

writer of this paper is not inclined to localise the "centres of exaltation or depression" beyond placing them in the respective hemispheres. He also considers that these "centres," which are equivalent to "ganglia of pleasurable or painful emotion," are situated on opposite sides of the brain to those given by Mr. Austin.

In attempting to explain this discrepancy of the conclusions arrived at, it at once appears that in Mr. Austin's case the more disorganised the right thalamus was, the more surely was this condition associated with melancholia, and *vice versa*. Now in the author's opinion this state would be attended by paralysis of the function of the part, while if the disease were less advanced in the opposite centre the function of the latter would predominate. Such complete disorganisation as occurred in Mr. Austin's cases points to the fact of the stage of irritation, which might be attended by increased functional activity being past. The cortical changes, upon which the mental phenomena are generally considered to depend, seem to have escaped observation, as they are barely alluded to by Austin; while from more recent accounts of *post mortem* observations he would appear to have exaggerated the amount and importance of the affection of the basal ganglia.

It must be borne in mind that the cases from which the statistical portion of this paper has been compiled are taken as recorded in the case books, and that the object of the paper is suggestive rather than assertive.

CLINICAL NOTES AND CASES.

Spontaneous Hypnotism. By SIDNEY COUPLAND, M.D.,
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The following case, which fell under my notice in the summer of 1878, seems to me to present points of unusual interest. Its subject is a young friend of mine, and I saw the case very often during its strange and varied progress:—

C. N., æt 12, is the second child of Mr. A. N., a man of robust frame, considerable intellectual power, and of a rather finely balanced nervous temperament, who has enjoyed good health, but is subject to attacks of "nervous headache." Of his five brothers two died from "rapid consumption;" the others are alive and well. His wife, who was somewhat strumous in youth, has enjoyed fairly vigorous health

in adult life. She has an unusually strong will, and has always exercised considerable firmness with her children. None of them have ever been spoiled by fondness, nor yielded to, but all have been brought up with remarkable judiciousness and kindness. To make the history complete, I will add a few of the mental and physical characteristics of these children. 1. A. *æt.* 14; a studious, silent boy, yet entering thoroughly into school sports. He strongly resembles his father in his nervous temperament, and, like him, suffers from headaches. When younger he was a somnambulist. 2. C., the subject of this paper, 12 years old, is said to be "extremely sensitive and girlish, of most affectionate disposition, idolising his mother; high-principled, possessed of considerable inventive and imaginative faculty, frequently saying comical and witty things. He is very fond of games." He is most painstaking and ever anxious to succeed in study. He is also very fond of drawing, inheriting a talent for this from his father, who is no mean artist. A year ago he had an attack of so-called "brain-fever." It followed on some unusual work at school, which he had sat up at night to finish. For three weeks he is said to have been in a state of stupor, constantly complaining of his head, and moaning; but never delirious. He became also very pale. 3. F. *æt.* 9; is a cheerful, lively, high-spirited and impulsive boy. In the spring of 1878 he had what was called "congestion of the brain," and was delirious for two nights; and in January, 1879, he had a similar attack, marked by insomnia, delirium, night-terrors, &c. 4. P. *æt.* 8; very excitable, but has had no nervous attacks. His head is rather ricketty in shape, the forehead very prominent. 5. M. *æt.* 6; an excitable but otherwise ordinary girl. 6. *Infant*, born in February 1879—a girl; who quite recently (October 1879) was seriously ill for a month with cerebral symptoms. All the children are of nervous temperament, but well grown, and as physically healthy as most children.

At the beginning of August 1878, the parents brought their four eldest children to London on a visit. The house they inhabited, situated in a busy thoroughfare, was not only noisy without, but was also full of noise within, several other children dwelling there. The boy C. was taken to many of the London sights, and he was allowed to sit up late at night. The effect of this continual excitement culminated in about a fortnight. On August 24th, after spending the morning at the Tower, he came to some relatives to play cricket in the afternoon. Extremely fond of the game, he had looked forward to this visit with pleasure, and was greatly disappointed at the unfavourable weather putting a stop to the proposed game. His manner at first was unnatural; he appeared unusually quiet and taciturn; but as the day wore on his normal vivacity returned, and he acted in charades with great spirit, becoming, if anything, too much excited over them. That night he did not sleep, and in the morning (the 25th) complained of headache. His mother treated it as a "bilious

