

of coca leaves and of cocaine, the other substances present in the leaves, which might be held to be effective, are in too small quantities to be really credited with observable effect. Moreover, the method adopted by the Indian in chewing the leaves proves that it is the alkaloid alone that he seeks; he uses, viz., the ashes of plants—caustic lime, in a word—basic substances whose action will be to set free the alkaloid.

The third and last point concerns the question whether the described psychoses result from the use of cocaine alone, or only when it is conjoined with morphia. I am quite willing to admit that morphia may beget a certain predisposition to our psychosis, but, after all that has been said, in particular after the last-mentioned proof of the similarity of effect of coca leaves alone with those of cocaine, there can be no reason to assume that only the conjunction of the two poisons will be effectual.

I am unable to conclude without again insisting on the, at least, doubtful advantages which cocaine offers to us as a medicine in mental affections. On the other hand, I must draw attention to the disadvantages which not infrequently attend the use of the poison.

---



---

#### CLINICAL NOTES AND CASES.

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

(Continued from p. 73.)

There are exceptions to the rule that all male masturbators are shy with regard to the female sex, and at all times. It is true that the majority are so in the earlier periods of their vice, and as long as definitive mental disease has not set in. In some cases where such disease has become established, a sudden transformation from bashfulness to brazen effrontery, and from timidity to bold, insulting and lascivious demeanour, is noticed. These patients exaggerate the characteristic, so happily drawn by Oliver Goldsmith in "She Stoops to Conquer," of a certain class of men who are heroes before barmaids and cowards before refined females. In exceptional instances, the masturbatic lunatic is as brutally indecent to those of a higher as to those of a lower station. Godding relates a case of this kind in graphic language in his "Two Hard Cases."

The picture presented by masturbatic lunatics of advanced years is, perhaps, as revolting a one as occurs within the alienist's experience. The common type of whining hypochondriasis it is not necessary for me to delineate, as characteristic cases may be found in the works of Bucknill and Tuke, Krafft-Ebing, Clouston, and other writers. In the following case, however, one feature is added which is usually absent in hypochondriacal paranoia due to masturbation, namely, a tendency to increased indulgence in the habit in advanced life.

IV.—*Heredity (?) ; masturbation continued through married life ; hypochondriacal insanity at twenty-seventh year ; recovery ; outbreak of selfish hypochondriasis in fifty-second year ; mental and physical deterioration.*

P. B., aged 52 years, married happily, has always been a strict man of business. A younger brother is insane since thirty years, and an older sister committed suicide ; a second sister is "slightly deranged." The patient himself had an attack of hypochondriacal insanity in his twenty-seventh year—attributed, as was also the disease of his brother, to self-abuse.

Since his twelfth year the patient has masturbated considerably, and occasionally resumed this practice during his married life. Since about a year, he has developed a dislike for normal indulgence, and practised his bad habit daily. This being discovered, through his brother-in-law, a physician, who was aware of the cause of insanity in other members of the family, he was placed under supervision in an orthopædic establishment ! Here it was found that he masturbated at night, and passed into a sort of frenzy during and after the act, as well as when prohibited. He was in the habit of boring physicians, particularly neurological specialists, to whom he had access through the medium of his brother-in-law, himself eminent in another branch of the profession. He was also brought to me, and I ordered him to be transferred to the private retreat at Greenmont, under Dr. Ralph Parson's care. Many of the facts of this history were furnished me by this alienist.

His demeanour was obtrusive, mean, and selfish. He sat out all my other patients on the morning he called, withdrew to the waiting-room, under indignant protests, when I represented to him that I could not keep a physician accompanying patients, who had come a great distance, waiting any longer, he having already consumed two hours. He came in repeatedly, and, finally, after I had finished, he took possession of the field, and as I hurried off to my much-delayed lunch, he exclaimed, "Hurry up, doctor, do not be long ; I have a great deal to tell you yet. My case is of more importance than any other you ever had ; I am the most important man in my family." Altogether he was seven hours in my house, of which fully four were

