MANIC-DEPRESSIVE PSYCHOSIS

A SYMPOSIUM HELD AT THE ANNUAL MEETING OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION, AT FOLKESTONE, JULY 2ND AND 3RD, 1936.

MELANCHOLIA: PROGNOSTIC STUDY AND CASE-MATERIAL.

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I HOPE it will not be a waste of time to begin by seeing what can be meant by prognosis in this difficult kind of illness. Prognosis is often conceived as the natural history of disease—or the course it will follow if it is not interfered with. Treatment is valued for the good modification it produces in this " natural " course of events ; it may hurry up the processes of recovery or it may bring about recovery that would not otherwise occur, or it may lessen the harm the disease does ; in other words, the efficacy of treatment is assessed by the changes produced in the time the illness takes and the shape it takes. In the case of such a disease as malaria, this conception of prognosis, and this use of it for assessing treatment, can be demonstrated. In psychiatry, however, one is not as a rule dealing with parasites, bacteria, or other exogenous agents which live and exert their influence in a definite order of time and place. Causes of mental illness have no set sequence or constancy. Those external to the patient are as variable and manifold as the pattern of daily life around us, and those intrinsic in him are seldom capable of forcing their way and becoming manifest as illness, no matter what befalls the patient. They are for the most part dependent on circumstance, and of their particular transmission and manifestation we know little ; we infer hereditary and constitutional causes with good grounds, but of the details of heredity in any of the individual forms of mental illness we cannot be sure. Consequently we cannot find now any accuracy of prognosis, in the sense of predictable sequence in an individual, based on comparable experience of many others ; the variations will be too

https://doi.org/10.1192/bjp.82.340.488 Published online by Cambridge University Press

many ; we may expect such accuracy when we know more of the nature and mode of transmission, and of the influence of external circumstances upon time and form and degree of manifestation of each kind of mental illness. Without accurate knowledge of how the causal and modifying factors act, prognosis must be uncertain to a greater extent than in many other illnesses. In medicine, it is true, prognosis can hardly ever be exact, but here it is more inexact than usual.

It will be seen that I make a distinction between prognosis pure and simple and the prognosis which takes account of treatment. In clinical practice this is customary ; " follow this treatment ", one says to the patient, " and such and such will happen ; if you do not, then I am afraid . . . ". Now, in psychiatry the number of possibilities is wide, for the reasons I have just spoken of—the variety of external circumstances that may act on the patient, and the variety of ways in which he may be constitutionally prone to respond to them. There is, in short, no such thing as an abstract pure prognosis of manic-depressive insanity as it occurs in any single patient ; there are a number of chances or prognoses which we may foresee, sometimes clearly, sometimes darkly, and with wide conjecture. This I hope to illustrate presently. Such simple statements as that the prognosis for recovery from the attack is good in correctly-diagnosed cases have to be qualified. We have changed the Kraepelinian view as to the prognosis in dementia præcox without revising it in manic-depressive psychosis.

When I speak of prognosis in manic-depressive psychosis, it is necessary that I should state whether I have in mind a type, an ideal form, " the manic-depressive psychosis ", or whether I mean the illness of a particular patient which approximates to this diagnostic grouping. In the one instance I am dealing with an abstraction, or at best with a statistical estimate of the chances in a somewhat heterogeneous group, and in the other with an attempt to evaluate individual causal and clinical facts which bear on individual prognosis. In fact I have both in mind, in that in discussing the literature of the subject I shall be dealing mainly with the former, i.e., with a more or less fictitious Kraepelinian entity, whereas in discussing a small group of patients whom I have followed for some years I shall raise the latter issue, though without any pretence at disposing of it.

Before considering these two matters, viz., the general course and the individual prognosis, it is also proper, I think, to recall that the word " prognosis " sums up a number of questions which should be dealt with separately. There is first the genetic prognosis—the chances of a child later showing manic-depressive illness because of his inherited predisposition. The probability is an actuarial matter, which belongs to another discussion in this symposium. Then there is the time of occurrence of the illness ; will it coincide with adolescence, marriage, pregnancy, menstruation, menopause, season, bereavement, infection, promotion, etc ? What will be the duration

of the attack? And what the probable sequence of events in it? Will the patient get worse before he gets better? Will his symptoms become more florid? Will his judgment be impaired? Will he need hospital treatment or certification? Will he recover suddenly or gradually? Will he pass into a manic or depressive phase? Will he remain capable of attending to his business? Will he attempt suicide, and, if so, how and when? There are any number of important practical issues which one would like to be able to forecast from one's knowledge of the past clinical form, the causes and psychopathology of the condition. There is the question whether the man with cyclothymia must fear a severe attack of depression or elation. Also, after recovery from an attack, will the patient have another, how long will he remain well before the sword falls, what will be its form and duration, how bad will it be, what might occasion it? And, a more important question than is commonly thought, how will he be after this attack, how complete will be his recovery or how satisfactory his improvement? Will his attacks gradually get more severe or different? Will he eventually die of this illness? What physical changes may occur in him as he grows older which will be related to his mental disorder? And finally, this all-important question of treatment—what effect will it have in ending the attack happily and in staving off further attacks? I should say, here that, as I am not considering the relative value of methods of treatment, I shall assume that in other people's reports, as in my own group of cases, the treatment used was that considered orthodox and best in psychiatric clinics at the time of the respective inquiries. No doubt different kinds of treatment influence the course of the illness differently. I do not think that anyone can reasonably sustain the view sometimes hinted at, that people get better of manic-depressive illness equally well whatever you do. But as I cannot judge the relative value and effects of different methods of treatment, I shall, by a convention which I hope may be excused, neglect this factor of different treatment. Unfortunately—or fortunately—one cannot get hold of any adequate psychiatric reports of manic-depressive cases left entirely to their own and their neighbours' devices; some sort of treatment there always is, even if it be bad treatment. A pure prognosis, independent of circumstances, is, as I said earlier, a figment, a thing of naught. The most important circumstances will, of course, be those specially designed to meet the needs of the patient's situation—in other words, therapeutic circumstances.

In reading through the literature of this subject one is struck by a discrepancy between the findings of investigators with a Kraepelinian notion of the disease and those of the latitudinarian party; by which I mean those psychiatrists who deal with reactions rather than diseases, and to whom the term "manic-depressive insanity" implies an arbitrary frontier rather than a true division. Thus French psychiatry is less rigid in this respect than the Kraepelinian; Rouart, for example, in the most recent monograph on the subject, says: "La psychose maniaque-dépressive correspond à un trouble

générateur léger, paroxystique. En effet, les états maniaques et mélancoliques purs supposent une intégrité du fond mental, une absence de déficit intellectuel et un retour à l'état normal dans l'intervalle des accès. Ces caractères limitent forcément le cadre de cette affection, mais il semble qu'on puisse l'étendre au delà de la folie périodique de Falret, à des formes intermittentes et à des formes d'apparences moins régulières et simplement intermittentes, et à des formes dont les accès comportent des états morbides soit plus comprehensibles (délires de caractère paranoïaque) soit legèrement plus dissociés (accès de type plus schizoïde). Ces dernières variations dependraient de la personnalité antérieure du sujet. Enfin, les états confusionnels peuvent être observés au début, au cours ou à la fin des accès." [Manic-depressive psychosis corresponds to a mild paroxysmal causal disturbance. Indeed, pure manic and melancholic states imply a fundamental mental integrity, no intellectual defect, and a return to normality during the intervals between attacks. These characteristics necessarily put a limit to what may be included in this disorder; but it seems that one can extend it beyond Falret's periodic intensity to cover intermittent forms, forms with less regular and simply intermittent manifestations, and forms in which the attacks include morbid states of a more understandable kind (paranoiac delusional states) or with rather more dissociation (more schizoid types of attack). These latter variations would depend on the patient's previous personality, And, finally, confusional states can be observed at the beginning or the end of the attack or during it.] He recognizes a different evolution for these types from that of the Kraepelinian manic-depressive psychosis. Benon, giving the prognosis of pure melancholia—pure in Tastevin's sense—says that before the age of 30, 25% recover, 40% develop into a chronic hypothymia (dementia præcox), 20% have a periodic dysthenia, 5% chronic asthenia, 5% chronic persecutory delusions; while of patients over 30, 60% recover, 5% pass into chronic asthenia, 5% into hypochondria, 5% periodic dysthenia, 5% chronic persecutory delusions, 10% are incurable, 10% die. This is very different indeed from, say, Gruhle's categorical statement, " Immer geht der einzelne Fall in Heilung aus, die Persönlichkeit wird vollkommen wiederhergestellt ". [The single case always ends in recovery, the personality is completely restored.]

Such conflicts of statement are due in part, it is true, to different circumstances of observation—private practice as against psychiatric clinic—but much more, I think, to different conceptions of the illness. Statistics of outcome which are based on certified cases in mental hospitals will differ from those obtained, like Paskind's, in private practice or in the psychiatric clinic with a big out-patient department; those based on a distinction between " true manic-depressive psychoses " and " reactive depression " or " constitutional or neurotic dysthymia " will not be comparable with those which include all predominently affective disturbances, whatever their severity or periodicity;

involutional melancholia is included by some, and not by others in their material of investigation, and there is to be reckoned with the variation in opinion between different observers as to whether a case is to be diagnosed as mainly schizophrenic or mainly affective; finally the possibility that cases of an organic or symptomatic psychosis are included, some of which will be incurable and progressive, others deceptively speedy in recovery. It would be going too far to show how all these factors have actually entered into the data on prognosis published by different workers. Perhaps the most striking example is to be seen in the interesting paper of Strecker of Philadelphia and his co-workers; they picked 50 recovered and 50 unrecovered cases of manic-depressive psychosis from the patients admitted to a mental hospital during a four-year period; they deliberately excluded all uncertain psychotic reactions and the various acute affective reactions accompanying toxic-infective-exhaustion processes, as well as mixed schizophrenic affective ones, also borderline neuroses and the purely situation psychoses; they then compared the two groups for significant differences. One of the most striking points was that in the unrecovered group there was very much more cardio-vascular and renal disease, so that they concluded that the presence of this disease-complex rendered the outlook for recovery less favourable. Examination of their material shows, however, that of their 50 unrecovered patients only 13 were under the age of 40, as against 25 in the 50 recovered cases; of the 50 unrecovered, 23 were over the age of 50 as against 11 of the other group. It will thus be seen that the apparently unfavourable prognostic significance of vascular disease may be, in part, an expression of the greater age of this unrecovered group, and in part an expression of the liability of all manic-depressive patients to show vascular disease in later life; vascular disease may, on the face of this evidence, be insignificant prognostically except as to mortality risk; to test its psychiatric significance comparable age-groups should be taken and the presence of dementia due to it reckoned separately, since the arterio-sclerotic cerebral conditions will notoriously confuse the issue in middle and later life.

In this single instance one can see how important it is to consider the method of collection in any prognostic study. Broadly, the choice lies between applying an arbitrary, hard and fast criterion of some diagnostic group, collecting a large number of such cases and seeing what becomes of them; and, on the other hand, using a flexible diagnosis, taking a small number of such cases fully studied, and seeking to relate what one knows of their development prior to the illness and the phenomena of the illness itself to the later course of their lives. By the former method one obtains what Bleuler calls the "Richtungsprognose" or general drift of the illness; and by the latter one aims at discovering what details of form and development throw light on the individual prognosis. The former method has great advantages; it can be employed and controlled systematically, it *must* yield *some* results, and it permits of a statement of probabilities, at least for the group so defined. It is the method

employed by Kraepelin, and by most of the writers on prognosis in manic-depressive insanity. The other method is more in keeping with recent tendencies in psychiatry; it is concerned with the individual patient rather than with the fictitious disease or type, and anything established by it could immediately be used in practice. But as a method it is open to great objections; it is less controllable, its necessarily small material may be exceptional and, therefore, unsuited for clinical application; statistical treatment of it is difficult because of the smallness of the sample; it may be misused to confirm false impressions and prejudices, it requires much more time and its results may, after all, be nugatory. If, for example, physiological or psychological phenomena as yet undiscovered are the most significant prognostically in this illness our elaborate study may be fruitless. As my own investigation was of the sort whose defects I have just been cataloguing, perhaps it will be best if I rapidly review the findings arrived at by the other, or Kraepelinian method as one might call it for short, and then pass on to the more detailed, if more dubious, investigations.

The general findings of the German investigators have been these. In diagnostically "pure" cases the attack always clears up, leaving not a wrack behind. If mild dementia seems to follow such an attack the diagnosis was wrong, or the effects are those of arterio-sclerosis or of mental hospital life—certainly not of the illness itself. The duration of single phases of illness is on the average 6–8 months; gain in weight is a reliable prognostic sign. There is no rule as to when another attack will occur, or whether it will occur at all. Bumke and Gruhle, to take two outstanding authorities, deny flatly that one can venture on any prediction as to this. Gruhle adds, "auch die Dauer des einzelnen Anfalles entzieht sich jeder Voraussage". [The duration of any single attack entirely defies prediction.] If it is a first attack of mania, it will almost certainly not be the only attack; if of melancholia it may be. In nearly half the cases of manic-depressive illness the first attack is the last. Melancholias are not repeated if they appear for the first time in men about the age of 45. Puberty melancholias are sometimes the only attack during a lifetime, or are followed only by an involutional melancholia. Melancholia ushers in 70–80% of all truly circular cases of manic-depressive psychosis. It is rare for an attack of mania to pass into a chronic state with occasional flare-ups; this occurs more commonly with depression. Severe mania or depression is seldom superimposed on a cyclothymia. The more chronic the illness the less severe the manifestations. A transition from mania to melancholia, or the reverse, is commonly gradual, by way of a mixed picture. Recovery from an attack is likewise gradual as a rule. Complete insight is by no means universal after recovery from manic upsets. In patients who have had several attacks one can say that the attacks will get longer and the intervals shorter. Kraepelin, however, says that after rather long intervals an attack can be very brief. Lange, arriving at higher figures than his master,

gives 10 years as the average length of the interval after the first attack, 6 after the second, 4 years after the third and so on; apparently, however, he had little more than a hundred cases, and, as I shall presently mention, my own observations do not accord with his. The question of ultimate cessation of attacks or passage into chronicity is answered to the effect that if truly circular, i.e., mania alternating with depression, or if "mixed", then the chances are definitely poor; with periodic manias, especially those beginning in the twenties, however, an end to the attacks may come in the fifth decade of life; it is less often so with periodic depressions. Later attacks will probably be of the same kind as earlier ones; if the mania is severe a later depression will be severe; if there have been delusions and hallucinations in the one, there will probably be in the other. Melancholia in the so-called involutional period tends to a much longer duration. The prognosis is much better in the following conditions of "purity", viz., the "purer" the clinical picture, i.e., the fewer the heterogeneous pathoplastic elements; the "purer" the manic-depressive heredity; the "purer" the pyknic habitus and the "purer" the syntonic pre-morbid personality; the last kind of "purity" is particularly favourable if the subjects have had mentally robust, well-developed, healthy personalities. In attacks of depression somatic factors have an unfavourable influence; infections and vascular diseases in particular prolong the illness. Death is a rare outcome, apart from suicide and arterio-sclerotic accidents, like apoplexy. Defective nutrition is the common cause where death occurs; inexplicable deaths are unknown, unlike those in schizophrenia.

In the foregoing statement of the findings, which may be found recapitulated in Lange's authoritative monograph or in the most recent work on the subject, that of Müller, the facts are derived mainly from the publications of Kraepelin, Rehm, von Hoesslin, Reiss and Lange himself. I shall not weary you with the figures and material in the original papers (Rehm is not available at first hand). I would only point out that these findings are contested in some particulars by other German writers. Thus, Bumke considers that psychic invalidism can follow cases of quickly alternating mania and melancholia, or of mania with brief intervals between attacks; he describes the anomalous clinical picture that develops—of apathy or irritable silly unrest, with fantasies and hallucinations, though even from this the patient may recover. Jaspers again lays it down as a general rule that if the weight begins to increase regularly, and if in a woman the menstruation starts again without there being a pronounced improvement in the mental state, then it means that the condition is becoming chronic or hopeless.

There is one other German writer whose views on prognosis deserve attention —Mauz. In his monograph he gives evidence for the view that pyknic habitus, with syntonic temperament, is indicative of recovery from the *attack*, at all events; he expresses himself with a cloudiness that defies translation: "Wir finden dort die diäthetische Proportion in einer tief vitalen Schicht

auf der sich das Leben in den Dingen, das Aufgehen in den Dingen, das Mitleben, Mitfühlen und Mitleiden zu einem festen Ringwall der Lebenskraft und des Lebensgefühls fügt. Dies scheint uns für die Prognosestellung wesentlich ; die Geschlossenheit und Tiefe der diäthetischen Proportion, der elastische Tonus und Turgor der Schwingungsfähigkeit, der jede Bresche und Lücke, jeden Riss im Ringwall des Lebensgefühls wieder sich schliessen lässt, das Getragensein von einer elementaren Frische, die sichere und selbstverständliche Einheit (von Ich. u. Aussenwelt)." Other prognostic points he mentions bear rather on reactivity and on a distinction between "true" manic-depressive psychosis and the reactive or psychogenic depressions. I must confess that his views about the prognostic influence of personality are not only hard to understand, but are unsupported by my own observations or by those of some other writers. His use of the pyknic habitus has diagnostic and perhaps prognostic value, but I have not investigated it because the bulk of my cases were women.

I must refer also to some American studies. In 1918 MacDonald published a retrospective study of 451 cases. There are objections to his method, which led him to the conclusion that a favourable outcome is more likely in depression than in elation, intervals being in general longer and the possibilities of non-recurrence greater. A series of careful studies has recently been published by Fuller, using the material of the New York State Hospitals ; the cases were followed up for 10 years after discharge ; half of the manic-depressive cases (excluding involutional melancholia) were living ordinary lives in the community at the end of this time, though only a third of them had done so without interruption by another attack of psychosis ; over a fifth had died. Malzberg, on the same material, found that manic cases had the best outlook for recovery when the attack came on between the ages of 20 and 24, and Pollock, again on the New York cases, that manic-depressive patients between 20 and 40 years of age at the time of first admission had fewer recurrences than those younger or older. Steen published a brief inquiry with essentially negative results ; the comparison of unrecovered with recovered cases did not bear out the customary views as to the importance of body-build, previous personality, or heredity, or as to the prognostic harmlessness of hallucinations and delusions. Paskind likewise could not confirm the assertion that a "tainted" heredity was an unfavourable factor as to course or severity. Another American worker, Nolan D. C. Lewis, examined cases diagnosed as manic-depressive and later regarded as malignantly schizophrenic, and concluded that "what seem to be malignantly destructive features in some patients are eventually dealt with in a benign and effective manner by others, but, speaking generally, persistent localized feelings of depersonalization, dominating hypochondriacal ideas with bizarre delusional elaborations, outspoken hallucinations with delusions, fortifications, and odd, disjointed paranoid mechanisms make for a comparatively early serious outcome. When the affect (elation or depression)

is notably in excess of the schizophrenic components, one is inclined to give a favourable prognosis for the present attack, but definite schizophrenic elaborations appearing during the course of an affect disorder are unfavourable signs ". It would be going too far afield to enter into the discussions about Claude's " schizomania " or the " schizo-affective psychoses ". Nolan Lewis's paper is noteworthy because it belongs, not to the more or less Kraepelinian studies mentioned earlier, but to the more detailed inquiries into a group just large enough to be treated statistically, but small enough to be studied fully on the clinical side. Strecker's is another such study : he and his associates found, surprisingly, that the outlook in the mixed forms was somewhat better than in the other forms—I cannot confirm this with my material—and that a cycloid personality did not necessarily indicate a favourable prognosis ; dependent and suspicious people had a poorer outlook ; and paranoid or suicidal trends, stupor and somatic delusions and hallucinations were unfavourable, while frank erotic or psycho-neurotic reactions had no significance.

That there are gaps and contradictions in the literature thus briefly surveyed is clear enough. Many of these gaps are not likely to be filled or the doubts settled until better ways of limiting and describing the phenomena are available ; physiological, genetic and psychological advances will first be necessary. Perhaps I am the more ready to believe this because of the meagre fruits of my own inquiry.

The investigation of the after-history of 61 cases of depression, of which the immediate clinical features have already been published, has been carried out at regular intervals since 1928 and 1929, when the cases first came under my care at the Maudsley Hospital. The patients and their relatives have been visited at home by social workers, many of the patients have come to see me or have been treated at the hospital as out-patients or in-patients, and the records of mental hospitals have been seen in the appropriate instances. Of the 61 cases, one was lost sight of after a year and a half, and three others after three years ; 10 have died since leaving hospital ; the rest have been followed up satisfactorily. I need not now discuss the grounds of diagnosis or selection in these cases, but would only recall that the majority were women, a number of them were not certifiable as insane, and that their ages ranged from 15 to 63, the majority being between 20 and 40 ; " involutional " and " reactive " cases were included ; early arterio-sclerotic dementias or definite schizophrenias with depression were excluded.

The cases were arranged in order of excellence of outcome, i.e., passing from those who had remained perfectly well since discharge to those who had never recovered from the attack and were now apparently hopeless cases of chronic insanity. This arrangement proved a very difficult business, because of the unexpected variety of results, results—of every shape and size, as it were ; it was not a simple matter of " recovered " or not, any subsequent

attacks or not. The order finally was: Completely recovered and continuously well since attack (14); completely recovered, but subsequent attack from which completely recovered (4); fairly well since attack, i.e., those who have lived ordinary lives working and getting on in the community, but have been of a depressive or neurotic temperament since (as many of them were before) the attack (19); those who were fairly well until they had another attack from which they have emerged (7), or, next in order, in which they still are (4); then those who have been in a mental hospital ever since discharge from the Maudsley (7, counting 3 who have lately died), and, finally, those who have died. The many clinical features recorded in an earlier paper were then charted against this order of results, as were also data of heredity, previous attacks, personality, physical disease and a number of similar particulars, comprising almost all the facts that are commonly collected and used by psychiatrists in day-to-day work, though I think I may say that they were fuller and had been collected with more care than usual, because I was fortunate in being able almost always to fill up any gaps in my original records during the course of subsequent inquiries.

Clearly, in these charts, any data that were heaped up at either end of the scale were of prognostic value. I carried out a similar procedure with the patients arranged, not in order of result, but in order of duration of attack; the purpose of this is obvious.

After doing this I was chagrined to find that there were no unequivocal prognostic signs, either as to duration of the current attack or as to the subsequent history. There was no feature of the case, and indeed no combination of features, which was found emphatically clustered at one or other end of this scale in either of the two arrangements of cases. Certain features there were, it is true, which seemed somewhat favourable or unfavourable; thus, in respect of subsequent history it emerged that the retardation-disproportion (see earlier paper), the doing of tests well, general retardation and stupor were favourable, also that puerperal cases did well; while agitation, incessant talk, self-reproach, ideas of influencing others, voracious eating, inexplicable loss of weight, vascular and endocrine disease, and, to a slight extent, greater age, were unfavourable symptoms. Somewhat similar findings were obtained in respect of duration of current attack, viz., retardation—disproportion, response to stimulation, adaptation and affectively labile personality were of good omen, and agitation, ideas of influencing others, disorder of perception and denial of mental nature of illness, voracity, compulsive symptoms and personality, and physical, especially vascular, disease were bad. But all these allegedly prognostic signs might be found, though less frequently, in patients who did the opposite. The patients who died illustrate this point strikingly; almost without exception they were hopeless, self-reproachful and unresponsive to any reassurance; vascular disease, a history of affective psychosis in a parent or sibling, suicidal inclinations and a history of only one previous attack also characterized

them; but this combination of features could be found in other patients who did quite well. The explanation I would offer for the rather barren outcome of a fairly painstaking inquiry, such as this, is that the single data we usually contemplate cannot give us a good answer to our question. There is reason for supposing that by looking at the case as a whole and studying the patient's development we arrive at a better prognosis than by considering any single details or combination of details. But even if this be true—and there is no satisfactory evidence for it beyond personal impression—we probably take into account a number of supposedly valuable data which may, in fact, be prognostically worthless. Only by testing them as well as testing our general estimate can we get the ground clear for better methods.

I should like to say a few words about the deaths; 3 of these were suicides. The prognosis of suicide alone is a thorny problem, into which I shall not enter. These 3 cases went out of hospital before they were well and are of the same kind as those investigated by Minski. Of course the number of suicidal attempts in this series was high, but not significant prognostically; under other social and medical conditions the number of fatal attempts might have been higher. The rather high death-rate in the whole series seems surprising in view of Essen Möller's investigation; he found the mortality of discharged manic-depressives to be only one and a half times higher than in the general population; if, however, one excludes from my series those who committed suicide or had valvular disease of the heart, the remainder were all but one middle-aged patients; the exception was a young woman who persistently refused or vomited her food while in hospital and who was taken home by her family, against all common sense; her death was, I think, a true death from melancholia. Obviously larger statistics are necessary if one is concerned with time and cause of death in manic-depressives; previous studies have been chiefly on those who died in mental hospitals—obviously not a true sample.

