

**Pages Missing**

FOUR INTERESTING CASES.

sible to say. She says that during all this time she kept having weak spells and would have to go to bed and lie down. She would not admit that she had been mentally confused when having these attacks, but says that she has been accused even while in New York State of taking drugs. One doctor in Massachusetts had charged her with this, but she had strenuously denied it, and says that she had never been addicted to the use of intoxicants or drugs during all her lifetime. She says that before her marriage she never saved any money as she dressed well and lived up to all she earned. She says after her marriage her husband, although he received good money when at work, did not save any, and sometimes they were rather short. She explains her unsteady gait as due to an injury she received by falling on some stone steps one time when she had a weak spell. Her memory is very uncertain, and she frequently contradicts herself. It was difficult to get a continual sketch of her life, as she was frequently mixing up recent events with those which occurred in her childhood. Her memory for events of the past two years is particularly bad.

*Association.*—At intervals she has a fair flow of ideas, particularly when discussing some instance she remembers well. At times she is quite discursive, but is inclined to wander from the subject under discussion and bring up other things that are not relevant to the story she is telling. Her surroundings have had no influence over her ideation. The ideation images formed in her mind are not very complete or permanent.

*Association Word Test.*—In this she responded very slowly, and sometimes a minute would intervene before she would reply. The word "river" she said suggested a stream of water. The word "flower" would suggest anything in the line of plants, but no reproduction. The word "desk" simply suggested a writing desk. The word "stand," a table. She did not think of any application for the latter term. The word "walk" suggested people travelling, although nothing else was brought

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before her mind. The word "door," a way to get out, but no other application.

*Judgment.*—Her judgment is very weak. She cannot give a very good opinion on anything submitted to her. In speaking of some of the patients she said she thought some of them were not very strong mentally, and one woman who was very insane, she thought was probably not strong mentally, but she said she simply acted in that way to explain to some people what religion was. Her judgment was very good about the work on the hall and the action of the nurses.

*Affect Tone.*—There is a fair depth and stability to her emotional tone. At times she feels badly about being here and about being away from her friends, as she says she is very lonesome. She has good ethical sense and instincts; Her religious instincts are also quite strong. She takes a fair amount of interest in her surroundings, except when she is having one of her attacks.

*Insight.*—She realizes that she is not very strong physically, but does not realize that she has any real disease. She says she has been suffering from injuries received to her eyes while at home. She does not appear to realize how long these attacks last when they come on, and does not appear to have any memory for what goes on about her when in this condition. She thinks there is nothing wrong with her mind and that her judgment is all right. She realizes, however, that her memory is poor for things that have occurred in the past. In the psychomotor sphere her powers of initiation are not very good. She can do things that are told her by the nurses, but cannot begin anything or take any active interest in it. There are no mannerisms or negativisms.

*Physical.*—Patient is of medium size, bones fairly large and muscles are soft and flabby. She is only moderately well nourished, rather anaemic in appearance. Her height is 5 feet 3 inches and weight 110 lbs. She appears to be a woman of about 55 years of age, of medium complexion; skin is clean, smooth and quite healthy.

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The head is medium sized, well shaped; hair dark, grey and thin; slight hypertrichosis of upper lip; ears are well shaped and normal; nose rather flat across bridge; nostrils are large and wide. On admission there was quite a droop of the left eye-lid and the eye was somewhat inflamed. She said that the eye had been under treatment for some three months or more. The condition has been treated since she came in, and the congestion has now all disappeared and the eye-lids are quite normal. Eyes: The irides are brown, right pupil larger than the left pupils both react very slightly to light and accommodation but have fair excursion. Mouth: Palatal arch is slightly above the average height; dentition has been regular, but now the teeth are badly decayed and require attention, particularly the upper ones; tongue protrudes straight, is quite clean and quite tremulous. There are marked tremors of the facial muscles.

The chest is fairly well developed, muscles now somewhat atrophied. Lungs are quite normal. Heart: Left ventricle is very much hypertrophied, heart occupies about twice its normal space; apex beat is 1/2 inch to outer side and 2 1/2 inches below nipple. There is quite an impulse at apex beat which can be seen on inspection. On palpation this impulse is strong and heaving. A slight thrill can be felt about the middle of the sternum. A diastolic murmur is distinctly heard at second costal cartilage on the right. A presystolic murmur is heard at the apex. The heart is somewhat irregular in action. The radial arteries show a marked sclerosis. The carotids can be seen distinctly pulsating in the neck, also the brachials at the bend of the elbow. The pulsation is decidedly of a jerking character and irregular in action. Pulse, 90. The blood pressure taken by the sphygmograph is 100. The heart condition has been diagnosed as one of aortic insufficiency.

The abdomen is soft and flaccid. There does not appear to be any marked disease of the other organs, with the exception of the kidneys; examination of urine

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reveals the presence of albumen. The digestive organs are doing their work fairly well, considering the amount of disease in the other organs. Patient says that she passed her climacteric period five years ago.

Patient says she has had very constantly recurring weak spells for several years, particularly when she had any trouble or worry.

*Neurological.*—Her taste, smell, hearing and feeling are fairly acute, but there are some areas of anaesthesia. Her vision is not very good, and it is difficult for her to see well even with glasses which should be suitable to one of her age. Grasp is fairly good; station very unsteady, and there is a well marked rombergism. The reflexes both of arms and legs are hypoaacute. There is no ankle clonus or babinski. She has rather an ataxic gait in walking, and has frequent falls. There is no slurring of speech, and she can pronounce every word distinctly. Her hand-writing is very good, and there is no elision of syllables or letters.

*Conference Report.*—Presented at staff conference by Dr. J. C. Mitchell, all members of staff being present. Patient does not exhibit any grandiose ideas or any special delusions. She is rather simple and child-like in her manner, and her memory and judgment are greatly weakened. All were of the opinion that the weak periods she has, in which she is at times quite stupid, are due to her physical condition, not to any drug habit. There is no history in her case of any specific disease, nor are there any indications that she has ever suffered from lues. All were agreed that her physical symptoms would indicate paresis, but her mental symptoms do not. The general opinion of all is that the mental condition may be entirely due to arterio-sclerosis.

*Diagnosis.*—Withheld, waiting further development.

*Prognosis.*—In any case, unfavourable.

*Note.*—Since the conference was held, patient has had a great many focal attacks similar to what has been

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described. At these times she is always somewhat dazed and very often quite stuporous. She has maintained her weight. Her appetite has remained good and her bowels have been quite regular. She has been in bed a greater part of the time, as these recurrent attacks have been very frequent. She dresses occasionally and gets out on the ward, but her gait is very uncertain and she has to be watched for fear of her falling and injuring herself. She has always slept well. She has never asked for or exhibited any craving for drugs of any kind since her admission.

NAME—J. S.

*Family History*—Father was an Englishman who died at the age of 77 of Senility. It is said that although he was a man of limited education yet he had sufficient means to live without working and he did not apparently see the necessity of giving his children an education. He was not addicted to the excessive use of alcohol and was not considered in any way peculiar except that he neglected the education of his children.

Mother died when 45 years old, but no definite cause was assigned. She was a hard working woman, with no history of a psychosis, neurosis or alcoholism. There was no consanguinity between parents.

Four sisters and brothers are living and said to be normal, aged from 64 to 58. One brother died in infancy. There is no record of insanity, neurosis, alcoholism or any constitutional hereditary disease in the family history with the exception of a daughter of the patient who is said to be hysterical.

*Personal History*—Patient was born in Derbyshire, England, September 15th, 1854. His birth and development as an infant and young child were normal and he had no severe illnesses other than whooping cough and measles. Owing to his father's indifference as to his children's education he was not sent to school until he

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was 12 years old and as the patient was not very fond of school he did not remain long but preferred to go to work. It is said, however, that he learned readily and was not defective in this respect. He has worked as a labourer practically all his life, until latterly he has been a foreman in a clay pit. He is said to have been a good steady workman, but of a somewhat irritable disposition. He married at the age of 21 and has had ten children, present ages ranging from 34 to 13. One son died of enteritis while serving in the South African War. One daughter is said to be hysterical, but the others are in good health. Patient came to this country 22 years ago when he was 32 years of age and has followed his occupation as a labourer, until recently he has been a foreman as above stated. He has the usual care and responsibilities incidental to the raising of a large family, but generally speaking his domestic life has been a happy one. The loss of his son in the Boer War and his own intemperate habits were the only occurrences that marred his home life.

When he was 24 years old he received an injury to his knee, and for the pain associated with this trouble he was given his first dose of laudanum. He has been using opium ever since although not regularly or steadily until he came to this country eight years later when for the relief of muscular pains to which he was subject he again resorted to the use of laudanum, and ever since that time the habit has been growing on him. He has, therefore, used opium in some form for the last 32 years, although not steadily until he came to Canada 24 years ago. When he had been in this country but a year or two he began to use the solid extract of opium and this he has used continually in gradually increasing dosage and frequency for the last three years. He has taken on an average of one ounce per week, generally taking it at stated intervals, morning, noon and night. He has never used morphine hypodermically nor alcohol excessively, but has been a rather heavy smoker all his life.

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five months preceding his admission. The patient had been working hard all summer and about July it was noticed that his disposition had changed; he complained of headaches, insomnia, aching pains in the limbs and cold feet, and his hands became tremulous. He had ideas of suspicion and thought that he was being watched, that people wanted to injure him and his family, and preferred to be in the dark so that he could not be seen. He had auditory hallucinations and illusions: heard people around the house and heard his wife's voice in a phonograph. The slightest noise around the house would make him suspect strangers, and he thought that people were listening to his conversation and he sometimes refused to talk on this account. He thought the house was wired all around with telegraph wires and filled with hidden phonographs for the purpose of hearing his conversation.

He was admitted on the afternoon of November 26th, 1900, and for the first few hours was quiet and orderly and gave no trouble although he once asked for some opium before supper. He had taken his last dose on the previous day and he had been without the drug for 24 hours or more. He ate sparingly on the evening of his admission and soon after supper abstinence symptoms began to manifest themselves. He vomited his supper; complained of intense pains across the abdomen and became very restless and continually asked for opium. He did not sleep that night but spent it in restless tossing about the bed. Next day he was very much depressed and appeared to be suffering intensely; he could not tolerate any food on his stomach, although he made several honest efforts to eat, yet he said he had no appetite and loathed the sight of food. He continued to complain of abdominal pains and repeatedly asked for opium and was very despondent all day. His bowels moved with the aid of a purgative given shortly after his admission. The only thing that he could and would take was occasional sips of whiskey and water. His

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second night was as restless as the first and next morning he felt no better and could not even retain the whiskey and water. He retched frequently and kept up his appeal for opium. He was transferred to the Infirmary, and confined to bed, and for the first few days his condition remained about the same. He, however, fortunately began to retain some nourishment in the form of milk and lime water and after this he complained less of the abdominal pains and became less restless and seemed to be more contented. It is probable that he had hallucinations and when in the above state he did not wish to discuss them, but later he referred to "night snares and dreams" while in this condition—the latter being of a terrifying nature. His condition improved rapidly. He became quiet, did not ask for opium. His pains disappeared and he slept well, his bowels moved regularly and in the course of a week he asked if he could get up. His temperature was never above normal and was never below 97.4-5. His pulse ranged from 60-80, but was sometimes quite feeble. His respiration was normal throughout the course of his illness and his pupils were never contracted. For the next week or two he occasionally complained of a headache and uneasy sensation in his stomach but he gained rapidly in weight and was permitted to leave his bed. He seems to be making a remarkable recovery. He has corrected all his former delusions and hallucinations. His memory is not impaired. He can recall events of remote occurrence and except for a short period during his recent illness when he was probably clouded for a time he can recall every event of recent occurrence.