occupied by lachrymose and exaggerated accounts of suffering, attributed, as is usual in such cases, to all sorts of circumstances other than his vice. A pointed and long continued cross-examination failed to reveal the nature of these alleged sufferings, but they related to his bowels, stomach, "circulation," "thoughts," head-sensations, and general prostration. Above all, he attributed much of his misery to his brother-in-law, who, he alleged, had delayed too long to take him to nervous specialists. Then he declared that those of the latter whom he had already seen were swindlers, but again consulted two of them the following day. On returning to me, he bitterly denounced them for having given him hypnotics, and to his brother-in-law, denounced me for failing to do so. He denied having any passage from his bowels, but it was proved that he had had such at least every other day. He manifested intense hatred to those who contradicted his claims or revealed their fallacy, and appeared to be developing a feeble and unsystematized delusion that his brother-in-law's neglect was connected with his wife's aversion, and that the latter must have exercised some influence calculated to bring on his bad habits. After his arrival at Greenmont, he had a fit of depression, and insisted on going to the city to see his wife, whom he had accused two days previously of being the cause of his misfortune. At bed-time he tried to get the attendant to leave the room, and failing in this, wished to remain in bed while the latter went to breakfast. He became very much excited after he failed to accomplish his purpose, reviled the attendant, said he was ignorant, and developed an intense antipathy to him, so that the latter requested to be relieved of his disagreeable charge. During the following month he was always dissatisfied; he complained to the physician about the attendants, and to the latter about the former. On being requested to specify his complaints, he was unable to do so, but rejoined that he did not wish to be in an asylum. It was then suggested that he should go home, to which he demurred, and on making other propositions to him it was found that he had no definite aim, and concluded to stay where he then was. It transpired accidentally that in order to comply with the legal forms, certificates of insanity had been prepared in his case. He became very indignant, telegraphed to his family to learn if it were true, and then insisted that they should prove him to be—as they claimed—his own master, by taking him home. This was complied with, and there was not one person at the asylum, physician, patient, attendant, or servant, who did not breathe freer after his departure. Four days later he reappeared at the institution with numerous large trunks, but had scarcely entered before he urged the necessity of consulting another specialist in the city he had just left. He suffered from nausea and headache, and carried out his project of seeing the specialist in question, obtained a written guarantee from him, subsequently found in his pockets, that he did not require asylum treatment, and took the next train to Dr. Parson's

institution. Here he claimed to suffer from sleeplessness, not resting a second all night. But observation showed that he slept from five to nine hours. Finding that no attention was paid to his statement, and that the vigilance of the attendants defeated his purpose of exciting sympathy, he made presents to them, and tried by every indirect means to get them to report in favour of his theory. Whenever in presence of other patients or visitors he moaned and cried as if in great distress. Finally, after all his complaints had been shown by convicting evidence to be without material foundation—except as far as spinal irritation was concerned—he discovered that the expenditure involved in his stay at an asylum was too great, and returned home. During his stay he showed no regard for the other patients, but pursued the phantom of his own creation in a selfish way, disregarding the feelings and privileges of others. On one such occasion he rushed into the room of a debilitated and bed-ridden patient to deliver a harangue against one of the attendants, full of mean insinuations and hypocritical diatribe. He subsequently developed an irritable condition, marked by flushed cheeks, myosis, and great absent-mindedness. Thus he went about from one physician to another until he became, as I learned from one of them, bed-ridden at times, and at the last report was supposed to be afflicted with some organic affection of the brain, without focal symptoms, which is being treated in a German sanitarium.

The history of this patient is well supplemented by that of the convict Graves, whose execution at Newark offered me an opportunity of studying the morbid changes occurring in a person who had been addicted to onanism over sixty years.

James Graves was born in England in 1818, and came to this country in 1825. He became a wool-corder, and during his younger years composed a sort of autobiography, which indicates that he had been an onanist from his earliest years. The main part of its contents relates to that practice, of which he speaks with cynical coolness. The following are fair specimens of confessions of shyness before females, and general timidity, while in addition some egoistical exaltation is discoverable.

“The next day i sent her a valentine, i wrot on it these lines o dear o me—what can the matter be—the matter is i want a wife—in fact i am tired of a single life. in a few days i took her to exebition, i may here remark that my sexuel desires was so great and i thought so much about giting married, that i did not sleep much nights, as a consequence i begun to git nervous, so that the night i took my girl to exebition i nervous and dejected. . . . At parting i made bold to kiss her but i think i made a poor job of it i was so nervous i did not half kiss her. . . . At this place i was called a very likely and engenuous man and the best corder they ever had, and I had better health than i ever had since i was a man. i also menedged my help to a charm bouth girls and men. 9 pounds of flesh as i walked up and down my room with an easy and plesent and stern manner i thought i that i was the nepotion of cor-

*ders.\* . . . if i saw a man and woman walking together it would nearly set me cryeing. . . . so i paid my bill at the tavern and went to bed as i was to start at 3 o'clock in the morning i felt very nervous and figitty as i Thought in was in danger of being taken up as a rober, but i went out in my stockings and did not create any alarm i do not think that a rober ever felt as nervous in robing a hous as i did in going honestly out of that tavern. . . . i tried to find out whare the — houses of the city ware, i had heard that there was some but i did not mix in the company of young men enough to get introduced to one of them, my habits were to soletary, and i was to timed, *this was much agrivated by my high sense of honor, and justice and my disgust of the meanness and perfidy of the inhuman race as a whole.*"*

