

the current economy of administration. Indeed, the abolition of ward dining-rooms would effect a considerable saving in plumbing, lifts or dumb-waiters, pantries, etc., as well as a saving of labour and food. If the advantage to patients should prove as great as I have anticipated, the number of recoveries would be increased and the number of violent and refractory patients diminished, a consummation devoutly to be wished for, both from a humanitarian and economic point of view.

CLINICAL NOTES AND CASES.

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

With few exceptions,* the classical writers on insanity regarded masturbation as an important and frequent factor in its ætiology. Ellinger,† after a careful study of the patients at Winnenthal, concluded that twenty-five per cent. of them owed their condition to this cause. More modern writers, while admitting it to be an element in the production of mental disease, do not assign anything like so high a proportion, and it is probable that the distinguished alienist cited, must have failed to discriminate between those cases in which masturbation precedes and provokes insanity and those in which it accompanies, follows, and results therefrom. Bucknill and Tuke place insanity from masturbation, or masturbatic insanity, under their Somato-Ætiological classification of mental disorders.‡ The latter (Hack Tuke) says "Reliable facts are of course most difficult to obtain, and such figures reveal little of the real truth, the extensive mischief done [by masturbation] of which there can be no doubt whatever.§ Savage|| states that masturbation may occur as a cause in either sex, but that it is far less frequently a cause than a symptom of mental derangement. Folsom¶ regards it as an exciting and predisposing factor, creating a morbid psychical state by exalting the sensibility

* Parchappe and Guislain.

† "Allgemeine Zeitschrift für Psychiatric," ii., p. 22.

‡ "Manual of Psychological Medicine," 4th Edit., p. 346.

§ *Op. cit.*, p. 98.

|| "Insanity and Allied Neuroses," p. 64.

¶ "Pepper's System of Medicine by American Authors," Vol. v., p. 119.

of the youthful nervous system; but adds that it does not often do so. The views of both these, the most recent writers of systematic treatises in the English language, are in accord with some of the leading German authorities. The latter do not recognize a special form of masturbatic insanity in their tables. Schüle* speaks of onanistic insanity in the same sense in which Maudsley uses that term, but gives it no place in his classification, disposing of it in a few lines of the text. Krafft-Ebing† recognizes the vice to be an ætiological factor, and speaks of such-and-such forms of insanity as being developed on a masturbatic basis. He, as well as Schüle, with the majority of recent German writers, follows Ellinger in attributing to the *masturbatic neurosis* a relation to the causation of insanity, analogous to heredity and the great neuroses, such as hysteria, epilepsy, and alcoholism. I am unable to find any dissent among the Germans from the statement approvingly cited by Emminghaus‡ from Krafft-Ebing, that the clinical forms growing out of this neurosis are too numerous and widely different to permit the erection of a special form of insanity, such as that which the renowned somato-ætiologist Skae§ attributed to, and named after, the vice in question. This criticism appears to acquire some support from the lack of unanimity among those writers who have defined and attempted to demarcate such a type. While Skae speaks of a peculiar imbecility and shy habits as characterizing the disorder among the youthful, and suspicion, fear, scared looks, cardiac palpitations, the delusion of having committed the unpardonable sin, and feeble bodies, as found in older victims of this habit, his most distinguished follower|| attributes to it exaggerated self-feeling, conceited, shallow introspection, frothy emotional religious notions, and a restless, unsettled state, with foolish hatchings of philanthropic schemes.

Luther Bell,¶ who, with Isaac Ray, was among the first to direct special attention to insanity caused by masturbation, furnishes a very faithful picture of certain cases, whose particular features he states to be a tendency to dementia, loss of self-respect, a mischievous, dangerous disposition, and

* "Handbuch der Geisteskrankheiten" in "Ziemssen's Cyclopædia," p. 308.

† "Lehrbuch der Psychiatrie," Vol. ii., p. 182.

‡ "Allgemeine Psychopathologie," p. 377.

§ Morisonian Lectures, "Journal of Mental Science," October, 1873.

|| Clouston, "Mental Diseases," p. 484.

¶ Annual Report of the McLean Asylum, 1844, cited in "Bucknill and Tuke's Manual of Psychological Medicine," 4th Edit., p. 346.

an irritable, depressed state of mind. Griesinger* states that the majority of cases are marked by a profound dulness of sentiment and mental exhaustion, by religious delusions, and hallucinations of hearing, and a rapid transition to dementia in the event of incurability; which latter is the usual destiny. Schüle recognizes two phases of onanistic insanity, in the brief paragraph alluded to. The first consists in a persecutory delusional insanity, usually with an erotic or lascivious tinge; the second is a moral insanity, marked by a mean hypochondriacal egotism and a loss of the normal emotions. Savage† speaks of sexual hypochondriasis as one form of insanity due to masturbation, but also attributes this disorder to marital excesses and unsuccessful marital performances. Elsewhere he refers to a form of adolescent insanity due to "masturbation and the onset of sexuality."‡ Folsom§ asserts that most of the primary dementia in asylums is classed in some institutions as insanity of masturbation ("masturbatic insanity").