He is at present well oriented in all spheres, and perceives readily and appreciates his environment. The train of thought shows no tendency to distractibility or flight of ideas. His emotional attitude at first was one of despondence, but latterly he has become bright, cheerful and hopeful and wants to get back home and says he is sure he will never touch opium again, although he admits that he has previously made several unsuccessful attempts to break away from the habit.

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His ethical sense does not seem to be impaired: He has been an honest man all his life and his character does not seem to have a blemish with the exception of the opium habit. He has a proper affection for his family and is greatly concerned as to their welfare. He is as ambitious as ever and wants to get to work again.

He has a correct insight into his condition and knows that his life has been spoiled by the opium habit. He appreciates the fact that he has lost the respect of his family and neighbours, but thinks he can redeem the past.

*Physical Examination.*—A fairly well-nourished man, slim but in fair bodily health. He weighed 105 lbs. on admission and on December 26th he weighed 125 lbs. He presents the appearance of a man older than his real age—56—would call for, but he has laboured and been exposed for the most part of his life. His shoulders are somewhat stooped; his gait betrays a stiffness at the hips and a step that has lost its elasticity. There is nothing in the gait, however, to suggest an organic lesion in the nervous system.

Height, 5 feet 8 inches.

Hair—Dark, but turning gray. Reddish-brown moustache.

Eyes—An arcus in each eye, pupils normal in size and shape—react actively and with good excursion to light and accommodation. There is no ptosis, squint or nystagmus, field of vision is normal in extent.

Ears—Lobules normal in size and shape. Hearing is good. No tinnitus or vertigo.

Temporal, Masseter and facial muscles are active.

Soft palate active.

Tongue protrudes in a straight line, clean, but somewhat tremulous.

Chest, heart and lungs normal.

Abdomen slightly distended.

Stomach—Lower border on a level with umbilicus.

Liver dulness normal.

Spleen not enlarged.

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Limbs—A coarse tremor in extended hands, muscular development good. Skin and appendages show no nutritional changes. No rontbergism.

Reflexes—Superficial active. No Babinski, deep reflexes normal. No ankle clonus.

No cutaneous anesthetics.

Muscles not tender.

Urine normal.

Peripheral arteries in good condition.

Conference Report.—Presented at Staff Conference, December 30th, 1910, by Dr. Childs, as an Intoxication Psychosis due to the Opium Habit. Prognosis favourable. Agreed.

Presented by Drs. English, Mitchell, Webster and Tytler.

NAME—R. V.

Admitted October 7th, 1910, aged 44.

Patient's statements are altogether unreliable. Of his personal and family history a few details were furnished by a brother-in-law, the remainder were taken from his admission papers.

Father and mother were both born in England, and died of old age, aged 83 and 84, respectively. There was no consanguinity. The existence of alcoholism or insanity in the patient's ancestors is denied. Patient has some brothers and sisters in the Old Country—how many and particulars regarding them were not given. None are dead.

Personal History.—Patient was born at Chatham, Ont., October 18th, 1866. His early development was normal. He received a good education and appears to have always been mechanically inclined. His temperament and disposition were normal in every way. He was attentive to his religious duties, strictly temperate as regards alcohol and denies ever having had any specific disease and these details are vouched for by his brother-in-law who states he has known him all his life, and that the patient was

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a very clever mechanic and has really invented appliances  
 used in his particular line of work, but whether patented  
 or not he could not state. Patient was a model father and  
 husband and made a good living, but never saved. His  
 health was always good excepting for some rheumatism.  
 Not married at the age of 27 and has had two children,  
 both of whom were alive and normal, aged 13 and 8  
 respectively.

When patient was about thirty years of age he went to  
 Virginia and held a responsible position with a Cement  
 Manufacturing Co. He remained there for ten years  
 and was then transferred to Montreal to manage a branch  
 for the same firm. He worked hard for the firm and  
 spent his spare time on different inventions. His last  
 was a street car fender which he had not perfected when  
 his psychosis developed. He had been in Montreal four  
 years. In July, 1910, his wife became ill and he worried  
 greatly but for about five weeks his conduct was not  
 abnormal; he then, although his wife was dying, began  
 to talk continually of his street car fender and of the  
 millions he would make by it. When he visited her at  
 the Hospital he talked continually of the fortune he had  
 made, and although there was no lack of affection he  
 showed no realization of the seriousness of her illness.  
 He commenced to make purchases far beyond his means,  
 bought expensive flowers, bought an automobile and other  
 things which had to be returned. Eventually his wife  
 died and he was sent to Verdun Hospital for the Insane,  
 where he remained for three weeks, and was then trans-  
 ferred to this Institution October 7th, 1910.

The Medical Certificate states:—Appearance—Nothing  
 particular, well nourished and healthy. Conduct—Blinks  
 eyes peculiarly, is restless, talkative and recitent by spells,  
 also absent minded, nervous and irritable. Conversation  
 —States as facts many things known to be imaginary.  
 Is a widower but claims his wife is a princess in the  
 operating room, Montreal Hospital. Speaks of drawing  
 a pistol in self defence; says he is wealthy and owns rows  
 of houses. Imagines he is an inventor and that Brig-Gen'l

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Bradford (with whom he meets for consultation once every thirty days) handles all his patents. Says he has the whole world covered with patents; that different individuals are scheming against him and thinks he would be perfectly justified in killing them in self defence. He is very religious and has made some bad poetry on different passages of scripture. Imagines his wife who has been dead for some months is a nurse in Montreal Hospital and still writes to her. His sister-in-law states that all he claims about inventions is imaginary. He never invented anything; is a machinist and that his wife died August 30th, 1910, and was never a nurse.

On admission patient weighed 178 lbs. Height, 5 feet 9 inches. He was anaemic and had a very dull, expressionless cast of countenance. His movements were slow and awkward. Patellar reflexes could not be elicited. Pupils reacted sluggishly but were equal and regular. Tongue was tremulous and the muscles of his mouth and face twitched. He enunciated words well if not hurried. Spoken to he smiled pleasantly and a pronounced feeling of well being was at once evident—he never felt better in his life and has made millions by his inventions. He has never worried over his confinement, sleeps a great part of the day and all night. Eats voraciously; has not been irritable or dirty in habits, but is careless regarding his personal appearance. He does no work, but pretends to read aloud sometimes, but it is doubtful if he can do so intelligently for when asked to read aloud he continually skips whole lines and sentences without recognizing the fact. His memory is bad for both recent and remote events, but he fabricates in a most ludicrous way. He has no idea of time or place, says at one time he is in Montreal, at another he is in Hamilton. He has forgotten that his parents are dead. When reminded that his wife is dead he says she did die, but that the Lord took pity on him in his great grief and restored her to him. He has never had epileptiform or apoplectic seizures. Grandiose ideas are in evidence at all times and are not restricted to any one line, but embrace almost everything.

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No accounts of the same occurrence agree. He fabricates as he proceeds and forgets what he says. Asked to describe his trip from Montreal to Hamilton he said he got on board his own private train on the railway that he owns, stopped off at Woodstock—the next stop was Cincinnati, where he called to see a lawyer who has charge of his patents. His next stopping place was Montreal—forgetting that he had started for Hamilton. (A verbatim record of his style of conversation is filed herewith as taken by the stenographer).

*Present Mental Status*—Fallacious sense perceptions—Hallucinations or illusions do not exist. Delusions have been referred to.

Judgment and critique are markedly defective.

He is disoriented in every sphere. Sometimes he says he is in Montreal, at others Hamilton. He has no idea as to time. He looked out of the window, saw the snow and said it was spring. Asked the month, said December. Sometimes he says he has been here three weeks at others three months. He goes to bed early and has arisen before the lights have been turned off in the evening thinking it was morning. He does not know the status of any about him and only imperfectly the names of a few. He says he is in the Asylum but has no insight.

Attention is easily gained, but is entirely passive. He usually shows only a moderate interest even when talking of his grandiose ideas. He understands what is asked him and describes accurately what he sees.

Memory is poor for recent events and impressibility is almost entirely gone. For remote events he only has a vague recollection but fabricates in a most absurd way. His fabrications could not deceive anyone as his statements are beyond the range of possibility. He knows his age, and the date of his birth. Sometimes says he was born in England, and at others says Chatham, Ont.

Emotionally he is apathetic, but has an ever present feeling of well being, never has a pain or an ache, is in the best of health, and although he says he wants to get away he does not worry, but sleeps a great deal of the

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time. He is always hungry and eats voraciously. He has never been excited and never shows irritability or psychomotor restlessness. Thought is desultory. He has not been retarded, nor has there ever been flight of ideas. Skin is free from scars. On his chest is a chromophytosis eruption.

Physical Examination. Height, 5 feet 9 inches. Present weight 203 lbs. He has been a very handsome man with an intellectual face and regular features. The facial muscles now lack tone and he has a dull expression, but he is still prepossessing in appearance.

His head is well formed, symmetrical and large.

Complexion fair with an abundant crop of light hair, sprinkled with gray. Face clean shaven.

Ears and palate well formed.

Teeth in good state of preservation. He is slightly overshot.

Body and limbs well formed and symmetrical. He is very fat. There are no asymmetries.

Heart and lungs normal. There is a very slight aortic senile. Blood pressure not increased. Palpation of abdominal viscera negative.

Urine normal.

There is a small right complete, easily reducible, inguinal hernia and a small left varicocele. No evidences of specific disease can be observed.

Neurological. Eyes—Pupils are equal, regular and respond rather sluggishly both for light and accommodation. They react consecutively. Sight appears to be good. He recognizes clearly what he sees.

Hearing is good.

Sense of smell is good.

Taste appears good—he distinguished readily saline.

Touch—It seemed impossible to hurt him by pinching or pricking him deeply, yet he clearly recognized what was being done to him with his eyes closed.

Stereognosis good. He distinguished readily between hot and cold.

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Aphasia—He speaks in rather a monotonous tremulous  
tone, but enunciates clearly unless hurried. He then  
stumbles over test words. He is not at a loss for words,  
can readily name objects held before him. When writing  
he misspells words, duplicates letters and omits words  
and syllables.

Muscles—Tongue is protruded straight, but is tremu-  
lous. Hands tremble when writing. Fine movements are  
all done uncertainly. Muscles of legs and arms are  
spastic. He walks awkwardly, stepping on the flat foot.  
Romberg symptom is present.

Tendon reflexes hard to elicit owing to a spastic con-  
dition of muscles. Knee jerks absent on both sides,  
other tendon reflexes can be elicited. (There is no Babin-  
ski or ankle clonus. Plantar reflex is normal. Cremas-  
teric and abdominal reflex slightly sluggish. He has  
never had epileptiform or apoplectiform convulsions.

Conversation.—"I came from Dundurn Asylum just  
below Hamilton. I was before that in Montreal. When  
I got ready to leave Montreal I just jumped on my own  
train, went on to Hamilton, picked up W. F. and his wife  
at their home in Hamilton and after I got them with me  
I went back to Montreal and spent the winter there.  
Then in the spring we moved along by the river until  
we came up as far as Manitoulin Islands and we put in  
about six weeks there having a good time. We stopped  
off at Highgate and Cold Springs. Recently I have not  
taken any trips. I have been shut up in this pen. I went  
across to Cincinnati in order to get into Edmonton. I was  
laying asphalt streets in Edmonton. My wife was with me  
all this time. She was dead and had been returned to  
me through the will of Christ. Our two children are  
with us, Helen and her little sister. (Sometimes he says  
he has eleven children—all boys. He gives a different  
number every time he is asked). I have yet got to raise  
a family of seven boys. I feel first rate, no pains or aches.  
I'm not asleep all the time when you see me lying on a  
couch in the ward. I just lie there because there is noth-

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The Pelletier case is a capital case upon the back of the patient's condition and the patient's own statements to his family. The patient's father is a farmer and his own condition is equal to that of a young man of 20 years of age.