Graves † was a little of everything, a poor joiner, an indifferent tinker, and a worse machinist. After failing in several lines of invention he settled down as a pump maker. Down to the time of his death he was in ill-health, dyspeptic, and melancholy. About two years before his death he again evolved a project, of a musical character. He intended to hire a hall to play the violin in, and actually went about the streets playing that instrument—of which he had but slight if any knowledge—his face the while being covered by a mask, which he wore because he was afraid to show it. He carried his head in a peculiar sidelong way, and appeared to be continually muttering to himself, working his mouth as if chewing his tongue. He was, from his singular appearance, known as "Monkey Graves" or "Crazy Graves," and persecuted by the children of the neighbourhood, one of whom he deliberately shot and killed in retaliation, saying that he had "fully counted the costs of his undertaking." He was permitted to testify in his own behalf, with the usual result of convincing a jury unprepared to recognize any other form of insanity than that found in novels, that he was perfectly sane. He showed considerable defect of memory, a tendency to wander away from the subject, and a silly demeanour. I examined him about a year after the trial. In his bent attitude the height of the patient was less than five feet, originally it probably had been five feet two inches. His weight was between eighty and ninety pounds. The skull was proportionally large, and there was not a vestige of hair on any part of his scalp or face, and his pupils were unequally myotic. His vision was very weak, the colour sense uncertain, his expression vacant, and complexion sickly. Two large scars, one on the forehead and a second over the mastoid region, indicated the sites of previous carbuncles. On compelling him to walk across the room, he shuffled along, in evident pain, moaning constantly. I suspected a hemi-contraction, but owing to the patient's feeble-mindedness and general prostration was unable to obtain any satisfactory evidences of this or of paresis.

\* See "Proceedings of the Society of Medical Jurisprudence and State Medicine," Vol. ii., pp. 15-20; reprinted from the "Am. Journal of Neurology and Psychiatry."

† He made some inventions, which were exhibited before the Society of Medical Jurisprudence, which he had tried to introduce to notice by means of doggerel poetry reproduced in the paper referred to.

The impairment of his memory was profound. But as his history was known for seven years back, in which he had presented no signs of acute disease or seizures, and had never mentioned such, and, furthermore, his motor peculiarities had been noticed to develop gradually, it is reasonable to assume that he cannot have had any apoplectic attacks. He had had visual phantasms, indicated by his daily repeated expression "And still the sparks fly upward." He was irritable under examination. The nurse reported him to be unclean, but constant attention restored his control. He had glycosuria, and consequent frequent and profuse micturition. After his execution I found a remarkable diminution of the relative area of the cauda equina and lumbar spinal cord, without any structural lesion disconnected from his age. The weight of the brain was  $41\frac{1}{2}$  ounces, while proportionately to the skull-capacity as measured, it should have been at least 53. There was both internal and external hydrocephalus. The sulci gaped widely, there were large pockets of the arachnoid between the gyri, which were filled with serum; there was an enormous amount of this in the general expanse of the arachnoid, six ounces being collected, as well as in the dilated ventricles. The posterior horn of the left lateral ventricle was so much dilated that the occipital lobe was reduced to a mere bag, and a cicatricial induration of brain substance, of almost cartilaginous hardness, surrounding a greenish discoloured softened area of the white substance underlying the inner end of the left calcarine fissure, was found. The cortex here was wasted and indurated. A similar spot was symmetrically situated on the right side, also a third one of the diameter of  $1\frac{1}{2}$  centimetres in the supra-capsular part of the white substance of the left frontal lobe. All the tissues of the brain, particularly the pons and oblongata, were unusually firm, there was intense pigmentation of the larger ganglion cells (senile), and evidences of pigmentary disintegration of the vagus and auditory as well as the facial nuclei. A large number of small cysts were situated in the cortex. The patient was in his seventieth year, but neither his symptoms nor the lesions found correspond to those of ordinary senile dementia. Another singular feature is the comparative latency of large destructive lesions in the brain, a feature not infrequently found in demented, who do not seem to react, as previously normal persons do, to coarse brain-affections.

The results of masturbation as far as they involve disturbances of the spinal and cerebral centres, are usually regarded as of a functional character. The older physicians were more inclined than the moderns to regard organic wasting of the cord or brain as a possible result. Aside from the positive findings in the above case, and the corroborative symptoms observed in others which did not reach the autopsy table, there are a number of facts which indicate the necessity of a renewed examination of the subject. These are the presence



in excessive masturbators, particularly in those who in addition to their voluntary losses suffer from involuntary ones, of symptoms not ordinarily found in purely symptomatic states. Among these the following are the most important found in the histories of 219 cases of nervous disorder based on self-abuse :—

1.—*Sudden electric-like shocks.* These occurred in two cases during the orgasm, the latter being provoked by the patient while standing. In one case the patient fell down powerless, and two weeks elapsed before he regained his normal power of walking. The knee-jerks were at first completely abolished, and returned with the motor power. Analogous, though less intense phenomena occur when coitus is arrested by withdrawal.

