

CLINICAL NOTES AND CASES.

Cases of Masturbation (Masturbatic Insanity). By E. C. SPITZKA, M.D.

(Continued from Vol. xxxiii., p. 401.)

The following case illustrates the influence of heredity on the protracted types of insanity originating from or excited by self-abuse.

IX.—*Indirect heredity, masturbation, spinal irritation, voluptuous sensations, outbreaks of fury, insane character, purposeless and insane project-making.*

F. S—, aged twenty-three years, has no settled occupation, residing with his parents. He was referred to me by the editor of a scientific periodical with the statement that his father had complained of his acting strangely and being at times very violent, and appearing to him to act in a very excited manner when visiting his (the editor's) office to read the books and exchanges there accumulated. This statement was supplemented by the claim that he was "wonderfully bright and smart in conversation," and also "aware of his own condition."

On arriving with a formal note of introduction (April 29th, 1886) the patient without further parley said, "Doctor, I have a varicose vein here, accompanied by seminal losses." He indicated a spot in his abdomen, about an inch and a half to the left, and as much below the level of the navel, a careful examination of which revealed nothing objectively abnormal; the patient experienced sensations analogous to sexual ones when this place was touched. Occasionally such sensations spontaneously originated there. During the time he was with me he was almost continuously pouring out words, jumping from subject to subject.

He was certainly one of the most singular looking persons I have ever seen. The expression of his countenance was indescribable; in ordinary language it would be spoken of as at once repulsive, comical, and weird. This effect was heightened by involuntary grimaces, resembling vacant smiles or sarcastic grins. Occasionally an expression of Satanic cunning would pass over his countenance; in the next moment it would look almost childishly open and appealing. His gait was sliding and swift, he appeared to pass along without steps; and I could not resist the impression that the author of that ingeniously absurd romance, "Dr. Jekyll and Mr. Hyde," had some such person as my patient in his mind when he described the repulsive influence exerted by the latter on persons passing him in the street. His complexion was ghastly; the height was about five feet five inches; the pupils

were dilated and mobile; hands moist and cool. Aside from a bluish, congested appearance of the glans and prepuce, an anæmic murmur, and a subjective numbness—particularly of the left leg and thigh, with diminished pain sense—nothing abnormal was found in his physical condition. He was of sturdy build and fairly powerful.

As his appearance suggested, he was, and had been for years, an inveterate masturbator. He had practised that vice since childhood almost daily, and, as a rule, repeatedly each day. He manifested no shame in the avowal; on the contrary, when I cautioned him regarding its continuance, he did not scruple to assert that it had become a physical necessity, and that the only relief he obtained from the sense of pressure by the so-called varicose vein—the spot repeatedly alluded to above—was obtained through this means. He abhorred the very notion of normal indulgence, and did so with an air of virtue, evidently sincere as far as he could go.

In cases of this kind I entertain but slender hopes of remedying the evil by any means, ordinary or extraordinary. As a last resort, where I have not the entire control, I inform such patients of the danger of continuing their vice, and add that they are not to consult me again in case they relapse, an event which I intimate they will be unable to conceal from me. To my great surprise the plan succeeded in this instance, and, for a time at least, bore fruits far beyond my expectations.

On the second of August he again reported. His colour was still pale, but his expression more open and steady. His appearance, which previously had been slouchy, was remarkably neat. He began by thanking me for what he supposed I had done for him. I was able to obtain a coherent and continuous account from himself. He complained of sensual sensations which annoyed him since he had discontinued the habit. They resembled a glow, beginning at the perinæum, appearing to connect with the "spot," and thence running up the abdomen and back. Pressure on the former still sufficed to bring on such sensations. He still made absurd statements, but less emphatically than on the previous occasion. Thus, when I reminded him that the worst feature of his case had been his palliation of the habit on the alleged ground that it relieved his pressure, he said, "Well, it was necessary; I mean it ought to have been necessary." Being unable under cross-questioning to explain himself, he abandoned the notion. He also used stilted language occasionally, and, as before, intercalated proverbs and *mots* that had no relation to the topic of conversation, such as "better to have a new coat than an old one," when speaking of his family. He also said, "Going along the street I find that it is such fun to spoil things; people go along imagining that they have good looks, and do not think that I have a power to take away their good looks, a power as if I could bite them. Only a certain kind can be good-looking." As he left me he said, "My grandmother was crazy, I mean high-strung." In response to an