In writing on this subject some years ago, I stated|| that stuporous insanity, the so-called "primary dementia" of some asylum tables, is attributable to masturbation as a direct cause in some cases, adding that under these circumstances the prognosis is much worse than in the average of this ordinarily favourable group. Regarding the association of masturbation with insanity of pubescence, I suggested that the vice, while a frequent accompaniment, and perhaps a result of insanity of pubescence,¶ is not its cause, however much this habit may ultimately modify the character of that psychosis.* At the time of making these statements I regarded the following† as expressing the general opinion among alienists:—

"While there is no special form of insanity attributable to masturbation, yet those psychoses accompanied and modified by this vice seem to have certain characters in common. Melancholia, stuporous insanity, katatonia, and insanity of pubescence, are the forms most frequently found in masturbators, and the essential characters of these

* "Mental Pathology and Therapeutics." Wood's republication of the "Syd. Soc. Translation," p. 122.

† *Op. cit.*, p. 64.

‡ *Ibidem*, p. 11.

§ *Op. cit.*, p. 164.

|| "Insanity, its Classification, Diagnosis, and Treatment," pp. 159-160.

¶ "Hebephrenia."

* *Op. cit.*, p. 177.

† *Op. cit.*, p. 379.

psychoses are always recognizable under these circumstances. The ordinary characteristics of the masturbator are, however, found in addition. Thus such lunatics are usually retired, shy, suspicious, hypochondriacal, mean, and cowardly. . . . A variety of primary deterioration, marked by moral perversion, is observed in young victims of the habit, which yields to treatment if it be discontinued. If unchecked, the disorder culminates in complete fatuity; this has been observed by the writer in subjects between the eleventh and twenty-third year, and is one of the numerous conditions which passes under the designation of 'primary dementia;' it is the only one to which the term insanity of masturbation can be properly applied."

Of those who have furnished figures indicating the frequency of insanity from self-abuse, Clouston* observed it in 46 cases, during nine years' experience with the large insane population of Morningside. Burr,† of Pontiac, bases his monograph on cases selected from 158 whose disease was attributed to masturbation, in a total population of 1,474.‡ Bucknill and Tuke state that out of 603 *male* admissions into the York Asylum, the cause was attributed to masturbation in 15 instances. In my private practice, I find that in 362 case-records of insane males, accumulated since I discriminated regarding this ætiological factor, the psychosis regarded as masturbatic by the English and American writers cited, occurred in 41 cases. Of 401 females, it occurred in eight. Seven years ago, through the kindness of James G. Kiernan, lately of the Cork County Asylum [U.S.], I made a statistical study at the large pauper asylum for insane males on Ward's Island.§ At that time I was compelled to apologize for assigning to one common, or rather mixed group, the forms known as insanity of pubescence or adolescence and insanity of masturbation. This was partly due to the fact, that not all of the cases were under repeated or continuous observation by myself, partly to the imperfect nature of the records, and above all, to my inability to distinguish between them in their various phases. The occurrence of both forms at nearly the same period of life, the frequent co-existence of self-abuse and pubescent insanity, and the modifying effects of the former on the latter, all contributed to this uncertainty. It is these confusing

* *Op. cit.*, p. 491; the total number does not appear to be given.

† *The Insanity of Masturbation*, reprinted from the "Physician and Surgeon," Ann-Arbor, Michigan, 1885.

‡ Biennial Report of the Pontiac Asylum, for the term ending September 30th, 1884.

§ *Race and Insanity*, "Journal of Nervous and Mental Diseases," 1879.

features that cause me to institute further inquiries, with the object of determining the precise merits of this clinical form, its limitations and its differential characters.