attack," and kept him in bed until noon. But the headache lasted; he was listless and indifferent to surrounding matters; and he lost his appetite. He passed another sleepless night, and during the whole of the 26th still complained of headache. Some castor-oil, given in the morning, acted once, but without relieving the headache. In the evening he began to wander in his talk. He had lain on the sofa all day, quiet and listless as before, but now he began to say strange and nonsensical things. Mr Owen, of Cleveland Square, was sent for, and prescribed for him; and desired that he should be kept in bed. All night he was delirious, talking incessantly, but not yet showing any violent movements. When seen next morning he exhibited much emotional disturbance, constantly bursting into tears without apparent reason; quite unlike his normal cheerful mood. The headache persisted, and it had become worse towards evening. There was now added to a wild and rambling talk about all kinds of topics, much restlessness, throwing himself about the bed. But he was conscious and recognised every one who came to see him. He slept during the night at times, but his sleep was disturbed, and full of restless activity, tossing himself from side to side, wandering and chattering nonsense.

At 8 a.m., on the 28th, he got out of bed, and rushed downstairs; and when brought back, began to cry a great deal. Mr Owen saw him twice during this day, and found his condition decidedly worse. For now the boy began to have periods of hallucination and active delirium, and to cease to recognise any of his relatives, except his mother. He fancied he was playing cricket or football, or hunting, fishing, swimming, and with each changing fancy he altered his actions to suit his words, becoming greatly excited in every part he played. He was passing through, in fact, a succession of active dreams, from which he could be recalled by his mother's voice, only to relapse again after a brief rational interval of quiet, into the previous abnormal state. Mr Owen administered chloroform at one time, but as the boy's pulse seemed to fail somewhat, he judged it wiser to desist.

No change for the better had taken place next morning. Indeed, the periods of mental excitability and failure to recognise his friends were even more prolonged and more marked. Among other things, he chattered about history, asking such questions as "Who were the Norman Kings?" then immediately himself supplying the answer, and so on, giving dates with remarkable rapidity and correctness. Then passing to other of his lessons, *e.g.*, grammar and parsing, he would take up all sorts of points, giving questions and answers himself, not waiting for replies from bystanders, but invariably addressing his remarks to a hypothetical "Bill." Every now and again the noise of a passing train, as it steamed out of the railway terminus close by the house, would attract his attention; he would then pause in his rapid talk, listen attentively, and then imitating the sound, break off into a laugh. The slightest noise would thus

attract him; and all the while he was invariably cheerful, with hardly a break in his incessant chatter, laughter &c.

In the evening of the 29th, Dr. Thomas Barlow met Mr. Owen in consultation, and he has supplied me with the following note:—

“The boy was lying in bed without any sign of distress; skin cool and soft, tongue quite clean, pulse 100, rather small, but without the slightest irregularity. He was breathing naturally. His head was cool; there was no tenderness and no retraction; no photophobia; the pupils were equal. He had a slight ‘nervous’ cough, for which nothing could be found to account, either in the pharynx or thorax. The abdomen was not at all retracted. The patient was a fairly nourished, clear-skinned, blue-eyed, light-haired boy with an intelligent but slightly feminine cast of face. He was a little pale, but there was nothing more to be said about his bodily condition. The boy was imitating the puff of an engine when I first saw him. When told to put out his tongue he said the word ‘Tongue, tongue,’ a great many times, and at length put it out. When listening to his chest he told me I wanted to ‘get inside.’ When told to get out of bed, he immediately ran to the corner of the room to look, as he said, for his bat; and not finding it went through the pantomime of imaginary bowling. When told to get in bed again he jumped in with the greatest alacrity. Within a quarter of an hour the boy gave a sigh, and then came a lucid interval. The change was very remarkable. The expression of the boy’s face altered completely. He recognised Mr. Owen, but could not tell his name, until he was told it began with O, and then he recalled it. He could not remember anything about his dreams, except that he had dreamt, and they were not pleasant dreams. When asked again to get up, he raised himself, but immediately put his hand to his forehead and moaned, but he could give no account, when asked, of the position or character of his pain. In a few minutes he relapsed again, and began to talk about cricket; but he was quiet directly his mother spoke to him. As to diagnosis, it appeared to me that organic brain disease of any coarse kind could be excluded; that his sex was against the symptoms being those of simple hysteria, and that, on the whole, if one must give it a name, ‘acute mania’ would describe it best. The lad had an ice-bag to his head, some bromide of potassium, and chloral. The only suggestion I had to make was to withhold the chloral, and to back up Mr. Owen’s exceedingly wise advice that he should be removed to a hospital if the condition continued.”