inquiry as to the nature of her nervous trouble, he said she was of American breed, and "you know," he continued, "all Americans are crazy." He explained his previous statement about his Jewish blood by stating that his maternal grandfather had been a Jew.

He has either entirely or nearly entirely discontinued self-abuse, is better able to control himself, and, whereas before he would talk at random, incoherently, and extravagantly to everyone and throughout the entire conversation, he now does so only with those whom he chooses to regard as intimate acquaintances, and after he has become tired out. He presented distinct and characteristic signs of cerebral anæmia, to which the treatment was being chiefly directed.

September 4th.—A younger brother of the patient came to me as the bearer of a request on the part of his family that F. be committed to an asylum. After the temporary improvement alluded to, he resumed his bad habits, and became depressed and suicidal. He made two suicidal attempts, one with a fork and another with a carving knife, both of which failed. Inquiry developed the fact that a maternal uncle was an inmate of the Bloomingdale Asylum. With regard to the picture galleries, they turned out to be based on the fact that remote members of the family possess such, in other words, "*Chateaux en Espagne*." It is true that the family S. has wealthy estates, but the branch to which the patient belongs is devoid of Spanish and not over-rich in any mundane property. He was not removed to the asylum, and appears to be deteriorating.

Persons of this class contribute a contingent to what may be termed "rounders," consulting every physician to whom their attention may be directed, usually doing so by letter. One such patient, after making an appointment, sent an old tattered envelope by mail, addressed, "Dr. Spitzka, &c., &c., City N. Y." It contained three scraps of paper; one had been evidently torn from a note, and contained the information that this patient had missed me twice—which was not true—and that "vertigo, flatulence, heartburn, debility, spinal tension still lag superfluous." The second slip was written on the back of a prayer with the same pencil as the latter. It contained the following:—

George B. H.— [follows address].

Diagnosis.

Constipation, nervous debility, tremor, loss of appetite, disordered imagination, spinal cord and cerebral trouble, melancholy, hysteria, mania, life almost unendurable; probable cause, dissipation and —.

The last dash in the above was by the patient, and stood for "self-abuse." The prayer on the back was a paraphrase on one of the Psalms, and, although crossed over lightly, was intended for my eye, the patient later admitting that he

had heard I was not a good Christian, and had prided himself on the opportunity of becoming the "humble instrument" of a conversion. The third slip was a laconic report on the effect of the therapeutic procedures he had followed under my direction:—

THE TINCTURE.—Effects: Increase of appetite, less tremor at meals, more tremor after meals, quinia-like *ringing* in ears, *vapours* in head, depression, and *once* since Monday (after a nap) a spasm of madness, scarcely able to walk.

THE BATH.—A new cerebral column, as it were; a tuning up of the old piano, so to speak.

The first slip was written in black ink, the second in pencil, the third in green ink, and the slips of paper were even more diverse in character than the ink.

At this time I was engaged in lecturing to a class of lawyers and physicians at the New York Post-Graduate Medical School on the Medical Jurisprudence of Insanity, and succeeded in inducing this patient to allow himself to be shown before the class, as illustrating the co-existence of mental disorder and so-called *conscience d'état*. As he had claimed to be a law student, and his consulting me was due to a desire to read up for his examination, I stated to the class among other things that, beginning as an actor and a newspaper correspondent, he had now concluded to enter the ranks of the legal profession. One of the lawyers present, wincing under this reflection, as he regarded it, asked him a few questions, the answers to which conclusively proved that he knew almost nothing about law, and had in fact merely desk-room as an odd clerk, shifting around from one lawyer's office to another, and there having read the titles of a few legal works. That his intention to become a lawyer was as little destined to fulfilment as his other schemes I felt certain, and after having lost sight of him for a year I received a provincial journal containing a marked passage, which showed that he again had become a newspaper reporter with histrionic affiliations.

