

Males :

Three insane criminals, one being also an alcoholic.
Two needed reformatory education, but showed no further criminal tendencies.

One criminal.
One died at thirteen.

Females :

Four moral degenerates, three of whom are alcoholics, and one is a criminal.

One apparently moral.

Of the possible twelve in this generation able to produce descendants, only six have done so. In two cases the progeny died in infancy, thus limiting the fourth generation to three families containing ten children, and the two illegitimate daughters of the patient's eldest sister. The fifth generation is at present comprised of two only—the children of the younger illegitimate.

An outstanding and interesting feature in the second generation is the mating of two alcoholics with criminal tendencies, the male inheriting a taint from his sire—simplex inheritance in Mendel's nomenclature—the female, multiplex, with no known taint.

The result is a family of eleven, of whom only one of the ten reaching adult age is a healthy, normal individual. All the others show degeneracy to some degree.

In the same generation, three other females marry but die childless, and the only other mating, a male with simplex inheritance, produces an only son, a criminal.

Regarding the two descending generations, in whom, so far as is known, no degeneracy has appeared, the future only can reveal, remembering that new stock has appeared to leaven the old. At any rate, there appears to be a considerable tendency for the old stock to die out, as is not uncommon among degenerates where alcoholism and syphilis, squalor and privation are often also factors mitigating the chances of existence.

It is interesting to note that epilepsy has not invaded any branch of the family.

I leave it to the reader to draw his own conclusions as to whether heredity or environment (the slums of London) is the stronger factor in this extremely degenerate family.

A Case of Manic-Stupor. By HENRY DEVINE, M.D., B.S.Lond.,
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CASES of manic-stupor present an interesting combination of symptoms which serve to demonstrate the close association existing between the symptoms of maniacal excitement on the

one hand and states of depression on the other. It was the existence of these mixed types of psychosis that lent support to the conception, formulated by Kraepelin, that mania and melancholia were merely phases of one fundamental disorder, *viz.*, manic-depressive insanity. The following case has been under observation at intervals extending over a period of twenty years.

M. D— was first admitted to Wakefield Asylum on June 29th, 1891. She was then 17 years of age. She was somewhat poorly nourished but normally developed, and exhibited no pronounced degenerative stigmata. An aunt had died in an asylum, one sister became mentally deranged and died of pneumonia, and later another sister died of phthisis. She was unmarried at this time and has remained so since.

Previous to admission she had been growing peculiar and acting strangely for three months. Had latterly refused to speak, sat muttering to herself, had been sleepless, and often spent the whole night laughing.

On admission she could not be induced to speak beyond saying once in answer to a question, "How do I know?" She understood what was said to her and obeyed simple requests. Muttered a good deal to herself and laughed frequently in a silly fashion. Constantly made strange grimaces. For two months she appeared to grow increasingly demented. Was neglectful in habits, tore her dresses, and at times struck out impulsively at those around her. At the end of August she began to rapidly improve and was discharged on October 6th, 1891.

The second attack occurred twelve years later and she was admitted to the asylum on July 22nd, 1903. In the interval she had been earning her living as a tailoress and had lived with a sister. She had then been mentally deranged for a fortnight.

The friends stated that she had been constantly talking to imaginary persons, and that she said her father, mother and sister, who had been dead many years, came to see her at night. On one occasion she had taken a neighbour's child and attempted to throw it into a pond.

When admitted to the asylum she was in the same inaccessible condition as on the previous attack. Exhibited peculiar mannerisms, constantly stroked her hair and persisted in licking her finger and moistening her elbow with the saliva. She refused to speak but made hideous grimaces. At times became excitable and impulsive. In November she suddenly improved and was discharged on November 29th.

The third attack occurred in 1906, and she was admitted to the Asylum on July 17th. It was stated that she had been brooding a good deal for some time. Refused to speak for several days together and sat about doing nothing. Her mental state upon admission was one of depression. She was free from confusion, correctly oriented, and answered questions after considerable delay. Sat about listlessly, often sighing deeply. After a few days, however, the attack assumed

the same characters as the previous ones—mutism, grimacing, and curious gesticulations. She was discharged again on September 20th.