2.—*Paresis of the lower extremities.* The physical results are particularly localized in the lower extremities. Many masturbators are weak in walking. In 1 of 17 females, and in 23 of 202 males, this weakness reached the degree of a paraparesis. It was noticed that it increased with increased excesses, to improve when they were suspended. That it is not a part of general weakness is shown by the fact that neither in man nor the lower animals are the anterior extremities involved to such an extent, or in the same way. Pfisterer, in his annual report of veterinary matters at Rastatt, reports the case of a stud foal, aged two years, suffering from paralysis of the hind-limbs brought on by onanism, and radically cured by castration, which was rendered necessary as all other means tried to check the vice failed.\*

3.—*Exaggeration, abolition, and asymmetry of the knee-jerk.* Among 202 males the knee-jerk was found exaggerated in 6, abolished in 3 (aged respectively 29, 33, and 41 years), and in 2 diminished on the left side alone. In two of the cases of abolition the phenomenon returned after about a year's treatment of coexistent spermatorrhœa. In all of them there had been rheumatoid and fulgurating pains, which in the two cases where the knee-jerk was least marked on the left side, were most marked on that side. The same distribution of the associated paræsthesias was noticed.†

4.—*Ataxia.* A feeling of unsteadiness and swaying is usually found in those cases where the lower extremities are

\* "Thierärztliche Mittheilungen," August, 1884.

† The case of acute loss of the knee-jerk is not classified herewith. The disappearance as well as the return of the jerk was noted to be marked by a stage in which it was excessive enough, but halting, as it were, in the "go-back."

weak, and is probably due to the weakness. In one case, however, a marked tabic gait was found, the limbs were thrown about violently, interfering so as to throw the patient off his balance.\* The knee-jerks were exaggerated, and the superficial reflexes diminished. No other signs pointing to organic disease were found. For two years the patient improved in all the respects mentioned, but was lost sight of in 1884.

5.—*Bladder-symptoms.* Both the bladder and rectum were the seat of intense boring pain—compared in two cases to the forcing of a wedge † or of flatus through a gut—in three patients, one of whom had abolished, one exaggerated, and one normal knee-jerks. None of these patients had other indications of organic disease. Difficulty of retaining the urine and impaired expulsive power ‡ are recorded in 32 male cases.

6.—*Retina.* Asthenopia was found in all masturbators, male and female, who had passed the fortieth year and continued the habit beyond that time. In two cases I recorded concentric limitation of the visual field; in one this was limited to the colour sense, in the other confirmed by Mittendorf; the visual fields, with the exception of a minute central area, were entirely amblyopic. The optic nerve was pale, but showed no signs of atrophy or other disease. The patient's age was twenty-seven.§

7.—*Pupils.* In young onanists the pupils are usually dilated and very mobile; but in those who have gone very far in their excesses there is often myosis. This is often the case in irritable dementia.|| The pupillary reactions are

\* This was first observed in the 15th year, and had slowly increased to the 35th, the period of the examination.

† I have been unable to find a reference to two cases described, either in 1869, 1870, or 1871, of young men who had been extreme onanists, and suffered from the same pain. A fibroid growth was found in the cerebellum of one of them, but whether it was regarded as an accidental coincidence or not I have forgotten.

‡ According to Dr. H. G. Lyttle, a genito-urinary specialist, stricture is developed in some onanists, so that we cannot be positive in our interpretation of their bladder-symptoms.

§ A. Schiele, "Archiv für Augenheilkunde," xvi., p. 145, believes that asthenopia, as well as consequent limitation of the visual field, may be due to exhaustion of the gray matter in the occipital lobes as a result of functional as well as of organic disease. It is noteworthy that in Graves a symmetrical lesion should have been found in this very district.

|| The palpebral aperture often becomes narrow, the brows overhang in connection with the habitual corrugation of the eye-brows, and the *tout-ensemble* is not unlike the expression of a vicious baboon, a resemblance heightened in some by pouting lips and a sparse irregular growth of hair on the chin.



usually normal, rarely sluggish, and were undemonstrable only in the case of Graves, which is not included in the tables. Inequality was noted in eight cases, in three being quite marked.

8.—*Glycosuria.* Sugar occurred in the urine in varying quantities in 17 out of 202 males. Remarkably often I found an unusually low specific gravity coexisting, and this in cases where the presence of sugar was easily demonstrable and in large quantities. The supposed characteristic signs of diabetes are usually absent; thirst, bulimia, rapid emaciation, and other general indications of this disorder, were present in but one case, and even here the diabetes appears to have been a temporary condition, as, notwithstanding the patient's return to an ordinary diet after a year's treatment, sugar has not reappeared. In the case of Graves, not included in this computation, there was a history of repeated attacks of furunculosis in connection with glycosuria.

