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THE PROGNOSIS OF INVOLUTION MELANCHOLIA *

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"Involution melancholia," sometimes spoken of simply as "melancholia," is one of the most frequent forms of mental disease, and the term is one of the oldest in psychiatry. Nevertheless, the clinical position of this group and the outcome of the psychosis are still matters of dispute. Until 1907 the disease was generally held to be a clinical entity with variable prognosis. For instance, in the seventh edition of his textbook, Kraepelin says: "It includes all pathological states of anxiety in more advanced age, which are not episodes in the course of other forms of insanity. Delusions belong also to this clinical picture in addition to the mood disturbances." As to the prognosis, he found that 32 per cent. of his cases were chronic, while 19 per cent. of his patients died within two years after the onset.

Only one important objection was made to the view that involution melancholia is a disease by itself. Thalbitzer¹ asserted that melancholia was related to the "angry mania" of Kraepelin and that the latter's third "mixed condition of manic-depressive insanity," the "depressive excitement," was practically identical with melancholia. These views, however, were not widely accepted.

In 1907 appeared a work by Dreyfus² which was rather revolutionary in its effects. He investigated the later development of eighty-

* This is a problem which interested the late Dr. Hoch for many years. In the spring of 1919 he began a review of 108 cases which he had examined between the years of 1895 and 1905 at the McLean Hospital in Waverly, Mass. Through the courtesy of Dr. Packard of the McLean Hospital and the superintendents of a number of other hospitals to which some of these patients had been transferred, it was possible to learn the outcome of the majority of the psychoses observed. Together we began an analysis of this material and reached some tentative conclusions. Since the untimely death of the originator of this work, a reexamination of the case histories seems to confirm these first formulations and justify a published report.—J. T. M.

1. Thalbitzer, S.: *Melancholie u. Depression*, Allg. Ztschr. f. Psychiat. **62**: 1905.

2. *Die Melancholie*, Jena, 1907.

five cases in which the diagnosis of melancholia had been made in the Heidelberg Clinic since 1892. He found that a large number of patients whose condition had been considered irrecoverable, even deteriorated, finally recovered, although the favorable outcome might not appear for almost ten years. The conclusions he drew have had much influence on psychiatric classification, for many physicians have followed him in regarding these cases as belonging to the manic-depressive group. He argued that many patients give a history of prior attacks and some pass from melancholia into a manic phase. This would indicate that the behavior of the psychosis is the same as that of the recognized forms of manic-depressive insanity. Patients fail to recover only in rare instances when the melancholia passes over into arteriosclerotic dementia. The ultimate prognosis is therefore as good as in manic-depressive insanity except for the frequency of death in these advanced ages. Finally, the clinical picture is made up of manic-depressive symptoms, particularly those of the circular "mixed conditions." Specifically these are, of the manic group: emotional variations (sometimes in the direction of euphoria but often as cessation of the depressive mood in the latter part of the day); excitability and irritability; need of communicating troubles; pressure of speech; flight of ideas; inflation of the ego; even with expansive ideas. On the depressive side the symptoms in common with melancholia are obvious: painful emotions of sadness, anxiety, etc., and inhibition of thought.

Both his evidence and arguments have carried much weight with psychiatrists, particularly in Germany. Kraepelin, for instance, has accepted them, practically in toto, and in the eighth edition of his textbook has eliminated melancholia as a separate nosologic category. One effect of this has been to make Kraepelinian depression a complex and puzzling picture. In it all kinds of clinical entities are assembled and many varieties of emotion, the one constant feature being an unpleasant affect, whether this be of sadness, anxiety or a painful tension.

