nothing to the commonwealth, but are instead a charge upon the community; these have no more right to claim freedom of action as to procreation than has the leper to mingle with the populace.

All men and women who have been insane once and have a bad family history; those who have been twice insane, even if the history be good; and all who are confirmed epileptics or drunkards, should be prevented by the State from becoming parents. These people have no more right to carry suffering and contamination amongst the people than has the person suffering from small-pox to do so by travelling in a public conveyance. As with the victim of the small-pox, it is their misfortune more than their fault, but of this society can take no notice. The unfortunate few must always suffer for the benefit of the many. It should be the duty of the State to see that such unfortunates are protected and cared for, and that their lives are made, so far as is possible, useful and happy, but that they should be permitted to hand down their disease to innocent children any more than the sick one should give his small-pox to his neighbour is unfair to society and to the race.

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*Does Mania include two distinct varieties of Insanity, and should it be Sub-divided?** By GEORGE M. ROBERTSON, M.B., Senior Assistant Physician, Royal Asylum, Morningside, Edinburgh.

The first difficulty one meets with in deciding these points is in knowing exactly what is meant by mania. Pinel's definition of mania† was insanity, marked "by a strong nervous excitement" of the mind and body, "accompanied by lesions of one or more of the functions of the understanding."‡ Melancholia was distinguished from it, by there being "no propensity to acts of violence," and by the insanity being "exclusively upon one subject."§

Pinel thus divided insanity into two forms, one of which was accompanied by excitement, and the other was without excitement, the insanity in the latter being also only upon one subject. It is obvious that we do not now understand the

* Paper read at the Quarterly Meeting of the Medico-Psychological Association, held at Manchester, March 13th, 1890.

† His *Manie avec Delire.*

‡ Pinel, "Treatise on Insanity," translated by Davis, p. 159.

§ *Ibid.*, p. 149.

terms mania and melancholia in the same sense as Pinel understood them, for all our writers on insanity at the present day include a consideration of the emotions, at all events in their definition of melancholia. Pinel, however, referred to the emotions in his definitions, and by so doing he recognized their importance, yet he did not take the emotions into consideration in distinguishing his mania from his melancholia.

Esquirol, who followed Pinel, was the first to thoroughly recognize the importance of differentiating the emotions in his forms of insanity, but unfortunately he was not able to emancipate himself completely from the shackles of the ancients, and still gave an undue prominence to the presence or absence of excitement. Excluding conditions of dementia, he divides insanity into three groups* :—

1. "Melancholia,† in which the insanity is partial, and there is the predominance of a sad and depressing emotion.

2. "Monomania, in which the insanity is partial, there is the predominance of a gay and expansive emotion, and there is excitement.

3. "Mania, in which the insanity is general, and there is excitement."

The writings of Esquirol have to a very large extent moulded the opinions of alienists up to the present day, but curiously enough, not one of these three forms of insanity is understood at the present time in the same sense as he held it.

Melancholia at the present time is almost universally recognized to include a variety accompanied by excitement, and though Esquirol has described this form clinically, so controlled was he with the idea that excitement meant mania, that he included this form under mania, though he refers to it as maniacal melancholia.‡ Griesinger § has the same difficulty, though he distinctly recognizes the clinical type, and so also Bucknill and Hack Tuke. These last two writers remain undecided whether these cases should be called "acute mania with melancholic depression, or acute melancholia with maniacal excitement."‖

Clouston, Savage, Bevan Lewis, and Blandford, all recognized active, motor, or excited melancholia as an important variety of that form of insanity. This may be taken to illustrate the

* Esquirol, "Maladies Mentales," p. 22.
† Or *Lypemanie.*
‡ Esquirol, "Maladies Mentales," Vol. i, p. 404.
§ Griesinger, "Mental Diseases," p. 298.
‖ Bucknill and Tuke, "Psychological Medicine," p. 435, 4th ed.

tendency of the present age, which regards motor excitement as subsidiary in a basis of classification, yet it has taken 2,000 years to displace this hippocratic idea. Melancholia, as understood by the majority of writers at the present day, may be defined simply as insanity accompanied by mental pain or emotional depression. The question of excitement or no excitement, of partial insanity or complete, has gone, and a pure emotional definition has asserted itself. Excluding from our consideration all conditions of dementia, we can now arrive at a definition of mania, which, in a few words, may be said to include all forms of insanity not accompanied by feelings of depression or mental pain.