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have to get the mill working before the snow flies. This is what I call the spring of the year. I have about \$7,000,000,000.00. This was first made up by getting W. & W. Co., Montreal, to endorse me into the Bank of Quebec for \$6,000,000.00, turning over to them a lot of patents which gave them security. This has been accumulating in the hands of the bank, under the Manager's directions, Mr. M. It is invested in different properties, e.g., Windsor Hotel, Grand Union Hotel. I own the Metropolitan Hotel, in New York. The only thing I have not spent money in is trotting horses. They don't go fast enough for me. I want a live express train."

*Conference Report.*—Presented by Dr. Webster, January 23rd, 1911, Drs. English, Mitchell, Childs and Tyler being present, as a case of General Paresis (expansive form). Syphilis and alcoholism as an etiological factor, although not disproven seem to be absent. At conference patient fabricated and shewed his grandiose ideas and feeling of well being in a most typical manner. All were agreed regarding the diagnosis and it was decided to obtain a portion of the spinal fluid for examination as to the presence of diagnostic syphilitic evidences.

*Note.*—On Tuesday, January 31st, 1911, patient when responding to the call for supper proceeded to the dining-room and when standing up behind his chair became very faint and dizzy and would have fallen had he not been supported by attendants who carried him out. He almost immediately lost control of his sphincters and soiled himself, but within twenty-four hours had recovered.

NAME—F. E.

*Family History.*—Father, aged 60 years, is living, and is an industrious, hard working farmer, not addicted to the use of alcohol or other drugs. He seems to be a bright and rather intelligent man and has always been healthy and states that he has never been under a doctor's

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card in his life. Father's brother died five years ago; cause of death is said to have been the excessive use of alcohol. 'tis stated that at the time of his death he was in a state of raving mania. Two sisters, twins, died when young adults, but I cannot ascertain the cause of death.

Mother died, aged 53 years, some five years ago following a paralytic stroke. She was a nervous woman, always in a continual state of worry and very much afraid of thunder and lightning. For some time before her death she expressed a dread of poverty and predicted that the crops would fail; she constantly warned her husband against speculation, and was extremely suspicious of strangers. Mother's father died of paralysis and her mother from tuberculosis. There is a first cousin on the mother's side who has been extremely simple since birth. There were five children in the family, three girls and two boys, aged from 31 to 21, and patient is third in the family.

*Personal History.*—Patient was born on a farm and is 28 years of age. As a young child she was considered somewhat delicate but bright and quick to learn. She attended the country school from the age of 6 to 14 years at which time she passed the entrance examination into the high school, but owing to her delicate health and nervous temperament her parents decided to allow her to remain quietly at home until she was stronger, as they felt she would not be able to stand the work in the high school. Since leaving school she has remained at home; has helped in the housework on the farm and has never lived away from home except on one occasion for six months when she worked for a neighbour. Five years ago her mother died and since that time patient has had complete charge of the household and has done the housework for her father and brother who lived at home. As far as I can learn patient has always been considered the delicate one of the family; she has, as her father expressed it, been "teased and babyed" by her brother and sisters and by himself, although I cannot learn of any acute illness she has been subject to. There is a history

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FOUR INTERESTING CASES

of an attack of facial paralysis two years ago, and they state that the left side of patient's face was drawn, but she made a good recovery from this. There is a suggestion that some years ago she had a slight paralysis of one side of her body but I cannot ascertain any details or particulars.

Present Illness.—Patient had been in her usual state of health until June, 1910, at which time her father states that she weighed 180 lbs.—she was evidently an excessively stout girl at this time because she is not a woman of very large frame. The first thing that was noticed was a gradual loss of flesh, although patient did not complain. She was always neat and tidy and regular in her habits and never went out much. There was a young man—a childhood acquaintance—of whom patient was very fond. He is now a Professor of Horticulture. During the early summer this man gave a lecture at a farm near patient's home and they spent most of the day together and patient's father states that she asked him how he would like to have the Professor for a son-in-law, and he told his daughter she must not entertain such an idea as the Professor would not think of her as she was but a poor farmer's daughter. At this he states patient surprised him by becoming quite angry and asserting that she was just as good as he was, etc. After this the father now recalls the fact that patient was quiet, absent-minded and indifferent, but he never noticed anything peculiar in her actions, nor did she say anything that would lead him to suspect that she was becoming mentally deranged. On August 29th, patient was around at breakfast time and did not appear very cheerful, but did not say anything out of the way. At noon the father and son returned from the fields and found to their surprise that the breakfast dishes were still on the table and that nothing had been touched in the house. He went to look for his daughter, and found her lying on the bed with her clothes on; she seemed dull and rather stupid but the father thought she was just temporarily indisposed and scolded her for not making an effort to get the dishes

of the patient's man. The patient recalled what

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ner. When she came downstairs to get dinner the father states that she had soiled her clothing and did not seem to be aware of the fact. She had apparently been lying on her bed since they left for work. From that time patient's habits were far from cleanly. She showed a decided lack of initiative, and they tried to stimulate her, scolded her and endeavoured to make her more careful in her habits and to force her to take an interest in her housework but at times she did not even dress herself properly and was quite filthy in her habits. Her father even then did not think that she was mentally deranged; he recognized that she was not as she formerly had been. When scolded she simply was dull, did not talk back or make any extravagant statements, and the reprimands she received had no influence on her conduct. She spent most of the time from August 29th to September 4th in bed, generally with her clothes on, and in a filthy state. Her father thought this was due to some paralysis of some kind, although it was not observable in patient's gait. On Sunday, September 4th, the father decided to take her to the doctor. At the time he was not aware that she was improperly dressed, but since then another daughter has told him that the patient had simply a light dress on covered by her long cloak. It was during this visit that her father realized that his daughter had something wrong mentally. While the doctor was talking to her she suddenly said, "Oh, doctor, give me something to finish me." On September 6th she was sent to the General Hospital, and while here her trouble seemed to take on a more acute form. She failed to recognize her surroundings, and did not know her doctors or attendants, was very filthy in her habits, and it was observed that she had difficulty in walking and that her gait seemed somewhat ataxic, and that the movements of her arms were stiff. She became more talkative, and used language not employed by her when well, at times becoming quite profane and indecent in her remarks. She was examined carefully by the doctors and there was no

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FOUR INTERESTING CASES.

paralysis of any kind discovered, and although the father suggested an apoplectic stroke the doctors stated that there were no evidences of it. She remained in the hospital from September 6th to the 13th, and was brought to this institution from her sister's home on the 17th. The doctor who attended her during the early part of her illness states: "Her expression is not natural to her. She is untidy and careless in her dress. She does not know what to do or where to go, but is obedient. She is extremely filthy. Asked me to give her something to kill her. Said she did not know anything, would be better dead, was very bad language not natural to her."

On admission to this institution she was found to be a girl twenty-eight years of age in appearance, rather stout, very ataxic in gait and somewhat stammering in her speech. There seemed to be considerable mental confusion. She continually asked, "What are you going to do with me?" "Am I sick, doctor?" "Will I get better, doctor?" The movements of her arms were somewhat awkward and stiff; she was extremely dull and somewhat stupid, and was inclined to be resistive to the nurses; filthy in her habits, and on one occasion spit in the nurse's face when she was trying to feed her. The most marked feature evident seemed to be great mental confusion and apparent dulling. She had gradually become stronger and more ready, with the result that she has been able to get around on her feet.

Dr. Ross observed about a week ago a flattening of the right side of the face and some drooping of the corner of the mouth. It was only during the last week that patient has recognized clearly her surroundings and has been able to give any account of her condition. She said to Dr. Ross, "My goodness, I do not remember since summer. I was singing the 'Sweet Bye and Bye.' My mouth is all dried up. What date is this? I think I have been asleep—awake forever. How long have I been here? Is this my bed? When will I know anything? Where is my father? Is this a hospital?" Her speech

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is rather difficult, and she spoke in a whining, child-like manner—this her father states is somewhat natural to her—but she has difficulty in enunciating test phrases. Her gait is ataxic, at times more marked than others. She went out with a walking party one day, and after she became a little tired both legs gave out and she was unable to go any further, she said they would not support her.

Until told she had been here five weeks, she did not know the length of time. During the first three weeks of her stay I visited her daily, but she does not remember seeing me before last Sunday; she has no recollection whatever of arriving here or who came with her until her father told her yesterday. She has no recollection of staying in any other hospital, and it is said while there she was very sarcastic and persisted in calling one of the house surgeons "Smarty." When reminded of this by her father, she had a very hazy idea of calling someone "Smarty," but could not remember who it was. She does not recall her carelessness regarding her person and habits, nor does she recall her neglect of her duties, her habits, nor her attendance by the doctor while at home, but she is able to recall things that occurred during the summer prior to her illness; remembers going to hear this young professor speak and the events of that day. She told me that her father had been telling her she talked a great deal about this man, but is unable to state why she did so, because he was simply a good friend of hers; and she never for a moment thought of him seriously. While talking to her she said, "Is R— here?" and upon enquiry she told me that she knew him several years ago, and she has always heard he was in the Hamilton Asylum. States that she had no idea she was in Hamilton Asylum until her father told her so. She said: "I feel all right now. My head does not feel crazy, but I cannot remember things that happened. Was I insane, doctor? I feel all right, but I do not walk well. It seems everybody asks me to walk. Another funny thing is that when I bow my head over my chest I feel a peculiar sensation rush down to my feet."

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FOUR INTERESTING CASES.

At present it is not difficult to get her attention, nor is it difficult to sustain or direct it. Her memory for remote events and for the last few days and until the latter part of August is fairly good, but from the latter date until the first part of October patient had almost complete clouding. She does not recall her early illness, nor has she any clear recollection of anything that occurred during the acute stage. She says that at times she has slight buzzings in her ears, but cannot recall that she heard any voices or unrecognized sounds. She recalls peculiar sensations which ran through her body. I cannot learn that she has had fantastical delusions of any kind. She was during the period of clouding completely disoriented, and it is only during the last few days that she has been able to appreciate her surroundings. She has some insight into her condition, and said that things did not appear real to her, and that she had a sense of being unconscious for a long period. Asked regarding this young man she said, "Oh, I guess I will be an old maid." Asked what made her think that she said, "Well, if there is a likelihood of my going insane at any time it would not be right that I should marry. Don't you think that is true?" I asked her who put that idea in her head, and she stated that she never discussed it with anyone, but she just came to that conclusion herself. She recognized that her gait was ataxic and that she had difficulty in speaking, also that her fingers and hands were clumsy. Her affect tone is neither one of depression or elation. She at times says with a sigh, "Oh, what is going to become of me?" but it is not marked by any depression of spirits.

At present her judgment is improving daily, and as illustrated before she reasons fairly well. She is somewhat simple and childish in her conduct and speech, and at present is cleanly in her habits but still somewhat untidy and careless in her dress.

Physical Examination. Height 5 feet 5 1/2 inches, 28

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FOUR INTERESTING CASES.

NOTES.

November 7, 1910.—Could not keep anything on her stomach. Gave repeated doses of bismuth, which she retained.

November 18.—Has taken a little milk; much difficulty in swallowing; has not vomited.

November 19.—Screaming and complaining of feeling dizzy; imagines she is falling while lying in bed; crying for food.

November 21.—Vomited twice during the day; vomitus very dark green in color; very restless at night, crying for food.

November 22.—Appeared bright toward evening; had two cups of milk, which she retained; had comfortable night; able to take a little milk at times.