There are a number of special points on which my findings do not tally with those of some other investigators, mentioned earlier. Thus my material included 34 who had had one or more previous attacks; the greater number of attacks was 10, another had had 9, another 5; 5 of the patients had had 3 attacks, and so on. I did not find, however, that the intervals had grown shorter, but found such sequences as 2, 5, 7, 3, 3, years; 3, 8, 3; 2, 2, 8; 6, 10, 4, 10, 11; 4, 6, 2; 3, 6, 4; 17, 4, 12. Moreover, the duration of the intervals could often on inspection of the whole case be accounted for by the incidence of such environmental factors as pregnancy and puerperium, removal of a thyroid adenoma (resulting in 4 years' freedom from attack in a woman who had had 10 attacks in the previous 11 years); in other words, external as well as intrinsic constitutional factors were playing a considerable part in determining the length of intervals. It is such considerations as these that prompted my earlier statement that there was reason to believe a study of the case as a whole might give better prognostic indications than attention to the

details often stressed in prognosis. As regards duration of previous successive attacks, they did tend, on the whole, to grow longer, but sometimes showed irregular relations, e.g., 5, 24, 18, 12, 12 months; but what was striking was the much greater duration of the attack for which they were in the hospital than of previous attacks; such figures as 7, 16 months; 3, 11; 6, 10; 6, 38; 13, 96; 1, 56; 9, 1, 56; 1, 8; 1, 84; 1½, 3, 4, 14; 3, 12; 2, 5, 8; 4, 20; 1, 1, 1, 10; 1, 2, 3; 2, 4, 8, 17, ½, 6, 48; and so on. This is partly due to the actual tendency of later attacks to last a long while, partly to errors of recollection and report as to attacks long past, but much more, I think, to the care that is taken, once a patient has come into a hospital, to ensure that he does not go out until he is quite well, and to the strict criteria used in this investigation for determining when the patient had recovered. There are, in short, grounds for concluding, on the one hand, that the previous attacks, measured by the same standards as this one, were longer than reported, and also for suspecting that we keep patients sometimes longer in hospital than is necessary for their safety or their recovery. On this point I have looked into the cases that got better after having left the Maudsley while still definitely ill; there are 14 such cases, of whom only 6 effected their further improvement in a mental hospital. The rest, i.e., non-mental-hospital cases, showed a recovery which was in some cases amazingly rapid. The reactivity of such patients was high, and one concluded that the hospital situation had an adverse influence on their recovery after a certain point; some of them were pronouncedly "endogenous" cases who had got into the doldrums in hospital. In other instances surgery had been beneficial. A hypochondriac melancholic woman near the menopause who believed she had caused a uterine tumour to grow by attempts to induce an abortion, recovered promptly after the operation which she had long clamoured for vainly; after she left the Maudsley a gynæcologist removed her appendix and a small cyst of her ovary (Case 9, L. L. C—). Another, who had her teeth removed some months after leaving, immediately lost the troublesome vestiges of her depression, which had earlier been accompanied by the idea that her breath was foul from venereal disease because of an illegitimate pregnancy, etc. (Case 59, C. W—). It is easily seen that such individual matters do not lend themselves to systematic treatment in a prognostic inquiry. The patients who are taken home against advice while still apparently very ill mentally and who then make rapid recovery call for special study; the number in the series was not large enough, however, to attempt any generalization.

Among other special points may be mentioned the influence of the puerperium; 9 such cases were included and all but 2 did surprisingly well, in view of the poor outlook in puerperal cases of schizophrenia.

Heredity, moreover, had no special significance, so far as my data went. I divided the cases into those who had a parent or sibling with affective disorder and those whose relatives had been otherwise ill mentally.

I have spoken of the disappointing aspects of this investigation. It has, however, had for me at any rate some positive value, some gain as well. For one thing it has shown, if any demonstration was needed, that short cuts and clear sign-posts do not exist in this disorder, and that one's impressions about prognostic signs may be deceptive. I had, for example, a strong impression that previous pelvic operations, especially hysterectomy, were an unfavourable indication; it turned out that this was based on four cases only, which all did badly, it is true, but such a number is statistically unreliable, to say the least; the same proved to be true regarding thyroid disease.

The other thing that emerged from the inquiry was the wide range of results in the disorder. Psychiatrists have tended to continue the error with manic-depressive psychosis, which, in its converse, we have given up in schizophrenia. It proved extraordinarily difficult to classify the patients in order of favourable result, or of duration of attack. Some were perfectly well for a while and then passed into a severe psychosis, which has in some cases not cleared up; or mania supervened upon the depression and has been followed by years of normal life, though the patient has persistent auditory hallucinations all along; or the illness has died down into a chronic depressive outlook upon life, compatible with daily work and varied by brief periods of cheerfulness or of increased depression; two- or three-day depressions, either at the menstrual periods or occurring at regular intervals, are found in many patients otherwise well; neurotic symptoms—anxiety, obsessions, irritability, self-consciousness—may make the recovery a dubious matter, especially if these psychopathic features were present before the attack occurred; sometimes the patients are worse after the attack (e.g., A. H—, Case 34); or again there has been a slight deterioration of personality after the manic phase, a very definite deterioration according to relatives, although the patient can still earn her living and is regarded as normal; in others who are still in mental hospitals a settled apathy seems to be as much a reaction to their environment as a residue of their illness; or they are kept in hospital because they still express vague ideas of self-reproach and gloom which seem to have lost their affective basis; or after a year or more of apparent deterioration in the mental hospital they rapidly recover either there or at home. Others—actually only two of this series—are diagnosed now, after a considerable stay in a mental hospital, as "dementia præcox", though in one case one could question the diagnosis—a case of recurrent stupor with bizarre somatic delusions—and in the other a whining contentless apathy is her present condition; she had not been regarded as showing any schizophrenic symptoms during her illness at the Maudsley Hospital; she had a reactive psychosis, which came on during her honeymoon. A review of the cases which had exhibited schizophrenic symptoms did not reveal that these had any prognostic value. I question whether a good deal of the literature on the subject is not vitiated by an unintentional bias, through knowledge of the final issue. Some of the patients are better than they were

https://doi.org/10.1192/bjp.82.340.488 Published online by Cambridge University Press

before the illness, not, I think, because of any virtue in the illness as such, but because their experiences during treatment in hospital have taught them to order their lives better. Whether they are sheltered or not also affects the outcome; some live quiet but useful lives who, in more exacting or different social circumstances, would inevitably have to go into a mental hospital. A patient with mild hypomania is often not regarded as ill or "nervous" by his associates, so that in some instances a misleading after-history is obtained. Whether mental hospital treatment is deemed necessary will reasonably turn on whether the attack is manic or depressive in form. Thus, a patient who had for years had attacks of gastric neurosis, associated with depression, has lately been readmitted to a mental hospital in a state of acute mania; one sees how empty would be a dispute as to whether hers is a neurosis or a psychosis. In several cases where the blood-pressure had been high, with some anxiety and irritability, there has been a persistence of the character anomalies, without any dementia.

There are finally some comments to be made on the collection of the facts for such an inquiry. One reads prognostic studies which use after-histories based on letters, and on opinions formed by the doctor who is treating the patient. My collection of data in this inquiry contains some striking instances of the untrustworthiness of such information. Letters from psychotherapists, for example, reporting that the patient is well or otherwise must be checked by additional information from near relatives and the patient herself, for such statements may sometimes be misleading, because of the therapist's limited means of ascertaining the true state of affairs. Similarly the patient himself may give a partial and even false account of his adjustment to daily life, or a relative may be unaware of various subjective discomforts the patient suffers; in the accounts of personality which I have, these discrepancies become exceptionally prominent.

There are also practical difficulties of ascertainment. A few patients have an abiding dislike of the place and the people associated in their memories with a horrible illness; they do not welcome inquiries. If I had not been exceptionally fortunate in social work helpers, especially Mrs. Werth and Miss Galloway, I should have been at a loss for adequate information and contacts in some of the cases. In others, of course, the attachment to the hospital or the doctor who looked after them is considerable, and there is no such difficulty. On the whole, however, it is striking how few avail themselves of the opportunity of further treatment offered them after they have got over the acute attack; where there were persistent neurotic or mild depressive symptoms the patients preferred to put up with them, and a willingness to have treatment as a prophylactic against further illness or for residual symptoms was rare. When another attack threatens they are usually prompt in coming again for help. I have, however, as I said at the beginning, deliberately assumed treatment to be a constant factor. Of course it was not, but one cannot deal with such an

abstraction as "prognosis in manic-depressive psychosis" without begging a lot of questions or assuming some constants. Prognosis is the most severe test of our clinical judgment, no matter in what branch of medicine it be asked for. Manic-depressive psychosis is a provisional group of heterogeneous disorders. It is not surprising or disconcerting if we have to confess that we cannot find a clear and easy answer to our questions about the future in such an illness.

Case Material.

The cases are numbered as in the earlier paper (*Journ. Ment. Sci.*, 1934). The epitomes are not set forth as formulations, but as bare factual accounts of the order of events.

CASE 1.—E. A—, a married woman, æt. 42, was first admitted to hospital on July 16, 1923. She had been the youngest of eleven children; her mother died when the patient was 3 years old. The rest of her childhood was miserable because of harsh treatment by a stepmother. One of her sisters had had nervous prostration, with fears of dying, for two and a half years.

At 12 years the patient left home for domestic service, and married at 19, though not in love with her husband. One child was born eighteen months later; thereafter coitus interruptus was practised for four years and then abandoned. Another child was born fifteen years after the first; she nursed this child at the breast and was conscious of a feeling of sexual pleasure during suckling. She had had her first breakdown at the age of 28, with anxiety attacks during which she thought she would die. These occurred frequently for five months, and then passed off; they had recurred on five occasions since, generally in the spring, accompanied by depression and a feeling that she herself or her youngest child had changed. After weaning her baby she became depressed and anxious. The child had a series of fits when he was three years old, which caused her to be apprehensive. Definite attacks of depression had occurred at the age of 28, at 30 and at 35.

The attack for which she was admitted had begun six months before; she became depressed, apprehensive, afraid of hurting her child. She was agitated and restless, roamed about the house at night, and was unable to do her housework, to which she became indifferent. She ate little at home. She had vague fears and worries about the little boy.

On admission she was found to be a sallow, heavily-built woman with tremulous hands and throbbing aorta, in good general health. She gave a clear account of her illness, which she said had begun suddenly one afternoon while with her son. Her depressed thoughts, "almost obsessional in character", centred round her little boy; she also felt dissatisfied with herself for having "let herself go", though she believed no one had been able to see from her conduct that she felt unequal to doing her work.

She soon settled down in hospital, but continued to dwell on possible harm to her little boy. She gained weight. Her condition fluctuated somewhat. By October she was still rather worried about some boots she had bought for him. At her own suggestion she left hospital, October 16, 1923. She got on quite well until February, 1925.

She was seen again in the out-patient department in March, 1926. Following influenza in 1925 she had felt exhausted, but a fortnight before admission she had suddenly felt queer and worried about what she ought to have done. Three days later she had felt different, changed—"she kept thinking her little boy was not the same and yet she knew it was herself that was changed". When she was seen here

she looked bright, in contrast to her complaints of depression. She was afraid she might harm her son. One doctor who saw her thought she had obsessions, another described it as a melancholic attack. She was readmitted in May. She felt hopeless, and was distressed by her feeling that her son had become changed. She thought her food did not digest properly; she said she could not help herself. She was again worried about her son. She said that she had lost her will-power; she " must think right " the things she heard.

She complained that she did not sleep, though she did, and her condition having been stationary for some time she was discharged in July, 1926. She appeared again at the hospital on February 20, 1929. She had been well in the interval; had looked after her home until four months before. Her only trouble had been severe pains in the head at the end of each period. Four months before, however, she began to feel that she no longer wanted to go out, she feared that she would lose the use of her legs because of some boils she had on her buttock. She began to think that her son had altered and she worried particularly about his hair. She said something must happen to her and that she would die. She did not want her food. On admission she looked placid, though she heaved deep sighs; she wept a little occasionally; once she vomited. During interviews she looked more depressed. She returned constantly to the same form of words, saying that she had lost control, and her nerves had the upper hand of her and would drive her mad; she said she had " an awful nervous feeling in her head and chest ". She said that she was sure she would never be happy again, that her little boy was changed and that she was responsible for it; she had lost all feeling and interest. She was sure her food would never digest. She felt that something dreadful must happen. Her skin was sallow and greasy, and her hands were tremulous.

Her worry about her son's reality, especially his hair, continued. She also complained that she did not sleep, though she did; and she believed she would never recover. She gradually improved and was discharged on June 19, 1929. She reappeared at the out-patient department in October, 1929, still somewhat depressed and worrying as to whether her son was real or changed, and feeling apprehensive. She has attended the out-patient department since and is still (June 12, 1936) tense and apprehensive; she no longer worries about her son, but she has many hypochondriacal symptoms. She is mildly depressed as a rule, but has intermissions of cheerfulness lasting about three months.

CASE 2.—M. A—, a married woman, æt. 39, was admitted to hospital on March 2, 1929. Her previous life had been uneventful. She had been a reserved though fairly equable woman, and had looked after her home and brought up her son, now aged 8 years, quite well. On December 22, 1928, she had another normal confinement. She had been quite well during the pregnancy and puerperium until three weeks after the birth of the baby, when she became depressed and thought people were accusing her of starving her baby. She became agitated, and had ideas that people wanted to steal her money. It was possible that she had been drinking alcohol to excess, though she denied this. Her husband was a licensed victualler. When admitted to hospital she was taciturn and gloomy, slow to grasp what one said to her and rather frightened and dry-mouthed. She worried about the condition of her baby, but showed no evidence of delusions about being slandered or attacked. Orientation was correct, but she was very slow in answering questions to test her memory and grasp. She continued depressed, worried and mildly self-reproachful for the next month. She would weep when talking of her supposed neglect of her home. She varied somewhat from day to day, and by the end of July was more active and less lacrimose, though still mournful. She improved steadily, and left hospital September 7, 1929. A week earlier she had heard of her sister's sudden death; this agitated rather than depressed her and did not affect her conduct. Since then the patient has remained quite well; she gets on well with her neighbours, and is rather more energetic and methodical than she was before her illness.

CASE 3.—E. M. B—, a student, æt. 22, female, was admitted to hospital on December 17, 1928, because she had been sent down from Oxford, had been sleeping badly and felt rather miserable.

Her father was a reserved, seclusive, sensitive man, drank heavily at intervals; her mother "was jumpy", excitable and irritable. Her youngest sister was rather excitable and had rare spells of depression. Her parents quarrelled; she sided with her father, and did not get on well with her mother.

She had frequent attacks of rheumatism up to the age of 10, night terrors and tantrums. She had bitten her nails, and for the last three years had stammered. She did very well at school, went to Oxford with a scholarship and in the previous term sat for her final examination. She had not done well in this. Her periods had been regular; latterly she had had a good deal of pain during her period, and felt irritable and depressed. Her sexual life had been devoid of incident; she said she had never felt sexual desire, nor fallen in love. She had been devoted to two girl friends, most unhappy when parted from them. She has always been reserved, moderately cheerful, quiet and somewhat seclusive, though she got on well with a small circle at Oxford. She experienced the keenest pleasure, almost ecstasy, when listening to oratorios. She had indulged in fantasies of having children or teaching many girls. Very self-conscious, she dreaded entering crowded tram-cars and felt as if she could burst out crying. She had always been "serious", never went to dances or theatres, but sat at home and read modern poetry or blue-books and works on constitutional history.

Her present illness had begun in the middle of 1927, after she had been working hard, although she had been cheerful for a considerable period before this. She had begun to feel "fed-up" and very miserable. She found she could not get on with her work. She became gradually more miserable, was disinclined to associate with people and did poorly in her examination.

On admission she was very quiet and showed scarcely any emotion save that she gnawed her knuckles and picked at her fingers. She jumped at any slight noise. She became very pale when some blood was taken from her vein. She talked clearly and to the point. She said she was indifferent and saw no purpose in life; she saw things now as they really were and not as illusions. She had lost all feelings for her friends. She thought she should have made an effort and denied that she was ill. She was rather obese and pale.

She had two anxiety attacks soon after admission, on seeing another patient become upset. She continued to be miserable, and unable to see how people could find any pleasure in living. She said at times that for a brief interval she was feeling happy and energetic. Mostly she did not feel inclined to eat anything. During the rest of her stay in hospital she remained in the same condition, though occasionally she seemed more hopeful. She left hospital on June 29, 1929, still resigned and miserable.

In September, 1929, she took a job in a private school, at which she has done well. She has remained reserved and quiet, but has become more cheerful, except when she is at home. In the judgment of her family she has been quite well since taking up work again. She is reticent, intolerant of noise, and "snappy" at the time of her menstrual periods. All her friends are women.

In 1933 she returned to the University for a year and took her teaching diploma easily. She professes to be contented and well.

CASE 4.—M. B—, a single woman, æt. 49, was admitted to hospital on September 9, 1928. Apart from her mother, who had been insane for a year before her death at the age of 76, there was no history of mental or nervous disorder in her family. Her early life had been uneventful. At the age of 18 she became a telephonist; seven years later she became supervisor and had remained in that position until her illness. In July, 1928, she became "nervous", she had diarrhœa and vomiting, but recovered after a fortnight. Her periods had been regular until six months before admission, when they began to come on every week with, occasional floodings.

During the last month, however, there had been no loss; no change in her disposition had been observed during the six months of disordered menstruation. She had been engaged to be married twenty-five years before, but it had come to nothing. She had been self-conscious and energetic and rather determined. She was constant in her mood, usually cheerful, but rather quiet and reserved, especially amongst strangers. She was sensitive, distressed by unkind remarks.

Her present illness had begun three weeks before admission. She came home from work very depressed and said she could not think; she wept. She cheered up, however; next day she went on leave from business. She remained at home, but seemed rather forgetful and inclined to brood. She said she had not the energy to pull herself together. She ate well, however, and slept well. At the end of a fortnight she had become more depressed, her sleep was poor, and a week before admission she walked about all night. She began to refuse her food, and said that she had done something wicked.

On admission she looked apprehensive and would not answer questions; she tended to resist any medical examination. From her expression it was clear that she followed what was going on round her. She was disinclined to take her food. She was cleanly as regards micturition and defæcation. She was thin; there was a slight enlargement of the thyroid gland and slight exophthalmos; her tongue was coated with yellow fur.

She began to speak a little and seemed less apprehensive; she said there was nothing wrong with her and she should not be in hospital. She asserted that she had no clothes, no money and no home, and that she would never get well. She became more agitated, especially at night; she seldom answered questions, except with a word or two; she often moved her pelvis rhythmically under the bed-clothes, possibly masturbating. She often showed tremor of the head and arms, even when she was not cold. She talked spontaneously towards the end of the year, and later, declaring that everything was wrong, and quoting remarks made by other patients which she applied to herself. In February, she attempted to set herself on fire. She would comment on her own behaviour, and give at times a mirthless, desperate smile. She would walk about wringing her hands, and declare that everything was wrong. Towards the middle of the year she worried a great deal, some days getting out of bed continually, and on others remaining quiet, saying that she felt better, and less agitated. She continued much like this until her discharge on September 3, 1929, when she declared she had ruined the whole world; she pulled at her hair constantly, making bald patches.

She was admitted on September 7 to a mental hospital in the same condition, declaring that she had bombed London, and caused the ruin of thousands. Her remorse became greater and she tried hard to strangle, choke and poison herself. She sat for long periods rocking to and fro. By 1931 she had become tremulous, and her constant agitation and exophthalmos were still prominent. The thyroid enlargement did not progress. She believed she would be killed for her crime, i.e., for having destroyed the world. By 1934 she had become quieter, and was described in the notes as a "forlorn and very dull melancholic, with occasional agitation". In May, 1935, she died.

CASE 5.—E. B—, a single girl, æt. 25, was admitted to hospital on October 12, 1928, because of moroseness and refusal to eat. The family history included a statement that her paternal grandfather was bad tempered and "nervous". Her father had committed suicide after having been in a mental hospital for five years; he had had several previous attacks. Three of her sisters are easily upset and have nervous fears. The patient was devoted to her father, and was very distressed when he was in the mental hospital.

She walked in her sleep once or twice; had always been afraid of the dark, and at the time of puberty had several attacks of the "giggles". She had had nocturnal enuresis until the age of 7. She did well at school, played the usual games, and got on with the other girls. She went to work as an insurance clerk, but after

a year had to leave because of a " mental breakdown ". On recovery she went to another firm, with whom she had been working as a clerk for five years, that is, until August, 1928, when her holidays and her illness supervened. She had had diphtheria at the age of 10, had been told she had a goitre at the age of 16, and at 21 had had tonsillitis. At the age of 19 she had had a breakdown of a similar kind to the present one. Menstruation had been regular until her illness six years before, during which her periods stopped completely; since then they had been regular. She had pain on the first day and felt very miserable before the onset of each period. Sexual instruction had been haphazard and incomplete; numerous sexual experiences—of a man exhibiting himself, another man manipulating her at 19, and recently mutual masturbation were told of. This last incident had played a part in the precipitation of her illness (and was frequently referred to in a disguised form in her utterances while ill). She had been given to reading books upon the " science of thought " and had been interested in spiritualism; she day-dreamed a good deal. She was not, however, seclusive; she was usually cheerful and fond of games.

Her present illness had begun five weeks before, while she was on her holiday. She suddenly felt sick in the train and thought that everybody was staring at her. This was two or three days after the sexual experience above referred to; during the preceding three days she had been disinclined for food. She went for her holiday and became much more distressed, felt tired, thought she saw terrible animals, and was disturbed by obscene words and ideas. She felt she had " gone all wrong ", she could not apply her mind to easy tasks and had dreams that her mother was dead. She felt changed.

On admission she was quiet and rather abstracted, complaining of a constant tumult in her head and of her hopeless condition. She spoke in a level voice, waiting some time before answering, giving clear answers, but occasionally beside the point when her preoccupations intervened. She wept at times, talked a lot spontaneously. She said that when she spoke to anyone she felt better, but when alone she felt dreadful and would have longed to have been out of the world. She felt " hard " in her body and excited. Her chief topics were her own dirtiness and the changes in appearance of people about her. She did not appear to have any visual hallucinations on admission, but she mistook the nurse for her mother; she did have auditory, gustatory and olfactory hallucinations, as well as somatic ones. Her orientation was good, as was also her repetition of stories, memory for remote and recent events, grasp of general information and calculation.

She was sometimes noisy at night, and restless; she said that she was no better and would not eat spontaneously. She said she was very miserable and talked in an almost inaudible very low voice. She passed into a mild stupor, and had to be fed by hand. Her blood-pressure fell to 80 mm. Hg. systolic and 60 mm. diastolic. Her pulmonary ventilation was found in the laboratory to be only half that of healthy people. She became pigmented about the face; her blood-pressure fell further to 65 mm. systolic and 40 mm. diastolic. She spoke a little, saying she no longer wanted to live and asking to be killed. She said she was a dirty, worthless thing and that no one could understand how unhappy she was. She said that her thoughts affected others, and in April, 1929, she rushed to the fire and set her nightdress alight. For the next two months she remained in the same stuporose state, moaning, occasionally screaming, saying she was very miserable. She continued distressed and self-reproachful. There was, however, an improvement in her general health; then she became voluble and somewhat noisy, shouting that she wanted to go home. She also became angry, and would throw crockery about while still depressed and saying she wished to die. Her appetite increased remarkably. At an interview in October she talked freely; she said that everything worried her, that she thought she was changing the world through having done something awfully wrong. She said that her life kept coming back to her in minute detail and that she could not believe that there were twelve hours in the waking day; it was as though she had lived twenty-five years in one year. She felt that she would never die, and would never rest. She commented upon her own behaviour.

She complained that her eyes seemed to stare at people. She was discharged from hospital on October 15, 1929, in this state. She was taken home, where she rapidly improved, at first having crying spells and remaining somewhat depressed, but almost well within a month. She put on weight rapidly. She came up to the hospital to see the physician, and a careful examination of her mental state and prolonged conversation showed no residual impairment. She had clear recognition of the abnormality of her previous experiences. She was working and happy.

She remained well until April, 1934, when she began to sleep badly and to worry over her work. She lost weight, became irritable and querulously loquacious. She wept a lot and presently was admitted to a mental hospital. There she was very active and excitable; she shouted and was destructive of her clothing. At times, however, she was depressed, and had ideas that she was unworthy and would be better dead. For the first two months the hospital notes record her as maniacal or inaccessible. In August, 1934, she was almost in a stupor. She emerged from this, to declare herself wicked, saying also that her body was unreal and artificial. Her outbursts of noisy violence continued, but her relatives were able to take her out occasionally into the town for tea without mishap. This state of affairs continued into 1936, and although the nurses found it necessary to feed and dress the patient and could not get any intelligible conversation from her, her family insisted upon taking her home in May, 1936. Now, a month later, she is well-conducted and looks after her simpler needs, such as feeding, dressing and excretion. She is quiet and listless, but sensible. Menstruation began again in May, 1936, after two years' amenorrhœa.

CASE 6.—M. C—, a married woman, æt. 51, admitted to hospital on November 5, 1928, was sent chiefly because she had been agitated and had attempted suicide. In the family history there was nothing noteworthy except a brief depressive illness of one sister. She had been brought up by her maternal grandmother. She had been married at 21, and had three children, all grown up. Since the birth of the third child in 1906 coitus interruptus had been practised. She had inflammation of the kidney in 1919 and varicose ulcer at the age of 40 and since. She had always been retiring, disinclined for company or going out, whether to the pictures or the theatre. She had been rather anxious, particularly when her eldest son joined the army.

Her son had been married in September, 1928. She had been distressed about this during the time of his engagement, and was supposed to have pined for him after he left the house for his honeymoon. She fretted, became worse, and for five weeks before admission had to go to bed because of phlebitis in her varicose veins. She could not walk, but one night she was found crawling to the gas oven. She said she wished to be dead.