9.—*Other symptoms on the part of the cranial nerves.*—In three out of 29 subjects of the masturbatory neurosis under the age of fourteen, all males, I found deviation of the tongue to the left, and the left pupil narrower. In two of these cases the evidence of the family attendant showed that the inequality of the pupils was acquired.

10.—*Trophic disorders.* In one case, that of a youth, aged eighteen, a herpetic patch following a peculiar drawing sensation in the left supraorbital distribution, together with anæsthesia of that side of the face, was observed after every excess. On several occasions this patient experienced a sensation like the report of a pistol, accompanied by a sense of "being overwhelmed" previous to the artificial orgasm. In an earlier case, where a similar subjective sound was experienced under like circumstances, it was followed by left-sided choreic twitching, and the skin and hair changed colour on that side.\* Burr mentions a lightning-stroke sensation, followed by severe dorsal pain in one case. It was one of the paranoiac type, in which similar subjective sensations are by no means rare.

The above symptoms indicate the presence in a small

\* Kiernan describes the same patient in two papers on trophic disturbances, "Journal of Nervous and Mental Diseases," 1878, and "Alienist and Neurologist," Vol. vii., p. 474, as one of hebephrenia, and inclines to attribute the trophic changes to a deep abscess, which might have involved the sympathetic. The pistol-shot sensation in the head which the patient complained of occurred while he was indulging in his unnatural practice.

proportion of excessive onanists, sane and insane, of a condition which is on the border-line between organic and symptomatic (functional) nervous disease. Their presence should render us cautious in following the routine practice of treating all the onanist's complaints as necessarily hypochondriacal or imaginary. It has a bad effect—one ruinous to the moral management of the patient—when he discovers by exact and convincing evidence that the physician does not discriminate between his real sufferings and his apprehensions. On the other hand, the removal of any one of his causes of complaint often inaugurates a rapid progress to improvement in other respects. This has been frequently illustrated in my experience in the favourable effect of an initial large dose of the bromides in those cases where there is a tickling or running sensation in the urethra or a rubbing sensation on the glans. Imperative conceptions and hypochondriacal fears have been rapidly and favourably influenced after its disappearance, and relapsed on its return by some mysterious morbid association. I may mention here that I regard these peripheral sensations as one of the indications justifying the exceptional use of the bromides in these patients. As a general thing they have no good effects.

Among the commoner subjective symptoms of the masturbatory neurosis is occipital headache. A dull and tired feeling is noticed, especially after rising; and this is apt to be associated with the sensation of a tight band around the head, which may seem to the patient to pulsate. As the day progresses, the dulness and heavy or clogged feeling disappears, while the head-pressure is liable to become aggravated at any time by mental exertion. In some the ache or pulsating pain in the nucho-occipital region is greatly aggravated by a repetition of the vice or by coitus. The majority of masturbators become shy and nervous, and develop morbid fears, or at least an exaggeration of those fears to which men and boys are liable. Thus they become greatly alarmed in a railroad train as it shoots a curve, in a steamboat as the steam is let off; or they are anxious in passing high buildings, particularly when scaffoldings are erected on them. They fear dogs, and are afraid of this or that "rough customer" hitting them. One of these patients crossed over regularly to the other side of the street because he dreaded that he might be caught in the whirling belt of machinery in a closed building, and his

agony finally became so great that he selected another street—though at some loss of time—to pass through. In those who discontinue the habit at this time, the morbid timidity may continue through life, growing fainter with advancing years, and may remain the only residue of damage done the nervous system. In others, some one or several topics of fear or of morbid brooding tyrannize the mind as imperative conceptions. Of eighty-nine classified male cases of imperative conceptions, only eleven had not been confirmed masturbators. In some instances the development of an imperative conception from a morbid fear is very clearly shown. Thus a patient had the vague fear of dogs generally from his eighteenth to his twenty-ninth year. About this time the "New York Herald" contained terrifying announcements about hydrophobia. A dog passed the patient while he was thinking over this matter, and, as usual, he diverged from his path to give him a wide berth. But the dog having passed over the line which the patient would otherwise have taken, he began to speculate that some froth must have struck a certain part of his trousers and penetrated to the skin. He could, like all sufferers from such distressing conceptions, reason himself out of the *belief*, but was unable to rid himself of the *speculation* on this topic. And the morbid concentration of his mind became fixed by the development of a congested spot on his right tibial region, which flushed up when his thoughts were most intense, nearly disappeared when they were otherwise engaged, and ultimately led to pigmentation of the affected area. This and other varieties of the *folie du doute avec délire du toucher*, usually manifesting themselves in dread of venereal contagion, appear as frequently to be based on masturbation in males, as imperative conceptions, *folie du doute*, and morbid impulses in the female are found associated with those uterine disorders which are accompanied by weakening discharges. They are of importance, in so far as they furnish a groundwork for the development of delusions in paranoiac onanists.