November 24.—Continued to be bright; took three and a half cups of milk during the day, one cup at night, and slept well.

November 28.—Still has great difficulty in swallowing, but takes a fair amount of milk. Slept well.

November 25.—Appears brighter; taking plenty of nourishment now and retaining it; slept fairly well.

November 29.—Seems to have more difficulty in swallowing than ever; slept well.

November 30.—Taken plenty of nourishment; appeared brighter toward evening; slept well.

December 5.—Very bright; taking nourishment; slept well.

December 6.—Drowsy all day; slept fairly well at night.

December 7.—Cannot swallow anything solid.

December 8.—Remains in much the same condition; given two simple enemas, did not retain them; also gave Cascara; bowels have not moved.

December 13.—Appears to have more difficulty in swallowing.

December 14.—Has taken very little nourishment; more difficulty in swallowing; appears weaker.

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FOUR INTERESTING CASES

December 15.—Very drowsy and weak; takes a fair amount of milk; more difficulty in swallowing.

December 16.—Much weaker; greater difficulty in swallowing; very restless at night.

December 17.—Has taken very little nourishment.

December 18.—Has been in an unconscious condition all day and is much weaker; taking no nourishment.

December 20.—Died at 4.30 p.m.

Pathologist Dr. W. J. Tyler's Report.—Head alone examined.

Body that of a young woman, well developed and nourished; long, dark hair; head large and wide (diameter not measured); pupils equal, natural size; teeth good.

Scalp soft, natural thickness; skull cap thick with a thin area one inch in diameter in each lambdoidal suture  $\frac{1}{2}$  inches from middle line. No adhesions of dura to calvarium.

On removing dura the brain has the appearance of a bladder distended with clear fluid. The arachnoid is raised from the sulci and in places from the gyri by clear fluid, the membrane itself being thin and clear, with some distended tortuous vessels on its surface. The collection of fluid is greatest over the anterior half of the hemispheres. Light adhesions to dura over the lateral and under surfaces of the temporo-sphenoidal and frontal lobes; fairly firm adhesions between frontal lobes.

On removing the brain a large quantity of clear fluid is poured out. Meninges at base not thickened, save in Sylvian fissures; cisternae not markedly distended with fluid; vessels at base thin-walled, no appreciable sclerosis; meningeal surfaces, save for adhesions mentioned smooth and shining; no tubercles seen.

The pia can be easily stripped off the surface of the hemispheres and the surface left shows extreme atrophy of the convolutions. The sulci are wide and deep in places, one inch or more, with rounded floors. The convolutions are shallowly deep, narrow, flabby folds, the whole

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picture being not unlike the appearance on a reduced scale of a mass of small intestine.

On opening the lateral ventricles they are found widely dilated in all parts. The choroid plexuses are adherent in many places to the ependymal surfaces. The foramina of Munro are widely dilated. On removing the corpus callosum the third ventricle is also widely dilated, being fully one inch wide, with the middle commissure stretching across it as a band 1/8 inch thick. The first and fourth ventricle are also dilated.

The brain tissue is soft and on section shows no increase of fibrous tissue. The reduction in size involves both the grey and the white matter. The atrophy is general, involving the basal ganglia and cerebellum as well as the cortex. The brain as a whole is anaemic.

*Microscopic.* Sections of cortex show the meningeal vessels engorged with blood, with a moderate degree of round-celled infiltration around them. The brain tissue immediately under the pia is oedematous. The grey matter of the cortex is much reduced in thickness, but the nerve cells are numerous and plump, with large vesicular nuclei and prominent nucleoli, and many show numerous large granules in the cytoplasm.

There is no excess of fibrous tissue in the white matter, but it, and to a lesser degree the grey matter, show diffuse infiltration with cells of lymphocyte type: nuclei round and deep staining, slightly larger than a red blood cell, and with almost no cytoplasm. Throughout the cortical tissue these are scattered diffusely, but around the blood vessels, even down to the capillaries, they form collections two to five or more cells deep. Sections from the basal ganglia and from the crura show similar infiltration, in some places more extensive than in others, giving a patchy appearance. Around the larger vessels, as in the cortex, the cells are much more numerous, infiltrating the wall right down to the intima. In these vessels the walls also show numerous cells of plasma-cell type, spherical cells with nuclei of the same size as or

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### ADMISSION TO HOSPITALS FOR INSANE.

smaller than those of the lymphocytes, fairly deep staining, and with a considerable amount of pink-staining cytoplasm (Eosin-Methylene Blue). These cells are apparently more intimately connected with the vessel wall than are the infiltrating lymphocytes. In some places the plasma cells make up the entire vessel wall, save for the intima and a narrow, external band of fibrous tissue.

*Anatomical Diagnosis.*—Chronic diffuse encephalitis; cerebral atrophy; internal hydrocephalus; oedema of cortex (subarachnoid).

### WHERE AND HOW PATIENTS CAN BE ADMITTED TO HOSPITALS FOR THE INSANE, AND WHO MIGHT BE TRANSFERRED THEREFROM.

DR. W. T. WILSON,

Medical Superintendent, Hospital for Insane, Penetanguishen, Ontario.

No apologies need be made for writing on a subject that has been frequently put before the medical and legal professions, magistrates, and heads of municipalities in the pages of the BULLETIN, for the fact still remains that hardly a day passes in which the Superintendents and assistants in the Hospitals for the Insane are not asked the *modus operandi* of getting some patient into an institution. On the inside of the cover of each edition of the BULLETIN the procedure to be adopted to secure admission of patients to the Ontario Hospitals for the Insane is plainly put, but perhaps does not go far enough, as it fails to state how the medical practitioner may determine the district in which his patient is situated, and to what hospital he should make application for the admission of his patient. There are eight Hospitals for the Insane in the Province, but of these Penetanguishen and

Cobourg, not being adapted for acute cases, do not receive patients direct from their homes. The Province is divided into six hospital districts, as follows:

1. The London Hospital District admits patients from the Counties of Essex, Kent, Elgin, Lambton, Huron, Middlesex, Bruce, Oxford and Perth.
2. The Hamilton Hospital District admits patients from the Counties of Halton, Wentworth, Welland, Lincoln, Haldimand, Norfolk, Brant, Wellington, Dufferin and Grey.
3. The Mimico Hospital District admits patients from the Counties of Peel, Simcoe, Ontario, Victoria, Peterborough, and the Districts of Muskoka, Parry Sound, Nipissing, Algoma, Rainy River and Thunder Bay.
4. The Toronto Hospital District admits patients from the City of Toronto and County of York, but the private wards of this Hospital are available for patients from all sections of the country.
5. The Kingston Hospital District admits patients from the Counties of Durham, Northumberland, Hastings, Lennox, Addington, Prince Edward, Frontenac and Renfrew.
6. The Brockville Hospital District admits patients from the Counties of Leeds, Grenville, Dundas, Stormont, Glengarry, Prescott, Russell, Carleton and Lanark.

Having decided to which district the patient belongs, the family physician should write or telephone the superintendent of the hospital in that district, giving the age, name and residence of the patient, and such other particulars as may be deemed important. The superintendent will forward by return mail the preliminary papers which, when properly filled in, should be returned to him with as little delay as possible. Should the case be very urgent one, the superintendent will likely forward with the application form, the two medical certificates. Otherwise, on the return of the application form, if the case be deemed suitable for hospital treatment and there is room in the institution, two certificates will be forwarded with a notice to have them properly filled in, and when fully

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completed sent with patient to the hospital. The patient must be examined independently by two qualified physicians, who shall sign certificates and have signatures attested by two witnesses. No patient can be admitted to a Hospital for the Insane without these two certificates. As stated in the inside cover of the BULLETIN, where the property of the patient is sufficient or the friends are willing, the cost of the medical examination and delivery to hospital is paid by them. Where the patient has no property and no friends willing to defray the cost of examination, application should be made to the head of the municipality where patient lives, who may make application or have the medical examiners in lunacy for the district apply to the medical superintendent of the hospital for admission papers, and the magistrate may order the examination of the patient to be made by two qualified physicians, the council of the municipality becoming liable for all costs incurred, including expenses of travel. Where the patient is known to be dangerously insane (to himself or others) information should be laid before a magistrate, who may issue a warrant for apprehension of patient and, if satisfied that he is dangerously insane, may commit the patient to some safe place of confinement, preferably not the county gaol, and order his medical examination by two medical practitioners. The magistrate should then send to the Inspector of Prisons and Public Charities, Parliament Buildings, Toronto, all the information, evidence and certificates of insanity. The costs incurred by this method form a charge against the county, city, town, village or township in which such patient resided. While this latter method, committing to gaol, may be a means of getting rid of the care of a troublesome patient, it should not be adopted, except as a last resort. Insanity is not a crime, but a disease, in the same sense that pneumonia is a disease. It requires, and is given in our hospitals, that same careful attention that pneumonia is given. Commitment to gaol not only delays treatment, but casts a stigma on the patient and his

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relatives. The Government is anxious that all requiring hospital care should have it at once, and the superintendent is anxious to admit without needless delay all who will probably be benefited by treatment.

Those who have visited the different Hospitals for the Insane throughout the Province have, no doubt, been struck by the number of quiet, kindly, harmless old men and women seated in the halls or wandering without let or hindrance about the grounds, and the visitor wonders why they are there. A good many of them are simple-minded. They were always considered such. They lived at home until their parents died and then became a charge on the community, and there being at that time no House of Refuge in the county where they resided, they were railroaded into the Hospital for the Insane, and there take up room that should be allotted to suitable patients who would be benefited by treatment. There are other patients in our institutions who were fit and proper cases when admitted, but who have practically recovered from their mental trouble and could be cared for by their friends in their homes had they anyone to look after them. Owing to the infirmity of passing years these are unable to provide for their own wants, and have, of necessity, become a charge on the institution, thus keeping out others who should be in, and filling our hospitals with a class of patients that could be, and should be, cared for in our County Houses of Refuge. It is the duty of the medical profession and magistrates to discriminate between cases which are fit subjects for hospital care and those who should be cared for in the county homes, and it is a subject for serious thought for the Legislature to decide whether a number of these quiet, harmless old men and women should not be discharged from our hospitals and be returned a charge on the community from which they came. In discussing this matter a short time ago with a superintendent of one of our County Houses of Refuge, he held up his hands in holy terror, and was horrified to think that the turning out of the insane among the old

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people of the Refuge should be contemplated for a moment. When I pointed out to him that the transfers that might be made were of a class more desirable and more easily looked after than many of the present inmates of the Refuge, he saw things in a different light. In my humble opinion, it would be a great mistake to attempt to transfer any but patients of the two classes I have mentioned, unless there is more supervision given to the inmates of the Refuges and the sexes are kept more rigorously separate than they are at present. The patients that I would recommend for transfer have passed the procreative stage. In Maryland, the insane of all classes and ages were formerly looked after in the Houses of Industry, with the result that child-bearing was a too frequent occurrence. They had gone to the other extreme, and a strong effort was being made to change matters so that only quiet and harmless people would be kept in the homes. It has been argued that even the most chronic, seemingly harmless patients may break out into fits of violence. Granted, but the chances are so remote in the patients that would be chosen for transfer that I venture to say they would be less liable to cause trouble than many now residing in the county Refuges. It has been further argued that the Government should provide more accommodation by enlarging its hospitals or building others. This argument is all very well in its way. The people, however, have to provide the money for the erection of these institutions, and there would be quite sufficient room in the present institutions for all acute and chronic cases, requiring hospital care, were those quite suitable for residing in our County Houses of Refuge removed thereto. Such persons can be maintained at a less cost in the Refuges, and the local municipalities would be relieved of paying to the Government of Ontario the ten cents per day for each person's maintenance, as at present. It therefore seems reasonable that some action should be taken, so that cases requiring immediate attention and care, with every chance of recovery, might

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receive necessary treatment and be restored to their friends, and instead of becoming a charge, be a source of revenue to the community. People have a fear of those who have ever been in an asylum, but this fear is not well grounded. There are most assuredly certain classes of the insane who are always dangerous. No superintendent would suggest for a moment that these should be removed from the Hospitals for the Insane, but there are a number living in our institutions through force of circumstances who could be as easily and more cheaply cared for in Houses of Industry. It is not fair, it is not right, that the beds of our Hospitals for the Insane should be occupied by persons who do not require hospital care, while there are others denied admission who would be benefited by treatment. Such a condition could not exist in a General Hospital. There the acutely ill are treated, and the chronic are sent to our Homes for the Incurable. Should not a similar condition exist in our Hospitals for the Insane, and is not the remedy for the abuse that now exists the transfer of harmless, quiet, non-procreative patients to the Houses of Refuge in the counties from which they originally came?