Argument, however, may be directed against Dreyfus' assertions. The most crucial question is that of prognosis. Since his work psychiatrists have been more on their guard against making pessimistic prognostications, yet they know that some patients do not recover. For instance, in our series there are patients whose psychoses persisted practically unchanged for as long as twenty years without the development of symptoms pointing to arteriosclerosis. Invariability of recovery is, therefore, not a feature of involution melancholia. A history of prior attacks certainly tends to make one expect the psychosis in question to be benign, but we get the impression on reading his case reports that Dreyfus' zeal outran his judgment. In a number

of cases he ferreted out a history of depressions so mild as to seem to be neuroses or merely more or less normal mood swings. Variations of the emotional status are of great theoretic, psychologic importance, but they should not be called "psychoses" as long as their manifestations remain within certain limits. Otherwise nearly the whole world is, or has been, insane. As to his claims for the appearance of manic and other manic-depressive symptoms, we cannot find this convincing. There are, in psychiatry, few pathognomic symptoms. Clinical types are made up of certain groupings of symptoms. For instance, by selecting and putting together the proper features of a number of manic-depressive cases, one could easily paint a fair picture of dementia praecox. Yet no one would ally dementia praecox with manic-depressive insanity for that reason. Similarly, intensive study of a normal person may enable one to recognize in him all these symptoms. If sad, happy or worried, should he be called insane? Some of the symptoms he mentions are peculiarly nonspecific. For instance, emotional variations, excitability and irritability appear not only in normal reactions but in general paralysis, epilepsy, deliria, dementia praecox and manic-depressive anxiety. Other symptoms are extreme rarities in involution melancholia. Of these we may cite grandiose ideas (in pure form) and flight of ideas.

In spite of these objections, however, one feels that there is evidence for believing that some relationship with manic-depressive insanity exists. When a psychosis occurs that is one of a series in the same person, that is characterized by emotional disturbance and ends in recovery, it is hard to deny it kinship with manic-depressive insanity. On the other hand, if the chronic cases are to be included with the benign, this forces a modification of our ideas about manic-depressive insanity in an essential point. If the bar of good prognosis be let down, one would have to admit many cases of dementia praecox as well. An alternative is thinkable. It may be possible to differentiate between the benign and malignant melancholias, relating the former to manic-depressive insanity and the latter to dementia praecox. This could be done only if it were found that the prognostically bad symptoms were of a kind which we already view as schizophrenic in tendency. The results of our studies would seem to point in this direction.

Our program was to study the patients who recovered and thus determine what symptoms were benign. We then examined the histories of the patients who did not recover to discover the differences in their symptoms from those of the first group. Sufficient data were available in sixty-seven cases to justify their inclusion in this report. Of the others, it was either impossible to learn what the outcome of the psychosis was, or death ensued too early to justify any conclusion as to the chronicity of the disease. Among the patients who had

recovered it was found that the average period before improvement was nine and one half months; thirty-three improved during the first year of the psychosis, five during the second, one during the third and three during the fourth. One patient improved markedly after two years, then relapsed and began to recover only eight years after onset. The last was considered so anomalous a case as to justify the rule that patients with curable melancholias begin to improve in less than four years. We, therefore, have included among the chronic cases those of all patients who died more than four years after the psychosis began without showing any signs of recovery. Justification for this was evident when it appeared that the patients who died unimproved after this lapse of time showed the symptomatology of the chronic type.

Regardless of whether these cases shall be grouped with manic-depressive insanity or not, we believe it leads to greater clarity of understanding to discriminate between the typical manic-depressive depressions of early and middle life and the psychoses characterized as involution melancholias. We would define the former as reactions consisting of feelings of sadness, hopelessness, wickedness, incapacity and unreality on the subjective side, with objective evidence of physical and mental sluggishness and an appearance of dejection in attitude and facial expression; such delusions as appear are concerned with the moral obliquity of the patient, while hallucinations are extremely rare. In the melancholias, on the other hand, on a general background of such symptoms, appear fearful delusions and marked anxiety, often with terrifying hallucinations; a strong tendency to hypochondria sometimes leading to fantastic delusions; gross anomalies of conduct with much irritability, perversity and sometimes filthiness; finally, some patients show a loss of adequate emotional response to their environment or to their own ideas. Between these two types there are innumerable transitions, but between their extremes a marked contrast exists. (In the same way transitions are seen between manic-depressive insanity and dementia praecox.) What we will term the manic-depressive depression appears in later periods of life just as in youth and middle age. When there is no complication these patients recover and present no greater problem at this than at other ages. Our task lies with the cases of melancholia proper.