The effect of masturbation on the nervous system varies according to the age at which the habit is commenced. Like other agents which are injurious to the developing brain, such as epilepsy, alcohol, and syphilis, its effect is most rapid and serious in younger children,* less so in adolescents, and least so in adults. To produce anything like the ravages in the adult brain which it effects in immaturity, it must be greatly protracted. In very young infants it causes a profound deterioration, manifesting itself in convulsive or choreic disorder and imbecility. In those who masturbate between the fifth and tenth years, the effects seem to be chiefly manifested in arrested brain nutrition. Spontaneity of thought and action is rare in such children; they do not play as their comrades do. Here a noteworthy difference is observed between the two sexes. The boy masturbator usually becomes shy, and above all when in presence of female company. The girl masturbator, while shy in general society, seeks out persons of the opposite sex, makes advances to boys, and may even seduce them. To some extent this difference between the two sexes is maintained throughout later life. The adolescent and adult male masturbator, with a few exceptions later alluded to, has in the earlier period of his vice a shyness before, and in later ones an aversion to women. The adolescent and adult female onanist usually entertains ideas of an erotic character, develops foolish marriage notions, and may throw away all reserve before males. It is a singular feature of these cases that there should exist a very great difference between these females as regards the fruition of their expectations. Lombroso† relates the case of one who began masturbating at ten, continued the habit excessively up to her marriage, and at her fourteenth year indulged in the reading of lascivious literature. She intended to become the

* The statement of A. Jacobi, "American Journal of Obstetrics," Feb. and June, 1876, that masturbation is practised by very young children, was, I think, a surprise to many physicians. I am, however, not only able to confirm it, but to add a more remarkable observation than any I have yet found recorded. I was consulted regarding peculiar grimaces and movements in a male infant *eight months* old. I witnessed a so-called "seizure," and found that it was nothing but an act of self-abuse, performed by femoral friction, and accompanied by passionate facial distortion. Scarcely a waking hour passed without an attempt. A cure was easily effected.

† "Archivio di Psichiatria e di malattie nervosi," Anno vi., Fascicolo 4.

“*Messalina*” of her husband, had countless privileged lovers, but found no gratification, and becoming disappointed in her anticipations, developed into a quarrelsome, irritable, and cruel vixen. A similar experience is recorded in the histories of two of my married female patients, one of them continuing her unnatural practices till she developed a melancholia, from which she recovered.*

The older the victim of self-abuse, the more likely is he to develop an unpleasant irritability or hypochondriacal egotism. In those rare cases where the habit is continued into or commenced late in life, organic brain-disease is a possible sequence. Whether this be a sole result, or merely a consequence of a precipitation of existing pathological changes, or of premature senility, I am unable to say. It is recognized by a number of writers that masturbation may be—like natural sexual excess—a contributory cause of parietic dementia. There is another form of brain-trouble found as a result of self-abuse when continued through a lifetime, to which reference will be made.

Among the factors modifying the clinical picture of masturbatic insanity is the original disposition of the patient. If this were sanguine or choleric, we find conceit, project-building, and aggressive meddlesome behaviour; if the opposite temperaments exist, we find timidity, anxiety, melancholic and hypochondriacal tendencies. Commonly there is some dovetailing of these different states. Not infrequently is it found that they alternate somewhat like the phases of an irregular cyclothymia. Thus, a patient on his reception in the asylum is found depressed, afraid of others, suspecting that they can read his crime in his face, or is filled with an unaccountable dread of death. After a few weeks or months, however, he who sat motionless in one corner, with cold hands, a pale, careworn, anxious countenance and crouched body, who could scarcely be induced to open his mouth when visited by his relatives, meets the latter with a firm or even swaggering demeanour, shakes hands energetically, his eye is brighter, and his expressions positive and loud.† The relatives are gratified at the change, even physicians have been, to my knowledge,

* I have also observed one marked exception to the above. A girl of seventeen, who was brought to me suffering from this same psychosis, was married before her entire recovery. The orgasm recurred from six to ten times during coitus, and she again sought medical advice in consequence of the weakening effect of this.

† This is frequently found in cases of mingled masturbatic and pubescent insanity.

deceived by it. But in the course of an otherwise connected and able conversation, he drops an expression whose abrupt silliness betrays the abyss of developing dementia, in which he is about to sink. The patient who demonstratively asserts what "a good boy" he always has been, who never "broke his word," nor "did a dirty thing," is found to possess the credulity of a child, and attempts to impose assertions on others which imply the same infantile credulity on their part.

Another important modifying factor is of a more strictly psychical nature than the elements just alluded to. The age between twenty and thirty-five is pre-eminently the period of somatic introspection. It is at this period, if at any, that the average man begins to think of his bodily condition. At this age men weigh themselves, discover—or think they do—that they have too much or too little flesh, develop slight gastric disorders, reflex nervous symptoms, indulge in excesses in tobacco, *in baccho*, and *in venere*. They are consequently on the watch for cardiac, renal, or venereal disease, or of sexual disability. At this period, too, the remote consequences of masturbation are felt by the victim of that habit. The prevalent tendency of his age, and his associates of the same age, tinctures his depression with a veritable *nosomania*. Possibly, under the advice of physicians or laymen, he attempts coitus, and fails. Body and mind react on each other in a vicious circle; spinal irritation in the domain of the former, and hypochondriacal insanity in that of the latter, being a frequent result. Of 88 tabulated cases of insanity among military men at Allenberg,* eight were assigned to masturbation, five of these being classified as hypochondriacal paranoia, one as hallucinatory paranoia, one as melancholia with imbecility, and one as mania.† This illustrates the preponderance of hypochondriacal states among those who develop masturbatic insanity at the age mentioned. I believe similar proportions obtain in all asylums where the clinical principles of classification are adopted. In the following table I have attempted to give a brief outline of the history of 28 of my own cases, whose ultimate termination could be learned, or who were at the time of writing this paper under observation.‡

* Sommer: Beiträge zur Kenntniss der Militärpsychosen, "Allgemeine Zeitschrift für Psychiatrie," 1886, p. 32.