The letter-writing tendency, to which I owe the characteristic expressions of the insane temperament already cited, is a common attribute of all patients of this group who have sufficient education, and who have not undergone deterioration. Those who treat seminal weakness are flooded with such correspondence. Often the patient in his shyness attempts to state his case in writing rather than risk a personal interview. Even medical men suffering in this way resort to

the same strategy, and follow it out with a determination which shows how much they dread to meet a medical interlocutor face to face. One such colleague, after my declining to treat him without a personal examination, who suffered from distressing imperative conceptions and impulses which subsequently required asylum treatment, wrote me the following list of questions, with spaces for answers sufficiently large to have occupied a good share of my working time in filling them:—

1. Is there any *real* danger of insanity or brain-fever? 2. How about carotid compression? 3. *Cold* applied to cheek controls or arrests cerebral activity, give details as to proper temperature for continuous use in waking hours and to produce, or help produce, sleep. What are the dangers attending its use? Other details as to use, if desirable? 4. What are the best anæsthetics to “catch” on? 5. How to use chloral if advisable (have taken very little during the month). The danger of using chloral is (Fothergill) lest it produce cerebral anæmia. Now what is the danger of using it while there is *manifest* cerebral hyperæmia?

Another patient wrote me from a distance, asking me to send him copies of his prescriptions, as he wished to send to another city to have them filled, for he could not think of again facing the local druggist for fear that he might discover what his malady was.

In a number of cases of insanity due to masturbation, where neurotic or insane heredity could be excluded, the clinical features resembled those of the hereditarily modified forms, or approximated insanity of pubescence, and I was struck by their coinciding in the patient's having a very silly, meddlesome, or stupid mother. This same ancestral feature I have found in insanity of pubescence. In the following instance it was very prominent, and both forms of derangement appear to have been mingled.

X.—*Weak maternal ancestry, somatic stigmata, mixed psychosis, determined in its outbreak by masturbation, but with many of the characters of insanity of pubescence.*

Peter R—, aged 25 years February 5th, 1886, although of well-to-do parents, is a labourer in a shoe factory. He has saved, what under the circumstances is, a large sum of money, having been industrious and of a saving disposition. About a year ago, owing to depression in business, he lost his situation. He made no effort to obtain another, as he “had enough to support him in idleness,” as he said. He then became more inactive, feeling as if he were about to fall asleep, and as if his memory were going from him. For the two last weeks his relatives have observed that he spoke foolishly. He read a great many books, the two making the greatest impression on

him being Schiller's "Räuber" and a book relating to Vanderbilt's wealth and how it was gained. Occasionally he would weep in secret without any discoverable cause, or assigning any. On one occasion when his illness first became noticeable he said he was born for something higher; being then asked what he was born for, he said "a priest." Previously to this he had become irritable and cross, particularly to the children when they made a noise. His character had undergone a previous change as inquiry developed. From having been profane, he ceased to be so; from having been very particular as to his personal appearance, spending hours before the looking-glass, he had become careless. Examination of his family history revealed nothing of importance on the paternal side, except a supposed predisposition to cardiac disease. The mother is an exceedingly obtuse woman, and a sister of hers had become insane from abandonment. The patient's face is unsymmetrical, the left orbit being lower than the right, while the left oral angle is higher than its fellow; the mouth, as a whole, being more to the left. At first mute, he became responsive, is a good penman but poor at figures, and at school was regarded as a dull boy. He carries a diary with him, which contains scraps of wretched poetry, most of which are erased. He admits having masturbated even recently; most of his excesses in this respect were committed about three years ago. No somatic disease; the patient is of tall, powerful build.