A PARANOID STATE FOLLOWING THE PROLONGED USE OF MORPHIA AND PROBABLY DEVELOPING OUT OF THE ABSTENTION SYMPTOMS, WITH A HISTORY OF HIS CONDITION, WRITTEN BY THE PATIENT.

W. K. ROSS, M.D.,

Assistant Medical Superintendent, Hospital for Insane, London, Ontario

G. H., aged 41, physician, was admitted to the London Hospital for Insane, February 12, 1900. There is nothing of note in his family history. His father, a farmer

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A PARANOID STATE.

by occupation, is said to be moderately alcoholic and his mother of a neurotic temperament. A maternal uncle died of muscular atrophy. As a child and during early life the patient was healthy, learnt readily at school, and after leaving school entered upon the study of pharmacy, first in a drug store and afterwards at the School of Pharmacy, Toronto, graduating in 1890. After graduating he took charge of a drug store in Toronto for eight months, then went to Montreal for eight months, working in a large drug store there. Leaving Montreal, he went to the North-West for a year, and while there was appointed examiner in chemistry and botany for the North-West Board of Pharmacy. He then began the study of medicine, attending the Detroit School of Medicine, from which he graduated in 1894. In the fall of 1894 he married and began the practice of his profession in a town in Indiana, where he remained until 1906.

He first began the use of morphia in 1896, taking it for the relief of neuritis, and had taken it more or less continuously until 1907 when he finally gave it up. After the neuritis was relieved he continued its use for the relief it afforded him from mental worry over domestic troubles. He has been a patient in several sanatoriums, seeking to get rid of the habit. He first went to Dr. N—, in Chicago, where he remained for two weeks. Then he went to A— Brothers Hospital for two weeks, and while there suffered severely from abstention symptoms and became delirious. He was removed by his father to the Park Sanatorium, where he remained for a month, and a short time after returned home to resume his practice. He had gained in weight, but had not been cured of his morphia habit. He drank whiskey for a few weeks with the hope that this might stop the craving for morphia, but he soon began taking the drug again. His domestic troubles also at this time became more acute, which was an additional excuse to return to morphia. While in the Park Sanatorium he had numerous hallucinations, but after recovering from the abstention symptoms, he recognized the

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A PARANOID STATE.

falsity and the true nature of these hallucinations, but the memory of them remained, and they afterwards became the basis upon which his subsequent delusions were founded. They all had a religious coloring, and one especially made a great impression upon him. The gas fixture in his room had been removed and at the indentation a large eye appeared. At first he did not understand what this meant, but later realized that it was the All Seeing Eye. Then there appeared in the place of the eye, a head, like the head of Christ, with an opening in the top, and there were paths leading up to this opening, and along these paths he could see people walking with burdens on their backs. Some of these passed by the opening, but he could see others, when they reached the opening, unloading their burdens and walking away free. It is in this vision that he refers on page 67 "I did not understand the vision or God's Word either at that time."

In 1900 he was a patient in Homewood Sanitarium for three months, then went to his father's home for several months, and while there drank considerable whiskey. A year after leaving Homewood he returned to his home in Indiana.

At this time he was not taking either morphia or whiskey and got along very well for a time, but domestic troubles again upset him, and again he resorted to morphia, also to whiskey, drinking heavily for three months, taking a pint or more a day. He remained at home for three years, and during this time tried cocaine as a substitute for morphia, but did not continue its use very long, but had taken as much as six grains a day. He had also taken chloral and bromides.

In 1906 he finally gave up his practice and returned to his father's home in Ontario, where he remained until his admission to London.

It was two years previous to his admission that he began hearing voices, at first indistinctly, but gradually becoming more distinct and coherent. These voices recognized as the voice of God, commanded him to go through various performances, which he knew must

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appear exceedingly ridiculous to anyone observing them, but which he felt were to be the trials of his faith. A few months after his admission here he wrote the following letter to the Superintendent which shows clearly the character of his delusions:

Dr. R-  
"May 17, 1909.

"I write this with confidence, as the Lord tells me He has prepared you. He tells me that no apologies are necessary when I am told to ask anything in His name, but He does permit me to make some explanation to you now. He tells me that you are doing all you can for the benefit of these poor people, and that I am to help you. Understand that I am but an orderly, and am here to serve, and not to 'putt' into anything that I am not told to do. You may also understand that I dare not presume to use His name for my own personal advantage, and that anything you do in His name or for His sake is known to Him. If you are not satisfied that I am speaking the truth, or if you think I am mistaken, it is your duty and privilege to prove me. He tells us to prove all things, and if I cannot stand being tried I am an impostor and a liar, and no punishment would be too severe for me. You may know the Lord better than I, or if not, these things may seem strange to you, but 'Thou shalt see greater things than these.' He does not hasten you; He gives every one time and opportunity. You may be tried in the fire, if you have not been already, and you will find that you must stand on your own feet. There are many things that I should like to explain to you, but at present I cannot. The Lord is no respecter of persons, and I have not been permitted to help my own family or friends. I have had to give up all my correspondents to a certain extent. I am not in a position to show my appreciation of many kindnesses I have received, and I cannot take a step without His counsel, neither can I hesitate to do as I am told after satisfying myself that it comes from Him.

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Though it often seems strange to me at the time I afterwards find the wisdom in following closely, and He has never led me into anything but He had a way of escape for me.

"It is His will that I ask you for a table large enough to hold my papers and to write upon, also for the return of the papers you have (the roll) and for a key to lock my door. Now I can see no advantage myself in my having a key unless you have something you want me to do with it. However, that is what I am told. I can hand the key to an attendant at night, if you wish. As I said before I am here to serve and not to tell you what to do or to meddle in the institution in any way further than I am told. All of my letters and everything I write will go through the office and I have no secrets.

"Trusting that I may be of some service to you during my time here in the great work you are in and that it all may be to the glory of Him who sent me here, I remain,

"G. H.

Both before and since his admission he has had periods in which his hallucinations are very prominent and during which he shows great mental and physical disturbance; refuses food, sleeps but little and goes through many absurd performances. At these times he is very irritable and presents any interference with his actions. These periods generally last a week or two and he afterwards explains his actions as the carrying out of commands received from the Holy Ghost; that he knows they must appear foolish to those who do not understand. In the intervals between these periods he is quiet and pleasant, talks intelligently on subjects outside of his delusions and is privileged to go about the grounds as he wishes, and up to the present has shown little mental deterioration. On the subject of his delusions and hallucinations he talks freely, excusing our inability to understand them by reason of our not as yet having sufficient light, but at the appointed time everything will be revealed to us.

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### A PARANOID STATE.

HISTORY OF HIS CASE, WRITTEN BY THE PATIENT.

It is now nearly eight years since God showed to me a vision those things which He would have me undertake for the help of those poor unfortunates who, like myself, are lost both in this world and the next, unless Christ, in His infinite mercy, grants them time and help to extricate them from the depths to which they have fallen.

I realize that I will meet with remonstrances and slurs and perhaps insults and abuse, that I may be called a liar, a hypocrite and a fool for my pains. It may result in ruin from a worldly point of view after all that Christ has done for me. I am willing to be made a fool for His sake and I trust that there may be more wisdom in my foolishness than there has been foolishness in my past wisdom.

Near the end of the year 1900 and the beginning of 1901 I was lying on death's door as the result of "drug habit." I had used morphine, cocaine, chloral hydrate and most everything I could get hold of in the way of hypnotics. I have been so low that I could not reach out and take a hypodermic myself and could not get out of bed until some person gave me a dose to start on. I have had to chloroform myself two or three times during the night in order that I might get a little sleep. I had tried with the help of friends to free myself but without success, having been in a delirious condition for twenty-eight days (at one time) only to have the drug (morphine) given me again for fear I should die. This was previous to the experience I am about to relate, and after travelling about the country in search of some help or cure I arrived in Chicago.

I should like to tell all the things that happened to me there and at through the twelve different hospitals, sanitariums or institutions in which I was treated. Then people might understand how little sympathy he receives and also the abuse with which the victim of the drug habit has to contend. However, it will be impossible to do so without bringing into my story the names of the different

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institutions and individuals, which would be unnecessary.

I should like to ask those who interest themselves in the reading of my experience not to criticize from a literary point of view but rather to consider the facts as told by a common person of common education for the common good of all and I trust He will not allow me to write anything but the truth.

It were better for me to die or that this should never see the light than that I should be the cause of one falling. However, I have this confidence in God, that He will direct me in the matter that I do not hesitate to place myself in His hands. I realize my responsibility as well as my inability to write anything alone that would be worthy of consideration. He alone knows how I stand with Him and I but allow myself to be used by Him as an instrument, that He may in His own way make known some things which He would have understood.

God places the solution in an earthen vessel and if you allow it to stand, that which is good will separate itself from that which is bad. Some may read it out of curiosity as the story of a morphine fiend and be benefited. Others may read it and be benefited by the facts contained. Then some there will be who can see the hand of God, the love of His Divine Son, and the guiding of the Holy Spirit all the way through. If you find only a scum on the surface and only the clear liquid (facts) beneath be a help to you, throw away the scum and drink. If you can go to the bottom and find in the sediment some grains of gold try it in the fire and if it stands the test keep it.

I dedicate this to the Lord Jesus Christ as His own, and may it go forth in His name or not at all.

How I became addicted to the Drug Habit.

In endeavouring to build up a practice during the first few years, I necessarily was compelled to work and study hard and through my irregularities in living I developed

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PARANOID STATE

a neuritis from which I suffered considerably at times and in order to get relief I began the use of the alkaloid morphine obtained from opium.

At first I took but a small dose and like the first step in sin it made me sick and caused me to itch and burn (a warning I should have heeded), but it relieved my pain and I finally got rest and sleep; not a perfect rest or restful sleep but a feeling of indifference and semi-consciousness, and afterwards to awaken with a dry mouth and throat, parched tongue, foul breath and dreadful thirst; added to these a disordered condition of the digestive organs and intestinal canal from which it would take two or three days to recover.

I did not have occasion to resort to the drug very often and had no realization but that it was an agent of which I might make use when required, without any danger of ill-effects other than those above described. But the master sometimes becomes the slave. I did not know that there was a danger if indulged in to excess (like other habits) and if continued for a time was hard to get along without. I thought an appetite was created which might be hard to overcome but with the exercise of a little will power one might discontinue its use at any time. I did not know that once within its grasp the only means of escape in the majority of cases was death. I had heard but I did not believe, and anyway I thought the little I intended to indulge would not make much difference. I thought also that was an exception and could indulge in it with safety. How little do we know what the first little step in the wrong direction will lead us to. We hear the truth but we do not believe.