† This was the only case terminating in recovery.

‡ Borderland cases, and such with obscure antecedents, or seen but once, are excluded from this table. The female cases are discussed elsewhere.

While the above table demonstrates the preponderance of hypochondriacal insanity in middle life, as a result of masturbation, as well as of other influences adverted to, it may be desirable to pourtray in more detail the various forms represented in it. The following is a pure and typical case of insanity in a youth, resulting from self-abuse practised in early years, and without any complicating factors, such as heredity, hebephrenia, or over-work. It has been selected from among the others, because I am able to submit the patient's own writings, than which a better means of exposing the mental state is not at my disposal.

I.—*Self-abuse practised at puberty, increasing at the 17th year; retired disposition, then silly conduct; vague delusions of persecution; indecency; remarkable relationship between exacerbations of mental disorder and recurrence of habit, or of seminal losses; tendency to dementia; the latter being varied by an attack of stupor, and subsequently by impulsive acts. No heredity or complications.*

George F—, no regular occupation, single, now aged twenty-three years. Seven years ago he developed a marked change of character. Previously of a quiet disposition, he was noted to ask questions in the midst of conversation with which they had no possible relation. He also showed a habit of laughing in a peculiarly silly manner for considerable spells of time, and without any discoverable cause. This continued for nearly three years, when he developed vague delusions of persecution, claiming that people were about to kill him. He was removed to a Western asylum, where it was found necessary to place his hands in muffles to prevent his practising self-abuse. His history at the institution was that he was depressed, silent, inactive, irresolute, indolent, indifferent, and showed very little anxiety to return home. At times he was very capricious. This condition continued some weeks. At home he would sit brooding for hours in one place. At table he would demonstratively decline wine, but after dinner would attempt to obtain some in secret. He positively refused to enter society, inclined to think the worst of other people, and suspected that he was despised or mocked at by the rest of the community. Within six weeks after his return home, while under the treatment of a general practitioner, he improved very much, both physically and mentally. He answered questions rationally, and for some time nothing abnormal could be detected in his conversation or acts. But when in the street he began picking up worthless objects, such as stones, tin-foil, scraps of paper, and even horse-dung. These he would carefully wrap up, and his pockets at home were found filled with parcels of this kind. On one occasion he offered some horse-dung, broken pieces of tobacco-pipe, and coal to his favourite canary, all the while exhibiting a vacant expression, and giggling, while the

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saliva ran out of his mouth. As his health improved, an unpleasant disposition became manifest. He would suddenly break out in a fit of scolding, and severely abuse his mother, with foul epithets, when he suspected or saw that she was watching him. His mental state in his 19th year may be gleaned from a letter addressed to his cousin, in which he complains that he has been scolded for not drawing water at the well as ordered, and intimates that he may require a squad of police to protect him. In another he says :

We are having splendid weather here now, for the last week, we have had a moderate temperature and the sun which makes Spring with its mild and refreshing winds, seem so celestial, has been regular in its appearance every morn. I like to get up early in Spring and enjoy the effects of the climate.

Over this letter is the superscription, "Burn this when you have read it;" but unless it were the above-cited passage, there is nothing in it to justify that injunction. As the period of his asylum sojourn approached, his spelling, handwriting, and syntax deteriorated rapidly. In one letter written from the asylum, and covering four pages of letter paper, the sentence "let me hear from you" recurs on almost every line of the first page. He asks how the "flowers on his grave are growing," and then argues that he is not insane because he is a good shot at quail. He desires to go home, not because he is dissatisfied with the asylum, but because the duck-shooting season is about to open. This letter is written in German, but the English term "concubines" is used to designate the persons responsible for his asylum incarceration. He speaks in almost the same breath of "rock-candy," asks for "licorice," then adds that he does not know who is more beautiful, Louis T— or Louisa S—, crossing the letter S so as to resemble the symbol of the United States dollar, and accuses Cousin Emma of lying in his body. It appears from the same note that his delusion about concubines is based on his having heard their old gardener speaking of them while attending to the flowers, and it is probable that he misinterpreted the word "columbines." In another letter, English words, in almost microscopical characters, are written over the German ones of the letter proper. Thus, over the German, "I am sorry that I stand thus in the world" is written "ink," and over "I am very much afraid, but trust soon to return," is written "Photograph." Subsequent letters, dated after his removal from the asylum, show considerable variation from meaningless scribbling, without cohesion for a single line, to such as are fairly well written and coherent throughout. A number begin well and wind up badly, of which the following is a specimen :—