After being placed on restorative treatment he improved for about two weeks, and did some work requiring mechanical skill about the house. He became more communicative. During the day he would often complain that his feet were cold, and put his boots off and on, because his slippers were too narrow. He ceased talking at random or foolishly, but became surprisingly docile—too much so, I thought—allowing himself to be governed by the smallest child in the family. Towards the end of the period during which he was under home treatment he was noticed to laugh to himself again, and on one occasion snatched a toy-whip from one of the children to play with it. Its mother—his sister—attempted to take it away from him, when he threw it down and with a fierce air said, "Don't you do that again." The relatives now asked me to carry out my original proposal of submitting him to asylum treatment. After the ensuing re-examination the patient having, through his foolish mother (who opposed this project), learned of the proposal coloured in the darkest tints, became very moody. Having occasion to wipe his nose, he used a piece of paper, and throwing it in the fire said, "There is the fellow; burn him up." Being asked whom he meant, he said, "The doctor." That evening he disappeared, and was found the following morning, a few hours after midnight, walking up and down before the cathedral, "in order to prevent thieves from making away with it during the night."

In the asylum the patient showed some improvement, which at present promises to be progressive.

The following three histories, representing the psychical results of masturbation in the female sex at different ages, will conclude the series of typical histories.

XI.—*Masturbation commenced at fifth year, arrest of mental progress, peculiar periodical spells of excitement, erotic behaviour.*

Louisa W—, aged ten years, four years ago was noticed to be peculiar, having seizures in which she cried and screeched violently without a cause. Latterly these spells have changed; she no longer cries, but seems to be seized with an uncontrollable nervous excitement, recurring with remarkable regularity every three weeks. In these she tears everything she can lay her hands on, her clothing, and particularly the buttons from the latter. Masturbation was discovered six months ago by a servant; but inquiry elicited that another servant had noticed the habit five years before, but had not spoken of it from motives of modesty. In her mental development she has, since her seventh year, been at least two years behind her age, and latterly has become very silly and forgetful. For this cause she had to be removed from the ordinary schools in her neighbourhood, and a trial at a boarding-school also resulted in a failure, as she disturbed the other children by crying out wildly at night in the midst of her sleep. The family physician succeeded in suppressing the habit; but while her memory improved she remained a wild girl, and associated a great deal with boys, on more than one occasion being barely prevented from accomplishing her instinctive purposes. An examination of the genital apparatus was made by him without eliciting any protest or signs of modesty on her part; but on the occasion of my own examination a month later she did. I found the hymen intact, the clitoris elongated and very irritable, and the nymphæ as well as the introitus discoloured, being bluish and purplish. There were no ascarides according to the history received. The child was sent to a convent school after the parts had been treated with cocaine, and a nearly complete recovery ensued, the child remaining irritable, but regaining her memory and having no further seizures.

Another type of onanistic derangement is related by Zambaco.* Two children (sisters), aged respectively four and eleven years, who had been taught the vice by a governess, developed melancholia, *tedium vitæ*, and ultimately had maniacal outbreaks in which they had hallucinations of diabolical figures. They had developed such morbid sensibility that a mere blow sufficed to originate an orgasm, and all therapeutic measures failed until the cautery was used, because the *constrictor cunni* had become so much developed

* "L'Encephale," i. and ii.

that the act could be performed without any aid from either the hands or the thighs.

XII.—*Masturbation from 10th to 18th year; silly demeanour, confusional delirium, anxious melancholia, partial recovery, relapses due to resumption of habit.*

Bertha A—, aged 20 years; no heredity; was always a quiet, retired girl; latterly she had been repeatedly discharged from the factories, at which she worked, for inattention, lack of skill, and indolence. She would make irrelevant and occasionally pert replies when remonstrated with by her mother. Became quarrelsome to an older married sister. At times she would give vent to a silly laugh; as a rule, however, she sat quietly moping. Her vice was discovered by accident, its extent was not determined; but from the fact that at a subsequent examination voluptuous reaction resulted from a mere touch of the clitoris, it may be assumed to have been carried far. Nothing pathological was found about the vulva, such as occurs in the case of older and inveterate devotees of self-abuse. She confessed to having practised it four years, but later admitted that she had learned the habit from another girl in her ninth or tenth year.