I took other small doses as I thought I required them at rare intervals, but the doses soon became larger and more frequent. Instead of the sickness following each dose I began to experience a feeling of stimulation and well-being and it required a little less excuse each time for me to take another. Like the false goddess Isis, she beckoned me on. If I was tired or in pain she came to my









- (3) What he takes himself to be.
- (4) What God alone knows him to be.

A morphine habitue as well as other people is just what God alone knows him to be.

There are morphine fiends, morphine habitues and morphine slaves, but the same does not apply to them all. Any person using the drug is without any regard to reason, looked upon as a liar of the most degenerate type. He is despised and held in general contempt. His intimates find in him a changed being, irritable, melancholy and irregular in his habits, at times abnormally industrious, again neglectful and lazy. These conditions are not due to the direct effects of the drug, but are a secondary result, deranged secretions. But what he finds himself to be is beyond description. At first he thinks he has found the elixir for all troubles and the results he can accomplish are wonderful. Some of our best novels and scientific works have been written under the stimulus of morphine. The brain is more active for a time and you can concentrate your mind on a subject to a degree ordinarily impossible.

Everything is changed, however, from the moment you find yourself dependent on the drug. When you realize that you have yourself become what you have always looked upon with contempt you can hardly believe it and you make up your mind to give it up at any cost, but like many other things, it is not so easily done. Oh! how you try and how you suffer. You walk the floor and the street night after night suffering most unbearably physically and mentally (others are doing the same thing from other causes and no one reaches out a helping hand but He whom they cannot see) only to fall exhausted and on the verge of delirium when you resort to a dose to get relief. You walk or drive into the country to get as far away as possible, only to suffer and run the risk of being found delirious or dead. You are given plenty of advice about stopping its use, but what good comes of that if aid is not given?

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A PARANOID STATE.

It is strange, but it does not depend so much on the amount taken as upon the length of time you have been disobeying God's law. A small sin drawn out long enough is like a long thread. If it is wound about the body enough it is harder to get free from than a single coil of rope.

I was fortunate enough to have friends (God bless them) who were willing to stand by me to the end so far as they knew, but they did not understand well enough to make allowances for my mental condition and the devil took advantage of every opportunity to puzzle them.

After repeated efforts, all ineffectual, to get rid of the morphine, and getting so weak I could hardly get about, I began to use other drugs, the first of which was cocaine. I used that as a stimulant when the morphine did not act quickly enough. I used chloral and bromides to produce sleep when the morphine would not do it. Finally I resorted to chloroform two or three times during the night in order to get any sleep at all. I did not use any of the drugs but morphine for any length of time, but it was long enough for me to know that the octopus was getting me all entangled and I knew of no way to get free. I had heard of Christ but I had not faith enough then to trust it all to Him.

I went from one drug to another like some go from one sin to another till I had tried them all and found no pleasure in them. It was all vanity and vexation of spirit. The cocaine made a fiend of me and I did things and said things for which I am now paying the penalty and were it possible to undo them I would gladly give my life.

I soon decided it were better to die making an effort than to perish in the condition I was in. I, at times, contemplated suicide, but it was revolting to me and I was uncertain that my condition would be bettered. I can now thank God that He kept me from it.

I should like to give proof and statistics which should be interesting were it possible and, if proper steps were

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A PARANOID STATE

with me, for a week or so. The drug was reduced from 10 to 12 grains to an eighth of a grain in a week and I was held down with strong sedatives. I paid for the second week again but only remained there a day. I became delirious at times and after my wife went home I got into a quarrel with the doctor with whom I was staying and I picked up my grip and left. I was hardly able to walk and staggered along the street going from tree to tree until I reached the residence of the physician who was treating me. It was late at night and he would not let me in, thinking perhaps I would return. It was bitterly cold and I felt it very much. On my return I managed to get across the street to where I saw a doctor's sign and to him I explained things. He very kindly asked me to stay with him but I did not want to make trouble there, so he took my grip and started out with me to find a place for me to stay. We had gone but a short distance when we met a patrol waggon, the police having been called by the doctor I had been staying with when I refused to return. I stopped the patrol and the doctor with me explained the situation and they took me to the Alexian Brothers Hospital. May God bless the police and the doctor who was so kind to me that night and may He pour out His Spirit on the brothers at that Hospital. If they are wrong it is the fault of the system, for as individuals I believe they are doing the best they know. May their eyes be opened. They treated me well and if I were sick to-morrow I know of no place in which I should prefer to be. I have also been on the staff of and been a patient in a Catholic Hospital managed by the nuns and I can truthfully say that I always got the best of care and they are doing more for charity than most Protestant institutions of similar nature. They are spending their lives in work for God according to their belief and without compensation in this world. There may be good and bad amongst them as in other places and if so the good will be separated from the others in God's own time. No one institution can

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claim all the good and very few contain all the bad. Christ has not come to claim all the good yet but He is separating them out one by one and will come to claim them soon.

I was in this Hospital on Christmas and it was here that the most wonderful part of my experience began. I was first in the house of a Jew; here I was in a Roman Catholic institution with a Jew as house physician. They found it necessary to give me small doses of the morphine and I did nicely until one night I thought things were not going right and I remained up all night looking for something to happen. Next morning I thought my wife was down waiting to see me and I made a run for the stairway to get to her. They evidently were afraid I would do some injury and caught me. I afterwards found that my wife had been there that morning, my friends having been sent word that they could not handle me there, but it was too early when she called and they were not prepared for her to come in. They placed me in the elevator and took me down in the basement and there they put me into a sort of a crate or cage with a mattress in it and fastened me in. I had room enough to kick in and I can remember telling them how unpopular they were with me just then. They took it good-naturedly and several times one of the brothers came and promised to let me out if I would be good, but I made no promise and consequently I was kept there for perhaps three hours while my friends succeeded in finding another place to which to take me. There was one brother in this institution who by his behaviour and conversation reminded me of an antichrist; he seemed so out of place amongst the others who were apparently examples of what was noble and pure. He also was kind to me, only I thought that he tried to tempt me. I lost there a jewel or coin, one side of which represented a keystone, or the stone which the builders rejected, but it was only a substitute. Though the fact of my having it there in my possession shows that I had

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broken a solemn obligation. I had perhaps broken my obligations in every one of them. I had also broken in some way or other (either in thought or deed) all the commandments of God. I had carried this jewel in case anything happening to me it would be an easy matter for anyone to tell to what order I belonged. Here I was in the secret recess of an institution antagonistic in belief to the way I had been raised. Anyway my jewel had been taken from me, along with my other valuables, and I had no mark or means of identification on me. How like unto Christ, being sent into a strange world without friends or anything by which to identify Himself! In one of my initiations I had received a mark in my right hand. Did I then represent a type of antichrist or did I represent a type of Christ?

I was lying in wait for the head brother of the hospital, intending to beat him, because I thought he was instrumental in my nurse (the one I thought appeared like antichrist) being punished for disobeying the rules of the institution. I did not want to see him punished, for he had seemed to be kind to me. But he had been giving me good things of this world to eat, and I did eat them, though I knew them to be stolen, and knew also that he was a scoundrel, and was trying to overcome me by bribes and flattery. He was such a jolly, good-natured looking fellow that I could not help liking him, though I could see what he really was. After I had stood up all night trying to protect him, he was the very one to drag me down into the pit. But, as I stated, I was only there about three hours when my wife and father took me away.

I do not remember seeing the nurse again, but another one of the brothers came and told me he would let me out if I would be good and obey. As I would not promise I was left there in torment. Here I was shown a vision, a little of what Christ saw when He was here on earth. This is what I saw, and let him who has understanding understand.

*Handwritten notes:*  
- Top left: *from*  
- Top center: *the*  
- Top right: *best*  
- Middle right: *how hard the*  
- Bottom left: *the*  
- Bottom center: *the*  
- Bottom right: *the*



and the exposure was almost more than I could bear. I had no circulation or blood supply to speak of, and had lost all my strength, and I thought myself I might perish.

It seemed as if I went up some steps through a long, dark passage with only a little light shed on it, but after a time I was conducted to a room away at the back of the sanitarium and left there. My father and my wife retired to get some rest, and I was alone in this room with the knob taken off the inside of the door, and windows made so that I had no way of getting out myself. The sanitarium was a splendid looking building from the outside, and many people were being treated there. I was in a position to judge it from the inside, and that sometimes makes a great difference. I had only been left alone for a short time when a man came in who threatened me for calling for my wife and father. Shortly after another came who had been engaged to nurse me nights. The first thing he wanted to do was to give me a hypodermic. I refused to take it, because I thought I was free from the drug then and did not want to take any more. He called in a doctor, who tried to persuade me to take it, but I objected. The nurse insisted, and attempted to force me. I then told him in no unqualified terms what I thought he was, upon which he took me and threw me against the wall, knocking me senseless, also knocking the plaster off the wall with my head. He continued to give me hypodermics every night and then he would go to bed himself and sleep, getting up in the morning to fill in my chart so that it would appear as if he had been with me and given me my medicine through the night. I tried to explain the state of affairs to my doctor, who was one of the best and most conscientious of men. He was not connected with any institution, but was in private practice and trying to do his best for me. I also tried to explain to my father, but neither of them could believe, but what it was all my own imagination until the doctor had my father sit up all night in the ward, and the men saw that

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proof of mind

Not having a thousand dollars I did not know how much to any one who has the love

costs  
the nurse  
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men



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I knew what I was talking about. My doctor then got a young man (a homeopathic medical student), a friend of his, to look after me nights. He did the best he knew how in every way, but they tried to persuade him that he might as well keep me down as long as he could, and so hold his position. The poor fellow did not know what to do. I thought I was in hell for certain now, and when I could not get out any other way I tried to break out. I blackened the eye of my attendant and knocked some of his teeth loose because he would not let me go outside and satisfy myself. They brought me photos of the building and tried to explain, but that was not enough for me. I kicked a hole through a double plate glass window and tried to call help. I took the gas fixture from its place and tried to break out with it, but they took that away from me. I finally gave up, exhausted, after they had everything made fast.

I fully expected the work to come to an end that night, but I was wrong. I did not understand the vision of God's word either at that time. I told a few something about my experience, but I could not make it plain, and it was but a few days till I was given to understand that I should listen more and not talk so much.

A peculiar thing about this time was that my body was as full of electricity that if I touched any metal, such as a point on the stove or the gas fixture, sparks would fly, accompanied by a snap, or if I touched any person on the nose or ear there was the same sound, and whoever had touched would jump as a result of the shock like the prick of a needle. I was in a very nervous condition at this time, and would often lose entire control of myself. I had not been in the habit of drinking much before this, but the doctor had told my people to give me all the liquor they could get down me. It was very hard for me to take at first and I fought against it, but it was not long before I was trying to get down all I could on my own account. I was quarrelsome and ugly, and would break out cursing everybody and everything;

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A PARANOID STATE.

and where there had been a dam for running a mill I went down as I was told, and found it pretty rough travelling on my feet over the frozen ground, and it seemed as if there were a body of spirits along the way through which I had to pass and be laughed at. However, I went, and when I turned to come back (I did not go any farther than I was told each time) I was told to go into the water. I walked in to about my knees above the dam and started to come out again, but was told to plunge in over the dam. I did not know that I should ever get off, but over I went. I had to swim out on the other side of the stream, and felt very weak when I got out. As I got up to walk back above the dam it seemed as if someone were laughing at me. I came back and started to run towards the house, and felt very cold, but I felt that I had been saved, and the voice told me that I had been baptized by the Holy Ghost. This may seem foolish to some, but it was God's way with me, and I was dealing direct with Him.