Timidity and the development of morbid fears are particularly marked in cases complicated by spermatorrhœa. This condition appears to be by itself competent to produce these symptoms. A healthy, broad-shouldered frontiersman from Texas, aged thirty-eight, who, as overseer of a large cattle-range, had been almost constantly on horseback during the day, became afflicted with both diurnal and

nocturnal seminal losses—aggravated by sexual excesses. His words were: “Before nothing could startle me, but now I am as nervous as a lady.”

An instructive case, illustrating developing morbid timidity, with ensuing *folie du doute*, is related by Höstermann. The youth, after committing excesses in this direction, became very shy and nervous, exceedingly scrupulous as to hurting the feelings of others. This was manifested more especially in regard to conventionalities; thus he was morbidly particular as to not having his hands in his pockets. Finally, he could not be induced to shake hands with ladies; and in his toilet assumed the most unusual and constrained positions in order to avoid touching his genitals, or bringing them in contact with anything his hands might touch. He was continually examining himself to see if he were properly buttoned up. He became excessively religious, and it was possible to detect in his countenance, while engaged in religious devotions, that he fought down thoughts of a different character. He developed that common form of imperative conceptions which manifests itself in a repeated examination of the premises, to see if they are not on fire, and if the doors are properly locked.\*

In the following series of cases there were certain complications present which modified the psychosis. But the fundamental character of the patient's mental state appears to have been determined by the vice of onanism.

V.—*No hereditary taint; two attacks of inflammatory rheumatism at 8 and 14; onanism from fifteenth to nineteenth year; imperfectly cyclical alienation.*

P. H., aged 20, student in a Catholic seminary, no ancestral taint, examined June 28th, 1884. He has a sodden countenance, and sits still in a corner, looking distrustfully and timidly at his interlocutor. He is greatly depressed, his hands are cold, and the capillary circulation imperfect. Two years ago it was found advisable to submit him to asylum treatment, but at that time the father's means did not permit of this being done in any other than a pauper asylum. Here his condition became rapidly worse, both physically and mentally, and his memory, which had been somewhat impaired before admission, was said to have been almost abolished by the time of his removal. He was placed under tonic regimen by the physicians of his native

\*“Allgemeine Zeitschrift für Psychiatrie,” Vol. xli, Heft. 1, p. 26-27. Wille, in his paper on “Imperative Conceptions” (“Archiv für Psychiatrie,” xii.), states that of seven males suffering from them, four were onanists; of nine females but one was so addicted.

place, and improved in health. He now answers questions with some reluctance, and after a great deal of suasion responsively and correctly. Masturbation once *per diem* for the past four years is acknowledged. He has had two attacks of acute articular rheumatism at the ages of eight and fourteen, and Dr Seneca Powell, who referred the patient to me, says that a very distinct mitral murmur could be made out a year ago. At present there is an accentuation of the second sound at the apex.

As a boy he was quarrelsome among those of his age, but at home so remarkably subdued and quiet that his father thought him fitted for the priesthood, and—although a labouring man—he devoted all his energies to the one aim of his existence: that of giving his son that education which would fit him for saying “a mass for his father’s soul.” This expectation, I need not add, is not destined to realization, and the father’s despair and disappointment constituted one of the saddest of the numerous minor tragedies in which a consulting alienist’s experience is so rich.

The patient continued under my treatment, which consisted in restrictive watching, the administration of *cannabis indica* during the spells of worst depression, of warm sitz-baths in the evening, and a regulation of the somatic functions generally, including a tonic regimen and phosphates for four months, during which time he rapidly improved, so that by August 3rd he presented a normal condition. Previously it had been observed by himself and by others that he would awake in a bewildered state in the morning, and become clearer as the day advanced, so that in a day, where morning would find him confused, amnesic, and dazed, he would be bright, active, and intelligent in the evening. The relief of his nocturnal emissions, which the warm sitz-baths (before retiring) and atropine gave, was probably the cause of his increasing clearness in the morning. His complexion, which had been disfigured by acne, cleared up, the puffiness disappeared, the hands became warm and moist, instead of being, as previously, cold and bluish. At times they would become hot. On the first of September he was entirely normal, physically and mentally, and then did not report for nearly two months, when (Oct. 20th) he was brought to me in a typical state of incipient mania. His physical condition was excellent; his speech, which was very emphatic, was accompanied by active gesticulations. It lacked but little, and he would have pounded his statements into his auditors’ heads with his fists. His loud and boisterous assertions related chiefly to the credit which he claimed was due to him for having the ability to control his bad habits, and for controlling them. “There are few would have done it” were his last words as he left me on his road to the asylum. Dr. Wm. Hardy, since deceased, informed me that at the pavilion of Belle Vue he broke out in a genuine maniacal attack, reiterating the above statements at intervals, and passing into expansive delirium before he left his charge. He was egotistical, and

emphatically announced himself as "a good boy." The case was then lost sight of.