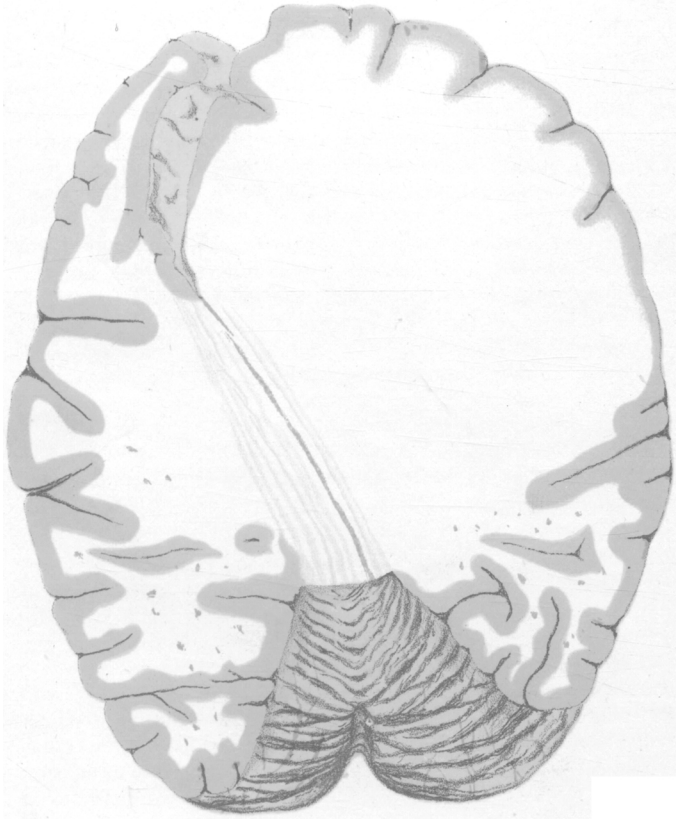
Her condition continued as described; she became more and more careless, neglectful of herself, and on expressing the wish to get married, in an aimless and silly manner, not only to her relatives but to casual visitors, and acting in a strange way at the window, so as to attract the attention of the men in a neighbouring workshop, her family brought her to me for examination. I found her then melancholy, mute, timid, and apprehensive. She was induced to abandon her habit, and took more interest in house work, but occasionally became abstracted, forgot matters, and more rarely broke out in silly laughter. Two months later she again had an attack of depression, and her relatives brought her to me again. On this occasion she had a very anxious countenance, and on passing a recess in the passage way, containing a *lavoir*, thought it was a hole into which she should be thrown. The patient, later, exhibited more confusion, depression, and silliness in behaviour. Her habit had not been resumed, according to the mother's account, at least not to any extent. But she expressed great jealousy of her sister for being married. She became abusive, uncontrollable, and was committed to the Bloomingdale Asylum, where she rapidly recovered. With the exception of occasional moody spells, she was normal; returned to her work, and five months ago became engaged to be married. The engagement was broken off because of occasional outbursts of silly conduct, which alarmed her *fiancé*. This did not materially affect her; she continued fairly well up to within a fortnight, when she began to find fault with her work, using unsuited materials, and condemning those she was ordered to employ. She resumed her habit at night, and on her mother's attempting to restrain her defiantly continued. In a silly

way she asked for a seal-skin sacque, and insisted on going out to walk the streets as a "fine lady." She tore her clothing purposelessly, and amused herself with throwing oranges at the ceiling so as to have them burst over her. She became confused and excited, and was sent to the pauper asylum.

In older female onanists the melancholic tendency, illustrated in the above case, is also noted, but there does not seem to be the same emotional depth as in true melancholia.

