

July.—She is very noisy and troublesome, and there is no mental improvement.

Dec.—She continues in much the same state as at last note, and there is really no sign of improvement.

In Jan., 1883, I took the following notes of her mental state. She is now much more melancholy and desponding than her twin sister, who at present is fairly well. She has a distressed and anxious facial expression, is disinclined for conversation, takes no interest in her surroundings, and seems entirely occupied with her own morbid ideas. Her memory is impaired, and there is an absence of will and decision, an incapacity for either mental or bodily exertion, and she says she feels weak-minded and has no sense. She frequently exclaims, "Oh! dear, what shall I do? I am lost. I wish I was dead. I had no business to be born," and regrets she did not jump into the sea on the voyage home. After conversing for some time she would brighten up and then express a wish to get well.

I again saw her in the following September, but there was but little change in either her mental state or bodily condition. She told me she felt too weak-minded and too nervous to struggle against her state of depression, and that she would much rather die than live in such a state of misery.

On some Mental Symptoms of Ordinary Brain-disease. By
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*Read at the Quarterly Meeting of the Association held at Bethlem Hospital,
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In reading the following notes of some cases that have fallen under my observation during the last few years, my object, I may say at once, is not to impart information. It would hardly be becoming that I should do so, since I have much smaller means of observation than most of you enjoy. My desire is rather a selfish one—to learn myself, not to teach others—and to ascertain whether you have noted the symptoms I am about to describe. If it appears that they are tolerably frequent, and not merely due to a "run" of coincidences in my own practice, which I cannot determine, they seem to me of importance, in both pathology and diagnosis.

Before reading the cases, I had better say that I have omitted, for the sake of brevity, all account of the bodily symptoms where these have no immediate reference to the state of mind. The omission may be supplied by the general remark that all were typical examples of their several diseases, and that the bodily symptoms were com-

pletely developed. I have purposely abstained from including any instance of obscure or doubtful disease, as I might have done.

I. The first is a well-marked case of multiple sclerosis in a male, aged 52. In less than a fortnight after the first appearance of the bodily symptoms of his disorder he began to call himself a Duke; invited the Prime Minister, the Pope, and the Lord Mayor to breakfast, and tried to spend money recklessly, saying he was enormously rich. He then came under my care, and I found him continually occupied with ideas of his own grandeur. He was only satisfied when talking of great people; he said he had recently been made a Duke; he had five millions at call in the Bank of England.

He was not a Prince or a King, he said, but "might be one by-and-bye;" at another time he was "the trustee appointed by God to administer the affairs of this country." A little later his delusions of grandeur became more varied and inconsistent. He continually ordered palaces to be pulled down and rebuilt; he passed laws for the extermination of the labouring classes; at another time he had a steamer which would convey all but the poor to some remote earthly paradise. He quartered (he said) the Royal arms; Napoleon III. died in a palace he had lent him; if he had been consulted, he could have cut the Emperor for stone, and saved his life; he was going to take all the costermongers in a balloon to America.

Delusions, of which these are examples, continued until his death, nearly two years from the beginning of his illness. They were interrupted only by four attacks, which each began with heat of head and flushing of face, and ended with epileptiform convulsions; at these times he occupied himself in devising instruments of torture for his enemies.

He never had any delusions of muscular strength; he was quite aware of his feebleness; the tremors annoyed him exceedingly, and he fully realised that he was suffering from a serious disease.

II. The second case I have to relate is one of syphilis, which had been neglected, a male, aged 32. It began with two fits, followed by an attack of acute mania, which had lasted some weeks before he came under my care. As soon as this had sufficiently cleared off for me to test his state of mind, I found he had well marked delusions of grandeur. He said he was the true God, Christ, a King, all in one breath. He owned 160 millions, and more if one pressed him to say so; "his proper place is above the heavens, but he owns every palace on earth."

He had at no time any delusions of strength, agility, or bodily dexterity, all of which he very rationally disclaimed. He was completely demented for some two months before his death, which was preceded by a prolonged series of fits of Jacksonian epilepsy.

I could unfortunately not obtain leave from his friends to make a post mortem.

III. The third case, that of a male, aged 58, presented well marked symptoms of chronic cerebral softening ("multiple thrombosis"). He had been a literary man of some eminence, and had worked hard to maintain his position. He was usually in the jovial condition of a general paralytic; everything in the asylum is lovely, perfection, charming, all around him are the best of good fellows, and he is perfectly happy. He is making enormous fortunes, for which he cares little, as he is also making continual discoveries. These are to revolutionize the world, especially the world of thought; he has devised a mathematical formula for estimating the value of any act of intellect or benevolence; but the nature of his discoveries is continually varying, always, however, grandiose and extravagant. He never manifested any delusions as to his health or strength, which he correctly appreciated. It may be worth noting, though not my point, that this mental condition was interrupted by days or hours of depression and terror, during which he would cry out (apparently under the influence of vivid hallucinations of hearing) that torturers were awaiting him, and that he was to be "finished off" by dogs.

