

Two Cases of Insanity dependent on Syphilis. By SAMUEL WILKS, M.D., F.R.S., Physician to Guy's Hospital.

Several cases of so-called Syphilitic Insanity have now been recorded, including some good examples of the affection, in the last number of the "Journal of Mental Science," by Drs. Newington and Batty Tuke. I now add two more which have lately been under my care in Guy's Hospital. They present no peculiar features of interest, having a general resemblance to those already reported; but I publish them in furtherance of obtaining a collection of cases in order that we may gain such a correct knowledge of their nature as numbers alone can afford.

CASE 1.—Harriet M., æt. 27, under Dr. Wilks, in Guy's Hospital, December, 1873. She gave her own history as follows:—Three weeks after marriage she contracted a sore from her husband, and six weeks afterwards had an eruption, sore throat, and enlargement of the glands in the groin. She was treated in St. Bartholomew's Hospital. She had subsequently been pregnant five times, and had miscarried on every occasion. One year and a half before admission she had some dead bone removed from the upper jaw, and afterwards from the nose. A few months after this she began to experience strange sensations in the head, and one day fell down in a fit in which she lost the power in her right arm and leg. She was taken to the London Hospital, where she remained for a month. A month ago she says she had another fit, which was preceded by severe headache, localized over the right frontal and temporal region; the sight of the right eye also began to fail and the eyelid to drop. She subsequently had another fit and has been ill since.

Her husband, who was a sailor, subsequently came to the hospital and said the history the wife had given was not quite accurate in details. He said she had had seven miscarriages; had had several fits during the year, and three during the last fortnight. On admission, she was seen to have ptosis on right side and divergent strabismus, pupil dilated, nothing particular seen by ophthalmoscope, has vacant expression, headache, answers pretty readily, but hesitates occasionally for want of a word. The right arm and leg not quite so strong as the left, though she can move them well. Sensation normal. A few scars on the skin. As it was concluded that she must have been long under the use of iodide, a simple tonic was ordered. The daily report is curtailed. It describes the occurrence of a fit ten days after admission, followed on the next day by two, and on the third day by another. They lasted several minutes, and she was always unconscious. The Iodide of Potassium was ordered in 10, and after-

wards in 15 grain doses. She had only one more fit, but complained of headache, and was very low-spirited. She then appeared rather strange in her manner, began to talk incoherently, then to holla violently, calling out loudly for a knife to cut her throat. She begged the doctor to let her go home, and she was only kept in the ward by restraint. After a sleepless night, in which she was constantly calling out, she was more composed in the morning. Two days after this she was quiet and rational, having no remembrance of her extraordinary conduct. She had had no fit. She continued apparently improving for a week when she had another fit. She recovered from this and her health being better she was able to walk about the grounds, being quite rational. Two days after this she again became a raving maniac. She jumped out of bed and endeavoured several times to get away. Constantly screaming and so noisy as to disturb all the other patients, she was removed to a private room. On the following day she had the appearance of a confirmed lunatic, she was noisy, constantly talking, and had the most extravagant ideas; she said she was a princess and an intimate friend of the Queen's. On the following day she was calm, and had almost recovered herself, but she was sent away.

CASE 2.—Francis M., æt. 31, under Dr. Wilks, Dec., 1873. He was brought in from the street in a fit; his face was livid, and there were slight convulsions of the left side. He soon became quiet; but nothing could be got out of him. He soon had another epileptic attack, and these continued on and off nearly all day, the convulsive movements being sometimes greater on one side and sometimes on the other. When these passed off he was left in quite a stupid condition. He was ordered 20 grains of the Bromide of Potassium. He was soon afterwards recognized as a patient who had only left the Venereal Ward a week before. The history was that he had contracted syphilis four years before, and had suffered severe constitutional symptoms in consequence; had enlargement of both testes, ulceration of the pharynx, and he was taking the iodide. His mother was sent for, who stated that soon after returning home from the hospital, a week before, he was somewhat queer in his head, as evidence of which, with tears in her eyes, she related that he had said to her, "Mother, I never knew how dear you were to me until now," and other failures of his mental capacities. On the morning of his admission he had the fit which brought him to the hospital again. He had had a fit three months before, which left him temporarily paralysed on the left side. He was quite healthy as a child. On following day after admission he had no more fits, but there was considerable intellectual disturbance; he talked in a strange manner to those around him, and he wished to fight the nurse. He had a node on the radius, and liver and spleen could be felt enlarged. Ordered perchloride of mercury and iodide of potassium. During the next three weeks he remained in a very stupid condition as regards his mind, and was restless at

night. He grew gradually worse as regards his complaint. Rupia breaking out all over his body. He then had erysipelas, and it was thought that he would die; he was delirious, and had contraction of the muscles, with foaming at the mouth. These symptoms passed off when, in a day or two afterwards, he was very noisy, and quite out of his mind. He then became quieter, lay in a very precarious state, covered with rupious ulcers, but with his mind clear. He is now gradually recovering.