Throughout that night, and during the whole of the next day, there was no change in his condition. He recognised the difference between his uncle and his father, but did not know them; the one he called “that man with a beard,” the other, “another man.” He could hardly be said to have any lucid intervals, for although, after a pro-

longed active state of dreaming, in which he would call "Bill" to "come and play" with him, and in which if his mother answered he would address her as "Bill,"—he could yet be recalled by her, and leave off and go to sleep on her direction—a sleep of the briefest duration, followed by a relapse into the previous condition.

On the 31st Mr. Owen writes to Dr. Barlow :—" There is no decided improvement in the boy. In spite of quiet nights he awakes and continues excited during the day. As the urine is very copious and of a low specific gravity, I have discontinued the sedative, except at night, and have just begun sesquicarbonate of ammonia with quinine and tinct. *sumbul*. The pulse, temperature, &c., are as you found them."

It was on the afternoon of this day that, on returning to town, I first saw the patient. I found him lying in bed, with his eyes open, and with a strange, unnatural expression, talking rapidly but coherently about some exploits which he was going through with a supposed companion, and all the time actively moving his limbs in imitation of the actions which he imagined he was performing. I have no notes of this first visit. Suffice it to say that the condition in which I found him was similar to that described above, and to that noted in detail on subsequent occasions.

Sept. 1st.—The exalted mental activity continued with fewer and briefer intervals of lucidity. During the early morning he had been saying that "we must go to church, for it is Sunday," and had then said, "Bill, what shall we do?" "Now I am going to preach a sermon," and forthwith gave out the text, and delivered a discourse, perfectly fluently and well connected, arranging his subjects under different heads—"firstly," "secondly," &c. Then, "let's have some hymns;" and he commenced singing, also with perfect correctness, various hymns. Later on he would again meet "Bill," and say, "What shall we do?" "Play cricket?" "No, we can't play to-day, because it is Sunday." "Let us go hunting?" "No, we must not to-day; we will to-morrow." And so on with other proposals which he made to himself, and repeated the answers which he supposed to hear from "Bill," always coming to the conclusion that they must not play that day. Every now and again, as before, the whistling or puffing of the engines would evoke an imitation of the noise from him.

I met Mr. Owen, and we agreed that it would be well if the lad could be transferred to quieter surroundings, and it was therefore arranged that he should be taken to a relative's house at Kensington that afternoon. On the way there he was quiet, and seemed to enjoy the drive.

When he saw his cousins, he did not recognise them. "That lady," he said, when speaking of either of them. He was certainly quieter under his new conditions, but sometimes wandered in his talk. At night he was given a draught containing ten grains each of

bromide of potassium and chloral, with ten drops of tincture of hyoscyamus.

Sept. 2nd.—He fell asleep about an hour after taking the draught; and half an hour later was very restless, and when he awoke, two hours afterwards, he complained that he had had disagreeable dreams. About 1 a.m. he awoke, calling out for help to save him from drowning. Some milk was given him, and after a long interval he went to sleep again. But at three o'clock he awoke in a very excited state, crying out that he thought his mother was dying. Again he fell asleep for about another hour, and on waking still complained of "horrible dreams." He now remained awake for some time, then dosed, and awoke again at 7.30, remaining quite lucid for fifteen minutes, when he relapsed into a rambling state till 9.20. He had complained much of pain in his head all night and in the morning.

I saw him at 9.45 a.m. He was then rational and lucid; he knew me, and his face had lost the expressionless character it had when he was in the abnormal state. Temp. 98°, pulse 96, soft, compressible and rather small. He complained of giddiness when he sat up in bed, and if he got out of bed he reeled about. The pulmonary and cardiac sounds were natural.