On admission she expressed fears that she would be shut up in a lunatic asylum and that she would never get better; she said that a woman had been placed specially in the ward to keep watch on her. Her tone of voice was level and monotonous. She was agitated. She complained of a feeling that her head would burst. There was no evidence of intellectual defect. She had some œdema of the left leg, varicose veins and a healed ulcer. Her blood-pressure on several occasions was 155 mm. systolic and 80–90 mm. diastolic. There was a systolic mitral murmur audible.

She made frequent references to the calamities which she feared for her relatives, and this remained the subject of her thoughts for many months. Everything she mentioned about them was interpreted as indicating some misfortune. No drugs proved of value in relieving her anxiety. She commented on her condition, saying, " I keep on worrying so; I wish I could stop it ". She was able to get up and do leather and raffia work fairly well. Towards the end of August, 1929, she showed some improvement and made occasional visits to her home, at which, in the general opinion of her family, she appeared normal. In accordance with their wishes she left hospital on August 13, 1929.

She improved steadily but very slowly at home. By the middle of 1930 she was fairly active and able to talk easily on various topics. She has remained well until the present, with the exception of a few weeks of sleeplessness and worry in 1934, when her husband was out of work. She leads a full life, running her house herself and visiting her children. Her hands are restless during a conversation, but she shows no other sign of anxiety or depression.

CASE 7.—L. C—, a married woman, æt. 33, was admitted to hospital on December 21, 1928. There was nothing noteworthy in the family history save that her grandfather had been insane. She had done well at school; was subsequently a telephone girl, until her marriage at the age of 26. She had been engaged for two years before. She had never become pregnant. Coitus occurred twice a week, with no contraceptive measures; there was dyspareunia soon after marriage and no gratification until recently. Her periods had always been irregular and she had been depressed just before the onset. Ten years before (1918) she had a "nervous breakdown", during which she was depressed and thought she was going mad. Since then she had been well and fond of amusement, though shy and somewhat reserved.

Her present illness had begun three months before with pains at the back of her head and increasing listlessness. She gave up her usual activities and did not eat properly. She felt very frightened of rats, and thought she was not looking after the cat properly. She tried to take poison. She believed she was wicked and to blame for worrying others; she was "plotting against her husband's life and would be hanged for it". She thought that her husband would die of consumption. She attempted to drown herself on the day of admission.

On admission she was restless and agitated, insisting that it was all her fault and that she must "go somewhere". She scratched her gums until they bled, saying, "I think I must do it". She asked where she had to go to. She said she was worried because of the disgrace on the family through her. She said she was utterly miserable and that she was the cause of the trouble with the other patients. Her skin was sallow and greasy, there was an acniform rash on her face and back, her thyroid gland was slightly enlarged. There was fine, rapid tremor of both hands, her tongue was tremulous and she had alveolar pyorrhœa. She continued very restless; she made slight attempts to commit suicide and kept asking what she should do, saying it was "all her fault". By April, 1929, she was less agitated, though she always looked bewildered and kept asking, "What shall we do for the best?" She would wander about wringing her hands; she said she ought not to take her food. Her physical and mental condition improved, and by the time she left hospital, August 29, 1929, she seemed quite well. Subsequently she had very brief spells, lasting perhaps a day, of mild depression and, now and then, she would get a little too excited over some happening she was looking forward to. For the most part, however, she has been lively and cheerful. In 1931 she adopted the orphaned baby of a relative and has brought it up quite well. She has somewhat altered her way of life since the illness, e.g., she always rests completely now for half an hour after lunch. During the six years since her illness she has not had any depression of the kind she remembers in her illness.

CASE 8.—J. C—, a single woman, æt. 30, a domestic servant, was admitted to hospital on April 12, 1929, because she had been refusing her food and was agitated.

She was one of dissimilar twins. An elder sister had a mental disorder and had committed suicide January, 1929. The twin sister had remained in good health.

Between the ages of 2 and 3 years the patient had three convulsions with vomiting, lasting about ten minutes each. At the age of 7 the doctor thought her in danger of chorea and kept her away from school for a month. Her periods were regular; she had pain on the first day and depression. She left school at 14 and was occupied in various families, holding her last position for two years. She had been reserved and quiet, and disliked men. In 1918 she had a mental illness, with

depression, weeping and amenorrhœa. She recovered after six months. She also temporarily lost the use of her right arm ; it was considered to be due to a cervical rib and she was operated on in 1928.

Her present illness had begun in February, 1929. She had wept a good deal after her sister's death. On February 9 she heard that her employer's son, a boy æt. 15, had had an accident ; she immediately clapped her hand to her heart and fell down. She said she was very ill, that there was something wrong with the left side of her chest. She stayed in bed, and often called for her mother during the night. She said she had been wicked. After a week she got up, but said she could not walk and asked for an invalid's chair. She took no interest in her surroundings ; said she would never want her clothes again. She gradually became worse, would not eat properly, and worried for fear she might have swallowed egg shell or orange pips.

On admission she was woebegone and self-pitying. She was restless, but the actual movements she made were slow. If she walked, she tottered and lurched. She held out her arms beseechingly. She spoke in a low, repetitive nagging whine. She paid small heed to questions, but continually asked for her mother and complained of various pains and difficulty of breathing ; she often asked to be examined. She said she felt queer all over, that her heart was bad, that it was terrible, and that the nurses ill-treated her. She was apprehensive that she would be hurt. She was thin, with sallow muddy complexion, but otherwise in good physical condition. She would not permit her abdomen to be examined or blood to be taken from a vein.

She continued agitated and apprehensive. She refused her food and reiterated constantly that she wanted her mother. She was tube-fed, struggling violently and vomiting afterwards. She wandered about, complaining of a stiff feeling in her right side. She declared she was not long for this world. She looked miserable, frightened and pale. She talked incessantly in a low monotone. There was no improvement in her condition during her stay in hospital ; her mother decided to take her home on July 15, 1929.

She went home for three weeks, but would not eat, and was admitted to a mental hospital. There she was tube-fed. When she learnt of her father's death, in September, 1929, she said, " That will be three of us in one year ", and discussed the arrangements for her own funeral. Three weeks later she died.

Case 9.—L. L. C—, a married woman, æt. 48, was admitted to hospital July 20, 1928. Her father had been a drunkard and had died when she was 12 years old, possibly by suicide. The patient was the fifth of eight children ; three of her sisters were excitable and irritable.

She left school at 14, and worked for drapers in various cities until her marriage at the age of 29. She had well-paid employment and was in most of the jobs for periods of five or six years. She had been engaged to her husband for five years ; he was a dissolute man and a ne'er-do-well. Coitus was painful to her and unwelcome ; she seldom experienced orgasm. She bore a child, now 17 years of age. Since then coitus interruptus had been practised. She was afraid of further pregnancy ; she had a miscarriage in 1914. The dread of pregnancy became stronger, and in October, 1927, after coitus (which had not taken place previously for many months), she feared she had conceived. Her periods, which had previously been regular, ceased in October. She had been of a " nervous ", highly-strung, emotional temperament ; she fainted on a few occasions. She was reserved and had few friends ; she was not fond of company. She was very fastidious and precise, and given to repeating things " to make sure ". She washed excessively.

Her present illness had begun after the events recorded above, in October, 1927. She went to a woman who confirmed her fears of being pregnant, and who gave her an injection to bring about abortion. This woman told her that unless she had further injections the baby would be deformed or a monster. After several such injections of soapy water the patient consulted her family doctor, who treated her

for seven months. She remained convinced that there was still a fœtus in her womb, and was admitted to a hospital, where her uterus was curetted. There was no evidence of pregnancy or other pelvic change. She continued to believe that she had something inside her, the result of the interference. She was very depressed, but at times became angry and once hit her husband. She had fainted while out shopping. She neglected her appearance and her home. She made an attempt to drown herself in the bath.

On admission she was insistent on her illness being due to some uterine disorder; she wept occasionally, was most anxious to be examined. She was appealing and intimate in her manner, grasping one's arm and looking imploringly into one's eyes. She said she was miserable and heart-broken, that she had suffered for her misdeeds, but that she was sure something could be done for her. She dwelt continually on her supposed pregnancy and the woman's interference. It was impossible to convince her that she was not pregnant. She was a tall, attractive woman, well *en rapport* with her surroundings. She had a fine tremor of the outstretched hands; watery secretion could be expressed from the breasts. A consulting gynæcologist found nothing abnormal in the pelvic organs.

She was restless and discontented, demanded surgical treatment, pointed out swelling of her abdomen, and declared there must be a dead fœtus or perhaps a tumour there. She wrote appealing letters to the physician and to her husband; she often asked for interviews, in which she reiterated her conviction and insisted that only an operation would benefit her. She applied for her discharge from hospital on September 12, 1928.

She continued in the same condition at home until December, 1928. She then went into hospital and had an operation, in which a slightly cystic ovary and some other pelvic structures were removed. She improved rapidly after this. Her husband deserted her and she went to work again to support herself and her son. She was working and cheerful, but emotional when last seen in June, 1930. She then changed her address, and it has not been possible to discover her whereabouts or her later history.

CASE 10.—H. C—, a clerk, æt. 42, was admitted to hospital on June 6, 1929. His father was said to be "nervous" and prone to worry unduly. Of his three surviving sisters, all were single, as was also his brother, æt. 36.

His early life had been uneventful. When he left school he went into his father's machinery shop, and has been there since as bookkeeper. In 1914 he had an attack of melancholia lasting nine months, during which he felt restless and could not work. He then enlisted and, while he was abroad on service, he occasionally became depressed for a day or two. After the armistice he corresponded with a girl, and was almost engaged to her; when he was demobilized and he returned to her he again became depressed; this gradually passed off. Three years before admission he had a "nervous breakdown", was worried and upset and could not work; after several months he recovered. This attack had coincided with his becoming engaged to be married. After the illness he broke off the engagement, which was, however, resumed four months before admission. From that time he had been distressed. There had been coitus on one occasion in December, 1928, with a married woman whom he had known all his life. During adolescence he had been very distressed by nocturnal emissions. He was a jovial man, fond of company; he played golf and tennis, was conscientious, worked hard, sat on a number of committees in the town, and taught in the Sunday school, of which he was superintendent. He was cleanly, even fastidious.

His illness had been noticed first by his family two months before admission, though he had been a little depressed since the engagement in February, 1929. He began to be excited, worried a great deal about details, but seemed fairly happy. On the day after his wedding he was observed to be restless and talked a great deal, especially about money matters. He was able to disguise his distress from the other people in the hotel where he was staying, but not from his wife. They

came home after thirteen days; he was fidgety and restless, slept badly, and made an attempt to commit suicide by gas.

On admission he was alert and amiable, but persisted in diverting all his conversation into self-criticism.

He appeared at his ease and talked without constraint. His look was mostly inward. His appearance was serious, but not dejected; he discussed himself with interest and spoke constantly of his own demerits, saying he now saw himself as he really was, viz., worthless. He said he had married only for lust and could not face the prospect of married life. There were no delusions or hallucinations, but some misrepresentation, as it seemed, on his own motives. His physical condition was good. He continued outwardly cheerful and active, but he said that he continued to worry after he had visits from his wife; he would then get downhearted and would feel he was a cad and blackguard, and the situation was hopeless. He spoke also of his over-sensitiveness and of his indecision. His wife stayed away for three months and he remained continually cheerful; he was discharged on November 28, 1929. He was then feeling well, proposing to take up different work and to live with his wife's people. He left London. It has been learned since that he started work three days after leaving hospital and was getting on quite well.

CASE 11.—A. C—, a married woman, æt. 31, was admitted to hospital on August 31, 1928. Her mother was a "nervous" woman who became upset over trivial things; her father was always ailing and was excitable and irritable; so were her two brothers. The patient had never got on well with her mother. She had been a delicate baby, had been afraid of going out alone, or of being in a room by herself. She had worked as a tailoress until 1917, and then worked for her future husband. Her periods had been regular until the birth of her baby; of late her periods had been irregular, occurring every week or so. She had sickening pain on the first day and was irritable throughout the period. She married at the age of 22; there was dyspareunia for a month. Coitus interruptus was practised, without gratification, twice a week. Her first child, a boy, æt. 5, was "nervous"; her other child was a girl, æt. 11 months. In 1920, eighteen months after her marriage, she was admitted to a mental hospital very depressed, sleepless and restless. A record from the mental hospital showed that she had been depressed, depersonalized, stuporose, tube-fed. She had been discharged quite well after four months. She remained well after her discharge until the second pregnancy. She was reserved and quiet as a rule, fond of housework and very cleanly. She was fond of the company of people whom she knew well.

Her present illness had been first noticed on her return home after the confinement eleven months before; she was miserable and could not get on with her housework. She slept badly, could not become interested in her surroundings, and was restless. After two months in an infirmary she tried again to look after her home, but could not. She said that she was wicked for not caring for her baby.

On admission she was downcast, her eyes full of tears, though she did not weep. She took little interest in her surroundings and seldom looked at the person she was addressing. She said very little spontaneously. She said that she felt upset and worried, particularly about her family; her head "seemed all in a muddle". She could give only the barest outline of the "Bee and Pigeon" story, and was generally dull in answering questions designed to test her grasp of general information, etc. Her field of vision was limited in every direction because of retinitis pigmentosa.

She continued depressed and convinced that she would not get well. She said that her thoughts were getting "louder and louder". At the beginning of October she became stuporose, staring about her, refusing to take her food and seeming perplexed and apprehensive. She would occasionally move her lips to reply to a question. After a short time she improved, but still felt muddled. She vomited after having been given a hypodermic injection of omnopon, and after another

injection she became very much upset and almost collapsed. At times she was truculent and said, "How can I get out of this place?" Though told she could apply for her discharge, she did not avail herself of this. She said that she could hear her baby calling her and that the food here was filthy, that everything was dirty. By February, 1929, she was getting up all day, going to drill, etc., but reluctantly. She still looked bothered and undecided. Then towards the end of June she said that there seemed to be a murmuring inside her, and then she wept loudly. She said that she could hear voices and bells round her all day. She said even the stars talked to her, but that she knew that the voices really came from within her own head. She became more active, ceased to look puzzled and complained a great deal of all these noises; she said that most of the voices talked to her in Yiddish and she was surprised that other people could not hear them; at other times she said that they were in her head. By the end of July she was still more cheerful and would crack jokes, though she said that the voices disturbed her head. She started singing loudly, and talked incessantly. She said that her sisters-in-law were intriguing against her, but she seemed very cheerful on the whole. She spent the rest of her stay in this hospital laughing, singing, active and always gay. At times she was abusive. She was discharged on September 7, 1929. She was then admitted to a mental hospital with what was regarded as typical mania, with flight of ideas and much laughter and elation. She had auditory hallucinations, telling her what to do. She improved gradually, her menstruation was re-established, she gained weight and was able to leave hospital in December, 1930.

Since then she has been outwardly well; she has looked after her home and children satisfactorily and is on good terms with her neighbours. She talks a lot, and in a consistently euphoric strain; her behaviour likewise is hypomanic, slipshod in unimportant details, she is busy but easily tired. She has continued to have auditory hallucinations during all the years since her last attack; it is chiefly the voice of a man who encourages, praises and makes love to her. Only when she is tired or ill with tonsillitis does she object to the voices; mostly they please and entertain her. Now and then, instead of the noises, she has a buzzing in her head; neither drugs nor aural disease account for this. The retinitis pigmentosa has not progressed.

CASE 12.—A. C—, a married woman, æt. 39, was admitted on August 31, 1928. She had been seen in May at the out-patients' department with similar symptoms. There was nothing noteworthy in the family history, save that one sister had had a depressive attack after being jilted; she recovered after several months. The patient had been born in Poland. She had been a delicate child, went to school in Poland, and then learnt dressmaking, coming to England when she was 24. She continued to work as a dressmaker for three years and then got married. It was stated in the history that she had been found to have sugar in her urine at a hospital three years before. A letter from that hospital, however, reported that she was treated there for a pain in the loins and was regarded as neurasthenic; she had not had glycosuria. She married at the age of 27. Her first child was born a year later, her second three and a half years after that. Coitus interruptus was practised after the birth of the first child and since the birth of the second, without gratification. Her periods ceased in December, 1927, for six months, but had subsequently, i.e., for the last two, been regular. She was a jolly, lively woman, fond of dances and music-halls. Her husband complained, with cause, about her incessant talking; she had always been a loquacious woman.

Her present illness had begun about December, 1927, with weakness and difficulty in getting to sleep. She felt afraid that she would die. After a few weeks at a convalescent home she came back to her house; she was rather forgetful and could not sleep. She worried a great deal and took little interest in her surroundings; she felt a sensation of weight on her head and felt unequal to work, though she carried on with it; she was very miserable; sleeplessness persisted. She felt

weaker and lost sexual feeling, and also her appetite for food; she felt pains occasionally in various parts of her body.

On admission she was quiet, ingratiating, but at times weeping loudly, wailing and lamenting her absence from her children. She was extremely garrulous, her talk being circumstantial and relevant, but very difficult to interrupt. She changed rapidly in her facial expression. She said she felt miserable and that she could cry all day long. She showed poor effort in doing the various tests, and gave up calculations without much attempt to do them; she continually put forward her ignorance of English as an excuse for errors or inadequate attempts. Her teeth were carious, her gums pyorrhœic. She had no glycosuria.

She continued worrying, thought she ought not to be here and said she could not think properly. She wept less, but continued to worry about her children and complained of inability to concentrate. By November she was up all day helping actively in the ward, but disinclined to start on her own housekeeping. She was discharged on January 5, 1929, and has been getting on well since. She has now been for years a voluble, energetic, cheerful housewife, exuberant in gratitude for her treatment and, according to her husband, more balanced, placid and contented than before her illness.

CASE 13.—H. C—, a widow, æt. 53, was admitted to hospital on September 25, 1928. Her mother had had attacks of melancholia for which she received hospital treatment. The patient on leaving school had become a domestic servant until her marriage. After her husband's death, twenty-five years before, she worked in Belgium and then in England until her second marriage. Her second husband died two years before her present illness. During the last eight years she had been working as a housekeeper. Her periods ceased when she was 45. By her first marriage she had two children and by her second marriage three children. After the birth of the first child she had had puerperal fever accompanied by mental symptoms, for which she was treated for six months in a mental hospital. After the death of her first husband, when she was 25, she became very miserable, was unable to work, and took several months to recover. In 1927 she was treated in the out-patient department of a general hospital for indigestion. She had been a sociable woman, fond of amusement, very tidy and "particular", also conscientious.

Her present illness had begun three months before. She had, however, for the last two years felt "nervous"; she always did things in a hurry. In July, 1928, she felt run-down and "queer"; she could not get up and had pains in the middle of her back. She became worse, and tried to get out of a window to commit suicide. She felt that her soul had died. She would not eat and lost weight. She had become worse.

On admission she was restless and made aimless movements of agitation. It was difficult to get her to take her food. She gave relevant answers and was in touch with her surroundings, but thought the other patients were talking about her and that she was being blamed and slighted. She felt very wicked and believed that she contaminated the washing basins, and that through her all the other patients were made worse. She was emaciated, with dry atrophic skin and very pale mucous membranes. Her blood-pressure was 150 mm. Hg. systolic, 85 mm. diastolic.

She continued restless and agitated and unwilling to take her food. She said that she caused all the harm, that she had put the sun out by looking at it and that the others talked about her. Her answers were often inaudible. In December she began to eat voraciously and would take other patients' food from them. She talked to herself constantly in a low voice, commenting on her own behaviour and on what was going on round her. During February and March she would rush about, shutting and opening doors, worrying whether everyone could get out and saying that there was no food here and no water, even while both were before her. After banging a door and holding it shut, she would say that she did not

know why she had done it. She would also interject rude remarks and then look abashed. She improved slightly during April and May, but was still worried and apprehensive. During the rest of her stay in hospital she was quieter, but distressed and occasionally insistent on leaving the hospital. She was discharged on September 3, 1929.

After leaving here she was admitted to a mental hospital in October, 1929, where she improved.

She was discharged from hospital in May, 1931. She then seemed quite well, though voluble and somewhat excitable and touchy. She gradually, however, became difficult to live with, and varied between minatory excitement and depression. She began to buy houses and enter on other schemes which she could not afford, but would brook no interference. She once made a long railway journey dressed in a coat and nightdress, and behaved in other extravagant ways. In 1933 she was sent to an observation ward, but was not regarded as in need of institutional care; she was discharged from there after a week. She became more quarrelsome, violent and accusatory, especially towards her daughter, and began wandering about at night. In April, 1934, she was admitted to a mental hospital, where she still is. She is becoming demented, imagines her daughter is in the hospital and is violent when restrained from joining her. Her physical health is still (June, 1936) fairly good.

CASE 14.—D. C—, a single woman, æt. 28, was admitted to hospital on January 15, 1929, having threatened and attempted suicide.

Her mother had had "neuritis" for years, and had shown mental disorder prior to her death; she had threatened to throw herself out of the window and was certified. She died in the mental hospital in February, 1928. The patient's father, to whom she was very much attached (she was the only child), died in November, 1927. The patient had not gone to school until she was 14, having been taught by her mother and father. As her father was a captain in the Navy they had lived in several places during the patient's childhood. After one term in a convent she was sent to a private school, which she left after two terms, and went to a high school, where she stayed until she was 17. She had not had much to do with the other girls, as neither she nor her mother approved of them socially. She was shy, and did not play in school games. On leaving school she went to live at home until the age of 25. For a year and a half she had a visiting teacher in music and French, and did a little housework and cooking. She also did V.A.D. work. Since the war she had started many things—learning Spanish, shorthand, etc.—but had not persisted with them. For six months in 1925 she took a commercial course, but gave it up because her back became painful. Then she was ill for two years and rested. She tried further activity, but her father fell ill and she nursed him. After his death she looked after her mother. Her periods had not been regular until she was 21; they were painful, and became more so when she had the pains in her back in 1921. Then in 1925 regularity was established with a three weeks' interval. Her periods were no longer painful, but she felt very miserable at that time. She denied all sexual experiences and said, "I always wanted to get married because I wanted to be loved; I want to be understood; I was always lonely". She said that she had never actually fallen in love because she had never had the chance. She had had diphtheria and measles at puberty, whooping-cough and chicken-pox earlier, sore throats and colds since the age of 7. In 1920 she had begun to have pains in her back after exertion at cycling. These pains got worse and delayed her commercial training, got better, then worse again. She was told that she should lie on a special bed, and that she had a dropped stomach. She saw many specialists; some thought that her uterus was at fault. She had been fond of company, but actually went about very little. She said she could never find anybody who had the same tastes as herself, and that there was no one who had sympathized with her. She had read a great deal, chiefly writers of the Victorian period. She had often said that modern writers like Hardy

and Galsworthy were immoral, beastly, and made things seem right that were really wrong. Her taste in moving pictures and theatres was of the same sort. She was not religious.

Her present illness had begun soon after her father's death; she became depressed. A week before her mother's death she became giddy, and wanted to get away from everybody. She felt there was nobody who understood her and could help her. After her mother's death she went for a holiday and felt better; was less disturbed by noise. She went to live with her maternal aunt. She then got severe pains in the face for eight weeks, was miserable, and had a feeling in her head that she was not real. She became more distressed, she felt she could not write letters, and the more she tried to straighten things out the worse it got. She went to stay with another friend, who told her she was a nuisance. She spent a few days in Bethlem and then went back to her aunt, troubled chiefly by the feeling in her head. At one time she cut her wrist with scissors, with suicidal intention. On the morning of the day of admission to this hospital she had taken lysol, because she considered "that people who are no use to the world have no right to live in it". She had been restless, wandering about her room at night and behaving in a rather histrionic manner, going up to her aunt and whispering, "I am mad". She said she would never get better and that she could not concentrate.

On admission she looked depressed, and referred often to the supposed lack of interest in her and to the torture which she endured from noise. She said she was afraid she would become like the other patients and that she felt dreadful. She said, "I feel I am not real; I am talking to you, though it does not seem as if it is I talking". She had a sallow complexion, slight hair on her face and profuse on her arms and legs; the hair on her head was grey. She had acne vulgaris on her face and back. There were small scratch-marks on her left wrist. She was thin and haggard.

For some time she was discontented. She felt that she was going mad. She often said that her illness was due to her not having rested sufficiently. In February she said that she was only acting and pretending. She said that she was tortured by numerous thoughts. She still felt unreal. It was difficult to persuade her to do any work; she said it made her head sore. During the whole of March she insisted that she would not get well and that no one understood her, that she was mad. She would say every morning, "This is dreadful; everything is wrong". She walked about in a stiff, affected way and her conversation was stilted. She slept rather badly. She left hospital on April 12, 1929, in much the same condition, and went to a convalescent home. She subsequently wrote letters of a very affectionate cast to one of the physicians.

She left this home in October, 1929, and went to live with her aunt. She had not improved. She sang and otherwise disturbed the neighbours at night. In December, 1929, she ran a pair of scissors into her aunt's neck, and certification was advised by a doctor. The aunt, however, objected to this, and she and the patient continued to live in two rooms in a village.

In May, 1930, she committed suicide by drowning.

CASE 15.—M. C—, an unmarried cook, æt. 32, was admitted to hospital on January 1, 1929.

Her father had died when she was 2½ years old and she had been brought up in a convent in Ireland, away from her mother and sisters. After leaving school she kept house for a bachelor brother until 1928. She then came to England and took employment as a cook; she held this position for seven years. Her employer died and she went to another house, where she remained for six months; she became ill there; and felt that the kitchen affected her head. Her next situation she held until the present illness. In May, 1928, she had an attack of influenza, during which she thought she was dying, became very depressed and would not talk. She got better of this after four weeks. She had been a devout Roman Catholic; very easily shocked, very prim. She was of a sad disposition, quiet and never

going out, unless to her devotions. She was superstitious, shy, sensitive and self-conscious. Her periods had been regular.