Please write me a few words of your kindness goodness and your friendship, and let me know how you are getting on a few days ago I had some, and said that the impossibility to go to E— was a lie. having been made redreamed. I admired the building and the Grain work and believed it conscientiously your humble servant considering the weather was I ink was made very oh: by Atmosphere and was

After his relapse at home, I placed him on restorative and tonic

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treatment, directing special attention to calming sexual excitement, and for a time he improved considerably. His conversation became perfectly rational, and some of his letters of this period are the best he ever wrote in his life. But again he relapsed, became impertinent to his mother, and unpleasantly disposed as indicated in the following :—

We have a nice honey-suckle growing on the side of the house, we had some nice cherries on one of our trees, Z— picked, them, all, off, and ate them with Louisa. Hogish as hell, then all at once he went off again like a Blunder Bus : with his head tossing about with his old black cane with a big white fad on it, as he went strutting up and down the side walk, thinking of a — — [chamber-utensil], as he thought of a white button, it made me think he was God almighty, he : thought, himself Big, cause, he got the permits from my father to take me walking But I didn't care for any body but himself they all feel, so d—d big to come over me, but, that will stop anyway he comes here to eat Ice-cream and Strawberries. I think the Gooseberrys Give him the Stomack acke. I close signing my name.

Two months later, in a relapse brought on by a recurrence of his habits, he portrayed the confused state characteristic of such patients in the following letter addressed to the same person :—

Seeing that good news from me pleases you I will take pains to give you a deliberate and pleasant view of all my case, doings, and pastimes, you know that I am always happy to hear from, you and unwilling to answer letters of that kind letters of pleasant and modest declines are always welcome, and virtue is the mother of the world. Glad to hear good news always sorry for news of illmeaning sure to answer all letters of any kind for that is my character in life or death : see myself amiably seated at O— with Father and Mother at Home, for O— is our home you know in Reality. furthermore I would like you to know that letters of that kind are always unwelcome and troublesome to defray seeing that you would like to know further and closer particulars. * * * * *

A part of a daily record kept of his condition at this time may serve to illustrate the routine variation of such cases :—

Date.	Forenoon.	Afternoon.
June 3rd.	Saucy, obstinate, capricious.	Good-natured ; speaks in a silly, babyish way.
„ 4th.	Insolent and capricious.	Quiet and dull.
„ 5th.	In excellent spirits ; worked about the house.	Quiet and depressed.
„ 6th.	Quiet and depressed.	Quiet and depressed.
„ 7th.	Quiet and depressed.	Quiet and depressed.
„ 8th.	Obstinate and depressed.	Mute, apparently introspective.

At the time of his discharge from the asylum he confounded persons with whom he had been familiar. Under the treatment instituted, he discontinued the habit of picking up worthless objects, no longer confounded persons, and during July and August again improved, being strictly watched day and night. On one occasion he left the bed to lie on the floor, evidently to elude observation; but obeyed on being ordered back. He began to take interest in his father's business, and the variations in his condition alluded to ceased. Supervision then became less rigid. September 12th, he was noticed on arising to have a very imbecile expression, and began to indiscriminately collect fruit, vegetables, and other edibles, saying that he must have something more *piquante* than the prescribed diet. With this the silly laughter, which his parents had already learned to regard as an ominous sign, recurred. In the afternoon he exposed his person before his mother, and, when remonstrated with, explained it away. On the whole, however, he continued to improve, and as the symptoms marking his relapses were usually noticed to be most marked in the morning, I had his bedding examined, and it was found, on every subsequent occasion, when his expression on rising was vacant, listless, and silly, or when causeless laughter occurred, that it presented the evidences of seminal emissions. Careful watching was resumed, and revealed that the patient still masturbated. Confronted with the evidences of his misdemeanour, he defiantly replied to the question why he persisted in so damaging a vice, "because I want to;" and when his mother, with tears in her eyes, implored him, if he cared naught for himself, at least to think of the misery caused his parents, he said, "I don't care a ——" A jacket with endless sleeves had meanwhile been made. The first time it was applied, he manifested a child-like willingness to have it. He recognized its purpose; but indulged in laughter and bravado in speaking of it, a fact which filled me with serious apprehensions. For two months this device fulfilled all expectations; neither voluntary nor involuntary seminal discharges occurred. He continued improving, and during this entire period there is no record of a single foolish act or word. He voluntarily worked as a type-setter in his father's printing establishment, where a small paper, of which the latter was editor, was published. After this period, it began to be noticed that he would frequently stand in one spot gazing at vacancy. Examination showed that he had succeeded in provoking the orgasm by femoral friction. The knee-pieces which I had originally suggested, but which the local physician had delayed obtaining, were now applied. Unfortunately, they failed; the patient had become able to effect his purpose without any friction whatever. I then had him taken—he was at this time not under my direct observation—to the nearest large city (St. Louis), where Dr. Bauer performed an operation on the prepuce, calculated to interfere with or to stop his vice. For four months thereafter the latter was not resumed, but the mental state did not improve as before. On his re-