I had not been in the room ten minutes before he closed his eyes, kept perfectly quiet for a short time, and then called, "Bill, what shall we do to-day?" "Go out fishing?" "No!" "Game of cricket?" "Yes." "Bill! Bill!! Bill!!! Let's go to — cricket ground." Then "I am going to play for the 'Gentlemen.'" "They have to go in." Thereupon he commences imitating the act of bowling. "Three out, middle pegs, running!" "Caught!" "that's four!" (imitating bowling and catching, and then clapping his hands). Then almost at once, after more imitation of bowling, he cried, "All out for a duck!" "I have to go in now." And now he imitates violently and extravagantly the act of batting, as if he were batting every ball sent him as hard as he could. Then he calls out, "That's 50, 120, 130, 160;" and then "that's 200 to me!" "Send me a good ball—that's 300, 350 . . . all the other men are out. Carried my bat out!" He ran up this score with great rapidity, hardly pausing to take breath between the different numbers he called out. Having achieved this feat, he says—"I am so tired, Bill! Come and lie down in the grass, just there." It is noteworthy that in all his various imaginary games he sooner "gets tired" now than before. After a brief interval he laughs, and moving his arm and leg says, "Shall we sing, Bill?" He begins to sing, and then becoming more excited in his movements his mother says, "I would not do that . . ." to which he responds at once, "all right, ma," and leaves off. This is always the case. His mother seems to be the only person who can recall him at all. But almost immediately he says, "Lady Clare!" and proceeds to sing a verse of that song, first in a low voice and then

in a high-pitched falsetto. Then, seeing his mother, he breaks off, laughs idiotically and says, "Cricket-balls?" the name by which he denotes grapes. Having some given to him, he says, pointing to me, "Give one to this gentleman," and then, "Now I am going to sleep," turns over on to his side, and in a few minutes waked up perfectly natural and lucid. He now recognised me as well as his mother, and appeared to have no knowledge at all of what had passed during the last quarter of an hour. In this way invariably does the paroxysm begin and terminate. An apparent short but heavy sleep, of only two or three minutes' duration, always preceded the onset of one of his "active dreams," and always intervened between its termination and his restoration to complete lucidity. Frequently too, when in the midst of a paroxysm, he is told to go to sleep; especially when his mother tells him to, it had the effect of abruptly terminating the abnormal state. I give this as one example out of many which occurred several times during the preceding days, and were frequently repeated subsequently.

The same evening (Sept. 2), his mother reported that he remained much as I had left him in the morning up till half-past four o'clock. The "delirium" seemed to take a quieter phase than hitherto. He expressed himself as too tired to play, and talked quietly, amusing himself with making animals out of his handkerchief, throwing them into the air, or else repeating some of his lessons. It was noticed for the first time in the course of the morning that he stammered in his speech; and this increased so much that about 3 p.m. he could not utter a word without stammering. He therefore talked less, and amused himself with quietly playing with a toy-boat. His manner had thus been unnaturally childish, but he was more lucid throughout the day than at any time before in the course of his illness. He took ample nourishment. The bowels were moved, motions offensive. Still he had had no sleep, and I thought that a warm bath might induce this better than the sedatives given on the previous night, for after taking them his face became very flushed, and the night was passed restlessly. Accordingly, at 8.30 p.m., I put him into a bath at about 90° F. He enjoyed it very much, and was quite rational whilst taking it, *e.g.*, instead of misplacing the terms "cold" and "hot," as he had previously done, he correctly remarked that it was "hot." He sweated freely after the bath, his face became much flushed, and he said that he felt very hot. Some iced milk was given him. But he did not long remain rational, for he had not been in bed a few minutes before he cried out, "Bill! cricket?" "No; too hot!" and then "Oh! the grass is quite hot!" "Let's go into the water;" and then, with a tone of disappointment, "That's hot, too!" Then he imagines himself as lying on the grass looking at a cricket match, and he frequently applauds the feats he observes. An ice-bag was applied to his head, and I left him at 9.45 p.m., when he had fallen into an apparently natural sleep.

There had been a fair amount of urine passed during the day. It was pale, of sp. grav. 1024, and deposited a large quantity of phosphates.

Sept. 3rd.—After a comparatively quiet night, in which he awoke at intervals, sometimes excitedly, complaining of his dreams, it was noticed that he spoke distinctly and without hesitation on first waking; but that afterwards he stammered much. He recognised me when I called in the morning, and stammered out a welcome. He also seemed to be at a loss for words; nor did he understand many. His head ached, and he described the sensation as that of “two little men knocking” inside his head, and asked me if I could stop them. He said without prompting, “It is F—’s birthday to-day,” a perfectly correct statement. But seeing my watch, he said, stammering, “Is that the thing that tells you the time?” The pulse and temperature were unchanged, the urine was sp. grav. 1015, pale, with much phosphatic deposit.