It is assumed in this definition that there are but two forms of active insanity, mania and melancholia, and this assumption is confirmed by the fact that they are the only two forms recognized in the nomenclature of the College of Physicians, and that Bucknill and Hack Tuke quote with approval the statement of Griesinger that "all classification must in the end return to the principal forms of insanity, mania—whether acute or chronic—melancholia, and dementia, "because they are really founded on nature." *

Mania, according to the definition that has been given of it, is a very wide sub-kingdom indeed, and it could with truth be asserted that there are many more than two distinct varieties of insanity included in the term. We, however, believe that even in this extensive sense, mania might with propriety be divided into two natural and physiological groups. But as this would bring in many debatable points, altogether unconnected with the principle of classification that we are advocating, we shall narrow the extent of the term.

In all text-books of insanity, without exception, there is a form of mania in which the condition of *excitement, motor and mental,* forms an integral part of the definition. It seems almost a work of supererogation to state this fact, as we in our every-day talk only refer to cases with excitement as mania, and the terms were regarded as almost synonymous till Pinel's time. We have shown that this is not so now.

It is in regard to this form of mania with excitement which may be taken as our ordinary practical notion of mania, that the following observations are written.

We have seen that melancholia is now almost universally defined by an emotion, and it has been found by practical experience that it is a most satisfactory basis for grouping

* *Ibid.*, p. 51.

numerous apparently dissimilar forms of insanity. The question at once occurs, Why is this basis not more extensively adopted, and could we not in as satisfactory a manner define mania? If we now attempt to discover what uniform emotional condition runs through all our cases of mania, we find it impossible to reconcile mania with one emotional state. It is indeed true that there is an impression that mania is the converse and the antithesis of melancholia, and Bevan Lewis, the latest writer on insanity, has stated this as a fact,* but if we put this to the test in practice we find that though all our melancholic cases suffer from a painful emotional condition, all our cases of mania do not labour under "exuberant joy, excessive hilarity, or an overflowing of the spirits in generous impulses." Nor do any of our recognized authorities admit that such is the case. Being baffled in this way, let us look upon the question in another light. If depressed emotion can become altered by disease into the symptoms of melancholia, do any of the other emotions become altered by disease, and constitute forms of insanity analogous to melancholia?

Among the fundamental emotions which in health are accompanied by the greatest amount of motor and mental excitement, there are three which stand out prominently and which constitute types under which most of the other emotional states may be classed. They are joy, anger, and fear. We know that states of fear when due to disease are classed under melancholia; under what forms of insanity are states of joy and anger classed? We find by investigation that they are classed under mania, and we find that all our cases of mania are in either one or other of these emotional states. In order to illustrate this fact, a description will be given of two varieties of acute mania, in which these different emotional states were evidently present.

The first variety, which I consider to be the pathological condition involved in the emotion of anger, may be termed *furious or raging mania*. These names have both passed into popular language, and show that the condition was recognized long ago. The mania that epileptics are occasionally subject to is usually an instance of furious or raging mania.