After the illness associated with influenza she had gone for a holiday to the seaside. On her return in September, 1928, she was well and remained so for a fortnight; then she said she felt melancholy because of the dark kitchen she worked in. She was terrified that she would go mad. She became more miserable, and said she was going to hell and could hear the devil roaring for her; she was responsible for all the harm that was coming to her employer and her family. She kept eructating noisily; this she said was due to wasting away in her left side.

On admission she was very taciturn, apprehensive and downcast. On a few occasions she struck a nurse. She was afraid she would be killed; she did not believe this was a hospital. She wept occasionally. She stayed quietly in bed. The right lobe of her thyroid gland was enlarged, smooth, soft; otherwise there was no noteworthy physical anomaly.

She continued to look apprehensive, sitting up in bed, constantly expecting some harm. Occasionally she became very agitated and asked for the priest, because of her great wickedness, which she must confess. She did not show any definite improvement during the six months of her stay in this hospital; she remained agitated, scared and self-reproachful. She was transferred to another hospital on June 22, 1929.

By June, 1930, she had improved so much that her sister was told that the patient might be fit for discharge if a home could be made for her. As the sister could not do this, the patient remained in hospital. In a mental hospital to which she was then removed she was, however, described as morose, taciturn and indifferent to her surroundings. In her letters she said she wanted to die. She hid herself in the gardens and made attempts to run away. She became more sullen for a time, but in 1934 much of this passed off, and she was relatively cheerful, though still apathetic. She talked fairly sensibly about herself and wanted to go out of hospital. She was by now, however, judged incapable of fending for herself. She has gradually become adjusted to mental hospital life and is described as "now (June, 1936) only very mildly depressed. She is, however, extremely apathetic, is perfectly content with her present situation and seems to have no desires beyond the daily routine of her life. She occupies herself willingly in the sewing-room and is quite institutionalized".

CASE 16.—R. D—, a married woman, æt. 24, was admitted to hospital on January 15, 1929.

Her father had a "nervous" illness which began at the age of 50, chiefly self-reproachful depression with agitation; he had formerly been ill-tempered and cruel. A paternal aunt was eccentric. An elder sister of the patient had a depressive illness lasting two years, and another sister was "neurasthenic".

Apart from biting her nails she had no neurotic traits in childhood. After leaving school she lived at home until her marriage at the age of 23. Her periods had been regular until her pregnancy in 1928. During the three months since then she has had two periods. Coitus had left her unsatisfied. During her pregnancy she felt worried and lonely. In October, 1928, she was delivered of twins; both died. She had been quiet, reserved and uncomfortable in London, as her birthplace and home were in Wales. She had been sensitive and easily upset.

Her present illness had begun three months before, after her confinement. She became miserable, wept, and tried to commit suicide. She reproached herself for not having treated her family properly. She slept badly and ate little. She became gradually worse.

On admission she was tearful, and insisted that she was not fit to be among the other patients; she ought to be put in a cell. She said she was selfish. She would talk at first of nothing else but this. It was difficult to persuade her to leave the room or to terminate an interview. There was a slight moustache on her upper

lip. An aortic systolic murmur, not associated with any evidence of cardiac inadequacy, was audible, traceable into the root of the neck.

She became more cheerful in appearance, though she denied that she was any better. She ceased to speak ill of herself. She declared she would never get well here. Her husband took her out of hospital; she became more agitated and wanted her husband to commit suicide with her. She was in a mental hospital for two months and then went to her home in Wales in May, 1929. She slowly improved, and by January, 1930, she was quite well; since August, 1929, she had been back with her husband in London, where he had continued to work as a school-teacher. Since then she has remained well, though she is still reserved; she is self-reliant and looks after her home well. She has had two children, one born in 1931, the other in 1934. She has some difficulty in swallowing, due to a corrosive which she took with suicidal intention while at home in 1929. Operation has been suggested as advisable. Neither this suggestion nor her pregnancies were accompanied by mental illness.

CASE 17.—E. W. D—, a tramway ganger, æt. 51, was first admitted to hospital in May, 1927. His father had been a drunkard and was a patient in a hospital for criminal lunatics, where he died. A paternal uncle who died in a mental hospital and an aunt were also drunkards. The patient worked as electrician until the war and subsequently as cable foreman. He had married and his wife had one child when he was 32. He had always been a serious man, somewhat grumpy; he was occasionally intemperate as to alcohol, but not often. After the strike in 1926 he was reduced in rank and also in wages. In September, 1926, he was operated on for hernia.

His present illness had begun just before his operation for hernia and had become gradually more evident. He had not been able to sleep and had felt low-spirited. He said that his inside was not working properly. On admission he was depressed, rather discontented, though without precise grounds, and complained that his bowels were not working because of the operation for hernia. He said that some of his clothes were being worn by some of the other patients. He complained sometimes of trivial slights which he thought had been put upon him, and said that he had been put in the worst bed in the ward. He improved steadily, became cheerful and amiable, and was discharged in July, 1927. He was admitted to the hospital again on June 3, 1929. He had returned to his work as a ganger, and continued at it until May, 1929. At the end of March, however, he had felt depressed and tired, and worried about a recurrence of his hernia. He had been promised an operation at St. Thomas's Hospital, where he was to enter as an in-patient on May 30. As this time approached he became more depressed, and found that he could not put his mind to anything; he could not account for this and did not regard it as his own fault. He became grumpy and disagreeable at times and wandered off to Southend one night and came home next morning. He had been getting on fairly well with his wife, who was, however, twenty years older than himself. There had been no coitus since his operation in 1926. He had lost all sexual desire for the last three years, and had previously been afraid to attempt coitus for fear of causing a recurrence of his hernia.

On admission he looked depressed, with wrinkled forehead and serious face; he looked also slightly discontented. His answers were terse and to the point. He said that the others disturbed him, that he felt low-spirited, and he had been worrying a great deal about his job. He did not think that he was ill except in the physical sense; he was run down, and had congestion at the bottom of his stomach.

He became a little more cheerful, but was disinclined to get up because of rheumatism, which he said he had. He struck another patient and occasionally swore without provocation. He worried because he thought that his temperature was raised. At times he was restless and agitated, but at other times quiet and cheerful. He improved further and admitted that he had been unduly irritable.

On August 25 he was transferred to another hospital for operation on his hernia.

He reappeared at the out-patient department on January 7, 1930. He had resumed work, but had continued depressed and irritable after the operation and had thrown up his job a week earlier. He was unwilling to return to hospital, and as he had been swearing at his wife, and threatening her, with intervals of showing excessive affection, he was taken to the local observation ward. He had been talking constantly about his having lost his job; he became argumentative over trifles and blamed the world in general for his failure. He had ceased to worry about his hernia. He was admitted to a mental hospital in May, 1930, saying that his bones were drying up and were hollow. He said that everything round him was lousy and dirty. He said he would be better dead, out of the way; he muttered to himself and was occasionally blasphemous. He had threatened to drown himself and had attacked his wife and his daughter. On admission to the mental hospital there was no intellectual impairment. He said that he was now fit for nothing. He continued to believe that his bowels were stopped up and his bones hollow. But by May he said he thought his hollow bones were filling out, and two months later said he thought these ideas had been imaginary.

He improved further and did clerical work in the hospital. In January, 1931, his depression and hypochondriacal ideas returned in a milder form. He muttered to himself, ground his teeth and was disinclined to do work of any kind. The following year he worked in the stores and was free from gross delusions, though he worried about his physical health, deploring his loss of energy. He had nothing to do with the other patients, and never wrote to his wife or daughter. He is now (April, 1936) doing work quite well in the stores, is on good terms with the other patients, playing billiards and chess with them, and seems content to stay in hospital. He has pulmonary emphysema and some arterio-sclerosis.

CASE 18.—E. G. D—, a salesman, æt. 39, was admitted to hospital on June 28, 1928.

In the family history there were no neuropathic traits. He had been brought up with half-brothers and sisters.

He had been born in London in 1888. He was a fair scholar, not very good at games. Since leaving school he has worked his way to a position of salesman. His general health had been good. Masturbation occurred between the ages of 14 and 19. He married his wife just before the birth of their only child. She left him after four years, and now wants to return, but he uses all his money to support his mother. Very infrequent extra-marital intercourse; no inclination now.

He was a cheerful, sociable individual, fond of the company of men; impetuous, temperate in his habits. He had had a previous attack after his wife left him; he was depressed, but recovered in three weeks. His present illness had started in May, 1928. He became nervous, fidgety, scared that people would get ahead of him, oust him at work; was afraid to cross the road. He became so depressed that he attempted to cut his throat.

On admission he was restless, fidgety, off-hand; at times hearty, at others suspicious or truculent. He complained of minor grievances, raised his voice and repeated questions. He suggested that the noises in the ward were designed for his annoyance, and was resentful. He heard stamping and banging at night. He believed that this was an organized gang against him, and that he was being doped. Grasp of general information was fair, orientation and memory not impaired. The right maxillary antrum was found to be full of pus. This was drained.

He became more restless; he said his bowels were stuffed up, later that they were "gone". He refused his food for this reason and said the food "sweated out" all over him. He was continually preoccupied over his bowels; he said at times he had none. He then improved under the influence of somnifen, seeming

to lose his somatic delusions and being less depressed. He was discharged, much improved, on January 30, 1929.

He was readmitted on February 26, 1929. He had relapsed after discharge, and after an attempt to poison himself, came back into hospital depressed and with the same somatic delusions as before. He said he would never be well. He did not improve, but remained very depressed. He was discharged in this condition on December 24, 1929, and then admitted to a mental hospital, where he remained until March, 1933.

During the last eighteen months of his stay there he was cheerful and active, working in the stores. He gradually got rid of his hypochondriacal beliefs, and as soon as he was discharged he tried to get work. After a short trial of his old job he bought a small business and showed much enterprise and energy in running it. He now lives happily with his wife. He still comes to the hospital on friendly visits, and talks with unaffected amusement about his queer ideas regarding his bowels, etc., when he was ill; he considers his illness was entirely a toxic one, and is not in the least uncomfortable when it is referred to.

CASE 19.—R. D—, a schoolboy, æt. 16, was admitted on July 2, 1928. His family history was clear except with regard to his mother, who occasionally had periods of depression lasting about a week. He had two brothers and one sister, who were all healthy. There were no neurotic traits in the patient. He had played the usual games at school and had got on well with the other boys. He received no sexual instruction from his parents. He had begun to masturbate when he was 14, but only occasionally, having last done so a month ago; he believed it would cause loss of will-power and manliness. A scout-master had made a homosexual attack on him two years before. The patient had thought that it was wrong, but still liked this scout-master very much. He had had measles and diphtheria at the age of 7. He was a good-natured boy, intelligent, with mechanical proclivities, desirous of becoming an architect. He occasionally felt suddenly "nervous" in church. He had had this feeling during a number of years. For the last two years, i.e., since the homosexual assault, it had been noticed in school that he was not getting on as well as he had previously; he looked worried and tense.

Three weeks before admission he had suddenly had a dizzy feeling while doing home-work; he thought he was going to faint and that this was a stroke. During that night it came on again; he felt more frightened and he called his mother. He said that this feeling made him think of all the wrong things he had done; the wrong-doings concerned the stealing of a pen and masturbation. He had thought people were against him and that he was going to be taken away. He told his father about his masturbation and about the scout-master who had committed pederasty. He began to think that some harm would happen to his family. He tried to kill himself with gas because he felt so miserable.

On admission he looked confused, sad and frightened. He became very apprehensive at one time, seeking for an assurance that his father and other relatives were all right. He gave correct and direct answers to questions. He was correctly oriented and there was no intellectual defect. He said he had been wicked, and that he was frightened because of the noises he could hear. He thought his father was calling him. His skin was greasy, his feet and hands clammy; his hands tremulous; he flushed readily.

He was at first in a mild stupor, answering very little and seldom making any movements that called for initiative. He looked bewildered, and was afraid of being punished by permanent illness or of some harm coming to his parents. He gradually improved, and was discharged apparently well in January, 1929.

He went home and soon obtained employment, at which he remained until December, 1933. In his father's opinion he was too argumentative and fussy, but his mother thought him perfectly well, and the boy himself seemed happy and active, without evidence of mental disturbance when one talked to him.

Before long, however, he began to have attacks of acute anxiety, e.g., at dances or in 'buses and trains. At the end of 1933 he began to have pains in the back of his neck, his mouth felt parched, his head and mouth trembled and he felt that people stared at him. He was restless at night and wept a lot. After six weeks he improved, but was unable to carry on with his work. When seen in May, 1934, he complained chiefly of attacks of palpitation and of a "dead feeling all over"; he also felt depressed. He was treated in the out-patient department until April, 1935, when he commenced work again; during this time hypochondriasis was prominent. In November, 1935, he again began to feel conspicuous, miserable and unable to work, and returned to the out-patient department.

CASE 20.—M. F—, a married woman, æt. 33, was admitted to hospital on December 24, 1928, because she was very miserable.

One sister had had a depressive attack in 1920, and two more such attacks since.

After leaving school, where she had been very sensitive, she learned button-hole making and remained at that work until her marriage at the age of 20. Ten years later she returned to work and had been occupied until a week before admission. She had had several illnesses, including a miscarriage two years before, following a period of depression during which she was disinclined to eat; she was six weeks pregnant at the time of miscarriage. Since the age of 16 she had had piles, external and internal, which bled copiously at times. During her first pregnancy she had had pain in her back, so that she was in bed for a fortnight. Her periods had never been quite regular; recently they had been five to eight days late. She had two children, a girl of 12 and a boy of 8. Coitus interruptus had been practised for the last twelve years, once or twice a week; two months before admission sexual desire had become less and had not been felt for the last fortnight. She was hasty-tempered, but friendly, amiable and talkative. She had had some habits of a compulsive nature, e.g., going back to make sure that the gas had been turned down. She varied a good deal in her mood, passing from elation to depression. She was a very religious Jewess.

Three months before admission she had begun to worry about money affairs and the lack of room in her home. Gradually she became worse, and during the last week she had not slept unless she was given some hypnotic. She neglected her housework, cried a great deal and then laughed or sang. She said that she was sick of life. On admission she was quiet and depressed, and wept a little, but was well in touch with what went on about her. She blamed herself for her present condition, saying that she should have pulled herself together. There were no delusions or hallucinations discovered, and no intellectual impairment.

She improved fairly quickly, being depressed in the morning, chiefly just after waking up. She was active in the ward, rather inclined to be self-pitying. Her piles began to bleed again. She was operated on for this, and returned after nineteen days in a surgical ward rather listless and worried. This rapidly cleared up and she was discharged on May 4, 1929.

Since then she has been getting on well, working as caretaker of some baths, and satisfied. She has remained voluble and somewhat introspective. She is extremely cleanly. When her work is heavy and tires her she becomes depressed for about a week; she then sleeps badly and worries about her future. Otherwise she is well adjusted to her daily life.

CASE 21.—A. M. F—, a widow, æt. 60, was admitted to hospital on September 11, 1928.

The patient was the youngest of a family of nine, three of whom died in infancy. There was no history of nervous or mental disorder in the family, no alcoholism or other peculiarity. The patient got on well with her family. She did moderately well at school, and on leaving helped in the home. Twenty-three years prior to

admission she had a uterine hæmorrhage, regarded as due to a displacement, for which she was treated and recovered. In April, 1928, hysterotomy was performed for fibroid, and her right ovary, which was cystic, was removed. She was married at 28 and had one son. Her husband died of cancer in 1923. Their married life was happy. She was of an easy-going disposition, but was "nervous" about physical pain. She was fond of company, and spent a fair amount of time calling on friends. She employed her time, apart from this, in reading, gardening, domestic duties and going to the theatre.

About a month before going into hospital for her operation, i.e., about four months prior to admission, she felt a pain in her stomach, thought to be due to the fibroid; this pain, however, persisted after the operation and was present on admission. She became miserable, and ceased to find any pleasure in life.

On admission she was fairly quiet, but continually called the nurses or doctor to her, even when it was quite impossible for the latter to go. She was absorbed in her condition and the likelihood of recovery: "I am miserable about myself, because I'm in pain all the time." Complained of pain in abdomen and rectum, but nothing abnormal was discovered on examination. She was agitated and sometimes wept.

In a month a slight improvement was noted, but following a slight accident in the ward she became again more worried and preoccupied with her state, developed the conviction that her backbone was displaced and asked the doctor to give her something to kill her. On October 22, 1928, she was transferred to another hospital. There she became worse, constantly declared that everything was unreal and that her past life was only a dream. She was very depressed and agitated. She died of broncho-pneumonia in March, 1930.

CASE 22.—E. R. F—, a single woman, æt. 48, was admitted to hospital on April 13, 1929. Her mother had died of paralysis following influenza. Her sister had been admitted to a mental hospital at the age of 25, in 1901, with emaciation and in a stupor; she had, in the course of years, become spiteful and aggressive, with hallucinations, mannerisms, delusions of amatory persecution; she is still there.

The patient had been a healthy child. She was a children's nurse for fourteen years; she then nursed her mother, after which she herself became depressed, could not sleep and thought of suicide; she also had fears that she would endanger children; she was severely ill for six months and did not recover for nine months. After her mother's death she was a lady's maid, and then a secretary to a doctor in New York. She had had an accident, falling downstairs, in 1909, and was rather "nervous" after this for a month. She had been interested in religion; had high ideals. She was on the whole cheerful and jolly, but subject to moods of depression and irritability. Her menstruation had been regular until 1921, when she had menorrhagia. In 1927 this recurred, a uterine cyst was diagnosed, and eighteen months ago radium had been applied, causing an artificial menopause. She had masturbated since she was 18.

Her present illness had begun in June, 1928, when she began to feel that the housekeeper did not like her; she became miserable, and said she was not doing her work satisfactorily. She came to England in July and gained weight, and was able to return to New York in September. She resumed work, but in November she said that people were talking about her and that she was neglecting her work. She thought that her mistress suspected her, and she became very easily offended. In January, 1929, she said that she was being accused of sexual misconduct with a child. In February she thought that detectives were following her, and she attempted suicide by swallowing cocaine. She said that people accused her of having sexual feelings, and was afraid she would be tortured. She blamed herself for her past life, and felt that people were being killed because of her.

On admission she was restless, frequently got out of bed and was unwilling to take her food; she looked apprehensive and distressed, and reverted constantly in her talk to some form of delusion. She thought she heard people torturing her

sister and her sister's child; she complained that she could not cry. She said that she had been followed about, and that after she ate, someone would be killed; she declared that she was not insane and that she was being tortured, and wanted to know why she was being treated so. She said that people thought her wicked and knew of sexual sensations which she had. She said that these were evident to casual passers-by. She reproached herself for a trivial sexual incident which had occurred when she was 21. She said she had seen people buried alive. She was mildly confused, and uncertain as to whether the month was April or May; in all other respects she was correctly oriented and was able to do most of the tests. She was thin, her hair was grey, there was hair on her upper lip and on her chin; her hands were tremulous as well as the muscles of her face, the extremities were cold and bluish, her tongue was coated.

She remained very agitated; she occasionally made attempts at suicide, e.g., grabbing at a knife. She believed she or her relatives were to be tortured and she was convinced that she had syphilis. When she was shown at a clinical meeting she seemed to give up this idea when she was assured of its falsity, but it soon returned. She believed she was shunned on account of it. She showed little change during the remainder of her stay in hospital. She gave in her notice of discharge, which she could not be induced to withdraw, on August 29, 1929. She was subsequently admitted to a mental hospital.

In October her appetite improved: she ate ravenously for six weeks. She improved sufficiently to get up and help in the ward work and in the linen-room, but worried a great deal about her relatives and the dangers she felt coming to them, partly on her account. In the spring she relapsed and would not eat. In August she developed a carbuncle, which was followed by others, and she died on September 17, 1930, of pyæmia.

CASE 23.—E. J. F—, a single woman, æt. 33, was admitted to hospital on October 30, 1928. Her family was healthy as far as could be ascertained. She had been in domestic service until 1915. During the war she did munition work, and then returned to domestic service and remained in one family for seven years until her present illness. Her periods had been regular, but with pre-menstrual leucorrhœa. She had been twice engaged, but had refused marriage for financial reasons. She had had intercourse about two years before her illness, and had occasionally masturbated. She had usually been cheerful, but not fond of entertainments, except dances.

At Christmas, 1927, she became friendly with the chauffeur of the house where she worked. In April, 1928, intercourse occurred on several occasions, and early in August she thought she might be pregnant, and took some medicine expecting that it would terminate the pregnancy. She was told by a doctor that she was not pregnant. Towards the end of August, she felt peculiar sensations in her inside and felt frightened. She went home and stayed in bed; she screamed at night and waved her hand in the direction of the cemetery where her father was buried. She thought that people were after her and that passers-by talked about her. She could not work, and was admitted to hospital. Three weeks before admission she still thought that people talked about her because of her wrongdoings. She believed she had some venereal disease, and that she emitted an unpleasant smell.

On admission she was quiet and confused, but wept occasionally when telling of her relations with the chauffeur. She looked at times preoccupied, staring straight in front of her. She said that the food had a peculiar taste and that she heard people screaming at night and whistles blowing. She thought people were afraid of her and disliked her because of her disease. She said that she could not understand all that was going on, and felt a little "muddled"; the other patients here had changed, becoming like herself, i.e., grey, since she had been here. She was self-reproachful, and thought that people had a right to be disgusted with her. She said that it was her conscience which made her feel that she was not wanted. She felt decayed and as though there were worms inside her. Her hair was grey, her tongue

furred, and there was a copious purulent discharge from the vagina ; in this discharge there were diplococci, decided to be gonococci.

She was treated for gonorrhœa. She improved during her stay in hospital. Stammering appeared in January, 1929, but disappeared after a week. At another time, for a few days, she had a mannerism of shaking her head constantly. She was worried and at first hopeless.

She was discharged on March 20, 1929, by which time she was quite quiet and composed, free from depression and from her previous ideas. On leaving hospital she took another job as parlour-maid, where she got on well, but left after six months in order to nurse her mother. Her home was visited by a social worker, and the mother said the patient was cheerful and as well as she had ever been, except for increasing irritability at times ; a quarrel with a sister-in-law was regarded by the mother as a result of the sister-in-law's scandal-mongering. After her mother's death in August, 1930, she quarrelled still further with this sister-in-law. The patient, when seen at the hospital, was found to be talkative and resentful; she said that she had been ill-treated by her sister-in-law ; her story was inherently probable. It was concluded that the affair was a family quarrel, in which the patient had shown undue sensitiveness. Since then she has left home, and has earned her living without quarrelling with strangers or having further mental disorder, though she is still unduly sensitive. Her brother regards her as quite well.

CASE 24.—A. G—, a bank clerk, æt. 27, was admitted to hospital March 12, 1928.

His father had had a brief mental illness. The patient was the youngest of six children. He left school at the age of 16, having had a scholarship. He became a bank clerk and received fairly rapid promotion. He had masturbated between the ages of 16 and 17. He became engaged in 1925 to a girl he had known since he was 18 ; partial intercourse and mutual masturbation had occurred during the twelve months preceding his admission to hospital. He also went out with another girl who, when she learnt in March, 1928, of his intention to marry in June, threatened to ruin his life. He was not fond of company, but reserved, self-opinionated, and felt either superior or inferior to his associates.

His present illness had begun during December, 1927, with worry about his amatory difficulties. His father's death in February, 1928, added to his worry. He became depressed, could not sleep and was disinclined to eat. He began to think he made mistakes at his work, and that detectives were after him.

On admission he was gloomy and disinclined to talk. He said he did not feel clear in his head and could not concentrate. He reproached himself for his behaviour towards the two girls. He seemed disposed to dismiss his former beliefs about detectives and mistakes at the bank as foolish and imaginary. He thought, however, that the other patients made depreciatory remarks about him, some of which he thought he deserved. His physical health was good.

He became more suspicious, and although still depressed and self-reproachful, became slightly resentful because he believed he heard it said that he had poisoned his father. He was gloomy, and talked little to the other patients. He neglected to keep himself tidy. He continued to believe that he had made mistakes in his work. He became more suspicious and more solitary and depressed during June and July ; in August he improved a little, talked more to the other patients, but believed he was kept in hospital as a prisoner and was going to be punished. He was irresolute. During the latter months of the year he improved, became more sociable with the other patients and more alert in conversation and general conduct. He continued to improve and was discharged on February 5, 1929. At the time of discharge he was still convinced that in the earlier part of his illness people had talked about him disparagingly.

He married in September, 1929. He took up work as a newspaper reporter and has done well. He is cheerful and alert and in the opinion of his relatives perfectly well, but disinclined to talk about his former beliefs.

CASE 25.—J. M. G—, a single woman, æt. 56, a housekeeper, was admitted to hospital on March 18, 1929.

A paternal aunt had a psychosis from which she recovered, but of which no details are obtainable, and the patient's father is described as "nervous", and in the last two years of his life depressed. A brother who died of nephritis was also depressed. The patient was the third of six children by the father's second marriage. She was brought up strictly, but the home was harmonious. She did well at school, on leaving which she lived at home and later kept house for her brother. For many years she was subject to bilious attacks (headache and vomiting), which lasted one day and occurred at intervals of months. Adequate details were not obtainable in regard to her sexual life, but no love affairs were known. She was always of a retiring disposition, with strict religious views (her family were Plymouth Brethren), and she taught in the Sunday-school. She disapproved of such worldly pleasures as the theatre and cinema. She was a good and orderly housekeeper. Her mood was even. She was rather sensitive and took things to heart.