During the day the “lucid intervals” were very brief; all the rest of the time he talked at random on various topics with his friend “Bill,” and often became very excited. His stammering was very marked. Dr. Barlow, who saw him with me in the evening, thought there was some improvement. He agreed that the bath should be repeated, and suggested that his mother should try the effect of gaining his attention by reading aloud to him. This she did, and he seemed to like it, often repeating afterwards the stories she had read.

Sept. 4th.—His sleep at night was fitful, and disturbed with dreams. The stammering was even worse, and his hallucinations marked and frequent. To-day he had been telling tales frequently to “Bill,” being “too tired to play,” and the tales were mostly very coherent and finished, all invented at the time. At 7 p.m. I found him chattering volubly, and to quiet him, I asked him to rest and go to sleep. He had hold of my hand, and said he would not let me go. Then he fell fast asleep; in less than two minutes he was in profound torpor, breathing heavily. But a minute or two later the sleep was interrupted, he let fall my hand, turned over on to his side, laughed, and said, “Bill, we won’t play to-day; I’m tired. Let’s lie on the grass and I will tell you a tale.” Then he began talking volubly, but without the least stammering, whilst he recounted a tale about a giant for some ten minutes, the account being perfectly connected, and frequently illustrated by his actions. As the climax of the story was reached, and he was becoming very excited, I asked his mother if she could quiet him, when she said, “Now try and go to sleep;” he addressed her as “Bill,” and said, “Just a little more to finish it,” and on he went again with the culminating episode of the giant’s final feats and discomfitures. Still not ceasing, his mother once more essayed to quiet him, to which he replied that he had “only a very little more to finish it,” and soon left off, turned over in the bed, fell

apparently fast asleep, again breathing heavily just as when he "went off," and in a minute or two awoke with a start, stared wildly about him, but was at once recalled by my voice. His stammering returned with his lucidity. During the day he had frequently transposed the meanings of terms, speaking of sovereigns as pennies, and thinking a penny to be a very valuable coin. Similar instances of transposition of words were frequently noticed. There was no change in his physical condition. The bath was repeated in the evening.

Sept. 5th.—The night was again restless, and he dreamt much. The headache also continued. He was ordered a mixture containing the bromides of potassium and ammonium, with tincture of henbane, to be taken every four hours. Again, during the day, as soon as he fell asleep, he commenced to dream actively, telling tales and acting the incidents in them. At one time, such a tale, told with great circumspection without the least hesitation, lasted for about half an hour. It was full of varied incidents, and he was relating it to his friend "Bill," as they were lying together in an imaginary grass-plot, "because it is too hot to play," and because "we are too tired," he said. At the close of the narration he said, "Now we will go to sleep." He did so, but awoke in great terror, screaming and starting, and for some time after complained of intense headache, always increased if the head was raised. That night I did not give him the bath, as it seemed on the previous evening to increase the pain in his head.

Sept. 6th.—He slept well from 8.30 p.m. to midnight, but then feared to sleep again because of dreaming. After that his sleep was very broken, and his head ached much. At 5 a.m. he awoke alarmed, and said he wanted to jump out of bed to run away from his dream; whilst on waking at 7 he was shouting, "Hurrah! I have killed so many of them." He never could recall any of these dreams; he only knew they troubled him, and even if questioned at once on waking, he could not say what it was that had excited him. Temp. 98.4, p. 112. Tongue clean.

He has been free from headache during the day:—"The two little men," he said, "are sitting in chairs." But as the day progressed he has appeared to be deaf, often requiring to be spoken to two or three times before he heard; and then turning his left ear to his interlocutor. At 6 p.m. I found that he could only hear a watch tick at $1\frac{1}{2}$ inch distant on the right side, and 8 inches on the left. Still he talked to me, and seemed quite as bright as he had been during the last few days. I was away from the house from 7 till 9 p.m., and on my return found that he had passed into another phase. About 7.30 he said that his ears pained him very much, and his head also. He then became almost suddenly completely deaf, and closing his eyes, relapsed into as marked a condition of altered consciousness as at any time during his illness; and this almost with-

out warning, for his faculties previously had been fairly bright; he had even first remarked that it was Friday, and that he had been ill for a week and four days. Now, however, he knew no one, except his mother; spoke of me as "that gentleman," and of one of his cousins as "that lady," although a short time before he had been conversing with us. There were several other hallucinations. When roused he would shout in reply as a deaf person might. I determined again to place him in a bath, this time making it mildly tepid. The effect was striking. Perfectly oblivious of what was being done to him when he was put into it, he had not been there three minutes before he opened his eyes, recognised me, heard perfectly, answered naturally. His delusions and deafness left him, and he enjoyed the bath much.