In his seventh edition, Kraepelin outlines the prognostic data of involution melancholia as follows: In general, an unfavorable outcome is to be expected with a loss of emotional reaction unaccompanied by a recession of delusions or with the development of absurd ideas. In milder cases, the emotional disturbance gradually disappears in company with the delusions, although the patients, in spite of an uncertain insight, become duller, their will power is weakened and they

become less active, often assuming an inferior or whining attitude. With greater deterioration delusions gradually fade away. The patients develop a poverty of ideas, their minds become unclear, and they become forgetful, indifferent and incapable of work. They have no insight but stand around dully, complaining monotonously. In some the definite picture of senile dementia develops. From this it will be seen that Kraepelin gives no criteria for predicting deterioration but rather describes what happens when deterioration takes place. We have attempted to study in retrospect the symptoms of the patients who recovered and of those who did not, in order to discover, if possible, what features in the earlier stages of the psychosis have a bad prognostic import.

SYMPTOMS OF INVOLUTION MELANCHOLIA

In order to present our material in concise form, the cases are arranged in tables showing the presence or absence of symptoms which we have come to regard as peculiar to involution melancholia and essential in the prognosis, while a supplementary table gives a synopsis of all or most of the symptoms presented by the same patients.

A brief description of these essential symptoms may make the tables clearer. The type of emotional reaction is briefly indicated so that no further explanation of this is needed. Different categories of delusions are given in the next three columns. The first category of death and poverty ideas is important because these fancies are highly typical of any kind of involution melancholia. Death is usually represented in a violent form—the patient is going to be hanged, electrocuted, cut up, burned, buried alive, and so on. The wild fear so characteristic of these cases apparently is often a response to these thoughts. Sometimes the fancies appear in disguise as a delusion of immortality. The patient cannot die, no matter how he may suffer from starvation, torture or injury. In other cases there may be an elaboration of the theme into thoughts of wholesale murder. All relatives, all friends, all nurses, patients and physicians have been killed or are going to be; dead bodies are piled around, and so on. Probably related psychologically to loss of life is the delusion of poverty. In its mildest forms this is merely a worry about expenses, in the most exaggerated types the patient is convinced that the family fortune is dissipated and his relatives are all in the poorhouse. None of the death or poverty delusions seems to have any bearing on the ultimate psychosis. Three quarters of all patients have them.

Hypochondria.—Even more frequent are the hypochondriac fancies. We have divided these into two groups which seem to have some fairly definite relationship with the outcome. In the first group, which we term “mild hypochondria,” there are worries and complaints about health, pains, queer sensations, indigestion, constipation, etc., which are

identical with, or analogous to, the complaints every physician is constantly hearing from his nonpsychotic but neurotic patients. In involution melancholia, such imaginations simply tend to be more stressed. In the second type similar ideas are exaggerated into senseless and ridiculous delusions which often are associated with anal practices or other auto-erotic practices or fantasies. For instance, the patient declares he cannot swallow, although he may just have eaten; that his organs are all gone; that his bowels never move, that he passes so much by rectum that all the sewers are plugged; that an odor from him defiles the world; that he is paralyzed (while making movements); that he is only a foot high, and so on with endless variations. Such patients are often filthy in their habits, pulling feces out of the anus with their fingers, smearing the furniture and themselves. Frequently they masturbate shamelessly, pull ceaselessly at their lips, etc. One practice which might be considered auto-erotic but which occurs often in convalescing patients is that of picking at the fingers, which may be more of an expression of restlessness than of indirect onanism.

Irritability.—Some discrimination between the conduct of patients recovering and that of patients with chronic cases of melancholia may also be made. Although a certain degree of irritability is frequent in the more serious benign psychoses, there is a tendency to constant peevishness only when the prognosis is grave. These patients seem to resent any attention with rude words, scratching, biting and striking, sometimes with surly expressions of a desire to be left alone. This conduct is extraordinarily like that of a spoiled child in a tantrum.