Three weeks prior to admission she had an attack of influenza, for which she remained in bed two days. She had very severe headache and could not rise. She got up, but did not feel well; could not eat and had severe headache. Her temperature rose and reached 103° F., but after a few days it fell, whereupon she again rose, feeling very energetic, but had to give in, lying about on a couch. That evening she commenced to talk rapidly, declaring she was no good for anything, with other self-reproachful ideas; she said also that she couldn't collect her thoughts.

On admission she was restless; she talked incessantly, but coherently, and would stop for a little while if asked to. She said she felt "utterly miserable . . . beyond description", she was a "lost soul", "in Hell", etc. She believed she had no money.

Two months after admission she tried to set herself on fire. She still called herself wicked, and said she deserved punishment. About seven months after admission she became somewhat quieter. She was discharged to another hospital on January 24, 1930. For the first year her family thought she was improving, but actually as her depression and agitation became less obvious she became more detached from her surroundings. She believed she had killed and eaten everyone in the world. There was no definite dementia. She died in hospital on January 1, 1934.

CASE 26.—W. G—, a butler, æt. 27, was admitted to hospital on October 12, 1929. His mother had had a nervous breakdown just after his birth, in which she was depressed and dyspeptic and feared she had cancer. She recovered after a year. The patient was an only child. He had shown terror during the air-raids, and had bitten his nails. He had been an unusually cleanly child. After two years with an electrical firm he had gone to the United States and worked as a footman in a wealthy family. After five and a half years he had returned to England and taken up a similar position, at which he had remained until July, 1929. Six years before, while in the United States, he had a nervous breakdown, in which he was depressed and felt weak, and worried about masturbation; the illness had lasted for five months. Three years after this he had a similar illness, with palpitation. He recovered from this in a month. He had been engaged since Christmas, 1928, but the girl jilted him in July, 1929. He had been very conscientious about his work and usually cheerful and even-tempered. He was very clean.

His illness had begun in July, 1929, but he had been worried for some weeks before this; at that time the relation between him and his fiancée was still good. In July he felt depressed and gave up his job. He went for a short holiday to the home of his fiancée. When he returned to his own home he said he felt worn out, and wept. He slept badly; he did not improve and said that he knew he would never get better; he thought he would die.

On admission he looked dejected and gloomy; now and then his manner was a trifle resentful; on one occasion he got out of bed and prayed at the bedside of another patient. He was muddled, and reverted constantly to a small number of

indefinite topics of self-reproach. He would say spontaneously "I am a damn coward" in a loud voice. He said he found it difficult to think and that people wanted him away; he said he caused all the commotion here; he worried about seminal losses. He gave at first incorrect answers to various tests, but if pressed corrected them. Apart from slight enlargement of his thyroid gland and fine tremor of his fingers, and of the muscles about his mouth, there were no abnormal physical findings.

For some time he was rather assertive and even aggressive; once he struck a male nurse. He would thump the table and say he had always thought too much about himself. He was convinced that he was being watched; and said that he had not deserved to be made fun of. He made many petty complaints, and declared that there were freemasons who ridiculed and spied on him. He thought his people did not look quite the same. At times he said that he deserved all that people did to him. In December he had follicular tonsillitis with fever; it cleared up in five days. His general condition remained the same. At the end of January his tonsils were removed. During February he seemed a little better, though still believing that other patients watched him and that there were references to him in the newspaper. During March also he said he was being spied on and ridiculed, and that his medicine was harming him. From the end of March, however, he improved steadily, and there was by June no expression of his former beliefs. He spoke of them with reluctance and ridiculed them. He remained well, though now and then he showed a little irritability. He was discharged on July 1, 1930. After discharge he remained quite well and cheerful, and returned to work.

In June, 1933, however, he came again to the out-patient department because he felt tired and slept badly. He gave up the job he then had, in which he had had to work for very long hours, and after a fortnight was well again, although any interference with his sleep, e.g., when changing from day to night duty, would temporarily depress him. In May, 1934, he married. Then in October, 1934, after the extraction of nearly all his teeth, he became tired and depressed again. He worried because he had seminal emissions during defæcation. After two months' treatment as an out-patient he was admitted to hospital again. He could not concentrate; he dwelt constantly on his bodily symptoms. He became more energetic and slept well, but was still hypochondriacal when he left hospital, August 17, 1935. He was fairly well for two months, though preoccupied with his body; then he became more overtly depressed, did not eat properly and thought constantly of death. He wept a lot, and was hopeless. He was admitted as a voluntary patient to a mental hospital, where he remains.

CASE 27.—A. H—, an unmarried woman architect, æt. 50, was admitted to hospital on November 30, 1928.

Of a healthy family—though a maternal grandfather drank heavily—she had received a good education and with some difficulty had passed the necessary examinations to qualify as an architect. She had not been successful in her profession. She had always been of a difficult temper. She had many minor ailments and a valvular lesion of the heart, which did not, however, incommode her. She had had a complete hysterectomy performed upon her eleven years before. During the last two years she had been worrying a good deal about her house, fearing dry-rot; she had also become somewhat less cleanly.

To her present illness it was difficult to assign a definite time of onset. For the last three months before admission her concern about dry-rot had become excessive; she began to send urgent messages to her sister about it, and sent once for the fire-brigade because she thought the house was being set on fire. She said she was going to be imprisoned. She became more agitated and said she had betrayed her trust. She slept badly. Prior to the onset of the above symptoms she had behaved reasonably and had no definite signs of mental disorder.

On admission she was restless; she would not stay in bed. She said it was all her fault; she had done wrong; others were being punished on her account. She

stripped herself frequently. She was disinclined to take her food. There was an aortic to-and-fro murmur; blood-pressure 190 mm. Hg. systolic, 160 mm. diastolic; the peripheral arteries slightly thickened, but not calcified or tortuous.

She varied, sometimes very agitated and unwilling to remain in a continuous bath, at other times quiet, staying in bed. Her pulse was steady, and there was no evidence of cardiac failure. She believed the other patients disliked her and that she was to be brought to trial. She doubted her own identity. She insisted that her sister's letters were really from an impostor. During her quieter periods she would sketch and paint; at other times she paid no attention to what was said to her, but struggled blindly and repeated the same phrases over and over. Drugs, such as somnifen, would make her drunk, but did not lead to her staying in bed. She declared during April that the hospital was her responsibility and that the beds were all wrongly arranged. There was no essential improvement in her condition, and at the time of her discharge in September, 1929, she was still agitated, resistive and incapable of carrying on any consecutive conversation.

She then went to another hospital, where she was for a long time agitated and distressed, without any hallucinations, but convinced that things were wrong and that she was responsible. There was very slow improvement. By 1934 she was occupying herself with various interests, although still expressing doubt as to whether she would get better. She improved further, and at the end of 1935 left hospital to enter a private home " under single care ". She is said now (June, 1936) to talk sensibly on a wide range of topics and to read and sew actively, so that her day is well filled and her conduct normal except in her slovenliness about dress. She is so careless in this respect that she will put a dress on inside out or put on three or four garments of one kind. She is too far away from London to be seen personally now to assess any residual changes; from the report these would not appear to be progressive or gross.

CASE 28.—H. D. H—, a tailoress, æt. 29, was admitted to hospital on September 7, 1928.

Her father had been dissolute; he died when the patient was five years old. One brother had been a cruel child and had forced her and her sister to have incestuous relations with him.

She had played with dolls until she was 14, and preferred playing with girls younger than herself at school. Later she worked as a dressmaker and had a good position as manageress until a fortnight before admission. Her periods had been regular, without pain or psychic change. From the age of 6 until she was 12 her brother forced her to permit some sexual relations. She had never masturbated. She had slight leucorrhœa, which she ascribed to the relations with her brother. Once, four years ago, when alone with this brother, she felt a sudden feeling of horror and desire. She had been friendly during the last year with a young man, but was uncertain if she wanted to marry him. She was reserved and usually cheerful, but worried about the responsibilities of her work.

Her present illness had begun a fortnight before admission. She became restless and miserable, and had nightmares of being run over; she did not sleep well. She had, however, been worrying for a long time before this, though it had not interfered with her work. She was distressed about her sexual experiences. She was obliged to leave her work; she could not apply herself to any task and sat about at home, brooding.

On admission she was quiet and depressed, occasionally weeping and agitated. She spoke with ordinary rapidity, and to the point. She said she had no courage or will-power, that she was too lazy to work, that she could not enjoy anything; she said she had given herself to the devil. Her physical health was good.

She remained much the same for many months. Once, soon after admission, she got out of bed and knelt down, weeping and praying. She said she would never get well, she was not normal. She felt a dull weight at the back of her head. She did not associate much with the other patients, and always looked dejected.

She thought that the other patients knew of her incest. Improvement was manifest, though slow, from February onwards. She left hospital, well, on May 16, 1929.

She obtained employment as a dressmaker, which she has kept ever since. She is always cheerful and, in the opinion of her mother and herself, better than she was before her illness, less reserved and more self-reliant. She says, however, that she gets more tired than formerly. She is sociable, but has had no close friendships or intimacy with men since her illness. She does not show embarrassment or fear when speaking of her attack.

CASE 29.—M. H—, a married woman, æt. 37, was admitted to hospital on March 19, 1929. Her father, a bricklayer, had been irritable and given to drinking heavily. A paternal cousin had been in a mental hospital for two years. The patient's mother was an anxious, fretful woman. One of her brothers had been "nervous", refusing to go out when he was a boy, and one of her sisters had insomnia and depression, from which she recovered. The patient had been rather backward at school; she then worked in a brush factory and later became a housemaid. She was unduly conscientious, and gave up her job on this account. At 17 she had had quinsy, and had become "light-headed" for one or two nights. At 23 she had a "nervous breakdown" which began with sleeplessness and vomiting. She was restless and could not do her work. She got better gradually after about two months. Four years ago, i.e., at the age of 33, she worried a great deal about her mother, who was ill; she could not sleep and was apprehensive, but recovered in five months. Her periods had not been regular until the last year, the intervals varying from five or six weeks to two months. She would have pain in her back and stomach-ache before the onset, followed by headache or vomiting. She had been married ten years, and had one child, æt. 9, born by Cæsarean section. She had had dyspareunia the first few months of marriage. Since the birth of the child her husband had used a condom. She said she had never experienced orgasm. She had never been fond of company or entertainment. She had been of an anxious and worrying disposition, doubtful of her ability to cope with her tasks, easily upset by a tale of woe, or by any remarks which she construed as a rebuke; she would brood. She had been very tidy; she cleaned up so much that her husband complained of it, and during the last four years, since her breakdown, everything had to be done just at the same time. She had been serious, and occasionally calm, seldom cheerful. Her present illness had begun in September, 1928, with sleeplessness and cold in her head; she began retching every morning and felt she could not sit still. She was very depressed, and kept going out of doors without any clear purpose. Nothing seemed the same to her, neither herself nor her surroundings. She went to an optician, who prescribed glasses for her, saying that she should have had them at the age of 7; she worried over this. She was excitable and would not stay in bed; she was afraid she would do herself harm because she had nothing to live for. She was uneasy because she was not doing what she should for her daughter. She cried more easily. Her house looked darker to her and dirtier. She began washing her hands constantly, doubted if the food was clean; the least bit of black in the water worried her. She felt dissatisfied and agitated. Some days she wanted to talk a lot, other days not at all. She became more agitated, felt she wanted to leave everything; her thoughts were all of the past. She felt that everything was her fault, particularly because she had not got glasses. She felt she could not live through each day. She lost all sexual desire and appetite for food, felt she would never be the same and that if she had a baby it would be abnormal. On admission she was slightly restless and scared; she rubbed her chin and was fidgety; she looked dejected and perturbed. She coughed frequently; she answered slowly but appropriately and said very little spontaneously. She was slow, but correct, in carrying out tests. There was a slight moustache of the upper lip, pyorrhœa of the gums, and her complexion was sallow.

She was depressed for the first few weeks, and dubious as to whether she would get well. In May she had tonsillitis; in June she was less depressed and more

placid. She began to feel better and to smile more, but was afraid to return to her household duties. In July she had an attack of vomiting, headache and depression, which coincided with her period. She went home for a week-end in August, but could not cook the dinner, etc., and again felt afraid that she might throw herself out of the window. Sometimes she became flushed and tremulous, her pulse-rate 90. This was accompanied by a fear of death. From September she had no more such anxiety attacks and was less depressed except first thing in the morning. After several ups and downs, associated with noise in the head, rashes due to " Scott's dressing " and other minor ailments she was discharged, apparently well, in November, 1929.

She has been seen at intervals since and so has her husband. She is now invariably cheerful, and in the opinion of both of them brighter and calmer than she has been for several years prior to her illness. She does not now pay any particular attention to her health, nor is she so fastidious about order and cleanliness, though still tidy.

In 1932 she had quinsy, but it did not disturb her mental health. She says that she has been a different woman since her period of hospital treatment; she is less tense, more able to relax, less " driven ".

CASE 30.—F. H—, a married woman, æt. 29, admitted to hospital on September 18, 1928. Her mother was disposed to worry and was " highly strung ". Beyond this there was no nervous or mental trouble in the family. The patient was the fifth of seven children. The domestic relations were not smooth, as the parents did not get on well together. The patient was fonder of her mother than of her father. She had had a hard childhood, with very little leisure, and on coming home from school sewed with her mother to make money. At school she did fairly well and left at 14. Till 16 she kept house for her family, and then worked at tailoring, earning £3 a week. She held various situations until her marriage at 21. She frequently suffered from tonsillitis. Her periods began at 14 and were regular. About a week before they were due she became depressed. Her married life was happy, one child, æt. 7. Intercourse rarely gave her satisfaction.

She had always been good-natured and fond of company, liked the theatre and cinema and read for amusement. She had long had a desire to be free and untrammelled, but could never attain it. She was sensitive, but not particularly touchy. Occasionally she would have days of depression for which there was no evident reason.

Eight weeks prior to admission she found one morning that she could not stand. A short time before she and her husband had decided to have another baby and she rather worried; she wept and felt depressed. Everything seemed black and miserable; she felt exhausted. Something seemed to be tearing inside her; she felt changed; felt the walls would fall in on her. She was taken to the seaside for a change, where she remained for a week, but got no better. She had thought of killing herself, but had made no attempt.

On admission she looked straight ahead and never smiled. She made movements of despair, and at times spoke in a theatrical manner. She said, " I am utterly miserable and I wish I was dead ". " I'm an utter failure."

She made a little progress, but decided to leave hospital on October 29, 1928.

She went to another hospital for three months; there she improved further, and has since looked after her home well. She still occasionally has brief spells of depression, especially before her periods; for the most part she is quite happy and well.

Towards the end of 1933 quarrels with her mother-in-law distressed her, but the departure of the mother-in-law put an end to the upset. She gets on very well with her husband and daughter.

CASE 31.—R. H—, an electrical engineer, æt. 63, was admitted to hospital on July 24, 1928.

The patient was of mixed Polish-Jewish and Scotch descent. His father had died of a cerebral abscess.

The patient was the third of four children. He had been educated at an English preparatory school and in Switzerland; he played in county hockey. He was slow at making friends, "up and down" in mood, interested in thoughts of a mystical trend. He led a roving life, getting jobs, usually connected with electrical engineering, all over the world. He served in the South African War.

Previous attacks have been numerous, eight or nine at least, usually they followed some trouble or disappointment; on one occasion he took an overdose of sulphonal. He was optimistic in the intervals. Sexually, he said he had been "corrupted by immoral servants at seven". He married at 55 and had one son. The patient has had no coitus since this son's birth, abstaining on account of his wife's principles. He has masturbated all his life. He has had blackwater, enteric and rheumatic fevers.

The present illness began five weeks before admission. He became depressed, irritable, surly and concerned with the financial straits of his family; he felt as though he were someone else, "neither God, man nor devil". He got gradually worse and slept badly.

On admission he was quiet in bed, restless and railing when up. He was irritable, and reproached himself for his failure. He said cowardice prevented his suicide, and that he was utterly miserable. An aortic systolic murmur was present; otherwise his physical state was good.

He improved gradually and was apparently quite well by February, 1929, when he left hospital. A few weeks later, however, he again became depressed and was admitted to a mental hospital. He recovered again after six months, but his subsequent history is not available, as he cannot be traced.

CASE 32.—L. A. H—, a married woman, æt. 33, was admitted to hospital on July 12, 1928.

She was a member of a healthy family, free from mental disorder. She had done well at school; had then worked for five years in a laundry, and later in another similar firm until she became pregnant. She married at the age of 23; for two years prior to this she had been having intercourse with her employer. She got on well with her husband; she had one child, now aged 8 years. After his birth her right ovary, which was cystic, was removed. Coitus interruptus had been practised for the last eight years. In December, 1925, she became "jumpy" and "nervous"; began to think that something dreadful would happen to her husband and that she was being watched. She recovered after three months. She was a rather reserved woman, cheerful, but serious and given to sulking.

Her present illness had begun in April, 1927; she became irritable and did not do her house-work well. She became gradually worse; began to fear that something would happen to her husband. She slept poorly. She felt sure that she and her husband and son were going to die. She said people in the street pointed at her. She felt she was now suffering for having said unkind things about one of his relations. Then she confessed to her husband the sexual relations with her employer before her marriage. She said she felt muddled. She became more depressed, and after two attempts at suicide she threw herself from a window on the second story; she broke her forearm and some of her ribs.

On admission she was depressed, and worried about the way people stared at her, as it seemed to her. She said she did not understand it all and that she felt muddled. She was miserable and did not want to stay in hospital. Apart from the bruises, abrasions and fractures due to her fall, she was in good physical health.

She became more agitated, depressed and apprehensive; she could not understand why everybody seemed to be looking at her and making remarks that applied to her. She was sure everybody thought she was lazy. She wanted to know what it was that she had done to make people treat her so. She did not improve, but became very unwilling to remain here, and resentful. She was transferred to

another hospital on October 20, 1928. She improved after a time, and was discharged well on March 28, 1929.

She remained quite well, free from apprehension or suspicion until it was necessary for her and her husband to remove to Stafford in the beginning of 1931. She then became depressed, anergic and somewhat lacrymose. Delusions of persecution again became prominent, and she came to believe that her husband was going about with other women. She was readmitted to the hospital she had left in 1929. She improved a little and went home in July, 1931. She was not well, however, and was in a mental hospital ffom March to September, 1932. She has not been seen since then, as she lives at Stafford, but her husband reports that she is very well indeed, happy, active, sociable and free from suspicious doubts; she is, however, rather short-tempered. At all events, she has been outwardly well now for nearly four years.

CASE 33.—E. H. H—, a single girl, æt. 18, a typist, was admitted to hospital on January 8, 1929. Beyond the fact that her mother was fussy and has had a depressive attack, and her sister and brother are both hypersensitive and "nervous", her family history is negative. She was brought up in a good home and the family relations were harmonious. She had enuresis until the age of 10. As she used to weep a lot she was not popular with her school-mates. After leaving school she obtained a post as typist, but soon after left because she could not do the work satisfactorily. From then on she stayed at home. Her periods, which had begun at 13, were regular until October, 1929; she had pain, giddiness and slight depression with them. She had masturbated a little at puberty. She had been a lonely, shy girl.

In December, 1926, she became miserable and believed she was worrying her family. Then, in 1928, she also found that she could not keep her thoughts long from dwelling on her genitalia; she thought people knew of this and despised her. She thought she was going insane. On admission to hospital she wept a little and said she felt miserable, but could not cry. She said she worried people and had immoral thoughts. She said she had a terrible effect on the other patients and made them miserable. Her hands and feet were cyanosed and she had chilblains, but was otherwise physically healthy. She gradually became less depressed, and towards the end of April was almost free of the depression and the ideas that she distressed the other patients or that they thought she was bad. She then contracted scarlet fever from a visitor and was transferred to an isolation hospital, from which she went home. She improved steadily and is now free from any ideas of unworthiness. She is disinclined to discuss her former beliefs, but, in the opinion of her parents, she is now quite well. She has not obtained any employment, however, and is still rather shy and reserved. She helps her mother in household work. In the six years since her illness she does not seem to have matured; she is still a mixture of inexperienced youth with conventional "old-fashioned" sentiments, such as would be appropriate in a middle-aged spinster. She talks without constraint of her illness. She still becomes depressed for two days before and during her menstrual periods. Her hands are still heavy and red, and she gets chilblains.

CASE 34.—A. H—, a male nurse, æt. 35, was admitted to hospital on July 5, 1928.

All his four grandparents were heavy drinkers. His father was highly strung and sensitive; his mother suffered from depression, but had never required treatment in a mental hospital. His youngest sister was "nervous" and had mild exophthalmic goitre, and in earlier life had had chorea. The patient was the eldest of three. He was fussed over and indulged as a child. The relations between his parents were not happy. He appears to have been a "model child". He was somewhat late in walking and talking and was not weaned until 16 months. At the age of 6 months he had enlarged glands in his neck—probably tubercular; these were removed at 4. He displayed temper tantrums and talked in his

sleep, and as long as he could remember he had stammered; he was left-handed. At 11 he would buy patent nerve tonics. He did fairly well at school, but was away much because of his health. He did not get on well with the other boys; they made fun of him. He played no games, but after leaving school played cricket. He was unhappy at school. At 11 he had more glands removed, and at 15 had an inflamed mastoid; prior to the operation for this he had a fit. He had "neurasthenia" in 1919 and was in hospital seven weeks with this. His symptoms were chiefly somnolence and weakness.

On leaving school he held a number of jobs, but lost them on account of his stammer. At first a messenger boy, he later went into domestic service as a hall-boy and became a footman. Then he held various jobs and ultimately became a male nurse, at the suggestion of his fiancée, who was herself a nurse; he did well at this until a month prior to admission, when he fell ill with insomnia.

His sexual history was eventful for him. He was always rather prudish. He did not associate with girls until the age of 23; he was shy in their company and would blush. He met a music teacher about this time, to whom he was attached; she was at least fifteen years his senior. At 25, when slightly intoxicated, a woman persuaded him to have coitus with her; he was afraid he would develop venereal disease. Two months later he had coitus with a prostitute and the fears of venereal disease recurred. He knew (from his nursing lectures later) that it was quite possible to contract syphilis without knowing it, and he developed the belief, which he expressed on admission, that he was "done for". He admitted masturbation, first at 13, and developed the usual popular health-book ideas about it.

His present illness began about a month before admission with insomnia and ideas of his unworthiness because of sexual intercourse. He had thought he was syphilitic and this thought grew stronger whenever he met his fiancée. Just before the insomnia began he had stopped masturbating. Then he had to give up his work because he felt exhausted. He lost appetite and weight. He wanted to be away by himself, as he felt unworthy—"an absolute cad". His mood showed a diurnal change; he was more depressed at night.

On admission he looked anxious and depressed, and at times wept. He talked with frequent hesitation, but no stammer. He asked whether syphilis could be present without showing in the blood, and so on. He believed he had lost his "sexual strength which is the manhood of a man". He believed he had brought it all on by his sexual conduct, and also that he had syphilis. He felt profoundly unhappy. He was pale and sallow. His thyroid was rather full. There were no signs of syphilis whatever; laboratory findings confirmed the clinical ones. He continued to be worried and self-reproachful, and to have the idea he had syphilis. He expressed gross hypochondriacal ideas, especially about his spine, and had accesses of acute anxiety and hopelessness. He slowly improved and was discharged in a much less morbid state, though not quite well, on November 17, 1928. He went away for a holiday, but was still concerned about the possibility of syphilis. He became more depressed, wept, and went to a police-station because he was afraid he would do himself harm. He was admitted to a mental hospital on September 1, 1929, where he remained until April, 1931. Although outwardly well, he was still convinced that masturbation had caused his illness and was doubtful about being quite free from venereal disease. He worked hard in various temporary positions until in January, 1933, he obtained a permanent job, which he still has. He has passed fairly exacting examinations in medical electricity and massage. He has become a Roman Catholic, and is active in a men's guild; his attachments are all for men, and he shuns women since his engagement was broken off in 1930. He pays many friendly visits to the hospital to tell of his successes and little troubles, but for actual treatment he prefers to rely on patent medicines, the advice of handwriting experts and the performance of physical exercises in solitude. He has false ideas about health such as are widespread among the illiterate public, but are bizarre in view of his training; mostly they are the cranky views of quacks which he has read in fugitive papers. He is cheerful, and does not dwell on masturbation or related sexual topics.

CASE 35.—R. J—, a married woman, æt. 28, was admitted to hospital on November 19, 1928.

Her mother was an excitable, anxious woman; her brother had shell-shock during the war. She was born in Poland, and came to England at the age of 10. She left school at 14 and worked as a tailoress. Her periods had been regular, but since the birth of her first baby they had come on every three weeks. She had been married for seven years; she has three children, one aged 6, another 5, and the third a year old. She quarrelled with her husband, and in October, 1928, she sued him for maintenance. She had been a cheerful woman, fond of company, a great talker. She was very particular about cleanliness.

Her present illness had begun in March, 1928. She felt tired, sat about, became miserable and took a dislike to her baby. She felt lonely. She also began to feel that she looked different from other people. She could not think clearly. She slept poorly. The symptoms had not become much worse for several months before admission. She had been in various hospitals.

On admission she was forlorn, quiet and wept readily. She was garrulous and self-pitying. She said she was miserable; she could not think properly, she had neglected her home, she was helpless. There was no evidence of bodily illness.

She complained frequently of her inability to picture her children or to feel that they were alive. She complained of not sleeping, though actually she slept well. She continued lacrimose and easily upset, but said she felt better. She went out of hospital March 2, 1929.