Sept. 7th.—His manner seemed to grow more childish and imbecile; some of his amusements were almost infantile.

Sept. 8th.—About 7.30 a.m. he suddenly closed his eyes, said, "I can't see," and began to cry. Then three hours later, whilst lying on the sofa, his eyes still shut, he abruptly ceased speaking, and became practically dumb. In spite of keeping his eyes firmly closed, he wrote several sentences, and even a complete letter in a fairly good hand. He recognised people by feeling their faces, and hearing only when spoken to in a loud voice. He had also been "dreaming" again more than once, and now in going through a game of cricket, instead of calling out the score, he wrote the figures down as they were made, and added up the total. His eyes seemed to be so firmly closed as to make it impossible for him to have been looking from under the eyelids. Once, whilst having his dinner, he opened his eyes suddenly and recognised his mother and myself; but as suddenly closed them again. He now became absolutely deaf. During the afternoon his childish amusement with dolls, which he had manufactured from handkerchiefs and tied on to a string, seemed to engross his attention. But he also—still with closed eyes—occupied himself with drawing grotesque figures and incidents on paper. The accuracy with which many of these rude sketches were made was astonishing.

At 7 p.m. Dr. Barlow and myself saw him. After passing his hands over Dr. Barlow's face he laughed and clapped his hands, and made a sign as of writing "B" in the air. During and after a warm bath he regained his speech and hearing. A little wine was given him, and half-an-hour afterwards he was crying very much with pain in his head, eyes and ears. Frequently he stopped abruptly in his crying, extended his limbs rigidly, and remained quite quiet. Then at the end of two or three minutes the rigidity relaxed, and he burst out crying again. We decided to discontinue the bromides and the ice bag; to continue the bath every night, and to give him wine in small quantities, and cod-liver oil.

Sept. 9th.—Condition unchanged.

Sept. 10th.—Believing that if we could make the boy exert his own will we might get rid of all these strange vagaries, provided that at the

same time we could show him that he was not an invalid physically, and needed neither careful cherishing nor extraordinary sympathy, Dr. Barlow and I now made a radical change in his moral treatment and surroundings. We found him at 8.30 p.m. in bed, and in a most excited condition. He had laid out a doll's table, spread for a meal, ready for my arrival he said. Having these toys swept away, we asked to be left alone in the room with him. He was lying with his eyes closed, shouting excitedly, for he imagined himself to be taking part in a sea-fight. A pinch on the cheek elicited the cry, "I am wounded," and still he pursued his excited efforts, from which we could not rouse him. Then, getting him out of bed, in spite of his frantic struggles, we succeeded in making him stand up, and to walk with our guidance to the sofa. Still he remained oblivious of us, and, absorbed in the imaginary struggle, he continued to shout and fight. A wetted towel was now flapped in his face. In a few minutes he was awake, and himself again. It was notable that his face at once assumed an intelligent expression; the blank, half-childish, half-imbecile look left him. He could hear us talk, and spoke to us; asked for his mother, and cried petulantly because we firmly declined to let him see her. We led him back to the bed, on which he lay for some time sobbing and crying for his mother to be allowed to come in. We talked firmly and kindly to him, tried to show him the folly of his behaviour, and gradually he became more and more reconciled. In order to complete the impression and make him exert himself, we told him that he must get up and dress himself. This he did with some hesitation, after repeated encouragement. Then he walked down stairs unassisted, and came into the room where his mother and relatives were at supper. When upstairs with us he once or twice refused to speak, and now and then appeared to be deaf. But having duly explained to his relatives that no mention was to be made of his illness, and no notice taken of his appearance at the table as anything unusual, we got him to talk a little; sometimes with very marked stammering, but sometimes without any at all; and he could also hear what was said to him even in whispers. So rapid had been the transition from apparently hopeless fatuity to fair intelligence, that had I not witnessed it, I should not have deemed it possible. He sat there, pale, but natural-looking, and though somewhat subdued, not to say sheepish, casting now and then a sidelong glance at his medical tormentors, he was evidently "clothed and in his right mind." After saying good-night all round the rather large family circle, he went upstairs with us, undressed himself without assistance, and went to bed, and to sleep. We left him to himself, having had all the numerous signs of a sick chamber cleared away, and urged firm moral control.