Several cases of a similar kind to the above have already come under my notice, and the opinion which I have always expressed has coincided with that of Dr. Newington—that the mental symptoms denote no more than the presence of a local source of irritation, and do not in their character point to any new or special cause requiring another form of insanity, styled “syphilitic,” to be added to our nomenclature. I am of opinion that the well-known local morbid conditions in the brain known as gummata are efficient causes, and therefore that no new ones need be sought, and also that there are sufficient general reasons for doubting the existence of some other more diffused pathological state of the cerebrum proper, which can be attributable to syphilis. The word disease is so commonly used in two different senses, that I may be pardoned in attempting to show how important it is that we should more distinctly define its meaning. At one time a wide and theoretical signification is given to it, and at another time it bears only a precise pathological interpretation. If we take affections of the cerebro-spinal system we find they fall into two great classes, according as they are organic or dynamic, or as they show, on *post-mortem* dissection, actual structural alterations to the eye, or they do not: the word structural also being very limited in its meaning. This division is not only pathological, but clinical; and that it is true is seen in the various nomenclatures of insanity which are constantly made. Any confusion in the matter has arisen, I believe, from associating together a theoretical or imaginary morbid anatomy with what is actually discovered on *post-mortem* examination, forgetting that morbid anatomy in our present state of knowledge is almost synonymous with destructive anatomy. All, in fact, which we recognize is decay and destruction, and if these latter terms were used when we speak of pathological changes or alterations from the normal state, the discussion would be much narrowed and simplified. It is idle to say that in all cases of insanity, as in all other disturbed functions of the body, there must be some material

changes in the organs to correspond to them. Everyone admits it, because (except forced upon us as a religious dogma) the mind fails to see how the phenomena or properties of bodies can be changed without the supposition of an altered form of the substratum. We cannot but think that a wire in a state of electric tension differs from one that is inert, and when we endeavour to contemplate the change by the mind's eye, we are forced to frame some such picture as of small particles painted white on one side and black on the other, continually changing position. When we say that a diseased mind means a diseased brain, we are uttering a truism which is founded on no known fact, and lands us in none. The statement, indeed, leads to confusion, for it confounds the known with the unknown, and probably even may be tempting us to associate under the name of disease two conditions as opposite as positive and negative; since the use of the term disease in the general sense is not an expansion of the known, for it is intended to signify a departure from health in an upward and downward direction, whereas in the precise and known sense it means only a change in the downward direction.

In the former or theoretical sense, meaning any departure from health, it might be advantageously discarded from use, since no object can be obtained by playing with a word having so wide and loose a significance; whilst at the same time it cannot be too distinctly stated that disease of an organ, in our present state of knowledge, signifies destruction of that organ.

I use the word destruction in a large and comprehensive sense, not applying it to every tissue, but to the case generally which is under examination. For example, in a case of Bright's disease the alterations are degenerative and lead to death, although it may be true that the heart and arteries show merely increase of natural tissue; and the same with other diseases. Morbid changes, I say, are destructive changes, and correspond with loss of function. Morbid anatomy has hitherto done little more than show us this. As regards the cerebro-spinal centres, I believe it to be almost absolutely true that when we speak of disease we mean either the evidence of destruction or of morbid changes which lead to destruction. This, of course, means loss of function, therefore whatever our eyes or microscope have hitherto discovered in the brain or spinal cord implies dementia or paralysis, or an approach to these conditions. We

should never suspect that there had existed mania, chorea, epilepsy, or tetanus, and one cannot well see how symptoms showing an exalted activity, or activity in any form, could be associated with the destruction of the organ on which the function depends. It may be true that disease in the neighbourhood of the centres exciting them to over-activity may be found, but this is not disease of the organs themselves. A tumour on the surface of the brain may be the cause of epileptic attacks, or inflammation of the pia mater, by exciting the grey substance, may induce delirium; but its integrity is soon destroyed, and torpor and coma supervene. Again, an inflammatory product, which is something visible and tangible, may be found in the substance of the brain or cord without paralysis of their functions, but this is owing to the structure having not yet been encroached upon; nevertheless, the tendency of this product is to destroy, and to produce the necessary symptoms.