She had a reconciliation with her husband, but as she still felt tired and depressed, she attended at the out-patient department of another hospital. She complained of weakness in her legs, and occasionally took to her bed on account of this. She still quarrelled with her husband.

She later went to a hospital, where she was advised to have an operation for prolapse of the uterus. She could not persuade herself to undergo it. She dwells on the question and has now for years been troubled by abdominal discomfort and preoccupation. She is restless and dolorous. Her marital bickering goes on year in, year out. She is still (June, 1936) receiving physical treatment for her pelvic trouble.

CASE 36.—B. J—, a postmaster, æt. 55, was admitted to hospital on August 9, 1928.

Except two cousins on his father's side who had been insane, there was no family history of mental disorder. The patient had been a healthy child, playing the usual games. He entered the Post Office when he left school and had been a postmaster for the last twenty years. He had been married for the last thirty years and had one child, a son, æt. 28, who was healthy. He had had no sexual desire for many months before admission. He masturbated from the age of 16 until his marriage. He had had rheumatic fever at the age of 39, and his heart had been affected; he had asthmatic attacks during the last four years. He was a cheerful man, religious, strict and very conscientious.

His present illness began in May, 1928, following an attack of asthma, presumably cardiac in origin, which necessitated his lying up for three weeks. He began to worry about his work; he felt he could not cope with it. He feared that he would be involved in a law-suit about his house, which he had sold. He began to think the police were watching him. He slept badly. He became more depressed and worried.

On admission he was depressed but quiet, complaining of sleeplessness, and worried about the sale of his house. He felt he could not concentrate. He was well-oriented; his memory and grasp of general information were good. He had a presystolic mitral murmur and other evidence of mitral stenosis. Blood-pressure 140 mm. Hg. systolic, 100 diastolic. There was also pulmonary emphysema. His pulse was regular and not rapid.

He became agitated soon after admission and said he must confess. He said

he had been masturbating, that he was wicked and would have to go to gaol. He improved again, but had another such period of agitation in September. He recovered from this also, but remained suspicious, depressed, and convinced that the police were after him. He was inclined to think his food was tampered with. He left the hospital for financial reasons in November, 1928.

After returning home he was apparently well for four months; then he became agitated, self-reproachful and apprehensive; heart failure supervened, and of this he died in November, 1929.

CASE 37.—E. J—, a single woman, æt. 36, was admitted to hospital on October 17, 1928.

Her mother had had three attacks of mental disorder, during which she was excited and very religious; she was twice in a mental hospital for periods of about three months. One of her brothers had had a depressive illness, from which he recovered. A sister, æt. 40, had been in a mental hospital since January, 1926; at first in a depressive phase she had become maniacal, then again depressed, and, after a brief interval of good health, maniacal again. (This sister was still a certified patient in August, 1930.)

As a child the patient bit her finger-nails a lot. She left school at the age of 20, and after a year at home she did some school-teaching and then entered a bank, where she had been working for the last twelve years as a clerk. She had been very depressed during her mother's illness, but got well without medical treatment. At the age of 19 she was treated for a year for some renal disorder. Her periods had been irregular latterly. She had received no sexual information from her parents; she had been fond of spanking her sister, and had masturbated, with fantasies of being spanked by a favourite music mistress. She had also hurt herself deliberately with knitting-needles. Masturbation continued from the age of 10 until a year before admission. She had never fallen in love, nor been engaged. She was fond of company, games and the theatre; she was of equable mood, and efficient.

Her illness had begun in the early part of August. She had been to Lourdes in May (she was a devout Roman Catholic), and was slightly upset by the shuddering of a girl whom she supposed to be possessed. She lost interest in her work, became depressed and vomited soon after her meals. After a fortnight of this she took a holiday, but returned weeping at the end of ten days, saying she had the same complaint as her sister in the mental hospital, and that she had impure thoughts and had lost her soul; she said she was not fit for Communion because she had sexual feelings at it. She had treatment of various kinds, but grew worse; said she was frightened of herself and would not go anywhere alone.

On admission she was quiet, tearful, and well in touch with her surroundings. She was disinclined to talk, especially about the matters which she reproached herself for. She was worried about not having made proper confession to the priest, though she had been reassured by him on this score. She recounted various sexual fantasies she had. She felt hopeless, and was afraid of going to sleep because she would have terrifying dreams. Apart from hirsuties and somewhat masculine habitus, there were no abnormal physical findings.

She made little improvement until August, 1929; she made some attempts at suicide. From August onwards, however, she showed considerable improvement, and was discharged quite well in December, 1929. She returned to her former occupation early in the New Year, and had remained well and in employment when last seen (July, 1931). She then changed her address, and it has not been possible to get in touch with her since.

CASE 38.—M. L—, an unmarried student, æt. 21, was admitted to hospital on August 10, 1928.

Apart from a maternal uncle who was treated in a mental hospital, there was

little history of mental disorder in her family. Her father had had " meningitis ". The patient's elder sister had had to stay away from work for a few weeks at the age of 18 because she was depressed.

She had been a sociable, healthy child, given to biting her nails and rather obstinate. She did well at school and obtained a scholarship, with which she had prepared to be a school-teacher. She had begun to masturbate at the age of 8, but ceased when she was 10. She had had homosexual inclinations, but no overt relations. She had been very conscientious and scrupulous, prudish and altruistic; she was rather erratic in her work and lacked persistence.

Her present illness had begun five months before; she began to sleep badly and to worry over religious difficulties. She pondered on sexual matters also. She gradually became worse; she said she had done wrong and had fallen below her own ideals. She declared she had committed the unpardonable sin. She wanted to confess to her head-mistress. She became more depressed, said there was no hope for her and that she was demoralizing to other people. She failed in her examinations. She had wanted to commit suicide.

On admission she was embarrassed and depressed; she gave brief answers, with much hesitation. She said she felt muddled and depressed, and that she felt she had defrauded the institution which paid for her scholarship. She made a feeble attempt at suicide. She was in good physical health.

She gradually became more active, and insisted on writing letters of confession and atonement to various people whom she declared she had wronged; the offences were all very trivial and remote actually. She was still depressed, but less agitated by October and said she was less muddled. At times she was irritable and would say, " Go away or I'll hit you ". She became rather argumentative about various moral scruples. In December she asked to be put in a room by herself and to be allowed to go without food. The depression largely cleared up during the next six months, but she remained very scrupulous and argumentative on these points. She was induced to do various kinds of work and became less concerned about the moral implications of her behaviour. She was discharged from hospital on November 9, 1929.

She then worked in the house of a doctor; she thought less about herself and morality, but was still disinclined to start studying again. She made amatory advances to one of the male physicians of the hospital and wrote him frequent letters. She changed her religion and became difficult to live with.

She refused to work, and said God would provide for her. By November, 1931, she had become depressed and frightened again; and was admitted as a voluntary patient to a mental hospital, where she remained for over two years. During her stay she was scrupulous, depressed, self-examining, uncompromising and amatory in an impulsive verbal way. She improved, and after leaving went as housekeeper to a Barnardo's Home. She has since tried five jobs—as cashier, waitress, nurse-housemaid—but throws them up or is dismissed for rudeness, the result of some moral principle she is upholding. Her aspirations are towards social work. She is tidy and pleasant in casual interviews and there is no evidence of schizophrenic thought-disorder; her moral rigidity and scruples persist, but without self-reproach.

CASE 39.—G. M—, a married woman, æt. 30, was admitted on June 25, 1928, because she felt depressed and had swallowed some poison.

Her mother was living, æt. 55, healthy and cheerful. Her father, æt. 74, had eight years before had a breakdown—agitation, forgetfulness, inability to work. He had not completely recovered. The patient is the daughter of his second marriage. She is the third of seven children, two brothers and five sisters. Three of the sisters died of pulmonary tuberculosis. After leaving school at the age of 13, having twice had to do the same class over again, she worked as housemaid, and later as waitress in numerous places until she married. After marriage she went to Canada with her husband, but they soon returned to England and she went

back to work after about six months' idleness. Sixteen months before admission she met with an accident in which she fell and broke nine ribs. She was in hospital for eight weeks and two months in bed at home; except for one brief unsuccessful attempt at work she remained at home from then on. She married her husband a week after they first met; a baby was born three months before admission to hospital. She had a miscarriage three years before, when two months pregnant. She was even-tempered, sociable and cheerful, but occasionally depressed. In April, 1928, after returning home from the place in which she had been confined, she had difficulty in sleeping. She worried about taking the baby off the breast; she could not get on with her work; "got in a muddle". The first symptoms of pain and sleeplessness had been noticed a fortnight after the baby's birth. She was troubled also by spots moving in front of her eyes. She began to think of doing away with herself, became more depressed and, after writing her husband three letters, she took camphorated chloroform and twenty tablets of aspirin. She then walked about with the baby and was discovered by her sister, who caused her to be taken to hospital.

On admission to hospital she was pleasant, quiet, subdued, frequently breaking into tears, especially when her baby was mentioned. She answered questions to the point, speaking frequently of the spots in front of her eyes and of her sleeplessness. She said that everything seemed different, that she had a dead feeling, that she felt depressed, that she did not feel that she would get well, and that she felt done for in the mornings, but that she no longer had any intention of harming herself—"I mean never to take any more stuff". No delusions discovered, except, perhaps, belief that she does not sleep. Orientation good, memory fair; grasp of general information poor; evident inability to concentrate. Judgment and insight fair.

Physical state was good. Blood-pressure 150/95. Bone-conduction better than air-conduction in left ear. Pain on taking deep breath; no local cause found.

She improved, but continued to be troubled by spots in front of her eyes, and by a conviction that she did not sleep (which was not in accordance with the actual state of affairs). She became outwardly cheerful and was about to be discharged, but in August, 1928, she made a suicide pact with another patient; both took large quantities of aspirin, and the other woman died. She made numerous subsequent attempts at suicide, and was admitted to a mental hospital in January, 1930.

She described feelings of intense depression just before her suicidal impulses. In the hospital she seemed happy and showed no self-reproach, but at irregular intervals she would become downcast and hopeless for a few days. Once she wanted to cut her throat. At her menstrual periods headache and depression were the rule. After three months of cheerfulness, tempered only by irritability, she left hospital apparently quite well in August, 1931. Since then she has changed her address, and drifted out of the knowledge of the various doctors and social workers who had dealings with her.

CASE 40.—I. M—, a single woman, æt. 21, was admitted to hospital January 22, 1929. She had previously attended the out-patient department in May, 1926, complaining of inability to concentrate and a feeling that the world was changed and unreal. The attack was then ascribed to a recent love affair. The patient attended on two subsequent occasions in the out-patient department; on the second visit she was troubled by a feeling that she must stare at people. She also had amenorrhœa. At the last visit she seemed better, though still prone to weep. At the end of April, 1926, she went to a convalescent home.

Her life had been socially unsatisfactory. Her father had died when she was 8 months old, the patient being the only child. When she was 11 her mother married again. She had done well at school, then became a confectioner's assistant and filled various other positions, the last having been from January, 1928, to January, 1929, as a bookkeeper. Prior to that she had been discharged from several jobs. Her periods had been irregular, coming on about every two months. At the age

of 14 she first had coitus, since then on many occasions with many people, also mutual masturbation. She had commenced to masturbate at the age of 13, and had continued until a fortnight before admission. At the age of 12 she had had an illness, characterized by fever and pains; she had also several illnesses, for which she was treated at the out-patients' department, and another similar one in 1928, during which she felt as if she were in a dream. She had always been fond of company, and had been regular at church. She varied somewhat in her moods, sometimes very happy, again miserable. She was sensitive. Her present illness had begun on Christmas Eve, 1928. She found she could take no interest in daily affairs, and at work she forgot things. She became depressed, and did not want to be left alone because she felt she might harm herself. Nothing seemed real; she could not concentrate; she felt it was wicked to be a nuisance to other people and she thought people looked at her. She cried a good deal and complained of headache.

On admission she was quiet, but wept a great deal. She was very amiable and polite, and would smile at a jest; she seemed simple. She said her mind felt dazed and low-spirited. She thought that people talked about her. Apart from slight tremor of the hands, there were no abnormal physical findings.

During the next four months she was worried by her "dreadful thoughts", and she frequently asked for an interview. She constantly said she felt she would never be well again, that she had lost her reason. Feelings of unreality troubled her. She said that her thoughts ran into one another, and she often became irritable. From the beginning of June she began to improve and complained of pains in various parts of her body; if her going out at the week-end was made contingent on the disappearance of these pains, they would disappear. She left hospital in August. By this time she felt better, was able to take interest in things, her thoughts being no longer wholly occupied with herself, but she was not quite free from the feelings of unreality.

A fortnight after returning home she obtained occupation.

She continued quite well until September, 1931, when she again became depressed and had strong feelings of unreality. She threatened to commit suicide. The illness was closely similar to the previous one in 1929. She gradually improved, and when she went home from hospital in September, 1932, she was in a state of rather silly, constant mild elation. In 1933 she married a man four years younger than herself. She had a baby in January, 1935, without any untoward effects on her mental health. She is now again pregnant (June, 1936). She has remained well since she left hospital in 1932.

CASE 41.—D. N—, an unmarried woman, æt. 28, a typist, was admitted to hospital in December, 1928. She had previously attended the out-patient department for two months.

Her mother was a highly-strung, "nervous" woman. The patient had one brother, æt. 24, who was quite well. She had had a convulsion once when a baby. On leaving school she had gone as a ticket-sorter to the railway, and had been occupied at the head office of the company until the present time. She had had scarlet fever and measles in childhood. Two years before admission she had had a pain in her side, which she was convinced was due to appendicitis; it took a long time for her doctor to persuade her to the contrary. Her periods had been regular; she had pain on the first day and became depressed just before the onset. She had been "going out" with a young man for eight years. She had been fond of him until the last four or five months, when she had felt rather antagonistic towards him. There had been mutual masturbation once or twice a week for four or five years until four months before admission, when she had become averse to it. At first she had been shocked at it, but not latterly. She had also practised masturbation occasionally with fantasies of coitus. She had always been fond of company, a jolly, voluble, good-natured girl. She was not prone to take offence, or think people were talking about her. She was, however, prone to worry about trivial

matters. She was fastidious and orderly, and was in the habit of making sure that things were satisfactory, e.g., going back to try doors before going to bed.

Her present illness had begun, in its obvious manifestations, about June, 1928, previously. For two or three years she had felt worried and incapable. Her chief at the office had a termagant wife, who came in on one occasion and loudly abused the patient, accusing her of " carrying on " with him. Subsequently this woman wrote an apology to the patient, who nevertheless was perturbed about the matter. Then in June, 1928, she found it difficult to continue with her work; she became muddled, and could not remember what things she was to do. She stopped work and helped her mother about the house. She went for a holiday to the seaside, but was very lacrimose. She became worse, felt more miserable, and said she had " something over her mind ".

Her appetite fell away; she said that she feared that she would go mad. A fortnight before admission she had gone back to work, but had done it inefficiently, and gave it up on the day of admission.

On admission she was dejected, but fairly well in touch with her surroundings; she stayed quietly in bed. She spoke slowly, answering only after a pause. She said she was miserable; had ruined her life; she had done wrong since July and would never be any better. She said she ought to be punished for having done wrong; she felt that people talked about her. She flushed readily.

She became somewhat agitated, frequently asking for an interview, and would then repeat over and over that she wanted to be sure that she had been forgiven by everybody and had not to go to jail. She often said that she had been a good girl really, but had brought ruin on her home. She paid scarcely any heed to what was said to her. On February 25 she insisted on discharging herself from hospital.

She was readmitted on March 15, 1929. During the interval she had been very miserable, nagging constantly at her family, asking to be reassured, and declaring that the police were after her, and that it should not be allowed to go on. Wherever she went she believed she was followed by detectives.

On readmission she was agitated and weeping, declaring in one breath that she knew it was all her own fault, but that she was really a good girl, and that she was sure she did not deserve all this. Her fears of imprisonment continued. She talked constantly about her wrongdoings, during the frequent interviews she asked for and about the surveillance she was subject to; she could actually point to the man who was spying on her. By July she had improved somewhat, though still voluble, and convinced that everything she said here had been repeated to the police; she said that she did not bear any grudge. By August she had given up her beliefs that the police watched her, but was talkative and inclined to protest her innocence. She left hospital on September 26, apparently well. Since discharge she has returned to her former occupation, and has cheerfully resumed her ordinary way of life although the same manager was at the office, as well as the young man with whom she had been intimate; she ceased to bother about either of them. She became friendly with another man, whom she does not propose to marry because of his bad physical health. She has been energetic and equable; according to her mother, as well as herself, she sees things in proportion now, better than before her illness, and does not worry or get upset as she used to.

CASE 42.—A. E. N—, a married woman, æt. 42, was first admitted to hospital on May 28, 1923.

From the age of 5 she lived with her grandparents, as her parents were very poor. Her father was an irritable man, and when she was 15 he had a mental illness, with agitation and moodiness, for which he was treated in a mental hospital until his death. She was treated for gastric ulcer in 1918, and had had attacks of pain since, the last in 1921. She also had headaches. Her periods were regular, but latterly at intervals of six weeks; she was depressed at the end of each period. She married at the age of 27. Her first child was stillborn; two children have survived. She had never made many friends, but had not been retiring. She had

felt easily tired for many years, and got headaches if excited. In November, 1918, she had suddenly become depressed, some months after the termination of treatment for her gastric ulcer, and everything seemed too much for her. She tried to strangle herself. Since then she was said by her husband to have had seven or eight attacks of depression at least, lasting generally three or four weeks. Her present illness had commenced about three weeks before. She had pain in the back of her head, felt miserable and feared that she would harm her children. She felt hopeless. On admission she was worried and had anxiety dreams. Her thyroid gland was enlarged on the right side; there was fine tremor of the hands. Blood-pressure 140 mm. Hg. systolic, 90 diastolic. She improved, the depression being most evident in the morning. She was shaky and easily upset. She was discharged on August 14, 1923.

She continued well until May, 1924, when she again felt tired and depressed and wanted to lie down all the time. Her thyroid gland had become larger. She did not improve; she felt more listless and exhausted and was readmitted on June 24, 1924. She had suicidal inclinations and was very miserable. She soon improved in hospital, but was easily upset and fatigued. She was discharged on September 14, 1924. Similar symptoms continued during October and November, and she was readmitted on December 9, 1924. She improved again, but as there were signs of a toxic thyroid adenoma she was seen by a surgeon, who advised operation. This was done. She remained well after it until February, 1928. Then she had her remaining teeth removed, and a few weeks later she became depressed, tired and just as before. This continued; in May she felt pain in her abdomen and was again treated for gastric ulcer. She grew more dejected and thought of suicide. She felt it was her fault that she did not exercise her will-power and look after the house. She was readmitted on June 26, 1928.

She was then rather restless, but moderately interested in what was going on around her. She was worried about whether she would ever get well. She said she felt at times that she was one of the worst people; she was so wicked she was ashamed to look at her husband or children. Her thyroid gland was not enlarged, nor was she particularly tremulous.

She improved again, and the only symptom at the time of her discharge on August 9, 1928, was indigestion. A fractional test-meal had not indicated the existence of a gastric ulcer. She attended the out-patient department, and by the beginning of October her depression and tiredness were again conspicuous symptoms; she professed herself wicked, and said she wanted to go to sleep and never trouble any more. She had improved by January, 1929, but still felt very tired first thing in the morning. In February she was admitted to another hospital and a diagnosis of gastroptosis made. She improved with rest, diet, and spectacles that were prescribed for headache, and was discharged in May, 1929.

She was able to resume her housework, though dilatory at it and dissatisfied. She pitied herself, would not exert herself to go out to visit friends, and was a rather slovenly but passable housekeeper. In December, 1932, she became more depressed; she did not want to talk, she refused food, moaned and said she was wicked. She drank lysol to kill herself, and was then admitted to a mental hospital in January, 1933. She gave a clear account of her condition and was not deeply depressed, though plaintive. She rapidly improved and went home early in April. She was then well for five months, but in October, 1933, began to sleep badly, and applied for admission of her own accord to the same mental hospital because she feared her suicidal impulses. Her indigestion still troubled her. She was improving when the news of her daughter's mental illness and admission to a mental hospital made her dejected. The next month she heard that her husband had gone to live with another woman. She learnt in February, 1935, that her daughter had recovered, and this was followed by some improvement. She still felt, however, she had not the confidence in herself necessary for facing ordinary life. At the end of April, 1935, she left hospital for a convalescent home. Two months later she came up to the hospital in a hypomanic state; she was excited, over-active and very talkative, declaiming about her husband's wickedness and her lawsuit

against him. On July 29, 1935, she was readmitted to the mental hospital in an excited state; she wanted to fight the nurses and made many unreasonable demands. She quietened down and was for the most part cheerful, with short phases of depression. The indigestion still troubled her. She is now (June 11, 1936) fairly happy, but often complains of vague bodily pains.

CASE 43.—A. N—, a male clerk, æt. 18, was admitted to hospital on August 26, 1929. His brother, now æt. 22, had had a nervous illness at the age of 14, had been very much afraid of the dark and had been sent away to a convalescent home. The patient's father had died when the patient was 5 years old and he had been brought up by his mother, of whom he was extremely fond. Apart from biting his finger-nails he had not shown any neurotic traits. He had done well at school, had obtained a scholarship, subsequently obtaining employment as a book-keeper. In April, 1928, he got a better paid position, which he left in January, 1929, in order to join his brother as a furniture-maker. The business was fairly successful, but in the summer, the slack period, there was a good deal of worry. He had had influenza many times, and severe epistaxis. He said he had never had any sexual experiences. He denied masturbation or nocturnal emissions. He denied that he ever thought of girls or was interested in them. Young boys laughed at him on this account and called him a "woman hater". He added, when discussing this matter, "I do not believe in the modern girl; any duty I have is towards my mother first". He had always kept a good deal to himself; his recreation was cricket; he read a lot and was thought by most people to be excessively serious-minded. He never learned to dance, and became annoyed when girls came and invited him to dance; he thought they wanted to "take a rise out of him" and that he would look ridiculous if he tried. His ambition was to have a business of his own, and to see the world.

His present illness had began about four months before. For a long time he had felt that he did not get much pleasure out of life, and that his pleasures were not those of the average boy. He found in the beginning that he could not sleep so well, and that he felt heavier in the morning. He worried about this and imputed it to his concern about the business. After two months of this he was unable to sleep at all. Many nights he would lie tossing and thinking. His appetite fell off; he lost interest in things that had formerly occupied his attention; he wanted only to sit and mope. He felt run down and miserable; everything was too much of an effort. Then he began to imagine that people were talking about him; he thought they were saying he was blind or deaf or dumb. After four weeks of this he told his people about it and ceased to go out very often, so that he would avoid the annoyance. On one occasion when he went out, a girl passed him and laughed, saying, "You are deaf and dumb, are you?"; on another occasion he heard it said, "He never talks to anybody when he sees all this, so he must be dumb". He began to anticipate it, and it seemed to "make his nerves weak". He was obliged to give up work as he was not feeling equal to it. He had tried to resume work three weeks before admission. He was irritable and moody at home and looked very unhappy.

On admission he was attentive to what one said, and observant though gloomy. He said that he had been very moody, and miserable, that now he was going to "take hold of himself, push it out of his mind". He said he felt restless, and that it preyed on his mind to be in bed. He looked younger than his years (he had only started to shave four months before); he had acne vulgaris on his face; the outstretched hands were tremulous.

A fortnight after admission he had become more cheerful and more self-assured. He mixed little with the other patients, though agreeable enough if they addressed him. At no time during his stay in hospital did he express any ideas that he was being treated differently from anyone else, nor did his demeanour suggest any such ideas. He became cheerful during the last weeks of his stay, and attended dances, though he would not participate in them. He went out of hospital on

November 9, 1929. He returned immediately to business and wrote in March, 1930, that there had been no recurrence of his symptoms, and that he was very well. More precise inquiry at the home in May, 1930, disclosed that he had been getting somewhat less cheerful. In April he had become despondent and incilned to sit moping in a chair; he was introspective and reserved, dissatisfied with his surroundings and unwilling to go out among people. He denied absolutely he had any ideas that people talked about him or noticed him. He was seen at the hospital, and the closest inquiry did not reveal any ideas of reference. He was, however, fairly depressed both in his appearance and on his own statement. He said that the cause of it was business difficulties. He was desirous of going for a holiday, and this was arranged. On his return from his holiday he was more cheerful, but still reserved.

He returned to work, and continued at the job for fifteen months; then he became lethargic and depressed again and gave it up. For a fortnight he lay in bed, apparently exhausted. Since then he has been listless and indifferent to responsibility. He has become more sociable, but does not associate with girls at all, professing to despise them. Though irritable and touchy, he has had no further ideas of reference, as far as can be learnt. He comes readily to hospital, but is politely uncooperative. In 1935 he had a cold and was depressed for a few weeks after. He does very little work, passes his time reading, has no close friend, and is now in a depressive phase, which began at the end of May, 1936. He begs to be left alone and sits brooding.

CASE 44.—E. M. N—, a married woman, æt. 47, was admitted on October 5, 1928.

Her father had been a drunkard, and had had some disorder, in which he would twitch suddenly. Two of her sisters were jumpy and tremulous, and her brother, æt. 40, was a heavy drinker who, after smashing his furniture and trying to kill his wife, was treated in a mental hospital for six months.

