

ascertain what proportion of the year's admission could be differentiated, were Kraepelin's classification to be adopted *without question* as to its soundness. As a result the return covered the vast majority of the recoverable admissions, and in this way support the view that Kraepelin's classes are artificial and without practical value. Personally, I hold that the term "maniacal-depressive insanity" might be retained with advantage to classify a limited number of cases which are characterised by acute mixed symptoms in recurrent attacks which are not followed by dementia.

Maniacal-Depressive Insanity amongst the Male Admissions to the Richmond District Asylum in the year 1907. By J. M. REDINGTON, F.R.C.S.I., Assistant Medical Officer, Richmond Asylum; and P. J. DWYER, M.B., Clinical Assistant, Richmond Asylum.

IN examining the male cases admitted to the Richmond Asylum during the year 1907, special attention was paid to the mixed variety of maniacal-depressive insanity as described by Kraepelin. The result, I must say, was disappointing, for out of 292 admissions only one case came under this head. It is only right to state that fifty-five of these cases were drafted to the Portrane Auxiliary Asylum, where I was unable to follow their history. Of these 292 cases 42 were suffering from acute mania and 59 from acute melancholia, and neglecting the cases sent to Portrane, none of these, with the one exception, departed from the ordinary course of these diseases.

W. M—, æt. 41, builder's clerk, was first admitted to the asylum on December 27th, 1902. There was no history of insanity, epilepsy, paralysis, or other nervous disease. Father died of phthisis. Patient was temperate and never had syphilis.

Mother states that patient had an extraordinary memory, and in every way showed great brain power, and that of late years his whole mind was centred in music. Some years ago he suffered from insomnia. In March, 1901, he became melancholy, and continued so till October, 1902. During this period he remained indoors and showed a great fear of meeting

people, but otherwise spoke and acted in a perfectly rational manner. After this and for two months previous to his first admission to the asylum he became restless, flighty and fidgety, reckless about money, inclined to turn night into day, making senseless purchases, going about in slippers through the streets, without collar and tie, in an evening coat with belt round him, and so on, driving about on cars, dropping papers and other things. On one occasion he was prosecuted for bilking a car driver; he got engaged to be married but seemed to forget all about it; he purchased a number of presents for the young lady and did not pay for them; and he drew cheques on banks on pieces of paper.

On his first admission he was voluble and anxious to display his conversational powers. Though he affected a dry manner it was impossible to make him discuss any subject seriously, his whole talk being one succession of puns and gag with endless digressions and parentheses leading to apparent incoherence. It was impossible to get him to understand or take seriously his position. He seemed quite indifferent. When one suggested it to him he threatened actions against those who put him here, but without the least semblance of anger or seriousness. He gave, when being questioned, pseudo-reasonable and ingenious explanations for all sorts of unreasonable things which he had done, such as purchasing an organ with his very small means, drawing a cheque on the *Freeman's Journal* for £2 to pay his car. He admitted, on being questioned, former depression and sluggishness, and said that while that condition existed he more than once considered very seriously whether he would do away with himself.

He continued in this restless, fidgety, talkative state for three months, when he slowly commenced to improve, and was discharged on April 5th, 1904.

Previous to his re-admission in August of last year he got into his former depressed state, which lasted for ten months. For a month before his admission the depression was replaced by great restlessness. He was excited, reckless, and eccentric, interfering with everyone and everything, smashing furniture, pouring water into his sister's bed, and milk from a jug into his own hat and back again.

When admitted on August, 1907, he was much excited and very indignant, his excitement consisted in constant restless-

ness and perpetual movement. He would not sit quiet for an instant, talked much, and wandered from one subject to another. He was boastful and insolent.

He continued in this excited state till October, 1907, when he rapidly improved, and has remained well since.

As regards the duration of the different attacks this patient suffered from, his first period of depression lasted for one year and eight months. His first period of excitement lasted five months, which was followed by two years and nine months of sanity. In the second cycle of the disease the depression lasted for ten months and the excitement four months. He has now remained sane for one year and one month.

On the Maniacal-Depressive Insanity of Kraepelin.⁽¹⁾
By THOMAS DRAPES, M.B., Enniscorthy.

THE lectures of Prof. Kraepelin, as presented to us in Dr. Johnstone's excellent translation, form a fascinating study. Yet it is probable that with respect to some of them a reader is apt to rise from their perusal with a certain amount of mental confusion. His descriptions, from a clinical standpoint, are delightful reading, and lucid in the highest degree; but when, with the help of new terms, which really only express old familiar facts up to this otherwise expressed, he casts into new groupings cases which have two or three features in common, although differing considerably in their course and in the varying phases of mental disturbance which they present, there is a difficulty in following him. And any scheme of classification founded on a more or less casual and fortuitous similarity as far as a few symptoms are concerned, while ignoring important points of difference, cannot do anything else than create confusion. No doubt Kraepelin's object, so far as we can judge of it, is to group cases of insanity in such a way as to constitute a real help to diagnosis, and, what is of more importance, to prognosis, in the multitudinous phases of mental derangement which come under our notice, and this object is, so far, a meritorious one. But is the object attained by this method? Is it attainable? The fallacy—for it is nothing else but a fallacy—of regarding any