After I got back to the house my father and mother got up and got dry clothing for me, and got me in bed with hot water bottles about me, and thinking I might die, sent for a doctor. They gave me a dose of medicine that no doctor would have thought of giving to one in my condition (a dose of acetanilide, which is depressing on the heart), but it did not seem to do any harm, and when the doctor came I was feeling pretty well, and he said my heart was in good shape, and thought they must have given me some morphine. He is one of the most conscientious men I ever knew, and had once been addicted to a habit himself. Though he found me in good shape, he said I would die if I did not take something, as no man living could do as I was trying to do and live. He gave a dose of something to me, and left some colored pills for me to take, which I afterwards found to be morphine. I had been taking from six to ten grains of cocaine and once twelve of the morphine. I was up and able to go to town the next day and did not need any

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*Down he went the top of Sister now*  
*John*  
*with*  
*Getting up*  
*she said*  
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more of the cocaine. I kept taking the little pills, not knowing what they were at first, but soon found out, and it was not long before I was taking twelve or more grains a day again.

It is not pleasant for me to have to go into the particulars of my personal affairs and tell how I have been, but I am doing it for His sake, and it is a pleasure to be able to tell what Christ has done for me and what He can do for others if they will only trust Him. And after all He has done for me, would be a coward if I did not do as He wants me to and tell it for His glory. I was not made to jump at anything, but was led along little by little as one would lead a child, till I got confidence and faith in Him that He was both able and willing to do as He said. After having had this experience in getting free from the cocaine I had more courage and kept on praying, though I was somewhat afraid to try and give it up all at once again. However, I kept on hearing the voice, and though I did not always do just as I should at the time, He was very patient with me; I was not forced at all, but just told what I could do if I took His word and did as I was told to. He only asked me to come a step at a time. Sometimes I would think I was crazy and nearly let all go, but He did not let me go, and showed in many different ways that it was He who was guiding.

I had driven in the winter to visit some cousins about a hundred miles from home and, just to show how He gave me to understand, I will tell one thing that occurred. The voice kept on trying to teach me at times, and while on this visit I often heard it and spoke to one of my relatives about it and told her some of the things I heard. One night I heard a voice which seemed to say that Ora — wanted me to tell Ida something I did not know any person by the name of Ora, and I could not be sure that Ora was the name. It did not seem as I had it right, but it was as near as I could get it. I did at one time know a young lady by the name of Ida, but she has since been married, and I did not know where she was.



A PARANOID STATE.

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what they were giving me, and thought it made no difference anyway. After the first few days I ate heartily all the time, and all my bodily functions were regular. I had my father, an uncle, and a man to sit up with me, and they did as I directed them in regard to the drug and looking after me in general. I got along without suffering, only as they at times interfered to keep me, as they thought, from doing something that might be injurious to me; for instance, when I wanted to get out on the cold ground or into cold water to relieve a burning sensation of the feet or skin, thought it would give me a cold, and when I was taking too violent exercise to suit them they would try to stop me, and I didn't want to be stopped. They intended all for the best, but did not understand that I was being led through it all. These things bothered me very much, and caused me some suffering, both mentally and physically. How little do we know, sometimes, when we are interfering with God's plans, and how hard it is to understand His ways. However, I was pulled through all right, and most of the time was up every day, though some of my actions appeared strange to them. I did things that I could not understand the reason for myself, and some of them I would rather not have done, but I was going to do as I was told. I also did some things and said some things I was not told to do or say when I was bothered.

I could hear both sides telling me things to do, and what not to do (the voice who was trying to help me and those who were not), and I sometimes lost my temper, because it was hard for me to understand and do as I was told without anyone else trying to interfere. I was being shown something most all the time, but my people could not understand that, and thought when I was put out at their attempts to help or quiet me that it was all due to the withdrawal of the drugs, though I had none of the usual symptoms except some sneezing and burning of the skin and a little aching of the back and limbs, etc., all of which was very mild. My main anxiety









A DEPRESSED VARIETY OF INSANITY. 77

mingling of races may produce a more stable nervous tissue.

The influence heredity exercises is similar to the family tendency we see in tuberculosis. The weak nervous tissues in this case give away under the influence of extra strain; whereas with proper precautions the subject might avoid the disease. The patient may over-tax his physical structure by over-work and insufficient sleep. The indulgence in alcohol is frequently given as one of the underlying causes, though this is in many cases rather a manifestation of the disease. Several of our cases admitted this year occurred after a period of watching with sick relatives and consequent worry after their death. Actual physical disease may induce the mental depression, and we find the majority of these cases poorly nourished and very much under weight.

The disposition underlying natures that are prone to develop mental depression is usually sensitive and much disturbed by slight reverses. They have the faculty of finding every shadow, no matter how bright the sun shines. As a rule they are money makers, though not on a large scale, as they are afraid to venture. Their riches come from their continual accumulation for the dark days that they see in the future.

The physical symptoms in each case bear a very great similarity and are frequently the occasion of the patient's first visit to the physician. The dyspeptic symptoms are usually the most prominent. The patient complains of gastric pains and constipation. The stomach is frequently dilated and there is general visero ptosis. The patient's mental interpretation of the gastric pains may be so vivid that ulcer is suspected, and occasionally cases are operated on. The site of the disease, not being in the viscera the patient, of course, received no benefit. The blood pressure is usually raised in the excited forms it is lowered. Headache is also frequent, and troublesome vague pains and sensations exist in various parts of the body. The sleep is much disturbed, and is a

the most gratifying of the work Hence when the fault is of hereditary nature

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cause of great worry to the patient. They frequently state, "If I could only sleep I would be all right." The body weight decreases; its return to the normal being the best guide to the patients' improvement.

There are three prominent mental symptoms on which we base a diagnosis: First, difficulty in thinking; second, psychomotor retardation, this being a distinctive phase of manic depressive insanity; third, emotional depression. A patient exhibiting difficulty of thinking when spoken to receives the impression slowly. This is often noted by a perplexed expression, as though not understanding the question. His answer is still further delayed owing to the slowness with which his motor impulses are freed. Psychomotor retardation is further displayed in his slow movements and tendency to inactivity. In his work the patient finds that he is unable to make progress and makes frequent attempts, only to find that he is capable of very limited application.

Emotionally they are much depressed. This may be so great that he may attempt suicide. This suicidal tendency is usually greatest at the beginning or end of an attack, as at this time the impediment to volition is not so great and they are able to overcome it. It is while suffering from this disease that many of our suicides throughout the country occur. Impulses may also be present. He may realize the act he is impelled to do is wrong, yet the compulsory feeling may be so strong that he cannot resist it. These compulsory ideas are the cause of many crimes, and those not familiar with these tendencies find it difficult to understand why a man so apparently sane should not suffer for a crime.

Hallucinations of the various senses may be present; they are, however, transitory and not fixed, as there are other forms. The sense of taste and smell may also be disturbed, as also the sense of feeling which causes vague pains which they feel in various parts of the body.

The following case is quite typical of this disease, and will illustrate the various symptoms:

*The depression is severe and the delirium is marked*

*When the patient is in the state of depression he is unable to do any work and is very much distressed. He is very much depressed and is unable to do any work and is very much distressed. He is very much depressed and is unable to do any work and is very much distressed.*

*He is very much depressed and is unable to do any work and is very much distressed.*

DEPRESSED VARIETY OF INSANITY. 9

T. E. B., admitted April 9, 1910.

*History of the Family.* Nothing is known of his grandparents. His father was born in Ireland, and was married at twenty-eight and died at 68 years of age from inflammation of the bowels. His mother seventy-eight years of age, and is still living. They have always been healthy. The patient's father has one sister who has been insane since 1871, and is still a patient in this institution. Two of his brothers were also insane at various times, though they were never confined in an asylum. Patient has one brother and six sisters. They and their families are all healthy.

*Personal History.*—He was born July, 1869. His early life and development were normal. He received a fair Public School education. After leaving school he worked with his father on his farm. When he died the patient continued to run the farm, and when twenty-eight years of age was married, and still continued to live with his mother on the homestead. He has three healthy children; ages are ten, seven and three years. His life has been uneventful. He has been a fairly successful and prosperous farmer, his property at present being worth about \$6,000.00, and is unencumbered.

*Illnesses.*—At three years of age he had smallpox, this left considerable pitting, which is still quite evident. Later as a child he had measles. Seven years ago he fell from a barn and broke several ribs. There was no unconsciousness, and he made a good recovery. One year ago he had an attack of pain in the left shoulder extending up into the neck and down to the upper arm. The pain lasted about two weeks. There was some wasting of the deltoid, which is still present, but it has been gradually improving. He was somewhat depressed and apathetic at this time, but quickly recovered.

*Habits and Occupation.*—He was a very industrious farmer, but he takes very little interest in affairs outside of the farm, and lived a rather narrow, self-centred life.

*There is a family history of insanity in the paternal line. The patient's father has one sister who has been insane since 1871, and is still a patient in this institution. Two of his brothers were also insane at various times, though they were never confined in an asylum. Patient has one brother and six sisters. They and their families are all healthy.*

Until two years ago he was a very temperate man. Since that time he has drunk considerably, and has had periods of mild depression that did not last long, and were practically unnoticed by his friends at that time.

*Onset of the Present Illness.*—For six weeks previous to March 15, 1910, patient had been a great deal with a sick uncle. During that time he lost considerable sleep, and to counteract the depressed feeling that was gradually coming over him he took considerable whiskey. On March 15 it was first noticed that he was worrying a great deal over trifles. He became very religious, and worried about his future; he frequently shed tears, and at other times he would sing. He felt that he was going to die. He became suspicious of everyone; he thought his wife and brothers and sister were planning to kill him. For this reason he refused to take food, as he thought it had poison in it. He also had a great fear that the comet was going to strike the earth. At times he became somewhat excited, saying that he received messages from God telling him to do things. He says he saw flames of fire in the room. This also excited him. On one occasion he attempted to burn some valuable bank notes, saying that God had told him to do so. During this time he could talk fairly rationally, and seemed to know what he was doing, but was unable to restrain himself.

*Physical Examination.*—He is a tall, well formed man, with good bony development; there is no asymmetry. Height is 5 feet 11½ inches, weight 136 lbs., temperature 98.2-5, pulse 72. Muscles are flabby and show some wasting. There is very little sub-cutaneous fat. The skin is somewhat dry. Heart and lungs are normal. Gait and station steady, though he moves very slowly. Blood pressure is 136. Knee jerks reduced.

*Delusions.*—While at home he had various false ideas. He thought at times that he was dying, and that his brothers were poisoning him, and that his future would be one of continuous torture. Shortly after his admis-

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A DEPRESSED VARIETY OF INSANITY. 81

sion here he was sure that the people around him were all changing their names in order to deceive him. None of these ideas were fixed, but changed from day to day.

*Hallucinations.*—They were present at times. He saw flames of fire, heard God talking to him, and had impulses to do certain things. He also had vague, uneasy sensations and pains in various parts of the body.

*Orientation and Grasp of Surroundings.*—He could not give the date within two weeks, but knew the month and year. He has no idea what this institution was, nor in what part of the country he was. He gave his name and address correctly. His memory for recent and past events was only fair. Several events which happened years ago he placed two or three years back. His attention was fairly easily gained, but he did not respond to questions at all readily, though he comprehended what was said to him. He ate his meal very slowly. All his action seemed to be under restraint.

*Calculations.*—Calculation is fair. He could subtract six from one hundred continuously, though very slowly. When asked to count from one to twenty he did so, several seconds elapsing between each number.

*Insight and Judgment.*—Defective. He does not realize that there is anything wrong with his mind, but admits that he may be ill physically. He thinks he is quite well enough to go home. He does not see anything wrong with any of the patients on the ward with him, nor does he think any of his actions at home were irrational.