This, it will be said, is returning to the old division of disease into functional and organic; it is what I wish, and is the only practical method in our present state of knowledge. The general truism, as before said, that disease signifies a departure from the natural standard of health, is of no value when uttered, since the word is only capable of bearing the limited meaning derived from observation in the post-mortem room. A watch which is running on too fast, or a steam engine acting irregularly, may in a general sense be said to have something wrong with them, as assuredly they must have; but the wrongness need not be organic as results from a broken spring or bolt, indeed, under the circumstances named, we should expect anything but these defects. A person however, ignorant of the minute mechanism of these machines, by making a general assertion that something must be wrong when the action was irregular, and yet being only able to discover the wrong when any part was broken or destroyed, would be confounding together in his own mind two different propositions. He may assert the general proposition if he likes, and endeavour to prove its truth, but let him at the same time admit that all he knows or recognises of derangement of the machine is the discovery of some breakage, and then he will have put his knowledge in a practical form, and ever afterwards associate what he calls derangement with a stoppage of the works. As regards the brain and spinal cord, I am not aware that any other changes are known but those which lead to destruction, and which are

associated with loss of function. All analogies, as well as facts, therefore, would lead us to think that nothing coming under the denomination of morbid anatomy can be looked for in cases of mania, epilepsy, chorea, and similar affections. If it were not so, and we had any inkling of the peculiar state of the cerebral substance in these diseases, we might know in what manner all our brains differed from the healthy standard one; but none of us would expect that the person who was somewhat eccentric in his habits had such a peculiar quality of brain that the eye could discover it, much less that the differences were of that kind which are recognised by the pathological anatomist. If this is so, there is no reason why in another person, whose eccentricity has reached that further stage which obliges him to be secluded in an asylum all his life, the brain should present any morbid peculiarities. How different, however, is the case of a patient who, previously in health, "goes out of his mind," gradually loses his reason, and dies demented in a year or two. Here then is simply loss of function, and it is the fault of the dissector if he does not discover the decay of the brain substance. To take, therefore, a number of cases in an asylum and arrange them on a supposed pathological basis can lead to nothing; I would submit that the nomenclature should be wholly clinical, and this being done, the pathological differences would fall into their right places.

If marked morbid changes in the brain necessitate the existence of dementia and paralysis, such changes could not be expected to be present in cases of mania, and as a matter of fact no changes have hitherto been found in those who have died of acute mania. If any morbid condition has been discovered it has been on the surface of the brain, or involving a small portion so as to excite the whole organ; but not to destroy it. Thus in epilepsy, where the nerve force, instead of being retained and under the control of the will, escapes in fits of discharge, the brain is healthy or merely excited to action by the presence of disease encroaching upon it. That a syphilitic gumma on the surface could, by causing a fit, so disturb the brain as to produce insensibility or temporary madness does not seem so remarkable, though unexpected; but that a tumour should by its presence at the base of the brain cause a continued insane condition, is not so easy to understand. Such cases, however, are not very uncommon. I have seen several where patients have died in an asylum, the cases having been thought to be those of ordinary mental derangement, and a cholesteatomous or other

tumour has been found at the base of the brain. Whether by involving the blood vessels directly, or these indirectly, through the vaso-motor nerves, is not very clear.

It being a fact that organic diseases, such as tumours or syphilitic gummata, cause epileptiform attacks and occasionally at these times temporary mental derangement, and it being also true that ordinary tumours, such as I have mentioned, as the cancers, fibromas, or myxomata, will produce insanity independent of epilepsy, there seems no reason why syphilitic gummata should not be ranked among these causes. Judging from our present knowledge, they are sufficient for the production of the phenomena, and if on the other hand, as has already been shown, maniacal attacks are incompatible with any change in the cerebral structure, which we at the present day can call pathological, it follows that the insanity associated with syphilis is caused probably by the presence of a local deposit, and is not due to any change in the brain itself. If we now refer to clinical experience and facts, the only cases of insanity connected with syphilis yet recorded, are those where epileptiform symptoms as well as temporary paralytic symptoms, proving the existence of an ordinary gummatous deposit, have at the same time been present. If this be true we are not justified in the present state of our knowledge in admitting the existence of a disease which can, in correct pathological or clinical language, be styled syphilitic insanity; that is, there are not, as the term seems to convey to many persons, any morbid changes in the cerebral hemispheres attributable to syphilis. These cases also seem to show that the mania is quite independent of the epileptic attacks, and is not merely a phenomenon or precursor of them, unless indeed the mania might replace the epilepsy.

The Madmen of the Greek Theatre. By J. R. GASQUET, M.B.

(Continued from page 540, Vol. xix.)

VII. ARISTOPHANES.—CONCLUSION.

In striking contrast to the frequent introduction of madness into their plays by the tragedians, is the rarity of any allusion to it by the great comic writer of Athens. This is not due, as might be supposed, to any feeling that good taste would be violated by putting so terrible an affliction as insanity on the stage in a ludicrous light. The marvellous genius of Aristophanes was bound by none of our modern