XIII.—*No heredity, masturbation from infancy, continued through married life up to the 34th year, querulous depressed state, morbid fears, recovery.*

Hannah K—, aged 35 years; married. Had an attack of depression in her twentieth year, in which she felt dependent and unhappy; supposed herself a "fifth wheel" at her parents' house, and recovered on being permitted to visit some friends and pay her own board. Since her infancy she has been an inveterate masturbator, and marrying shortly after the attack mentioned, and failing to find any gratification, she continued this practice till about a year ago, when she noticed signs of spinal exhaustion, and that they were aggravated by her acts. She has three fairly healthy children. On two occasions her husband has had financial losses, one of them, in 1873, resulting in total ruin, but this did not affect her. About a year ago other reverses rendered it necessary to economize, and it was concluded to keep a boarding-house. Previous to this she had been noted to be restless, vaguely anxious, excited, and talkative. A new stove agitated her. Visitors were welcome, but after they left, and she was alone, a feeling of oppression and dread came over her. Then she developed a morbid irritability, scolding the children without a cause, and then was excited for hours after from remorse. At other times she has an impulse to strike them, and has to exert much self-control to refrain from doing them an injury. At this time her will-power was frustrated, she had no initiative; her memory remained good for such matters as poems, classical plays, etc.; but regarding her domestic duties it failed, she would forget important ingredients in the dishes, regularly omit salt and pepper, and worry herself and others with complaints to this effect. She went about crying, abused the servants and annoyed the boarders till the latter concluded to go elsewhere, whereupon she fell on her knees, begging them to stay. The servants, children, and husband were worried by inconsistent orders. More recently she has become self-reproachful on account of her bad habit, also about the fact that she has lost all natural affection for a good husband and good children. On seeing a few gray hairs in her husband's beard she became very plaintive on the subject of the unhappiness she was causing. On one occasion she had a suicidal impulse, went out of the window on a pent-house, but felt timid and



To illustrate Dr. Percy Smith's Case.

G. Barker del^t

West, Newman & Co. chr. lith.

returned to her room. She suffered from peculiar electric-like sensations. The left pupil was a millimetre and a half narrower than the right under moderate illumination. The tongue deviated markedly to the right, as a whole; vertigo was subjectively complained of, and there was a distinct Romberg symptom. She was clumsy in gait, tottering along and stepping on her feet or skirts in walking. The knee-jerks were normal. In speaking of her symptoms she was very communicative. On two occasions, having previously ascertained at what hours I was away from home, she called, deceiving her husband as to where she was going, came to my office, and there cross-examined the servant girl for an hour on each occasion, and on one was with difficulty prevented from penetrating to the family apartments to extend her inquiries further. She wished to learn whether I had not deceived her with a favourable prognosis, whether I had had other patients like her, whether they had been as bad as she was, and if any of them had committed suicide. She was taken to Parson's Retreat at Greenmont, and made a happy recovery. The disturbance of co-ordination and deviation of the tongue disappeared; a slight inequality of the pupils remained. If anything in her mental state could be questioned it was the feigned interest she took in the institution to which she owed her recovery, and to which she was instrumental in sending other patients.

(To be continued.)

Case of Secondary Carcinoma of the Brain, simulating General Paralysis of the Insane (with plate). By R. PERCY SMITH, M.D., A.M.O. to Bethlem Royal Hospital.

C. M. F., æt. 40, wife of an artist; had one child, aged six years. Admitted into Bethlem Hospital March 31st, 1887.

Family history.—One brother was formerly in Bethlem Hospital. He was admitted in 1876, suffering from melancholia, with ideas of persecution, and soon became weak-minded. He was placed on the incurable fund, and eventually died in 1885 of uræmic convulsions, the result of contracted granular kidney.

Previous history.—Patient was always considered "nervous," and earlier in life had some sort of convulsive seizures, the nature of which was not quite clear. Her husband had always been a little anxious about her mental condition. Two and a half years before admission she had suffered from cancer of the left breast, which was removed by Mr. Davies-Colley, and did not recur. There was no mental disturbance immediately after the operation, but the right pupil was noticed to be smaller than the left. For two years, however, she remained practically well.

Present attack.—In October, 1886, she began to complain of severe headache, frontal and occipital, and some giddiness; but beyond this her