*Conference.*—Was held April 15, 1910. He was presented as a mild case of Manic Depressive Insanity of the depressed type. The direct onset of the disease being due to his lowered physical vitality. It was agreed that the hereditary influence was at the basis of the attack.

*Prognosis.*—Favorable for recovery on improvement of his physical condition.

*Handwritten notes:*  
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influence was at  
the basis of the  
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recovery on  
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any little kindness that has been shown him during his stay. Since his discharge from probation, September 18th, he has been getting along well and is doing his own work and is enjoying good health.

*Synopsis of Treatment.*—The treatment given in this case seems to be very suitable to most cases of this variety. During the acute period, when the patient suffers from various distressing physical sensations and sleeplessness, the continuous bath is usually successful. Careful attention to the bowels, which are usually constipated with a good diet, on which eggs and milk play an important part usually increases the body weight. Massage and passive movements furnish the exercise during the rest period in bed. After the patient shows improvement mentally and a gain in weight, indicating that the acute stage is past we try and interest him in something different to his usual work. This serves to divert his attention and helps him to forget his troubles.

The situation and scenery surrounding this, and many other institutions is a great factor in the recovery and return of many patients to their homes. Our bowling green and athletic field are places of great interest and delight in the summer to a great number of patients, many of whom become quite proficient in the various sports. In the winter the skating and curling rink provides interest and amusement for those whose thoughts should be diverted from themselves and their troubles. In all these cases a complete change of surroundings and isolation from business troubles and worries is very beneficial. Many patients become quite happy and fond of the life, this induces them to return readily at the onset of any following attack.

though the staff consists of Parsons

It is a pleasure to go near the regular hours

when we are in the hospital, however

Even in the winter months, however

It also seems to be a source of much

It is a pleasure to be in the hospital

It is a pleasure to be in the hospital

It is a pleasure to be in the hospital

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86 G. STATONIC DEMENTIA PRAEFOX.

In August, 1910, while at home she had an attack similar to the one described, which lasted for five hours and left her very much prostrated.

Since childhood she has been subject to dreams and nightmares occasionally, but for the last year she has had more nightmares and they have been of a more terrifying nature. She has never been regarded as of a rugged mental type, but for the last two years there has been an increasing mental deterioration and she has been more jealous, irritable and dominating than formerly, with lack of initiative. In addition to this, for the last year, every month or so she has had attacks of sleepiness lasting one or two days, when she was indifferent, hard to rouse and exhibited echolalia. When roused she was well oriented and as clear as usual.

After her first acute attack she showed diminished power on the right side, using the right hand as little as possible and dragging the right foot. Her speech also became slurring and at times almost inarticulate.

When seen on September 3rd, 1910, the patient was up and walking about. She seemed very apathetic and listless, walked slowly and unsteadily, favouring the right side, and spoke slowly in a nasal, peevish voice.

Mental Examination.—Orientation for place and time was poor. She thought she was in Toronto, but had no idea of what part. She thought it was the year, 1910, and that it was Fall. Orientation for person was fair. She knew patients from nurses and soon learned the names of the doctors and others. Memory for remote events was not good, and for recent events distinctly poor. She remembered when and where she went to school, but knew the name of only one of her teachers and of only one place where she had been employed. She could not give the name of any of the streets down town or of places of business, although when these were suggested to her she had a hazy recollection of them.

Arithmetical tests were performed slowly and inaccurately. Test stories were repeated slowly and poorly.

*The Cowd*

*was a girl of 25 years of age*

*and had been married for 3 years*

*and was the mother of 3 children*

*and was a patient of the Boston*

*City Hospital for the Insane*

*for 3 years*

*and was a patient of the Boston*

*City Hospital for the Insane*

*for 3 years*

ATATONIC DEMENTIA PROCOX. 87

after being told to her three or four times and the point of the story was not appreciated. Apperception, apprehension and general understanding were poor. She had no insight into her condition. Attention was easily obtained, retained and directed.

*Physical Examination.*—The patient was a well developed, well nourished girl; facial expression peevish, often vacant. Weight 125 pounds. Eyes, ears and nose free from discharge. Pupils were round and concentric, the left considerably larger than the right. Reaction to distance was slight and sluggish. To light there was a paradoxical reflex. Vision was good. The palate, fauces and pharynx were pale, and the palate very high.

The ears were small, symmetrical and lobes adherent. Muscular force was better on the left side than on the right. The lungs were clear, the mammae under developed. The heart was normal in position and size, the sounds clear and unaccompanied, but the pulse would take either three or four beats and then miss one. This condition was unaffected by exercise. Abdominal examination disclosed nothing abnormal.

Right knee jerk absent, left exaggerated. Plantar stimulation usually produced no movements, but sometimes univocal flexion. Anterior tibials absent. Bicipitals slightly exaggerated, carpals active, no Kernig's, Rombergism present. Stimulation of the skin with needle point and dull objects showed that the skin sensation was sluggish, particularly on the right side.

Examination of the eyes showed hypermetropic astigmatism; both discs were pale and there was a large crescent of pigment about the inner edge of the right disc.

On gynecological examination, the ovaries were small and palpable, the uterus about 1 1/2 in. in length, of an arrested rather than of an infantile type and freely movable. The hymen was intact.

Urinalysis showed nothing out of the ordinary.

CATATONIC DEMENTIA PRAECOX.

The patient's condition, both mental and physical, improved steadily. Her appetite was good, she slept well and became fairly bright and contented.

On Thursday, September 29th she was taken home, and was at that time mildly excited at the prospect of returning home. All that day she was rather elated, ate heartily and had a good night's sleep. On Friday morning she was irritable and became more so until Sunday evening. All day Sunday she had a right temporal headache, and her face and hands twitched frequently. However, she went to church, met a number of friends and seemed to enjoy herself.

At midnight Sunday she had a convulsion, another at 12:30 Monday morning, a slight one at 3 a.m., a very severe one at 7:30 a.m., and another severe one at 7:30 a.m. She is said to have been almost unconscious between these convulsions, and it was Wednesday, October 5th, before her attention could be obtained.

Before these convulsions came on there was active twitching of the face and hands and rolling of the eyes. During the convulsions the mouth was wide open and drawn to the left, breathing was choking and stertorous; the eyes were wide open and staring up and to the left. The tongue was swollen and protruded; the face was at first pale, later flushed; body was rigid, limbs extended and head slightly retracted. Urine and faeces were voided.

For some two weeks after these convulsions urine and faeces were voided automatically. The left arm and leg were not moved; formerly it was the right side which showed decreased power. On October 5th she recognized her mother and kept repeating the phrase which the latter had used. She also kept repeating the word "convulsion."

On October 6th, the patient was re-admitted to the hospital, and on examination was found lying in bed, not moving or taking any care of herself. She had partial control of the muscles of the right arm, but gave a grip

*the fury of mania is never able dull*

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*was her first serious appearance*

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CATATONIC DEMENTIA PRAXICOM.

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of distinctly diminished force. She was not able to move the left hand at all, but could move the trunk and both legs. The muscles of the right arm were hypertonic, and when the arm was raised it was let down in jerks. The left arm fell helplessly. The pupils were concentric and round, the left slightly larger than the right. The eyes did not accommodate to light or distance, and there was a mild photophobia.

Skin sensation was dull. Both brachial reflexes were intensely active, the nearest tap in the antibrachial region eliciting rapid and strong contraction of the biceps; tricipital and carpal reflexes absent; abdominal reflex absent; right patellar diminished, left absent; both plantars diminished; no Achilles; no Harnig.

The patient knew where she was, gave the day of the week correctly and recognized persons above her. She answered very slowly and was hard to rouse. There was marked psycho-motor retardation. But if a question was asked once or twice and the patient left alone she usually gave an answer in from one-half to one minute.

Her only catatonic speech was to say several times during examination: "There must be a convulsion somewhere."

She was very dull and stupid, never spoke unless coaxed and then only a few words which, as a rule, had to be suggested to her. However, she would sing, and if anyone on the ward said, "Has anyone here seen Kelly," she would sing that line over and over.

Her condition remained unchanged up to the time of her discharge, late in February.

She remained in bed, huddled up, the bedclothes drawn over her head and resisted any attempt to move them. Her muscles remained hypertonic and she kept her limbs always in the same posture, the legs drawn up and the arms across the face. She had stereotyped movements of the mouth and forehead and a manneristic snuffling.

A comparison of some of the physical anomalies during her first and second residences in the hospital is of interest:

What were the reflexes? The right arm was hypertonic and when raised it was let down in jerks. The left arm fell helplessly. The pupils were concentric and round, the left slightly larger than the right. The eyes did not accommodate to light or distance, and there was a mild photophobia. Skin sensation was dull. Both brachial reflexes were intensely active, the nearest tap in the antibrachial region eliciting rapid and strong contraction of the biceps; tricipital and carpal reflexes absent; abdominal reflex absent; right patellar diminished, left absent; both plantars diminished; no Achilles; no Harnig. The patient knew where she was, gave the day of the week correctly and recognized persons above her. She answered very slowly and was hard to rouse. There was marked psycho-motor retardation. But if a question was asked once or twice and the patient left alone she usually gave an answer in from one-half to one minute. Her only catatonic speech was to say several times during examination: "There must be a convulsion somewhere." She was very dull and stupid, never spoke unless coaxed and then only a few words which, as a rule, had to be suggested to her. However, she would sing, and if anyone on the ward said, "Has anyone here seen Kelly," she would sing that line over and over. Her condition remained unchanged up to the time of her discharge, late in February. She remained in bed, huddled up, the bedclothes drawn over her head and resisted any attempt to move them. Her muscles remained hypertonic and she kept her limbs always in the same posture, the legs drawn up and the arms across the face. She had stereotyped movements of the mouth and forehead and a manneristic snuffling. A comparison of some of the physical anomalies during her first and second residences in the hospital is of interest:



Don't you see how tremor affects the  
 entire bodies of horses if only the door  
 is closed. The March of the  
 Reckless the March of the  
 Rowdy the Rowdy  
 Leeches the Leeches  
 Quack the Quack  
 Peep the Peep  
 Waver the Waver  
 Sing the Sing  
 Forth the Forth

CATATONIC DEMENTIA PRAECOX.

First Residence.

Second Residence.

Left arm stronger than right.

Right arm strength diminished, but left arm helpless.

Bicipital reflex slightly exaggerated.

Bicipital reflexes intensely active.

Right knee jerk absent, left knee jerk exaggerated.

Right knee jerk diminished, left knee jerk absent.

Pupils accommodate slightly to distance. Paradoxical reflex to light.

Accommodation absent.

No physical basis could be found for these changes, and they were put down as manifestations of the psychic disturbance.

The diagnosis was not at all obvious. When the case was presented at a staff conference it was agreed to defer diagnosis. Later the case was presented at one of the conferences open to the physicians of the city, which were held for a few months during the Winter, and suggested diagnoses were Catatonic Dementia Praecox, Hysteria, Epilepsy, and Tumour Cerebri. The two latter were soon dropped, but there was an interesting discussion on the possibility of the case being one of hysteria. A definite diagnosis was not made at that meeting, but the majority favoured Catatonic Dementia Praecox. This diagnosis was shortly afterward determined on by the Hospital Staff on the following grounds:

Her whole mental picture before admission showed progressive mental deterioration such as might be expected in early dementia praecox.

There is no definite history of delusions or hallucinations, though the mother says that she often went to answer the door bell when it had not rung.

A history of epileptiform convulsions is frequently found in catatonia.

The hypertonicity, negativism, resistiveness, stereotyped movements, suggestibility and echolalia are all characteristic of this condition.

Diagnosis became easy as the case progressed, but the patient was in a very depressed condition before it could be said confidently that she was suffering from Catatonic Dementia Praecox.

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