Inadequacy of Emotional Reaction.—Deserving separate listing is the inadequacy of emotional reaction which occurs frequently in deteriorating cases. The psychoses with good prognosis show, as a rule, strong, even violent, affective symptoms. It seems to suggest a bad outlook when a patient has thoughts of being killed and is indifferent. A more serious sign is a narrowing of the mental horizon when interests one by one disappear and attention is focused more and more on the patient's body or on his troubles. These patients wander around monotonously whining a stereotyped complaint. A small but rather definite subgroup is that group of patients who have what we have been accustomed to term organic insufficiency, since the whole picture seems to reflect a fundamental and general senescence rather than a localized cerebral abiotrophy with senile dementia or a largely psychogenic disturbance, such as characterizes so many of the involution melancholias. These cases usually begin with insomnia followed by a gradual loss of interest. If there are any self-accusations or paranoid or death ideas, they are in the background of the clinical picture. There are hypochondriac ideas, but these usually are con-

cerned with the patient's condition in a vague, general way. Specific complaints are usually about constipation, with slight exaggeration, but they are never absurd or ridiculous. The patients usually wander aimlessly around, whining, unoccupied and apathetic. Sometimes there is mild restlessness, not accompanied by poor sleep, however, as in the benign cases. Organic insufficiency seems to have an invariably bad prognosis.

BENIGN CASES OF INVOLUTION MELANCHOLIA

Examination of Table 1 reveals some interesting data. Both death and poverty ideas and mild hypochondriac notions occur often, not infrequently dominating the clinical picture. In only one case (Case 26) were these fearful ideas expressed without anxiety, but this patient, on the other hand, sometimes showed affect. Some mention of severe hypochondria occurs eight times, but in four of these cases the remarks thus catalogued were occasional. Of these, three patients made such complaints only during a short episode, two of them showing at this period a special agitation. In one case (Case 4) the remarks were apparently similes rather than delusions, while in two more (Cases 27 and 43) it seems on reviewing the records that the patients may have been using comparisons rather than expressing convictions. In Case 8 the hypochondriac notions were sometimes delusions and sometimes only metaphorical. This patient and the patient in Case 43 were the only ones who frequently expressed these ideas and neither had a consistent and obvious belief in the fancied disability. In no case do we find well developed severe hypochondria to be a dominating, permanent symptom, so that we can assert that benign cases fail to show this common feature of involution melancholia prominently or consistently. The only patient (Case 8) who gave frequent utterance to unquestioned delusions of this nature was at the menopause. This deserves notice, as will appear later.

As to the behavior which we list under the heading of peevishness, only seven of the forty-three patients who had recovered showed symptoms of this nature, and in most of them it was confined to mere irritability; in only one (Case 43) was this more than an occasional phenomenon. It is interesting that only one in this series had a longer psychosis than this patient.

To summarize the material presented in Table 1, these patients showed marked emotional reaction, usually anxiety with restlessness, and they had prominent delusions of death and poverty. Peevishness and severe hypochondria were isolated symptoms which were never sufficiently well developed to be consistently dominant features in the psychosis. Patients began to recover after an average duration of nine