turn, the patient manifested great bitterness of temper, complained that he was looked down upon, that everyone took him for a fool, and if he met his former companions would reply to their questions by mere monosyllables. He also complained that he had never been like other children in his infancy, and in the midst of conversation relating to other subjects would break in with questions about that period of his life. Shortly after, he manifested a little more ambition, entered society, and for a few days again encouraged the hopes of his friends, but soon he became petulant and taciturn, refused to join the family at table because "strangers" were present—these being invited neighbours—and again manifested the silly laughter alluded to. On one occasion, while engaged in cracking open some nuts, a task he had volunteered to assume for a relative, he suddenly became motionless and mute; in the midst of this frozen attitude he smiled vacantly, and repeatedly laughed out loud. After each such fit of laughter, a look of terror stole over his face. He showed some indications of catalepsy that evening, which deepened until complete *flexibilitas cerea* was established. At times he subsequently emerged from this condition, manifesting the same childish manner as before, and having to be fed and put to bed like an infant. When he was allowed to leave the house, he would run around in the garden or street filling his pockets with trash, as after his return from the asylum. On repeated occasions he would suddenly open a button of his coat or trousers with lightning-like rapidity, and when asked his reason, replied, "Don't know." His mouth became filled with saliva, distending his cheeks, and continuing to accumulate until he was ordered to void it, when he let it run out slowly, complaining the while that it "drew his mouth together." He rapidly lost flesh, and his hands became blue and moist. During the past three years his physical condition, after a slight improvement, remained stationary. He has frequent spells of moodiness and obstinacy, on each of which occasions signs of a seminal emission during the night previous were found. It was definitely ascertained that most of these were involuntary, occurring thus about twice a week, or less frequently. On one occasion he escaped from home on a bitterly cold night, broke through the ice in crossing a ditch, and returned covered with ice from head to foot. Apparently his bodily health did not suffer from this, remaining fair up to date, and his only somatic complaint has been constipation. At times his conversation was rational, to become by abrupt transitions irrelevant or absurd. He would repeat the question, "What time is it?" over a hundred times on certain days. He retains such musical acquirements as he had—limited to singing, whistling, and performances on the jew's-harp—and is, as a rule, docile. When ordered to do a thing, he either does it immediately, or, apparently forgetting the order, complies after a repetition. In the course of work requiring protracted efforts, he has to be repeatedly urged to continue, otherwise ceasing in the midst of it, and remaining in whatever posi-

tion—however uncomfortable—he may happen to be at the moment. On one occasion his father—who had abandoned medical advice after a bad prognosis had been given—administered corporeal chastisement during an outbreak of angry excitement on the patient's part. This seems to have had the effect of restraining him, but he has become more timorous. Occasionally he has spells of craving for tobacco, and when he is smoking his pipe throws it away violently, so that it breaks into numberless fragments. Apparently this act is involuntary or impulsive; when remonstrated with, he appears to have no knowledge of the circumstance. He has no other destructive tendencies.

An almost exact counterpart of this history was found in the earlier accounts of three patients who had passed into terminal dementia. All of them exhibited considerable salivation; their demeanour is marked by silly laughter and confusion, alternating with spells of atony. Occasionally they appear to recognize their own condition, and as weak as their memory is for most matters of importance, some of their recollections are quite vivid. A remarkable feature of these cases is the occurrence of rational and continuous conversation for brief periods in the midst of the dementia; indeed, rapid and abrupt transition from one mental state to another is characteristic. It is only where the mental disorder ensues very early that passive and uniform dementia results. When it begins in the adolescent period, it seems as if the conservative forces more frequently made head, however ineffectually, against the overwhelming onset of mental exhaustion resulting from the vice. The greater irritability shown in dementia from masturbation as compared with ordinary forms of terminal dementia, is probably a result of the same conflict between the productive tendencies of youth and the destructive ones of the disease.