Her periods were regular until the last one, which was two weeks overdue. She was in domestic service until her marriage at the age of 20. Eight years before admission she was told at a hospital that she had consumption. Although this was subsequently contradicted, she worried over it, thought she would be parted from her children, and brooded a good deal. She slept poorly. After the birth of a child she felt better, but remained jumpy and easily upset. In December, 1926, she suddenly felt she was being choked; she was delirious for a short time and thought there were brooms and brushes on her bed. She recovered in three weeks. She had had a discharging left ear since the age of 5. She was not much addicted to alcohol, drinking at the most only one or two glasses of stout a day. She had seven children. For the last fourteen years coitus interruptus had been practised, which left her unsatisfied. She had not had any sexual desire for months before admission. She had always felt ashamed about coitus; she felt she was doing something wrong. Her husband was an epileptic. He treated her badly and was a drunkard. She had had to work since her marriage, and was still doing so when she came into hospital. She had been a sociable woman, fond of company, but given to worry, and pessimistic. She was very "sympathetic", and when her husband had a fit, she felt "an electric shock run all over her fingers".

Her present illness began on August 15, 1928. On the previous day she had visited the house of a man whom she and her husband knew and whose wife had left him because he had had sexual relations with the patient. This man wanted to have intercourse again with her; she refused and there was a scene. From that time she could not sleep; she fretted, and lived in dread that the man's sister-in-law would come and denounce her. She was disturbed by terrifying visions as soon as she shut her eyes, and she felt giddy. The idea came into her head to kill herself with gas. She did not think people talked about her, but expected her misbehaviour to be reported in the newspaper. She felt she would never be happy again. She could not eat or work.

On admission she was attentive and quiet, but tearful. She protested that she had not really done anything; " she had not lost her honour, even if she had lost her reputation ". She spoke plainly and profusely. She had a feeling of weight on the top of her head. She complained of pain in her heart and pricking in her left breast. In spite of her assertions that she could not, she carried out the various tests of orientation, memory, calculation and grasp. Physical examination showed no noteworthy abnormality, except chronic otitis media, and systolic blood-pressure 175 mm. Hg., diastolic 90.

She gradually became more cheerful and was troubled less by terrifying dreams. She complained of pain in the knees and in the small of the back. She was discharged "fairly well" on March 7, 1929. Two months later she attended in the out-patient department, with a feeling of weight on the top of her head. She had become somewhat forgetful and had terrifying dreams. She gradually improved. Her father died in September, 1929, but that did not upset her particularly. She was well, except for her usual sensitiveness and tendency to look on the black side of things, until May, 1930, when her periods became irregular; they stopped in July, 1930. She became depressed, could not get her brain clear, felt muddled, and again had the sensation of weight on her head. She lost interest in her children and home. In August she improved under treatment.

For the last five years she has been working steadily as cook in a hotel. She feels tense and has a feeling of weight on her forehead, as well as pains and tingling in her limbs. She is uncomfortable whenever she sits still, but fairly happy when working. Her husband thinks her irritable and restless, though her acquaintances regard her as perfectly well; she is not herself aware of irritability but stresses her desire for activity, which is also her way of dealing with occasional feelings of depression. She is more composed now (June, 1936) than she was two years or more ago, but she has occasional attacks of headache coming on about 2 a.m., during which she paces about and feels she wants to beat the walls; aspirin gives relief. The menopause occurred in 1932; it did not upset her.

CASE 45.—F. N—, a draughtsman, æt. 21, was admitted to hospital on September 5, 1929.

Apart from his mother, who was " nervous " and highly strung, there was no evidence of mental disorder in his family. He had had many temper tantrums in childhood and walked in his sleep at the age of 13. He obtained a scholarship and had done well at work. He had begun to masturbate at the age of 14, and had done so until his illness. A scoutmaster had committed pederasty with him on many occasions. He had become engaged to be married a year before his illness. He had been rather a bully, conceited and hot-tempered, according to his father; he was cruel to animals. He was studious, had been industrious and persistent, and usually cheerful.

His present illness had been coming on gradually for two years; he was worried, thought people made fun of him, and often had headaches. He was offered a position in South Africa in August, 1929; he vacillated, became very worried, and went to his doctor to tell him that he had been masturbating. He became rapidly more depressed, he thought everybody knew of his masturbation and felt he was getting only what he deserved. He wandered away from home. He wrote a farewell letter, and went to throw himself under a train, but did not do so. He said he would never be any good.

On admission he looked very miserable and rather dazed; he answered questions promptly and to the point. He said he could not concentrate and that all his trouble was due to masturbation. He thought himself a worthless coward. He looked somewhat effeminate; there was a horizontal upper margin to his pubic hair.

He remained depressed and self-reproachful until November. Then he became rather exhilarated and convinced that he would soon be quite well. He became rapidly more cheerful, satisfied with himself and with his surroundings, and wrote dozens of letters every day. In January he complained frequently of feelings

of numbness and deadness in his body. He became a little less active, but was quarrelsome, interfering and rather overbearing with the other patients. He fell in love with one of the nurses in February. He quietened down, felt well and was able to do efficiently all that was required of him in hospital. He was discharged on March 13, 1930.

He returned to work the following week and continued at it for two years. He was usually cheerful, but had days during which he felt depressed. His father considered that his character has changed for the worse, and that he was now lazy and very mendacious. The patient attended at the out-patient department and appeared, on the whole, fairly well, though with the same difficulties of personality as were present before his illness. Then in May, 1933, he began to find it difficult to concentrate. He lost confidence in himself, complained that everything seemed unreal, including his own body, and was profoundly depressed. He thought people despised him. He was readmitted to hospital on November 7, 1933, and remained until February 22, 1934. During this time he was intensely self-reproachful and made suicidal attempts. When last heard of he had been in a mental hospital for eighteen months, but was much better.

CASE 46.—A. M. P—, a married woman, æt. 42, was admitted from the obstetrical wards of a neighbouring hospital on February 15, 1929.

There was nothing noteworthy in her family history. She was the third of eight children. After leaving school she worked as daily servant and laundry-woman, later on as housekeeper for a widower, whom she married three years ago. She was then 39. There was no pre-marital intercourse. One child was born a year after the marriage and another on February 4, 1929 (i.e., eleven days before admission). Occasional dyspareunia; coitus once a week; occasionally normal gratification. After the birth of the first child she became depressed, went off her food and thought the care of her baby was too much for her. After five weeks she was able to get up and improved rapidly. She did not suckle the baby. She had been miserable during the pregnancy, and had wandered away from home and apparently lost her memory for five days. She was always of a depressive turn, given to worrying and easily tired; when she went out, however, she was lively enough. She varied in her mood without evident cause, and took offence easily; if reasoned with she thought she was being chidden and would cry. She also felt for other people; if people hurt themselves, it caused her much distress. She had been more cheerful before her marriage. She was particular about cleanliness and tidiness.

Her present illness had first become noticeable when she discovered she was pregnant again. She became miserable, went off her food, said she was going to die; she was sure she would not survive the confinement. She wept a lot and sat about. She would weep at supposed scoldings and was otherwise easily upset. She thought people talked about her (as indeed one woman had, until stopped by legal proceedings; she was terrified of this woman ever since the incident, which had occurred eighteen months before). She became more miserable as the pregnancy went on, and after the delivery on February 4 she lay as though dead. The confinement was a month premature, and the baby small. She was then taken to hospital, where she was to have been delivered. On February 9 she became restless in the evening, refused to use a bedpan, and was found shaking the baby and hitting it on the head. Next day she said she was being strangled; she was restless, and disturbed the other patients. She grew more noisy, described terrifying images and would not eat. She was given morphine, hyoscine and paraldehyde and became quieter, but was depressed and wept a great deal.

On admission here she was weeping copiously and doubtful if she would ever get better. She was worried about her baby. She answered to the point, but went into irrelevant details. There were no hallucinations. In orientation, memory and grasp of general information no defect was discovered, allowing for her poor intelligence and education. She was thin, pale and weak.

She soon became more cheerful and gained weight (she had weighed only 5 st. on admission). She was desirous of going home, but still despondent. She was told of the death of her baby which had occurred in an infirmary, and was somewhat more depressed for a few days, but not excessively; she continued to work in the ward. Her grief having soon abated, she seemed well except for her doubts as to her ability to look after her household. She was discharged on April 30, 1929.

She remained well for several months, as far as her husband could tell. Then she became moody and irritable and gradually became more and more difficult to live with, though she continued to look after her home. She was often depressed and at times was tempted to commit suicide. She had a great deal of worry from the time of her return home, on account of the illness of her stepson and of her own boy. She worried over the experiences of her previous breakdown. She could not control her temper; noise irritated her. Her head felt muddled. She blamed herself for some of her troubles, and circumstances for the rest. She had some obsessional symptoms, and was excessively tidy and conscientious. She attended again in the out-patient department in May, 1930. She was then beset by recollections of her terrifying experiences after the last confinement and was of the opinion that her neighbours were defaming her. (The neighbours had complained to the R.S.P.C.C. that she neglected her step-children.) She resented this behaviour, and thought her husband also was against her. She was obviously unhappy, tearful and muddled. She complained of headache and photophobia. With appropriate treatment she improved and was less worried about her home, her neighbours and her previous illness.

They then moved house and she ceased attending hospital, though she would have liked to because she again became lacrymose and agitated; she complained of constant boring pain in her head. During the last four years she has been getting worse. Her temper is violent; she often goes away from home on the impulse of the moment. She has threatened suicide. She makes false accusations against her husband, and says the children slander her. She is erratic; spells of great but ill-ordered activity are followed by phases of sluggish depression. She will talk about her moods and impulses with naïve, smiling detachment.

Case 47.—E. P—, æt. 31, a married woman, was admitted to hospital on November 30, 1928.

Her mother had been a quick-tempered woman, who occasionally got depressed. Her brother had been admitted to a mental hospital in 1927 at the age of 27. He was then depressed, with self-reproach about masturbation. He believed people talked about him and had vague bodily sensations. He talked of noises in his head. He gained weight steadily from the time of his admission. He attempted suicide, driven to it by the Devil's voice. He struck attitudes, and during the subsequent three years became a definite paranoid schizophrenic. He had many hypochondriacal delusions, thought he was rotting, and was not his natural self, and said that there were quavering, barking noises in his head. A maternal cousin of the patient committed suicide.

The patient did poorly at school. She walked in her sleep twice in early childhood. She learnt dressmaking, and later worked in a warehouse for four years. Then she lived at home until her marriage in August, 1925. Her husband used a condom during the first year of marriage, and then practised coitus interruptus, which left her unsatisfied. Masturbation from 14 to 16, and occasionally since. She was fond of company, rather quick-tempered and would sulk. Sensitive, especially in company, she would fancy everybody was looking at her; for similar reasons she preferred going on the top of trams. Her mood varied, according to circumstances; she was at times very cheerful. She was given to daydreaming, and was rather timid. She became pregnant in April, 1928. She did not realize it, but noticed herself getting bigger in May. In August she had pains, but no vomiting. From May onwards she felt "nervous" and "stifled"; something seemed to rise up into her throat. She was delivered of twins, seven months'

babies, in an easy confinement, on November 15, 1928. She suckled the babies only occasionally.

During the pregnancy, from August onwards, she wept and felt so heavy that she could not stand up. She felt a stifling sensation a few days before her confinement; the next morning she felt as if her legs were lumps of lead, her feet did not seem human, she could not bend them, and her stomach felt a dead weight. The skin felt drawn up on her feet and her toes were like claws. These feelings persisted. During labour she clutched her throat and complained of choking feelings. After it she complained of pains in various parts and of feeling that she was dead from the waist down. She was sure she would die. She described vague visions and sounds. She wept a great deal; she was not restless, and she talked to people, making appropriate answers, but seeming preoccupied. After a fortnight she was transferred to this hospital.

On admission she was depressed, weeping occasionally and saying that she was wicked—she must be punished—many signs proved it; she was dying; she was making the other patients ill. She was in touch with whatever went on round her, but compared and referred it to her own behaviour; she spoke connectedly and answered questions to the point. She was convinced that her twins should have been born in August, and that by preventing this she had stifled them; they and she had bird's claws for hands and feet, because she had been cruel to some canaries in August. She heard voices saying, "Take the lid off" and the sound of babies crying. Things looked different, darker and foggier than usual. Apart from flushing, fœtid breath, furred tongue and pyorrhœa alveolaris there were no abnormal physical signs.

She became more agitated, insisted that she was responsible for all the trouble and illness in the world and that God was punishing her and wanted her to die. She said all her inside was changed. She continually said she must go home. In February she became more composed, though still convinced that she did harm to the other patients. This continued during March. In April she ceased to express any such beliefs, but was rather despondent; and on April 14, 1929, she applied for her discharge from hospital.

Within a fortnight of returning home she was doing all her own housework, and apart from occasional quarrels with the neighbours she has been much the same as before her illness, fairly cheerful, but shy and sensitive. In her husband's and her own opinion she has been quite well; she looks after her home and her surviving child, has many interests and has had good physical health, though her menstruation has been irregular and the intervals shorter than before her illness. She dislikes any reminder of her illness. There has been no further pregnancy.

CASE 48.—D. D. P—, an unmarried woman, æt. 23, was admitted to hospital on February 8, 1929.

Her father, an excitable, quick-tempered man of a worrying disposition, had become depressed in July, 1927, at the age of 64; he believed his bowels were stopped up, and that he could not pass urine. He refused food, saying it was poisoned. He ascribed his symptoms to having inhaled Friar's balsam. He could not concentrate. He picked his skin until he had sores. He died in a mental hospital three months later. The patient's mother was "nervous", given to worrying, her sister and brother were healthy.

She had worked in the same firm for nine years, i.e., since leaving school, as a machinist. She had been rather a quiet girl, but liked having some fun; she never went to the pictures or to the theatre, but with other girls she was lively. She was easily upset by unkind remarks. Her periods had been irregular; she had pain on the first day and headache. In July, 1928, she had intercourse on two occasions with a sailor with whom she was in love. She missed a period, and took some washing soda by the mouth to bring her period on, as the sailor advised her. Her lover meanwhile had sailed away. She said she had had no other sexual experiences.

A week after intercourse had occurred she had began to worry lest she should become pregnant. On missing her period she became more upset and could not sleep; she did not want to speak to anybody, and felt she did not know what she was doing. She was in the infirmary for three weeks in August, 1928; then stayed at home until October, when she had a miscarriage; she was taken to the infirmary again and her uterus curetted. After twelve days she was discharged, very miserable. She sat about at home, could not work and did not eat enough. Her eyes felt fixed; she was tired but could not sleep. She could not think properly. She felt afraid she might get like her father.

On admission she was glum, sat picking her fingers and preoccupied. She was deadly serious in expression; she did not weep. She spoke softly, in few words with deliberation; there was no reiteration. She said she did not think she had slept for months. She felt restless; she could not think at all; her mind was muddled up. "She had done wrong, she knew; she would never get well; it was due to the washing soda that she had got like this; she did not want to live". She had an acneiform rash on her face; her abdominal wall was held rigid and distended.

She lay in bed, saying she was just the same, during the next three months; occasionally she shed tears and wished she could die. She refused food at times, saying she felt it was choking her. She still had a peculiar feeling in her head which she put down to the soda. She struck up an intimacy with another patient (C. W—, Case 59), and was very affectionate towards her. By June she had become less depressed in appearance, occasionally smiling a little, but convinced that the soda had done irremediable damage. Her manner was considered by the nurses and some doctors to be sullen and evasive, but this was not shown in her attitude towards other doctors or her fellow patients. She continued to improve, and was discharged on August 6, 1929.

Three weeks later she returned to work and had only mild spells of depression, which passed off in a few hours. Apart from this and occasional irritability she was well. She had few friends, but was on good terms with her workmates. Then in March, 1932, she married the sailor by whom she had become pregnant in 1928, and with whom she had corresponded in the meanwhile. She has been quite happy since and has a baby, born in 1933; she breast-fed it for nearly twelve months and looks after it well. She is well-disposed towards the hospital, but is confident that she needs no further treatment of any kind.

CASE 49.—M. R—, a single woman, æt. 34, was admitted to hospital on March 5, 1929.

A paternal uncle had died in a mental hospital; her father had been fidgety in his old age; a sister had an attack of "religious mania", which lasted two years and from which she recovered.

The patient, after leaving school, did shorthand-typing in various places, leaving most of her jobs, because she became worried about the work, or did not feel equal to the responsibilities. Her periods had been regular; she had slight pain during them, and felt tired. She had masturbated since the age of 8 on rare occasions. She had very strong attachments to women, but had been a "man-hater". She was an active, gay person, a clever amateur actress. She had many friends and acquaintances. In her sister's opinion she was selfish. At the age of 11, while studying for a scholarship, money was missing from her classroom; suspicion rested on her, though unjustly. She had a mental illness then, lasting two years, during which she imagined that there was dirt everywhere. At the age of 22 she had to give up a position of responsibility, feeling unable to do the work; she thought then that she was wicked, and was ill for six months.

Her present illness had begun a fortnight before Christmas, 1928; she felt run down. A month later her mother died. The patient became depressed and would stay in bed until mid-day. She felt she was inefficient at her work, and thought there was friction between her and the only male clerk in the office. She said that this man was wicked and had "messed her job up" at the office. She said everything was dirty and wanted to commit suicide.

On admission she was undecided and restless, moving about in her chair, twisting her ring up and down her finger, moistening her lips; it was difficult to usher her out of her room; she put her hand on the chair and lingered. She spoke slowly and haltingly, mostly getting her words out as one was leaving her. She sometimes answered beside the point, speaking only of her shortcomings.

She said she had deceived the family, the hospital and everybody, and that she distressed the other patients. Her physical condition was on the whole good.

She continued intermittently agitated, declaring that she was a fraud and that she had no money; she wanted to know if she was to be sent to prison. She maintained that she was only a fraud in the hospital; she was not genuine. By June she was getting up in the evening and looking less depressed. She often made application to leave hospital, but readily withdrew it. In August she still asserted that she was a fraud and wicked, but she said it with a smile and looked fairly cheerful. During August and September she looked well and behaved normally, but insisted that she had led a life of folly. She struck up an intimacy with another patient who was known to be homosexual, and this led to her leaving hospital on October 2, 1929. She was then slightly elated.

On leaving hospital she wrote a number of exuberant captious letters to the doctor who had treated her during the last part of her stay. She returned to work and was able to do it well. She got tired easily, however, and was easily upset; she resented inquiries from the hospital. She continued working until March, 1935, with only one change of job. She attended shorthand classes, out of an excessive conscientiousness. She could not keep on good terms with her sister, but was strongly attached to the homosexual patient whom she met in hospital. Her personality had changed a little since her illness in that she had become rather more selfish and inconsiderate, her activity was excessive and ill-judged, and she was more impatient than formerly. Then in March, 1935, she became listless and weary, but refused to admit she was ill. After six weeks' holiday she returned to work, although she was losing weight and was obviously ill. She became forgetful and abstracted. In August, 1935, it was arranged for her to go to the seaside; she was very weak by this time, and after two days of partial consciousness there, she died of what the doctor considered a cerebral hæmorrhage.

CASE 50.—S. J. R—, a married woman, æt. 33, was admitted to hospital on October 19, 1928.

There was no one with nervous or mental disorder in her family. She was backward at school; then she worked for a goldbeater until her mother died. Apart from tonsillitis she had had no illness. Her periods were not regular, the intervals varying between five and six weeks. During 1928 she had had only three periods, in April, August and October. She married at the age of 25 and had two children, the younger nine months old. She had coitus interruptus once a week, with normal gratification as a rule, until the birth of her baby. She had had less desire lately. Her last pregnancy had been accidental, in spite of contraceptive precautions. She was a tidy, conscientious woman, fond of company and entertainments. She was "sensitive" in the way of "feeling for others", but not particularly thin-skinned before she became ill.

Her illness began a month after her baby's birth. She felt she could not do her work properly and that she was neglecting her children. She weaned the baby, and then felt as though it did not belong to her. She gradually became depressed, wept and moped. She could not fix her mind on things. She became untidy and worried about it; said she lived in dirt and ate dirt. She showed animosity towards the baby. She thought people stared at her and talked about her; her appetite fell off, she slept badly and felt she was wicked.

She was fairly calm but tearful, and kept rubbing her hands together. She was reticent and tried to evade some questions about her attitude to her baby and masturbation. She sometimes waited two or three minutes before answering. She said she felt very downhearted and unable to rest. She did not blame herself

particularly, unless for coming into hospital. There were a few hairs on her chin ; a soft systolic murmur in the pulmonary area (hæmic) and a spastic colon were the only other noteworthy physical findings. She improved rapidly, and was discharged on December 21, 1928.

She remained quite well until October, 1932, when, about the time when she moved into a new house, she became depressed and felt unequal to her work. She slept badly, ate little, and became as she had been in the earlier attack. Out-patient treatment proved insufficient, and she was readmitted to hospital on May 23, 1933. She gradually improved and left hospital August 15, 1933. She was then recorded as very well, entirely free from symptoms. Her family, however, have subsequently reported her as having been still somewhat depressed and anxious when she went home, and it was not until another eighteen months had passed that she seemed to them to become perfectly well again. She has been active and cheerful now (June, 1936) for a year, though her mood is apt to swing slightly towards depression and irritability, especially at her menstrual periods.

CASE 51.—E. R—, a married woman, æt. 33, was admitted to hospital on October 9, 1928.

Her mother, who had always been alcoholic, suspicious and quarrelsome, was sent to a mental hospital at the age of 71, and died there three years later. Her brother was " highly strung ", sensitive and given to drinking, as were her two other brothers. A sister had been in a hospital for the mentally defective since childhood.

At school she had been afraid of her teachers. She learnt dressmaking and was with the same firm until her marriage. Her periods had been regular until the last three months, when she began to have a slight loss for a fortnight before each period. She had received no sexual instruction from her parents, who were very prim. She married at 19 ; she was seven months pregnant at the time of her marriage. She masturbated during her husband's absence at the war ; she considered it harmful and productive of madness through wasting of the brain. She had always been self-conscious ; did not like to get into a crowded bus ; she was quick to take offence. " I've been very self-conscious ; in a crowded room I always felt I was the lowest there." She was terrified of superiors. In cheerful company, which she liked, she became lively, but at other times was often depressed and irritable. She was jealous and quarrelsome. In November, 1927, a neighbour had abused and insulted her ; she became very frightened of this woman and had to go to bed ; she wept and was agitated and upset if she heard this neighbour moving about ; she got over it in a month and was again on friendly terms with the woman until a fortnight before admission. She occasionally complained of headache however.

Five weeks before her admission to hospital she began to feel depressed. The woman next door seemed to be against her ; there was tapping on the walls, which she supposed was meant to annoy her. She became more worked-up about this and more terrified about what the neighbour would say to her ; she would not even go out into her garden for fear of an encounter with possible objurgation from the neighbour.

On admission she was quiet, slightly suspicious, depressed and often weeping. She said she was disgusted with herself and that she felt she must be the lowest, most degraded woman in the hospital. She felt so upset about her abusive neighbour that sometimes " I get so I can't do anything ", she said, and she could not concentrate. There was a fine tremor of her fingers ; she had a mitral systolic murmur, without evidence of cardiac inefficiency.

She soon became desirous of going home, but was still easily put out, weeping over trivial happenings. She insisted on leaving hospital on November 10, 1928.

She applied for readmission ten days later, very tearful and depressed and complaining of peculiar feelings in her head. It was not possible to readmit her. By the following April she had lost her apprehensive attitude, but had pains in various

parts of her body and was depressed and easily exhausted. These symptoms continued.

When seen again eighteen months later she was talkative and discontented; she felt lonely, she had nothing in common with her neighbours, though she did not quarrel with them, and she was disposed to think people were unfriendly and gossiped about her. She had at the back of her mind a fear that she would go mad at the change of life. She complained of pains in the head, for which she attended a psychiatric clinic. The doctor there advised her to have another baby, and a child was born in May, 1931. All the above symptoms, which had been present from the time of her leaving the hospital, did not prevent her from doing her housework and living an outwardly normal life, even during her pregnancy, though at times she felt muddled and thought her eyes were at fault. Since the confinement this muddled feeling has come over her for a few hours when she was tired or just about to have a menstrual period. She has not been depressed during the last four years, but is energetic and vivacious in an excitable, rather irritable way. She still has few friends, but is not morbidly suspicious. She has not yet reached the menopause.

CASE 52.—M. S—, a single girl, æt. 20, a typist, was admitted to hospital on March 5, 1928. She had been born in Russia, and had lived there until three years after her father's death.

Her maternal uncle was said to be neurasthenic, and also her maternal grandmother. Her brother, æt. 24, had had an illness diagnosed as "conversion hysteria".

The patient was at school until she was 17, and did well. She had no illness, but eczema, which cleared up. She went out little and was shy and reserved. She had been thought to be strange in her manner for two months. She had been told that she was too fat; in consequence she starved herself. Her worry also centred about the cessation of her periods; this she thought might be due to her having become pregnant; actually she had not had any sexual intercourse, but only some manipulation by a man in her office. On February 27 she was unable to do her work, and when her brother was sent for he found her staring at papers, and unable to talk clearly, saying only that she must have done something wrong. She was restless in an aimless way.

On admission she seemed confused, slow and dull. She was afraid that she was going to be hanged, and said that the people in the street outside had no souls, they were only machines. She did not want to eat her food, saying that it belonged to others and that they would have to go without. She held herself rather stiffly, but not in any set posture. She was in good physical health. She was examined by a gynæcologist, who found the uterus to be infantile in size; there was no question of pregnancy.