In the next case we have an impure type to deal with. The case is one modified by the coexistence of a fundamental neurosis developing on the basis of spinal irritation, all, however, due to early masturbation. This history, like some of the preceding, teaches that the views of those who believe that the accomplishment of coitus does away with all ills provoked by self-abuse is erroneous. It may modify, but rarely cures.

VI.—*Neurotic heredity ; masturbation practised very early and excessively ; cerebro-spinal irritation and exhaustion with spermatorrhœa ; marriage ; sexual excesses ; systematized delusions of persecution ; sexual perversion.*

Albert L. L., aged 27 years, a lawyer and stenographer by occupation, examined June 13th, 1884. His father, the only member of the family presenting a neurotic history, is said to have had an attack of trance of a death-like character and lasting more than eleven days. His brother, one of the then leading neurologists of Germany, happened to have crossed the Atlantic to visit him at this time, and is said to have either pronounced life extinct or about to become extinct ; but recovery ensued, and he is to-day in fair health. He had also, prior to his trance, passed through the Civil War with a good record.

The patient had a peculiarly conceited and at the same time shy expression of countenance. His face was flushed, and the temperature of his head appeared (objectively) raised. His cranium was far inferior to that of other members of his family, and narrow as well as retreating in the frontal region. During the summers of 1882 and 1883 he complained of a feeling of pressure and burning in the occiput, which sometimes recurs. During April, 1883, he consulted the distinguished ophthalmologist Knapp for a burning sensation in the eyes, which was attributed by the latter to overwork. At this time he also suffered from trembling, which was apparently relieved by medication.

In his early youth this unfortunate person had been demoralized by a servant-girl, and his mother stated that he had complained of sharp pains through both hips in his seventh year. From his seventh to his eleventh year he masturbated daily. He remembers having been ashamed of this practice. After his twelfth year voluptuous imagery was indulged in at night, then masturbation—at least as a voluntary act—ceased ; but he had from three to seven seminal emissions on most nights, and at least one on the others. At this time he clandestinely consulted a physician. Another medical adviser removed a phimosi in the patient's eighteenth year. Shortly after, a woman who frequented the house—of whom it was well established afterwards



that she had a husband living in Germany—worked on his sexual weaknesses with the result of accomplishing a secret marriage. His imagination was kept at the highest strain by licentious books when his natural resources failed him. He claimed that he became divorced from her in secret, the cause being jealousy on her part; she accused him of having relations with her lady friends, and would put them to the proof when they asserted their innocence by requesting them to look into the patient's eyes while she observed both parties. At other times she urged her husband to excite their passions. From the father's account, it is evident that this woman was an unbalanced, if not actually insane, nymphomaniac. The marriage, as well as the informal "divorce," were successfully kept from the parents' knowledge for years; and the witnesses of certain transactions above alluded to had not even suspected that the two were man and wife. Five years ago he married again; in the interval of two years between the divorce and second nuptial transaction he had relations with prostitutes on about twenty occasions. He claims that such relations, in contradistinction to those with his legitimate partners, were revolting to him. He descants at length about the purity and dignity of his present wife. He has indulged in what—with his weakened sexual organs, imperfect erections, and continuing seminal emissions—must be regarded as marital excesses for the first year of the second married life.

The special occasion which led to my opinion being asked was that the patient had acted strangely, not venturing into the street, becoming very restless, and complaining of being followed. He stated that he had had an undefinable feeling of being shadowed by persons unknown for over a year. Three weeks previously he had accompanied his wife to Astoria, and suspecting that certain persons on the ferry-boat were watching him, he returned by way of Greenpoint Ferry—distant some miles—and still found the same persons on the boat. This convinced him that he was the object of a pursuit. A few days later, while amusing himself with his canary birds, he noticed some grown-up girls and women watching him. That same afternoon he identified one of these women in a horse-car, who was dancing a baby up and down in the seat directly opposite his. He claimed that this was done to attract his attention: she had seen how kind he was to his canaries, expected him to become interested in the child, then entrap him into a flirtation, compromise him, and thus cause his arrest.