The expression of the face is one of rage, the eyebrows are corrugated, the eyeballs stare and protrude, and the face is flushed. The whole body is in a state of intense excitement, and the patient gesticulates wildly in a threatening and aggressive manner. He "tears his clothes to tatters, and destroys

* Bevan Lewis, "Mental Diseases," p. 163.

and breaks in pieces whatever comes in his way. Whoever touches the patient is abused or struck by him."* The case is "marked by excessive destructive violence and utter regardlessness of personal danger,"† so that if controlled he fights with a savage fury that knows no permanent surrender. He is most dangerous to those around him. Nor is the patient silent; "his anger, violence, and loss of reason manifest themselves in their greatest intensity in shrieking, roaring, raging, abusive expressions and conduct towards the dearest friends and nearest relatives, who are now looked upon as the bitterest enemies."‡ He indulges in "vociferous denunciations, loud and threatening language, rapid and impetuous utterance, harsh voice, imprecations, and stamping with the feet."§ From out of his incoherent remarks the idea may be gleaned that he imagines himself surrounded by enemies.

Such is furious or raging mania in the very severest cases, but, happily, this variety of the disease is now rare. The above picture of the disease has been drawn from the descriptions of Prichard, Bucknill, Hack Tuke, and Savage, and it is the popular idea of the madman.

The other variety of acute mania, which may be called *hilarious mania*, is the type commonly observed in adolescent cases.

The expression of the face is one of exuberant happiness; very often there is a grin or a humorous grimace overspreading the countenance. There is here also great motor excitement, but it is of a boisterous, devil-may-care, rollicking description, like an exaggerated case of hilarious intoxication. The movements may be very violent and damage may be done, but all is done in good humour. The patient may dance, jump over chairs, kick everything near him, smash windows, or be constantly engaged in mischief of some form or other, but he is good-natured withal. His high spirits, besides finding outlet in muscular exercise, find expression in a stream of talk, more or less incoherent, sometimes blasphemous, almost always erotic, and, perhaps, rhyming. He is constantly whistling, shouting, or singing. Though often very troublesome, he is easily controlled by skilled and judicious management, and he is not regarded as dangerous by his attendants.

Descriptions of these two types of acute mania may be

* Chiaruggi, quoted by Prichard, Treatise, etc., p. 76.
† Savage, "Insanity," p. 384.
‡ Chiaruggi, *op. cit.*
§ Bucknill and Tuke, *op. cit.*, p. 295.

found in most books on Insanity. The first two cases depicted in Sir A. Morison's "Physiognomy of Mental Disease" are of raging and hilarious mania, and two of Esquirol's three illustrations of mania clearly represent the same two groups.

The examples which have been given of these two emotional forms of mania are drawn from acute mania, and now similar illustrations will be taken from simple mania, in which the motor excitement is much less.

The first description, which is an account of the lesser degree of furious mania, is freely translated from Esquirol.* He says this variety of mania does not present the same degree of excitement and violence as the last. Everything seems disagreeable to these patients, and everything seems to irritate them. They are extremely irascible, and they are excitable and most energetic. They are cunning, deceitful, lying, insolent, quarrelsome, and discontented with everything, even the most affectionate attentions. They grumble without ceasing, both of persons and of things; their loquacity is inexhaustible, and they almost deafen one with their talk. They may suddenly alter their manner and their language; they, however, always put a wrong construction on everything. Nothing pleases them more than to say and do the most disagreeable things. They strike others and bring false accusations; they delight in putting a bad construction on the best intentions, in inventing evil, in doing damage, and the more harm that they do the better are they satisfied with themselves.

This variety of mania which Esquirol has described is more common among women. They are those troublesome cases who have an unpleasant knack of making rude and unkind remarks, and who pass the time in scolding, and abusing, and stirring up strife. The motor and mental excitement are both toned down, but the feeling of antagonism and discontentment, which bears a relationship to rage, is always present.

We will now describe a much more pleasant condition, that of simple mania of the hilarious type.† The patients are unreasonably gay and happy; there is a great overflow of high, animal spirits, and they enjoy a sense of perfect health and general well-being. "They are satisfied with themselves, content with others, and seize upon the cheerful side of everything."‡ They are joyous, communicative, and very sociable.