IV. The fourth case, a male aged 48, is one in which about two months after an apoplectic attack, symptoms of mental derangement began. The patient had imperfectly recovered the use of his right leg (the side on which he had been hemiplegic); and descending degeneration of the motor tract had set in, as shown by ankle-clonus, exaggerated knee-jerk, contraction of the right arm, and constant twitching of the hand. He was angry for the moment at being placed in an asylum, but immediately became perfectly friendly with all around. He talked as volubly as some amount of interference with speech would allow him; boasted of his skill as an artist, by which he was going to make a large fortune. He had also some vines in a greenhouse at home, of which the fruit was to bring him in a large sum which he could not state. He said he had received a higher dignity than any man in the world, but he declined to claim any specific title. His main subject of conversation was his brother's wealth, influence, and position; and his own beauty, and elegant, though muscular proportions; both of which were entirely mythical.

But he had no delusions whatever of muscular strength, and always spoke of himself as being very ill, and feeling so.

These delusions gradually merged into complete dementia and incoherence after about three months.

Such are the cases I propose to bring before you to-day. In the course of the last few years I have met with one or two others which seemed to be of the same kind. But they were seen in consultation with general practitioners, and it will therefore be readily understood that I had no sufficient opportunity of observing them to justify me in relating them to you.

Of course this material is much too scanty to allow of any conclusion being drawn from it. But it seems to me that it certainly suggests further inquiry. It would doubtless be interesting to know whether delusions of grandeur, so like those of general paralysis, occur in other forms of organic brain-diseases often enough to allow of their study, or whether these were rarities which accident brought before me. If the former, their pathological interest seems to be, that by comparison of the cases presenting these symptoms with those that did not, we might hope to approach a true explanation of the physical condition producing delusions of grandeur. They have also a certain diagnostic importance, as it seems probable that patients such as I have described might be supposed, on a hasty examination, to be suffering from general paralysis. This would be all the more likely if we had a history of fits, and found our patient in a state of general loss of motor power without true paralysis, both conditions often seen in cases of chronic softening (multiple thrombosis). Indeed, the first and third of the cases I have related, were described to me as being general paralytics, before I saw them.

And this suggests the second question which I will put to you. Supposing you have observed cases of grandiose delusions in disease other than general paralysis, were delusions of muscular strength present or absent? It will have been remarked that they were absent in those which I have detailed; and, if this is found to be the rule, we shall obtain a differential character to assist our diagnosis, should it ever be doubtful. Here, again, my cases are too few to do more than allow me to ask you for your experience.

I may remark, in this connection, that none of these patients took that delight in lewd conversation, or in boasting of their sexual powers, that is so common in general paralysis; although two of them at least had the reputation of having led lives of excess in this respect.

I have thought it better to narrow the scope of my paper to these two points; but I may briefly recall the other points of similarity between general paralysis and other "coarse" brain-diseases. Such are the fits already mentioned; the vivid hallucinations, the easily-roused emotions, and the stage of acute mania. All of these, as far as my own experience goes, are more common in cases of multiple thrombosis than in others.

Dr. Savage will probably recognize that these cases, like more illustrious personal histories, serve to point a moral

which he has very forcibly expressed. He remarks, in his account of exophthalmic goitre, that, if alienists are open to the blame of neglecting bodily symptoms in insanity, general physicians are at least as guilty of neglecting the mental symptoms of ordinary disease. It is tantalizing to think of the wasted opportunities for advancing mental pathology which must come before every practitioner; but which are wasted because he does not know what to look for, and how to look for it.

Digest of Essays on Hallucinations by Asylum Attendants.

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The interest awakened in the subject of a special training for asylum attendants, and the complimentary references which have been made to these essays by those who have perused them, will I trust, be sufficient excuse for my presenting the following digest of them in the Journal.

I.—Case of M. R., æt. 62. Climacteric melancholia. Hallucinations of hearing, sight, touch, taste, and smell.

(a.) *By M. M. F.* "When not excited is pliable; has a good memory, and is always coherent; hearing acute, but sight is not good. She suffers from hallucinations of hearing, sight, taste, smell, and touch. Examples: (1.) She hears her children calling to her, and says that some persons are tempting her to kill them. At such times is much excited, depressed, wrings her hands and weeps. (2.) She sees her children in the fields, and points to them. (3.) Sometimes complains of her food, which she says 'tastes and smells like arsenic.' (4.) Often fights with some imaginary person whom she feels catching her. When persuaded to employ herself, or when having outdoor exercise, her hallucinations subside, and she is less noisy."

(b.) *By I. S.* "Has hallucinations of hearing and sight; generally hears and sees at the doors and windows. Hears people scolding and ill-treating her children, and answers the voices back in a scolding tone. It is mostly men's voices that she hears. Seldom strikes, but threatens. At times will reason, and say she knows it is imagination; but only for a moment is she doubtful, for she is immediately as noisy as ever. *Hallucinations of sight:* Sees people running after her children in the fields, and stabbing them with knives. Sees her father and mother in their grave clothes. *Hallucinations of touch:* Not so well marked. Feels men pulling at her clothes in an indecent manner; but I believe they would be easier noticed if she had less control, for she seems to try to hide her ideas of indecency from us."