As showing how completely he led a "double life" during the attack, I may mention that once, early in the case, he was given some pudding for his dinner. It was placed on a chair by the side of the

bed. He, however, went to sleep, met "Bill" in his dream, and proceeded to play a "game" with him. The "game" proved to be exhausting, and he suggested to "Bill" that they should have some refreshment. They agreed to this, and paid "ten shillings" for it. He then proceeded to eat the pudding on his own and "Bill's" behalf. When he awoke from this dream, the plate having been removed, he asked where his pudding was, for he was hungry. He said that he had not eaten it, but had left it on the chair when he went to sleep. Again, at a later period, when in one of his dreams, he suggested to "Bill" that they should "go to the cricket ground;" he asked for 6d. to pay for their admission, and held out his hand for it. His mother put the coin into his hand, but when he awoke and found it there, he could not make out how it had got into his hand, and concluded that it had dropped down "from above."

The subsequent history of the case may be very briefly disposed of. For some days he was remarkably quiet, almost sheepish, languid, and pale; but a few weeks spent at the seaside speedily improved his general health, and although he was subject to headaches, and frequently had bad dreams at night, his mental condition was far more stable. On his return home in October he was quite well, and remained so until the following January, when he was sent to school again. A reproof from the schoolmaster one day soon after returning, was followed by the lad falling into a state of stupor for several hours, so that he was taken home again. Since then he frequently dreams, and often complains of headache, but his general health remains good; and as for mental discipline, he is allowed to follow his bent in working at a school of art, and in doing such other lessons as he can without definite tasks being required of him. At times he seems capable of much application, at other times he will fail to comprehend even the simplest things. Occasionally he has severe headaches, which cannot be relieved; but he eats and sleeps well, and altogether his health has greatly improved.—Nov. 9th, 1879.

I have thus endeavoured to depict, as minutely as possible, the chief features of this case. Its nature was exceptional and puzzling. The child had strong neurotic tendencies, and had lapsed into the state after unusually prolonged mental excitement and diminished sleep. The idea of organic brain disease was early set aside. Pain and delirium without any of the concomitant phenomena of meningitis, cerebral tumour, &c., were the only symptoms that could indicate the presence of gross lesion. Then the idea of insanity came to the front, and as the days passed, and the condition varied in character, it seemed as if the brain were becoming more and more exhausted, and fears as to complete restoration to sanity arose. Still, through it all, and especially as the case wore on, we could not help

hoping that the condition might fall under hysteria, but hysteria of a strange and complex type; one's own knowledge at the time could not supply a parallel to the case in the multifarious manifestations of this condition, and it was notable that the phenomenon, which seems to be so constant a feature of the hysterical state, was absent. We more than once tested him for anæsthesia and never found a trace of it; nor was there any quivering of the eyelids.* Still, we could not help being struck by the aspect of the lad; and his general physique reminded me so strongly of a lad, who showed some of the sensory phenomena of hysteria to a marked degree—whose case is reported by Dr. Henry Thompson in the *Clinical Society's Transactions* (vol. xi., p. 31)—that I was led to favour the notion that this also was an example of hysteria of an unusual type. Dr. Barlow was also led to the same conclusion, and we determined, as a last resource, to make an effort to get the boy to exert his will.

There are several points in this case which are of psychological interest. I will briefly recapitulate some of them. (1) The mode of onset of the abnormal state, a brief and seemingly profound sleep passing into a stage of extreme excitement and unconsciousness of surroundings, the recovery from which to perfect lucidity was always ushered in by another brief sleep. (2) The connected chain of ideas that ran through all his delusions. The almost invariable address to "Bill" (which turned out afterwards to be the cognomen of a favourite school-fellow) to join him in the games, &c., which formed the staple of his second life. (3) The heightened acuity of the senses, especially hearing, during the attacks in his earlier days, followed later by the apparent blunting of them in the later stages. (4) The supervention of stammering in speech in the lucid intervals, and never in the delusions themselves. (5) The surprising power of writing, and sketching without the aid of sight, which so forcibly reminded one of the heightened powers of the mesmerised.

It will probably be said that if the same measures, which proved successful in the end, had been tried earlier, we should have cut short the disorder. I confess I am not quite sure of this; during the first week I think it might have been impossible to have so thoroughly turned the current of the perverted cerebral activity. Still, knowing what

* A somewhat analogous case has been published in the "*Revue Mensuelle*," April, 1879. [See next Case.—Eds.]

may sometimes be done with hysteria, it would be rash to speak positively.