* *Op. cit.*, Vol. ii., p. 157.

† The *Amenomania* of Rush, recognized as a distinct type by Bucknill and Tuke, p. 234.

‡ Esquirol, *op. cit.*, Vol. ii., p. 6.

They have a quick succession of ideas, and they indulge in a constant, chattering, fragmentary talk—full of absurd vainglorious notions of greatness, of riches, and of their happiness. Their conduct is extravagant and gesticulative, and apt to be childish in its effusiveness. They form a very great contrast to the last group; they are most agreeable patients to have anything to do with, and they infect one with their good spirits.

These four descriptions of mania which we have given fall obviously into two very natural groups. The mental and bodily symptoms of these two groups are quite distinct from one another, and can be distinguished from one another by the merest tyro when once the attention is directed to the emotional state.

In the one form the patient is dangerous or abusive, he treats you as an enemy, his delusions are of persecutions and plots against his welfare, and his ideas are of vengeance and retaliation; in the other form he is boisterous or happy, he overpowers you with his friendliness and familiarity, his delusions are of wealth and happiness, and his ideas run in an erotic, religious, or grandiose vein.

This difference in the emotional condition is of primary importance, and gives the characteristic colouring to both the objective symptoms of the disease and to the important subjective conditions.

If the above rather brief description of these forms of mania be true to nature, we maintain that the fact is established that mania includes two distinct symptomatological varieties of insanity. We will now, however, discuss some objections that may be made.

Some may say that the two states I have described are not really different, and that they resemble one another very closely. It is certain that they are not so distinct from one another as mania is from melancholia, but if they are essentially different, however closely they may apparently resemble one another, a scientific age like ours will not rest satisfied with confounding them together. As an illustration of this it may be again pointed out that we have only lately distinguished melancholia with excitement, from mania, and as regards apparent resemblance, there is certainly no doubt that excited melancholia bears a closer likeness to mania than it does to passive melancholia.

It may also be said that the two forms, though they undoubtedly exist, pass so readily into one another that they cannot be called "distinct varieties." It must be confessed

that hilarious mania may pass temporarily into furious mania, but is it not the case that it may also pass into a temporary melancholic condition, as indeed it frequently does in adolescents, yet no one would assert that as a reason for destroying the latter distinction. An insane person has loss of self-control, and so if a hilarious maniac receives ill-treatment, it is very probable that he will get angry and pass temporarily into a condition of furious mania. There is, however, an essential difference underlying these two conditions. The latter was set up by an outside cause and will disappear eventually after the cause is removed, whereas the former condition, that of hilarity, is independent of external causes, and is a symptom of the brain disease.

A third objection may be urged, which is, that there is a form of mania, sometimes called delirious mania, in which there is intense excitement and absolute incoherence, and which, owing to the great dissolution of the mental functions, is accompanied by no apparent emotional state. This fact must be admitted, and it may be regarded by some as a weakness in the emotional classification. It cannot be denied, however, that this condition of delirious excitement is almost always a sequence of excitement accompanied by an emotional state, either of anger, joy, or fear.

The three forms of emotional insanity, furious mania, hilarious mania, and melancholia, approach one another and become fused at their two opposite extremes. Thus they may all pass into delirious excitement at the one end, or they may all pass into stupor at the other extreme. Delirious excitement and stupor are allied to conditions of amentia, as there is little or no mental action, hence a psychological basis of classification, like the emotional state, has difficulty in including them.