She was readmitted on August 14th, 1909, this being the fourth attack. She had been peculiar for a week, stated that she was only eleven years old and had been making dolls which she nursed all day. The mental state resembled that on previous admissions and she showed no signs of improvement until February, 1910. Was discharged on April 25th, 1910.

In May, 1911, she was again admitted to the Asylum and came under the personal observation of the writer. The friends stated that she had kept well until a fortnight before admission. She had become restless, at times violent, would talk for hours to the pictures on the wall and sang a great deal of nonsense. When admitted she was rather restless and fidgety. She was constantly giggling to herself and fingering a piece of thread she had tied round her finger (probably a representation of an engagement ring). When spoken to she put her hand to her mouth and shook with suppressed mirth. Practically no information could be elicited from her. She made movements of her mouth as if speaking, but only occasional, almost inaudible, whispers could be made out. One could ascertain that she knew she was in Wakefield Asylum, and once she was understood to say that she was going to marry her cousin in a month's time.

For about six weeks she remained in a characteristic state of manic-stupor. She would sit about in one position for the greater part of the day, occasionally, however, walking about, gesticulating, and looking at the pictures. She made no attempt to dress herself, was at times neglectful in habits, had to be led to the table for her meals, and was sometimes fed with the spoon by the nurse. Most of the day she would sit making grimaces and sometimes waving her arms about. She remained absolutely mute. When questioned she exhibited most extraordinary facial contortions, shaking meanwhile with silent laughter. It was quite obvious that she understood what was said to her, and she was fully alert to what was happening around her, peering inquisitively about. She showed no particular resistiveness, and would obey simple requests, *e.g.*, put out her tongue, shake hands, etc. At times showed a tendency to be mischievous, pulled leaves off the plants, or snatched up little articles which happened to catch her eye.

At the end of a few weeks the patient improved and exhibited a brief phase of mild depression. The expression became sad and subdued; she replied to questions in a listless tone and was generally apathetic. She could throw no light on her former peculiar behaviour but supposed she must have been "run down." She soon completely recovered, developing into a useful worker, pleasant and obliging. The general intelligence was of a somewhat low order and she was poorly educated, but she exhibited no apparent degree of mental deterioration. She was discharged in October, 1911.

This case presents no particularly unusual features, but is considered worthy of brief record since it represents a type of psychosis which merits wider recognition. The diagnosis

presents but little difficulty in view of the history extending over many years. It is evidently a case of manic-depressive insanity, as shown by the occurrence, at varying intervals, of single attacks ending in recovery without any evidence of permanent mental enfeeblement.

The particular feature of interest is the character assumed by the psychosis on each attack. It is described most suitably as *manic-stupor*, and exhibits a curious intermingling of the symptoms characteristic of the depressed and maniacal phases of manic-depressive insanity. It is thus what Kraepelin describes as a "mixed" form of the psychosis. The depressive symptoms are shown in the inhibition of speech and general motor inactivity—disinclination to move, eat, wash, or dress. The maniacal symptoms are exhibited by the hilarious mood, extraordinary grimacing, mischievous behaviour, alert and distractible attention, and at times outbursts of anger and violence.

These "mixed" forms may assume various characters and give rise to somewhat anomalous clinical pictures. It is for this reason that their recognition and study would seem to be of some importance. In the present case the resemblance to katatonia is somewhat close, the mutism and curious mannerisms being especially suggestive of this form of reaction. Without some knowledge of the history or in the first attack of the series, an unfavourable prognosis might easily be given. Many demented cases present a similar clinical picture. Kirby, in a paper on this subject, mentions a very similar case, and observes that she had been repeatedly regarded as a deteriorated patient by physicians who had examined her.

It would therefore seem important to keep in view the existence of this type of case in order to avoid the diagnosis of a similar condition with a very different prognosis.

REFERENCES.

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