One of the exploded superstitions of a past era is that the simple and radical remedy for nervous and mental disorders resulting from masturbation is the resorting to natural gratification of desire. How utterly erroneous this is, the following case shows:—

II.—*Self-abuse at puberty; later, natural indulgence, imperative impulses, terrors, melancholia followed by maniacal excitement, followed by apathy and fading hallucinations.*

P. L., aged 19; no heredity, but has a very foolish mother; did not learn to speak before his fourth year; he is a shipping clerk in his father's business. Self-abuse commenced at the fifteenth year, and was carried out both by manipulation and by rubbing against wooden

pillars, lamp-posts, &c. During the past few months has, on the advice of a friend who discovered his habit, indulged in coition repeatedly, and claims since then to have ceased masturbating. This was, however, found not to be true. On March 19th, 1885, the history was given that he had appeared normal, until about two months ago, when he had spells of terror accompanied by heart-beating. He had a fear that God was going to punish him for having cut someone with a knife. It was subsequently learned that he had had the morbid impulse in the street to cut passers-by, and had at times to struggle with such an impulse for a year past. On one occasion, after an attack of terror, he obtained a "century almanac" to find what day of the week he had been born on. He found it was a Tuesday—the following day, and the nineteenth of the month, which also happened to be the case on that day. Hereupon he remained in bed, saying that he was to die that day. When he heard the house-bell ring, he said "The people are calling to see if P. is alive yet." He seemed to take leave of the world with regret, and his eyes were noticed to wander sadly from one to another of a series of engravings on the wall representing distinguished rabbis. When convinced that midnight of the error of his apprehension, he said, "It is the next nineteenth that I shall die on; all our family die on the nineteenth." This latter statement had some basis, for all deaths that had taken place in the patient's recollection were on the nineteenth of the month, and the fact had been commented on by others.

A week ago his father purchased so-called "fire-extinguishers," glass bombs intended to be thrown into the flames of a beginning fire. Two of these were placed in each room of the house, but they had to be removed, as the patient became greatly agitated, and entertained the fear that he would have to be burned up if they remained.

He answered in a low voice to questions, his answers were responsive, though reluctant; he had an abstracted look, and at times smiled vacantly. Thoughts of death were continually passing through his mind, and he was very apprehensive that I would perform some serious surgical operation on him.

My advice, confirmatory of that of the family physician, Doctor Isaac Oppenheimer, was to place him in a large asylum where proper supervision and classification of such cases were carried out, but it did not satisfy the mother, and the patient was for six weeks treated by another physician. The patient finally reached the lowest rounds of the ladder to *melancholia anxiosa*, and was sent to one of the numberless "homes or halls for the insane," which, under more or less specious titles, are, in the majority of cases, but country boarding-houses, with a little extra gloom and a little worse fare than the ordinary resorts of that name. As the patient's father learned that no attention had been paid to the question of self-abuse and seminal emissions, he again brought him to me, and transferred him to the Bloomingdale Asylum. On this occasion he was in a complaining

mood, asserting that his relatives did not care for him, that they had not visited him often enough, and spoke in an exaggerated and rather maniacal way. He was going to travel around the United States, had eaten three lobster salads, &c. The expression of his eye, which previously was one of terror, now was piercing and glaring. His pupils reacted well, but there was great tremor of the hands. During his sojourn at the "hall" he had been permitted to indulge inordinately in tobacco. He was covered with acne rosacea. At the Bloomingdale Asylum he steadily improved, with the exception of slight relapses, which I found to be connected either with seminal losses or repetitions of self-abuse. He developed auditory hallucinations, hearing his father's and brother's voices; but latterly these "voices" had become less distinct. The patient exhibited a marked variation in his state during the day, being entirely normal in the forenoon, and becoming monosyllabic towards evening. At this latter period his eyes resumed the expression alluded to, and the brows became corrugated. He then slowly improved, the sole discouraging feature being a pronounced apathy. On removal from the asylum to test the effect of home and business life, he rapidly improved. For a time he manifested a boyish dislike towards his parents for placing him in the asylum; but his hallucinations disappeared, and he is now as well as he ever has been, with the exception of occasional spells of "the blues." He has had natural (illicit) connection since his return without the depressing results previously complained of.

In a second patient a more rapidly favourable result was obtained, the case differing mainly in the earlier and more extensive addiction to indulgence with the opposite sex.

III.—*Doubtful heredity, early masturbation, subsequent liaison, confusion of ideas, silly conduct, profound moral deterioration, partial recovery.*

P. S., aged 17 years; good business and musical education; at the time employed in the wholesale department of his father's business. He was strongly suspected of having practised masturbation, and admitted having done so extensively in earlier years. His mother is neurotic, and a brother of hers is at present in an asylum in France suffering from a form of insanity which, according to the physicians, had also been brought on by self-abuse.