TABLE 1.—RECOVERED CASES

No.	Sex	Age	Emotional State	Death or Poverty Ideas	Mild Hypochondria	Severe Hypochondria	Peevishness	Improvement, Years	Recovery, Years	Varia
1	♂	47	Moaning, restless.	++	+			7/12	1	Typical manic depressive Typical manic depressive
2	♂	46	Retardation.	.....	.....	.....	.....	1/12	1 1/2	
3	♀	66	Retardation.	++	+	.....	.....	3/12	5/12	
4	♀	64	Complaining.	++	+	As similes only	.....	1 1/2	3	
5	♂	68	Retardation.		+			5/12	9/12	Typical manic depressive Mixed manic depressive and involution
6	♀	59	Retardation, then anxiety.	++	.....	.....	.....	3 3/4	4 1/4	
7	♂	56	Agitated anxiety.	+++	.....	.....	.....	4/12	8/12	
8	♀	48	Retardation, anxiety, fidgety.	+++	.....	++ often only similes	+	2/12	4/12	
9	♀	51	Retardation with spells of elation, sometimes apprehensive	+++				1 +	1 +	Menopause
10	♂	45	Dulness and anxiety.	+	+	.....	.....	5/12	6/12	
11	♂	66	Retardation, restlessness.	.....	+	.....	.....	1 5/12	1 6/12	
12	♂	61	Agitation and despair.	++	.....	.....	.....	10/12	1	
13	♂	46	Apprehension, restlessness with some restraint	+	+			6/12	8/12	Manic depressive type Manic depressive type
14	♂	47	Retardation, inadequacy, self-blame.	.....	+	.....	.....	5/12	8/12	
15	♂	56	Apprehensive, restless, reticent.	+	.....	.....	.....	2/12	1	
16	♂	45	Inadequacy, guilt, apprehensive, episodic agitation	+	.....	.....	.....	5/12	9/12	
17	♂	55	Fear, agitation.	+++				10/12	1	Severe hypochondria, episodic
18	♂	49	Fearful, agitated.	++	+	+	.....	2/12	3	
19	♂	68	Dejected, listless, episode of agitation	++	.....	+	.....	1/5	1/3	
20	♀	54	Languid, complaining, agitation with hallucinatory episodes	+	++	.....	.....	1 9/12	4	
21	♂	63	Retarded, dejected, at times surly.	+	++		+	3/12	6/12	Severe hypochondria, occasional during brief period of agitation Recovered after manic episode
22	♂	45	Varying retardation and apprehension	++	+	.....	.....	3 1/2	4	
23	♂	64	Hopeless, worrying, episode of agitation	++	+	.....	.....	1	1 1/2	

24	♂	56	Restless, fretting.....	++	++	.....	.....	.....	5/12	6/12	Fearful ideas often expressed without affect
25	♂	51	Retardation, negativistic.....	+++	+++	.....	.....	.....	4/12	5/12	
26	♂	59	Apprehensive or calm.....	+++	+++	.....	.....	.....	4/12	3 1/2	
27	♂	61	Sad and hopeless, then apprehensive..	+++	+++	+++	.....	.....	6/12	7/12	Menopause
28	♂	45	Crying, hopeless, inactive.....	.....	.....	+++	.....	.....	2	2 5/12	
29	♂	66	Hopeless, inadequacy, worry.....	.....	.....	+++	.....	.....	4/12	6/12	
30	♂	50	Variable depression with worry and compulsive thoughts	.....	.....	+	.....	.....	Constant variation	5	
31	♂	46	Retarded, episode of mild stupor, depressive worrying	+	+	+	.....	.....	6/12	3	Content mainly self-accusations
32	♂	39	Distress with many somatic complaints	+	+	+++	.....	.....	5/12	7/12	
33	♂	52	Retardation, discouraged, a little restlessness	.....	.....	+++	.....	.....	7/12	6	
34	♂	49	Periods of agitation, otherwise winning lassitude and feeling of inferiority	++	++	++	+	.....	1 9/12	2 3/12	Severe hypochondria only once during a spell of agitation
35	♂	46	Discouraged, inadequacy.....	+	+	+	.....	.....	4/12	1 4/12	Manic depressive type
36	♂	42	Sad, gloomy, crying, slight restlessness	+++	+++	+++	.....	.....	5/12	6/12	
37	♂	58	Gloomy, worrying.....	+++	+++	+++	.....	.....	1 2/12	1 4/12	Two subsequent attacks with recovery
38	♂	54	Some inadequacy, feeling of sin and worry	++	++	+	.....	.....	7/12	1 3/12	
39	♀	50	Listless, retarded, occasional queer smile, at times fear	+	+	.....	.....	.....	8/12	10/12	Typical manic depressive
40	♀	47	Mild retardation.....	.....	.....	.....	.....	.....	5/12	1 7/12	
41	♀	51	Retardation with some restlessness.....	+	+	.....	.....	.....	6/12	7/12	
42	♀	50	Crying depression, inadequacy.....	.....	.....	+++	.....	.....	3 8/12	4 3/12	Frequent complaint that she could not swallow, may not have been meant literally
43	♀	48	Great restlessness with moaning and vague distress	+	+	+++	??	++	11/12	5	

+ = Occasional.

++ = Frequent.

+++ = Dominating the clinical picture.

Manic depressive = Ordinary depression characterized by retardation with feelings of sadness, wickedness, inadequacy and unreality.