She remained puzzled, self-reproachful, and disposed to hold herself responsible for all the happenings of the ward. On one or two occasions she was incontinent of urine. She declared that she was leaving fluff about which made the other patients husky and that it was selfish, taking everything and giving nothing. Nothing availed to alter this opinion. She said, however, that her earlier belief that she had been pregnant was just imagination. She was examined by a rhinologist, who thought there might be maxillary sinusitis. In July a puncture of the antra was made; no pus was found.

She was still restless and puzzled, giving brief and hesitating answers. She seemed afraid, and would flinch and shrink if anyone made any movement near her. She fingered her lower lip constantly. In December and January she seemed to become a little less timid and constrained, and would smile slightly at a joke. In February she had improved further, wrote letters home and talked Russian with another patient, a Latvian. She still, however, thought that through her eating, other patients were harmed, and she still talked slowly. Towards the end of March she got up every day and worked at various tasks, and then improved

steadily, and was discharged on June 1, 1929. By this time she was shy, well in touch with her surroundings, but in the opinion of her relatives still a little childish.

She went to Finland to stay with relatives after her discharge from hospital. She seemed to them a little naïve and distrait, but otherwise recovered. On her return to England, in July, 1930, she was seen again; she was cheerful and alert, anxious to find employment, and much less shy than formerly. She has continued perfectly well, and has trained as a nurse in a London teaching hospital.

CASE 53.—B. S—, a married woman, æt. 31, was admitted to hospital from a town in Suffolk on December 18, 1928.

In her family the only person with nervous or mental disorder was a brother, who had been a patient in a mental hospital. She had an uneventful childhood in the village, and until her marriage at the age of 24 she worked at a knitting-machine at home. She had three children, of whom the youngest was 7 months old. She had got on well with her husband until December, 1927, when they quarrelled and she took steps towards obtaining a separation. She had been energetic, quiet, with few friends, and was devoted to her home.

After her mother's death, in September, 1928, she began to sleep badly, she was depressed and would sit and stare before her. She would not answer when spoken to. She neglected her housework and worried about her children; she became unfriendly again towards her husband. She was most depressed in the mornings. She said she was tired of life.

On admission she was pensive, and dejected; she would stand irresolute if a nurse told her to go to the washroom or elsewhere. She paused a long while before answering questions, and then spoke in a soft voice, almost inaudibly. She spoke plainly and to the point; some of her sentences came out with a rush. She said she felt puzzled and low-spirited; she had imagined people were shooting her, dragging her in different directions; she had been too sensitive, too quick to take notice of what her husband said. She found it hard to think at times. She said she had felt depressed all the time she was pregnant with her last baby. She would sometimes wake up, feeling as though she were being choked. She was found to be in good physical health.

She improved, becoming less muddled and undecided, but still somewhat puzzled and occasionally bursting into tears when she thought of her children. She became more active; occasionally she got up at night and lingered in the lavatory. At the end of February she was found there one morning with a rope tied tightly round her neck. She said she wanted to die; that she had been away from her children so long that she felt they must be dead. She said several times, " I can't explain; I can't see anything. I don't know what I'm talking about ". She was taken home by her husband, against advice, on February 27th, 1929. She rapidly improved at home, and by the end of five weeks she was leading her ordinary life again and seemed quite well. As she lives in Suffolk it has not been possible to see her, but when last heard of she was well.

CASE 54.—G. S—, a married woman, æt. 27, was admitted to hospital on January 23, 1929.

As far as can be ascertained her family was quite healthy. She was one of two children. She had worked as a shorthand-typist until her marriage in September, 1928. Her periods had been regular, with pain on the first day, but no other changes. Her last period had been three months before admission. Her husband was five years older than herself. There had been coitus some days after marriage, but not since the return from the honeymoon early in October. She had been cheerful, a member of girls' clubs, and fond of company. She was serious and somewhat old-fashioned. She disapproved of the way modern people carried on; she considered herself high-principled.

Three days after her return from the honeymoon, during which she had appeared quite well, she said she could not do her work and that she felt tired. She went to

a nursing home for a week later on in the month, and at that time said that she was wicked. She was taken home and had a "poisoned foot". After a few days she was admitted to another hospital, but did not improve. She had become unable to lay the tea-table without mistakes, and she complained that she did everything mechanically. From the beginning of the illness she said that she was muddled and confused, and that she found difficulty in concentrating. Since the illness had begun (October 9, 1928) there had been only one period (October 17). She was not pregnant.

On admission she would not stay in bed; she picked at her fingers, and looked dejected. She constantly asked questions of the nurses, and of the physician; her replies to questions were in accordance with her preoccupations and did not bear any relation to the questions asked. She talked on and on rapidly, declaring that she had said things she should not have said. She said that she was not really ill, but that her people had thought so, because of what she had said about herself. She said that everything was wrong, and she often answered in a pettish, querulous way; e.g., asked what she meant, she replied, "What I say". She thought she was wicked and that something terrible had happened. She could give no definite account of this. She would not attempt many tests, e.g., asked to subtract 7's from 100 she replied "I cannot, I have not concentrated for a long time". There was a slight moustache on the upper lip; her blood-pressure was 95 mm. Hg. systolic, 30 mm. diastolic; her tongue was furred, and there was a healing sore on the left foot. Her agitation became a little greater, and she declared, "It cannot go on"; thought she had ruined her life and that her inside was stopped up. She talked in a stilted way. When given somnifen she protested, saying that these were drugs which would damage her irreparably. She improved by the end of March, and said that she could not understand why she had been so foolish as to want to leave hospital; she added that during the past few weeks she must have been daft. She soon became worse again, however, repeating her previous statements about her inside and her weaknees. She was sure she would never be pardoned. She was examined by a gynæcologist (on account of the amenorrhœa), who found the pelvis normal. She often got out of bed in her agitation, wringing her hands and saying it was too late, that everyone thought she was a wicked woman, that she did not know what to do, and that there was no hope for her. She would repeat such phrases as "I did not do it" scores of times. She took no notice of expostulations or reassurance. She continued much in this state, with slight improvement in July and August, during the remainder of her stay in hospital, from which she was discharged on October 29, 1929. She was transferred immediately on leaving here to a mental hospital, at which she has since remained, with occasional improvement; for example, in June, 1930, she was going to the hospital dances and enjoying them, but for the most part she has continued restless or apathetic and childish, with a growing proneness to outbursts of anger and to retention of urine and fæces. Menstruation began again in 1931. She is now careless about cleanliness, and does not talk, though she seems quite aware of everything going on around her. She has pulmonary tuberculosis.

CASE 55.—R. S—, a steel-works owner, æt. 37, was admitted to hospital on July 7, 1928.

One of his sisters, now æt. 33, had had a severe attack of depression; after the death of her child she was in a mental hospital for six months. The patient was often ailing as a child; he twice walked in his sleep. At school he was captain of the cricket team, and played many games well; he left at the age of 18, and worked at first as a bank clerk for six months and then spent two to three years idle, filling in his time with motor-cycling. In 1914 he had a "nervous breakdown", which lasted twelve months. On his recovery he enlisted and fought in France, where he was wounded. He was demobilized in 1919 and bought a motor-cycle business, which failed in 1923. He then became depressed and unable to work and was idle until March, 1926. He next went into his present business, which had not

been going very well since the coal strike. He had not been intemperate as to alcohol. He had masturbated from the age of 15, married at the age of 26, and had one child, aged 9, who was rather "nervous". Coitus interruptus occurred with normal gratification once a week, but not since September, 1927; he lost desire. He was a good-tempered, lively man, of even temperament when well, fond of outdoor sports. Since 1914 he had had a horror of trains; this had not troubled him during the war, but for the last ten years it had been unpleasant and prevented him from going in the inside of any vehicles; if he went in the underground trains he would sweat and feel shut in.

His present illness had begun about October, 1927, when he began to feel that his work was a great strain. He worried unduly, and after an attack of influenza at Christmas he felt depressed and disinclined to go out. He wanted to stay in bed all day. This continued. In February, 1928, he felt that his stomach turned over, and he entered a nursing home, where he was treated with vegetarian diet and baths for five months. He did not improve to any extent; he felt his condition was hopeless, and could not take an interest in what was going on about him.

On admission, he was quiet and well in touch with his surroundings, his manner depressed, though he would smile appropriately. He was somewhat preoccupied; at times he did not show emotion or even inflexion in his voice. He was clear and coherent in his answers. His thoughts troubled him; he felt that his food wedged inside him; he would have to go to an asylum; life was not worth living. His thoughts were out of his control; he felt that he could not apply his mind to what was set him; he could not keep still. He was able to do all the tasks correctly and quickly.

Apart from tremor of the outstretched hands, slight general limitation of both fields of vision, and enlarged glands in the posterior triangle of his neck, there were no abnormal physical findings. Attempts were made from the beginning to get him to do small tasks about the ward and to interest him in leather work, etc., but unavailingly. He continued to complain of weakness and hopelessness. He worried a good deal about the working of his bowels. He was transferred to another hospital, from which he was discharged as recovered in June, 1929. After some months, however, he became depressed again and complained of pains in his head. He committed suicide by hanging in September, 1930.

CASE 56.—E. T—, a single girl, æt. 22, was admitted to hospital on September 11, 1928.

Her mother was very "nervous", jumped at the slightest noise, and was fidgety. Her sister was much the same. The patient and her sister have quarrelled since they were little girls.

She was rather a solitary child at school, fond of reading. She worked as a typist, having held her last position for a year, and giving up work eight days before admission. She had whooping-cough and impetigo in childhood. At the age of 18 she had an illness in which she imagined she had a growth in her side; she was depressed about this. She got rid of the idea and became quite well again after a month. In 1927, when she was 21, she found her work difficult and became depressed, particularly about getting married. She said she wanted to die. She kept on at her work, and in six months she recovered completely, and remained well. Her periods had been regular; she had pain at the beginning and felt depressed. In November, 1926, she became engaged; the young man wanted to have intercourse, but she refused, and it was about this time that she had her attack of depression. Mutual masturbation took place from the beginning of 1927, about once a week, until April, 1928. She had left home and gone to live with a friend. In June, as she had not seen her fiancé for some time, she went to Portsmouth to see him, and discovered there that he was associating with another woman; he told her that he did not want to have anything more to do with her. She was very upset. She had few friends and had spent most of her time at home. She was rather religious, seldom cheerful, and inclined always to

look on the black side of things. She was reserved and sensitive, given to brooding over any troubles she might have.

Her present illness began after her visit to Portsmouth to see her fiancé. After a scene with him she fainted at the railway station, having eaten nothing for about twelve hours. She recovered after a minute or two, went home and went to bed. She did not want to talk or eat; she was very miserable. She improved slightly, went back to work after a fortnight, but still felt hopeless. She continued to work until eight days before admission and was able to do it all right; she cried a lot and said she felt awful. Ten days before admission she tied a string round her neck with suicidal intention.

On admission she was very miserable and apprehensive in appearance; she wept. She lingered after an interview was over, asking repeatedly whether she would recover. At times she would smile, though without mirth. She said she felt sure she would never get well, and that she should have made more effort, which would have prevented her getting into such a state. She could not think properly, and felt as though she were going mad. She thought she was a peculiar case. Her physical health was good, her skin coarse, dull and sallow.

She seemed a little better after admission, smiling occasionally, wanting to get up and do a little simple leather-work. She slept well, ate fairly well, and did not weep, though she still felt sure that she would not recover. She clamoured to go home and said frequently that she would never get better. She swallowed a nail which she saw about, and hoped that it would kill her; she also secreted a pair of scissors in her clothing. She became convinced that she had done herself irreparable harm by swallowing the nail. She was uniformly depressed in appearance, with furrowed forehead. She would occasionally give a forlorn smile. She did little jobs about the ward. On November 21, 1928, she insisted on leaving hospital and was taken home by her family, though still very depressed. From there she wrote constant letters to her former fiancé, to which he gave no answer. Some days she seemed more cheerful, on others she would lie in bed and weep and brood; she became more bewildered, and unable to give her mind to any task. She constantly threatened to take her life. Her family came to disregard such talk. She then said that she was afraid she would go mad. She was quite unconcerned one morning in February, 1929, when the water-pipes burst, the house was deluged and the ceiling fell in, but she seemed worse subsequently, and worried about "all this water". She slept badly. In March, 1929, she unexpectedly became more cheerful and said that God had given her strength to end it all, slept soundly that night, ate a good dinner next day, and committed suicide a few hours after by putting her head in a gas oven.

CASE 57.—M. T—, a milliner, æt. 15, was admitted to hospital on December 4, 1928.

No history of mental illness in her family was obtained, but it is stated that her mother was a prostitute; her father died in the war.

The patient was adopted by a foster-mother at 3 years. This woman had a family of her own, with whom the patient was brought up. She had two brothers and a sister, whom she seldom saw. She had been treated well; she knew she was an adopted child.

She had been a fairly good scholar, good at games. She had been frightened when her periods started at 13. Lately she had worried over any slight irregularity, and thought it must be due to masturbation. Her foster-brother had had sexual relations with her for a year before admission. He also taught her to masturbate. She had been a cheerful, good-tempered girl, moderately sensitive, fond of company.

Her present illness had begun in September, 1928, when she began to have a whitish vaginal discharge. She began to think she gave off an unpleasant smell. She became unable to do her work, and at her periods she felt dizzy, and thoughts and tunes kept running through her head. She was afraid she might be going to have a baby. (The last act of coitus had been in September, 1928.) Between

her periods she felt miserable, but was not disturbed by thoughts and tunes racing through her head. She wanted to kill herself.

On admission she was weeping, agitated and looked dejected. She said the peculiar sensations in her head made her very miserable. She believed she was wicked. Her physical health was good, except for leucorrhœa; there was no adequate evidence that she had gonorrhœa.

She improved, but at her next period she had two days of agitation and ceaseless racing of her thoughts; she had to repeat in her head everything that she heard. At the next period the disturbance lasted only for a day; and at the period after that there was no interference with her cheerfulness and contentment. She had ceased to blame herself and was active and light-hearted. The following period was also unattended with any further symptoms, and she was discharged from hospital on May 24, 1929.

She returned to the same home and was continually in the company of her foster-brother, though they were both kept under obtrusively strict surveillance by the parents. She continued subject to depression, with headache and fatigue, at her periods; it was usually not severe enough, however, to interfere with her work as a shop-assistant. After a year of this she widened her interests, went to a swimming club and gymnasium classes, and at about the same time the depressive phases became less frequent. In 1931 she hurt her back in a fall at the gymnasium, but soon recovered with appropriate physical treatment. She has had several jobs, and is now working away from home as a cook. She left her foster-home of her own volition because she felt she was not given enough liberty. She is engaged to be married. After leaving her foster-parents she was free from her menstrual depression, but in May, 1934, she had a very brief attack of anxiety and fainted at work. She does not get on easily with people, and is sensitive. She does not like to speak of her illness. She is now free from any but transient depression due to passing events.

Case 58.—L. W—, a married woman, æt. 28, was admitted to hospital on July 20, 1982.

Her family were healthy, as far as could be ascertained. She had worked in an insurance office, after a healthy childhood, until her mother fell ill, when she nursed her. Later she worked as a clerk in the Ministry of Pensions until 1920. She then lived at home again until her marriage in September, 1927. Her periods had been regular until the last three or four. After her marriage she quarrelled a good deal with her husband about the furniture. As a rule she was cheerful and happy, fond of company.

Her present illness had begun in April, 1928. She felt miserable, said that everything got on her nerves, that she could not cook, that she was a wicked woman and a fraud. She became afraid of her husband. She could not get on with her housework, but would lie about. She became gradually worse. She said the devil put bad thoughts into her mind.

On admission she was very gloomy, rather sullen and disinclined to talk. She said that she had had " silly ideas that she couldn't do things ", and that she should have taken a firmer stand for Christianity. She denied that she had done anything wrong. She was worried about some spots on her chest and face (due to bromide). She was in good physical health.

She remained taciturn and resentful; she seldom answered in more than one or two monosyllables. She would not eat at all and on one occasion she was tube-fed; she did not resist and thereafter took her food. By October she had improved and was up and about, but still with a look of perplexed gloom, saying that things were mysterious and unreal. This improved and she left hospital, still rather taciturn.

She improved rapidly after leaving hospital, putting on weight and " becoming quite her old self ". She has remained well since, and has two children born subsequent to her attack; she was not upset in any way during her pregnancy or

puerperium. She looks back with horror on her illness and on the hospital and the doctors who treated her; she thinks the treatment benefited her, but she would be most reluctant to come near the place again because of its associations. She is consistently good-humoured and lively in her daily life.

CASE 59.—C. W—, a single woman, æt. 27, was admitted to hospital on March 1, 1929.

Her mother was fidgety and restless, her brother had had fits since childhood; otherwise the family was healthy. At 7 years of age she had had St. Vitus' dance for about a fortnight, but not since. She was backward at school. Later she worked at polishing lenses; a year after that she took up box-making, and six months later became a waitress, at which work she remained until Christmas, 1928. Her periods had been regular. She had been fond of company and of going to the pictures; she had always been self-conscious, blushing when stared at. She was good-tempered and equable. When she was 22 there had been mutual masturbation and coitus with a man. Two years before admission she made the acquaintance of a married man, and had intercourse with him on numerous occasions; coitus interruptus. In August, 1928, there was coitus three days after the onset of menstruation; this caused her much worry as she thought she would very likely become pregnant. Masturbation had begun at the age of 18 and had continued until three months before admission.

Her present illness had begun in August, 1928, following the incident just mentioned. She missed a period and went to a doctor to find out if she was pregnant; she was given an ambiguous opinion. She felt more depressed, felt that her body had become dead, with no feeling in it; she noticed a white discharge. In December her hands and feet "went funny, feeling sticky, dead and nasty". She also felt that insects were crawling over her and under the skin. Her mouth felt gritty and her breath seemed foul.

On admission she was a little restless; she sat with a handkerchief before her mouth and her head averted, so that she might not exhale offensive breath over people. All her spontaneous remarks were self-disparaging, or were requests to go home because she was harming everyone here. She said she was wicked and disgusted with herself; she had wrecked a home; she was mortifying and her lips were going black; people shrunk from her; it was not imagination and she ought not to be here. Apart from slight exophthalmos and cold extremities she was in good physical health. She remained for some time convinced that nothing could be done for her and that she was wicked; she often stood about, gazing out of the window mournfully. She improved in June, but had a brief attack either of fainting or of minor epilepsy; she said that she had had some similar attacks at the age of 23. The improvement continued. She was discharged on July 11, 1929, cheerful and apparently free from distressing fears or feelings. Her periods had come on again eight days before.

She soon returned to work and remained cheerful and equable, though still concerned about her decayed teeth, which she thought offensive to others and harmful to herself. After they were removed she ceased to cover her mouth with her hand during conversation or otherwise pay attention to her breath. Her mother's death led her to give up her employment in order to keep house for her father until her marriage in 1932. She now has two children; she was not in the least depressed or otherwise ill during the pregnancies or afterwards. She is active, lively and happy; she speaks of her illness frankly to those who know of it, but has not told her husband anything about it. All the informants (members of her family as well as she herself) agree that there has been no mental disturbance, even of a transient or mild sort, since she recovered from the attack.

CASE 60.—E. W—, a single woman, æt. 47, a nurse, was admitted to hospital on July 3, 1928.

Her father had had a "breakdown", during which he took a violent dislike to

his wife. He was treated in a mental hospital for four years. His recovery was only partial. The patient was the eighth of nine children. She used to bite her finger-nails as a child, and at school did not play much with the other children. She left school at 18 and became an untrained nurse. She tried to do dispensing, but failed in her examinations; she then went to a children's hospital, became ill and left; did some private nursing, but had a mental illness, took poison and stopped work for a week. She then nursed various people at various places in England and Germany. Until her admission to hospital she had supported herself. She had begun masturbation at the age of 11, following an incestuous attempt by an older brother. When she was 22 there was mutual masturbation (following which she took poison as already mentioned), and again, while writing a religious book, there was mutual masturabation between her and a journalist whom she got to help her. She had been engaged at the age of 22, but it had been broken off. Her periods had been irregular for the last two years; on one occasion she had had no periods for six months. Her last period had been three months before admission. She had had influenza in 1919. In 1922 she became tired, and afraid to do anything for fear it would be wrong. She was depressed and was ordered six months' rest, after which she was able to resume work again. She had always been liable to depression, never very happy. She had been chiefly interested in religion, reading many pietistic works.

It was difficult to decide when her present illness had started. For at least ten years she had done her work suspecting that people were making fun of her. Two years previously she had had a message from God to make a sacrifice and write a religious book; this had been borne in upon her while she was at a performance of Shaw's " St. Joan ". She had made acquaintance with a number of Second Advent zealots. She began to think that she was incompetent to do her work. She slept poorly and masturbated a good deal. She sometimes made herself out to be very capable and wise, though as a rule she declared she was unequal to her work. She wanted to confess her various sexual derelictions and believed she was to be arraigned before a court of bishops. More recently, i.e., during the last six months, she had become much more apprehensive and self-reproachful; she thought that everyone knew of her offences, and that passages in the newspaper were intended to make her realize her infamy, or indicate to her that she must commit suicide. She thought that she must commit suicide, and sent forget-me-nots to her friends and asked them to be sure that her book would be published.

On admission she was a little fidgety, rubbing her face and looking somewhat apprehensive, though fairly well in touch with her surroundings; she was serious. She said that she had always been wicked, that she had pilfered, and she reported numerous peccadilloes. She said that she did not know what was real and what was not. She thought that the other patients were dying and that this represented her death. She asked how she was going to be put to death, and thought that everybody was laughing at her and rejoicing at her approaching end; the nurses were laughing at her death because she was influencing so many other people. She said she thought her death would hasten the Second Coming (or, as she called it, the Fourth Advent). She said she felt she was not wanted; she could no longer pray, everything was muddled. She had a number of curious ideas about numbers of a mystical kind, the number 7 being predominant; she wove sexual meaning into it. Her orientation was correct, as was grasp of general information; calculation and memory for recent events were not good, unless the patient was pressed. Her attitude towards her delusions varied greatly, sometimes she regarded them as mostly fancy and other times as real and imminent. Her thyroid gland was slightly enlarged, chiefly on the right side; there was a soft mitral systolic murmur, and the lower edge of her liver could be felt.

During the following months she varied, one day refusing to eat because she was so wicked and must starve to death, other days being fairly cheerful and persuadable as to the error of her beliefs. This continued; she wrote a lengthy account of herself, emphasizing her wickedness, and she remained still of the opinion that events were arranged to show her something. She left hospital on August 8, 1928.

She was well for a time and took up a job which she had to leave after a week. She went into another hospital and improved somewhat, but did not become quite well, and has been a certified patient in a mental hospital since January, 1930.

She was admitted to the mental hospital declaring that she was very wicked, that she was eating too much and must throw herself under a train. She became more and more solitary, but would occasionally interfere with other patients or abuse the nurses. For the last four years she has shown little depression, but has been sarcastic and grumpy with the hospital staff, though talking eagerly to her visitors when they came, and neither deluded nor intellectually impaired.

CASE 61.—I. W—, a single woman, æt. 26, a clerk, was admitted to hospital on February 26, 1929.

Her family were healthy. She had been a healthy baby, the fourth of six children. When she left school she went to work as a clerk, and has been with the same employers for seven years. At the age of 9 a dog had run after her and torn her dress off; she ran home screaming and then had a convulsion; she was in bed for three days. When she was 15 she came home crying from school and said that the work was too much for her; she worried a great deal, cried on and off for three days, and then went to school again. Her periods had been regular. She had masturbated; she had tried to cease doing so, as she believed it harmful and sinful, but had not succeeded. She had been going out with a young man for four years without there being any particular intimacy between them. She belonged to dance clubs and was sociable; she liked going to concerts and to the theatre. She was insistent on cleanliness and orderliness, and finicky about her food. She was always cheerful but quiet.

Her present illness had begun in December, 1928. She became depressed, wept frequently and said that she worried about her work. After a week she started to improve, but soon began to worry again; she brooded and wanted to be left alone. She said she was wicked and told lies and that she must give herself up to the police. She said her whole family would be sent to prison because of her. She tried to work, but was sent home. She looked afraid and became morose; she declared she would fade away and refused food. She was suspicious and began to eavesdrop. She said that the people next door listened, knew all that she was saying, and that the Conservatives and Liberals were conspiring with her employers. She would not go out in the street, and gradually became worse.

On admission she was irresolute and demurred at staying. When being examined she looked apprehensive and distressed; she was very slow at answering questions, and stared. She declared that this was not a hospital, that she was causing trouble to the other patients, that she emitted a foul smell, that other people looked disgusted when she came near them and that she must wash continually, and she wanted to know why what she said was being written down. She said that everyone hated her. She said that she had difficulty in thinking clearly. She flushed readily; the pubic hair was triangular, extending to the umbilicus; her features were strongly marked.

She continued very miserable and self-reproachful; she tried to swallow a large coin to kill herself, and repeated that she was rotten inside and foul. There was not much change for months. She washed very frequently. In May she said that she was given food to make her worse. In August she tied a piece of towel tightly round her neck. She still believed she was given contaminated food and that people laughed at her when she ate. She had numerous boils. In October there was some improvement and she continud to improve steadily; by January she was quite cheerful and free from all delusions except that there had been jokes in *Punch* about her. She was discharged on February 4, 1930.

She showed so much elation at times that there was a question of mania, but the rest of her conduct scarcely confirmed this. She returned to work seven weeks after leaving hospital, and carried out her former duties perfectly well.

Early in 1931 she married; she has no children, as she and her husband were afraid of the risk to her mental health. She has remained well, and is so lively and gay that her temperament might be described as hypomanic, or, at any rate, sanguine.

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