia, and was always glad of an opportunity of conversing in French or German, both of which languages he spoke fluently, and he proved to be a very fair billiard player. His memory was remarkably good and he inquired as to the welfare of a patient who had been admitted on the same day as himself and who had long since left recovered; he gave a graphic account of a visit to this neighbourhood some years before his admission, and described several buildings from memory; he informed me he perfectly well remembered my daily visits, and repeated several of the remarks I had made in his presence, although, at the time of their utterance, he appeared to be in a state of deep stupor.

He was discharged recovered on December 14th, 1895, after a residence of upwards of three and a half years. His weight was 10st. 11lb., an increase of 7lbs. since admission.

The chief points of interest in the foregoing case are the sudden onset of so many relapses when the progress was otherwise satisfactory; the very marked muscular rigidity of the limbs and body generally; the clearness of the memory, during convalescence, for events which took place whilst the stupor was apparently most profound, and also before admission; and the ultimate complete recovery after such a lengthened illness.

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#### OCCASIONAL NOTES OF THE QUARTER.

##### *Pathology in Asylums.*

We conceive that the ideal position of a pathologist is that in which his laboratory stands in direct communication with the wards of an institution—whether hospital or asylum—rendering intercourse with those engaged in clinical research easy, whilst he himself is absolutely free to