Since his fifteenth year the patient has been considered a little peculiar. He made grimaces occasionally, which at first were regarded as childish attempts to make fun; but occasionally a remark would escape him that startled the family, and when in addition to this he refused to leave his bed, ceased to attend to his business duties, and displayed a state of mind inimical to his parents, they consulted me. I at first observed the patient in his business, and the following evening examined him at his residence. He had a most intensified

expression of diabolical meanness. His brows were strongly corrugated, and his eyes sharp and piercing; but he rarely looked at his interlocutor directly, and then seemed unable to do so for more than a moment. As he refused to follow out the treatment recommended, and the family were loth to send him to an asylum, a nurse was employed. To this nurse he took the greatest dislike, not allowing him to approach, kicking, struggling, and screeching at the top of his voice when he came near. My arrival only made matters worse. I found him sitting on the middle of the stairs holding on by the supports of the banisters, and resuming his cries as I entered. He called on a chambermaid by name, and I suggested she be sent for. She came, and the patient followed her as quietly as a lamb, and consented to take the medicine at her hands. This seemed, at least, singular to me, and the apparent mutual understanding between them led me to cross-examine the girl as to her acquaintance and relations with P. She exhibited such innocence and naivety that I did not feel justified in making any pointed inquiries, and informed the family that my misgivings had been removed. As it turned out, however, I had been egregiously duped. The mother of the patient searched the girl's rooms, and a number of presents and letters from the patient were found in her trunks. A confession was then extorted. Her mistress then purchased a ticket for her, and herself saw her on board the steamer which took her to Germany. Unfortunately the exact nature of the sexual relations between the two was not ascertained. The patient remained mute on this subject. A written confession of the girl states that she had been guilty of seducing P. to the commitment of natural and unnatural sexual acts. My impression is that the *liaison* resulted from her discovery of his solitary crimes. He was taken to a private asylum, and there enjoyed the character of being the most troublesome patient they had had in many years. He was equally mean, insulting, and selfish. He would write letters to his parents brimming over with filial loyalty, and in the same hour indite another to his uncle accusing them in the vilest terms of having placed him at the asylum in order to appropriate the piano which he had purchased from his own money, as well as his money at the bank, all of which had been given him by his father in the first place. He also called his family "a pack of liars and swindlers." He improved, however, in other respects, and, being taken out on *parole*, behaved himself so well that he was not returned to the asylum, and has ever since—that is, nearly three years—conducted himself so well that a recommitment has not been found necessary. On a former occasion, when he had been paroled for a day, he walked from his residence to the asylum, through the central park, and destroyed as many flowers as he could reach, replying to his companion, who endeavoured to prevent him, "They can't do anything to me as long as I am in the asylum." On being taken from home, when committed, he gave the girl in question his keys to keep for him, and told her that in three

years he would take her and his piano to their own house. On his return from the asylum he regularly went to business, and sent letters to the girl, which were intercepted. He became much depressed on getting no answer, and ate no dinner nor breakfast on one day, stating that he could not afford it. It was ascertained that some vague notion of saving money for the girl was the motive for this statement. The next moment he said he would like to have a dog-cart and carriages. That evening he began to conjugate "*hic, hæc, hoc*" very loud, on which his sister said, "Shut my door, P.," and he ceased. At present he has spells of indolence, in which he is moody and makes singular or irrelevant remarks. But such spells are less frequent and less protracted than formerly. His facial expression is greatly improved.

(To be continued.)

Supplementary Note on a Case of Mental Stupor. By the late Dr. GEOGHEGAN. Case reported in the "*Journal of Mental Science*," April, 1881. (Under the care of Dr. Bland, Medical Superintendent of the Borough Asylum, Portsmouth.)

The Editors are indebted to Dr. J. D. Mortimer, Assistant Medical Officer of the Borough Asylum, Portsmouth, for the following brief notes made by the late Dr. Geoghegan, subsequent to the report of the case made by him in the *Journal of the above date* :—

May 28, 1881.—Perpetually "on the go." Walks and waltzes about ward when he has nothing to do. Can make mattresses, set up a tennis-court, do fretwork, &c., &c. Always good tempered. Speaks only when spoken to. Will acknowledge to no English port, but if any foreign port is mentioned where he has been he can tell the name of some well-known person there.

Aug. 28.—Has steadily improved. Acts and talks with much fewer mannerisms. Up to yesterday week he spoke a nigger gibberish, or answered questions by signs or writing. This morning, on being told that champagne would be given the attendants of his ward if he spoke normally, he spoke perfectly rational English. Is still reserved on his past career.

Sept. 28.—Has steadily improved. Cannot remember (or will not tell?) anything of the period since he was admitted here as a patient. Appears quite convalescent. Still works industriously.