As he had been for several years engaged as clerk in the publishing department of a prominent firm of medical booksellers, and was—like most of his class—an omnivorous reader, I asked him if he had ever read of people who imagined themselves the victims of a conspiracy. He instantly brightened up, and said that he knew very well to what I alluded; he recognized that the insane entertained such beliefs, and based them on similar impressions to his own; but he had committed an act which was punishable, and justified his being pursued by the

officers of the law. He then proceeded to relate an immoral occurrence, as to whose reality I might have remained in doubt had not confirmatory evidence shown that it must have occurred nearly as the patient related it. About a year ago, and up to May 25th of this year, when he claims it subsided, he developed an "impulse" to question young girls, between the ages of thirteen and fifteen, in a disgusting manner. He claims that he did not do this from erotic motives, but merely to make "physiognomical studies." He states that he put such questions to thirteen or fourteen groups of girls in the Central Park, and that, with one exception, they turned away or ran from him. Of one instance and all its abhorrent details he speaks with cynical coolness. He claims that, in public conveyances, he frequently corresponded with women by rubbing his knees together, on which they would respond by the same motion.

Complaints had been made of such a person as the patient, and alluded to in the public prints. About the same time a detective had shot a man who had been followed to a letter-box, into which he had been in the habit of throwing blackmailing letters, after attempting to abduct a young girl. All these facts served to strengthen the patient's delusion. When I asked him why, if the detectives were assured of his identity, they did not arrest him at once, he said "The parents of some of those girls may be so wealthy that they could easily afford to pay a high figure to run me down and prolong my agony. They want cumulative evidence, and the longer the detectives can keep it up, the heavier will be their bills." The patient manifests no real shame or contrition, though he claims to feel remorse at the prospect of a "low life" and "public disgrace." He is, however, much afraid for himself. Some weeks ago he thought of suicide to escape his fate, but abandoned it, for the reason that, as the detectives had already tracked him, they would expose him after death. Yet he was an atheist. He added, "I then saw no other refuge than to make myself insane, so as to become irresponsible." On asking him whether he was, in his own opinion, insane, he indignantly repudiated that notion. He was, during the four days I had him under observation, exceedingly mobile in his emotions—at one moment hilarious, at another deeply depressed. It was impossible to induce him to attend to his favourite canaries, except after nightfall. He presented the typical signs of spinal irritation, and there was a certain degree of dulness of the memory noticeable on repeated and prolonged examination, which appeared to relate equally to remote as to recent events. I strongly urged the patient's commitment to an asylum. His relatives, however, claiming that my compelling him to analyze the basis of his belief in persecution had led to his abandonment of the latter, took him to the Catskill Mountains. There he wrote lengthy statements of his case, which were submitted to me. They were hypochondriacal and exaggerated in tone. He was then taken to another part of the country, his spinal irritation increased,

he again had voluptuous imagery, and, finally, became excited, and was reported to me inofficially as restrained in an institution eleven months ago. Since that time I have obtained no further details of his history.

It had been noted that for years this patient had not perspired, and Russian baths had been used in vain to bring on the cutaneous secretions. Under the treatment instituted—probably a mere coincidence—they became normal again. At this time it was observed that with every attack of occipital headache, his “neck would swell,” and this measurably so. As in most patients of this class, constipation was a feature greatly complained of, and a headache was the never failing signal of an accumulation in the colon.

(To be continued).

*A Case of Imbecility with Choreoid Movements.* By FLETCHER BEACH, M.B., M.R.C.P., Medical Superintendent Darent Asylum.

(With Illustrations.)

F. P., aged 17, was admitted May 17th, 1875, with the following history:—Parents healthy, temperate, not connected by consanguinity. His maternal grandfather and a cousin on the mother's side are paralyzed. He is the eldest of six children, of whom two are dead, one succumbing from scarlet fever, the other soon after birth. The rest are healthy. His mental condition is said to have been good up to the age of ten years, when, during a fight with a boy, he was struck with a key in the face. Disease of the jaw followed, and on recovery he was noticed not to be so bright, having been a good scholar before. Twelve months afterwards he was knocked down and became insensible, and some months after he fell and struck the back of his head. He has been getting gradually duller. Four years ago he had an epileptic fit, affecting both sides of the body. He was taken to the Hospital for Epilepsy and Paralysis, and, while there, had two fits. He became excitable and tried to stab a patient, and his removal became necessary. After he was taken out of the hospital he became quiet for a time, but the excitability reappeared. He was taken to the Hampstead Asylum, and subsequently removed to the one at Clapton.

The following was his condition on admission:—

He is well nourished, of a dark complexion. Head symmetrical, and of fair size; circumference 22 inches, transverse diameter  $14\frac{1}{4}$  inches, antero-posterior  $14\frac{1}{2}$  inches. Width of forehead  $4\frac{1}{2}$  inches. No sign of rickets, syphilis, or scrofula. He is good-natured, obedient, and obliging; somewhat talkative. Mental capacity fair. His powers of observation, imitation, attention, and memory are good for an imbecile.