In conclusion, some authorities will be quoted whose opinions support the views advanced in this article. In the first place, Griesinger states that in mania and melancholia the fundamental affection depends "upon ruling emotions, which secondarily involve the intelligence,"* "and under the influence of which the whole mental life suffers according to their nature and form."†

This great authority thus recognizes the fact that mania is fundamentally an emotional disease, hence it would seem desirable that it should be defined on an emotional basis. Bucknill and Tuke, while corroborating the above statement

* *Op. cit.*, p. 319. † *Op. cit.*, p. 207

as to the emotional origin of mania, mention that "although mania in many instances is a prolonged anger, it may likewise be altogether pleasurable in its manifestations, presenting a condition of exhilaration and uncontrollable excitement, in which the patient is rather mad with joy than anger."* These two authors have gone a step further, and have given indications as to the exact emotions which should be adopted in defining mania.

The writer, however, who has most nearly adopted the emotional classification is the great Esquirol. It has already been said that Esquirol laid too much importance on the fact whether the insanity was partial or general, and also on the presence of excitement, although in the latter respect he discriminated somewhat† and was in advance of his contemporaries. If one allows for these two mistakes in his classification, we find that it is one founded on an emotional basis exactly similar to what we are advocating.

His melancholia, to be complete, requires the addition of excited melancholia; this form he excluded because there was excitement, and the insanity was general.

His monomania corresponds exactly to our simple hilarious mania, and to this must be added acute hilarious mania, which Esquirol excluded from this group because the insanity was general.

His mania, deprived of excited melancholia and of acute hilarious mania, would correspond to our furious mania.

One may ask what has become of monomania, in the sense that Esquirol held it. We find that it has been absorbed under mania by the modern school, and this, no doubt, because of the erroneous notions of it handed down to us. (See note.)

This sub-division of mania then, which we have been advocating in this article, into furious mania or *mania cum furore*, and hilarious mania, or *mania cum hilaritate*, is but a return, with some modern ideas, to an older classification, but the principle it involves is very important.

NOTE.—Esquirol invented the term monomania, but his meaning of the term was totally different from the descriptions Sir A. Morrison‡ and Prichard§ gave of it, though he himself is partially responsible for this confusion. In his monomania‖ the insanity was partial, there was a joyful emotional condition, there was excitement, its course was quick and of short dura-

* *Op. cit.*, p. 293.
† *Op. cit.*, Vol. ii., p. 134.
‡ "Lectures on Insanity," p. 172.
§ "Treatise on Insanity," p. 26.
‖ *Op. cit.*, Vol. i., p. 22.

tion, and it was curable,* indeed, its termination was more favourable than that of melancholia. It sometimes passed into mania. It corresponded with Rush's amenomania,† and to the modern simple mania accompanied by hilarity.

CLINICAL NOTES AND CASES.

The Life History of a Malingering Criminal. By JAMES MURRAY, M.B., Assistant Medical Officer, H.M. Prison, Wakefield.

It is a truism that to detect disease is in many instances more difficult than to cure it. In general practice how often do obscure subjective symptoms in a patient puzzle the diagnostic acumen of the most experienced of our clinicians, and how often does the post-mortem table prove that "to err is human" in matters medical!

In no branch of medical practice is it more necessary to reason out one's conclusions than in the prison medical service, as nowhere does the fact of illness existing have so important a bearing on the treatment of the individual. The medical officer has a double duty to perform in his official capacity, and has to keep an open unbiassed mind on his daily rounds, and on each separate case, so that on the one hand a "skulker" may not by his means escape his due punishment by feigning disease, and on the other hand that proper medical care and treatment may be granted to those who are really ill and require medical attention.

It does not require very much prison experience on the part of a criminal to find out how important an influence on his welfare the medical officer exercises during his period of incarceration, and what powers of conferring increased comforts the law places in his hands, and many consequently are the devices met with to accomplish those ends. With the help of stethoscope, thermometer, and weighing machine, most of these applications, however, are determined at their true value.

One cannot, however, be too careful before arriving at a complete diagnosis of malingering. Ogston in his "Jurisprudence" says "Serious diseases are known to exist in a latent form with little or no manifestation during life, and are only

* *Op. cit.*, Vol. ii., p. 31. † See Bucknill and Tuke, p. 234.