[*Note by Dr. D. Hack Tuke.*—I think the foregoing case is of interest as illustrating one of those forms of mental disorders which in their main features closely resemble the state which, when artificially induced, is known as Hypnotism. In this Journal for April and July, 1866,* I drew attention to the remarkable parallelism between the symptoms of these two conditions—the spontaneous, as witnessed in some cases of insanity, and the artificial. I believe that some cases of quiet delusional insanity are of this class. Others, again, accompanied by excitement are, in the first instance, examples of active mania of the hysterical type, the consequence of partially localised brain exhaustion, and pass into a condition essentially the same as hypnotism, or sleep-waking, an expressive term to indicate that some of the cerebral centres are asleep and others wide awake.

Thus it is important to recognise their identity, because the kind of treatment required is at once suggested.

Dr. Coupland's case, which most alienists would classify under Hysteria or Hysterical Mania, but of which the most striking feature is no doubt the Spontaneous Hypnotism, is not only interesting as occurring in the male, but forms an excellent illustration of the success attending a distinctly psychical or moral method of treatment, founded upon arousing and directing the patient's will, the suspension of which is characteristic of the hypnotic state. The brain was, in consequence of mental excitement and the succeeding exhaustion, thrown into partial and irregular action; the healthy will had lost its command, and the reflex action of certain cerebral centres was no longer controlled.

The rapid change which sometimes occurs in the functional activity of the sense-organs is familiar enough to those who have witnessed hypnotic experiments—the complete temporary deafness, for example, and the remarkable inability to see; these functions being restored in an instant under certain well-known conditions. That which can thus be done artificially in the way of producing deafness and blindness, occurred spontaneously in Dr. Coupland's patient. Nothing, again, is more common than for a manufactured somnambule to enter into conversation with an imaginary being; a circumstance forming a striking feature in the foregoing case.

Had the late Mr. Braid treated this case, he would, in the first instance, have intensified the hypnotic state, and equalised the nervous sleep, thus obtaining a profound slumber and refreshing rest for the tired and excitable brain. Having done this he would have got the patient completely under his control when awake, would have regulated the disorderly cerebral action, and would have ended by re-

* "Artificial Insanity, chiefly in relation to Mental Pathology."

storing to the patient his lost will.* But although this systematic course of hypnotic treatment was not adopted by Drs. Coupland and Barlow, its most important element—that of mastering the patient in order to make him master of himself, and so arousing the dormant volition to control the reflex cerebral action—was done by them, and with marked success, when other means had failed. As to the name, “only make sure of the thing, call it what you will.”]

A Case of Hysteria with Somnambulism. By M. ERNEST CHAMBAUD (“Revue Mensuelle de Médecine et de Chirurgie,” April, 1879).

This case shows some features common to the foregoing one, and evidently belongs to the same class. It is that of a young woman, 23 years old, who showed no hysterical tendency till the age of 20, when she received a severe mental shock by being witness to an attack of suicidal mania on the part of her mother, who was removed to the St. Anne Asylum. From that time she became *triste*, and complained of epigastric sensations. The developed attacks did not occur till three years later. She was a well-developed, chlorotic girl, subject to attacks of vomiting and precordial pain; ordinarily placid, she was yet emotional, but not delirious or excitable. She constantly dwelt on her mother's madness, and the scene she had then witnessed played a large part in her somnambulant state. She had no anæsthesia or analgesia; no ovarian tenderness or neuralgia. The somnambulant state was of two forms—the one simple, quiet sleep; the other accompanied by various nervous disturbances and by talking. They occurred spontaneously, and could also be provoked by pressure on the ovarian region, by closing the eyelids, &c., and she described their onset as accompanied by a sensation of some kind of a ball rising from the lower part of the abdomen to the throat and stifling her. Then she passed into deep sleep, in which she could be made to converse, to answer questions slowly, performing voluntary actions, but with diminished sensibility. The return to the normal state was as abrupt as the lapse from it, and either occurred spontaneously or by opening her eyes, blowing on the neck. After the attack she was quiet; complained of pain in the head and limbs, and appeared fatigued, retaining no recollection

* Such psychical treatment ought, no doubt, to be combined with the administration of an ample supply of nourishment.