TABLE 2.—CHRONIC CASES

No.	Sex	Age	Emotional State	Death or Poverty Ideas	Mild Hypochondria	Severe Hypochondria or Autocriticism	Peevishness	Restriction of Interest or Affect	Improvement, Years	Chronic, Years	Varia
44	♀	63	Extreme irritability; mumbles to self; complains of fear	++	++	.....	+++	.....	12, following hemiplegia 7 1/2	14 Died 8	
45	♀	52	Tremendous agitation; later seclusive, apathetic, with irritable periods	.....	.....	+++	++	.....	.....	12 Died	
46	♂	68	Unoccupied, insufficient affect.....	+	+++	.....	.....	Narrowing of mental horizon with shallow affect	.....	12	
47	♀	66	Restless, moaning, marked agitation, wants to be left alone	+++	.....	+++	.....	Usually insufficient affect	.....	6 3/12 Died	
48	♀	56	Restless, moaning, distressed; episodes of great agitation	++	.....	+++	++	.....	.....	8	Constant hallucinations of hearing
49	♂	64	Great retardation with sadness and feeling of unreality	.....	.....	.....	.....	.....	2 10/12	7 Died	Typical manic-depressive but arteriosclerotic
50	♀	50	Constant restless fussing, peevishness and demand for attention	.....	+++	+++	+++	.....	.....	18 6/12	
51	♀	59	Sometimes restless, constant stereotyped moaning and affectless complaints	+	+	.....	.....	Narrowing of mental horizon with shallow affect	.....	11	
52	♀	43	At first retardation; later restless, apprehensive complaining; finally spells of irritability	+	.....	+++	++	.....	5	20	Prominent ideas of diminution
53	♀	60	Restless, distressed moaning, very uncommunicative	+++	.....	+++	+++	.....	3?	18 Died 5	
54	♀	48	Monotonous complaints, with shallow affect, except when delusions are questioned, then irritable	++	+	+++	+++	Shallow affect as a rule	.....	Died	
55	♀	68	Three stages: (1) restless, hopeless, vague apprehension; (2) agitation one week; (3) chronic peevishness	+++ (for one week)	+	+	+++	.....	.....	6 Died	
56	♀	59	First, depressed; later, restless with shallow affect	+++	.....	+++	+++	.....	.....	11 7/12 Died	
57	♀	54	Inadequacy onset; restless and vague fear; finally chronic moaning and complaining	++	+	+++	.....	Narrowing of mental horizon	.....	4 3/12 Died	
58	♂	56	(1) worry and suspicion; (2) mild retardation; (3) chronic suspicion	+++	.....	.....	++	.....	.....	11 Died	Constant hallucinations and delusions of dementia praecox type
59	♂	54	Unoccupied, surly, seclusive.....	.....	+	+++	+++	.....	.....	4 2/12 deteriorated 9 6/12 Died 5	Marked change of character 9 years before psychosis
60	♂	57	Worry, at times restless, at times subdued, chronic uneasy muttering	++	.....	+++	.....	.....	.....	12 Died	
61	♀	52	Restless, complaining, peevish.....	++	+	+++	+++	.....	.....	5	
62	♂	60	Listless, slow but insufficient affect.....	+++	.....	+++	+	Insufficient affect	.....	12 Died	
63	♀	52	Great restlessness, hair pulling, etc., with vague apprehension; later no affect, still restless	.....	.....	++	+++ with deterioration	Gradual loss of affect with narrowing of mental horizon	.....	19	

and one half months, while recovery occurred from four months to six years after onset with an average total duration of twenty and one half months.

CHRONIC CASES OF INVOLUTION MELANCHOLIA

Table 2 shows a marked contrast in symptomatology. The cases recorded in this table are of those who did not recover during many years, the duration of the psychosis up to the last report being noted in the "Chronic Years" column. Included also are the cases of patients who died without having shown any sign of recovery within four years after the onset or who seemed to have reached a chronic state some years later. As has been explained, all those who recovered showed improvement within this period, so that one is justified in assuming that death terminated a chronic psychosis.

In general, the emotional states or behavior of the patients with malignant melancholia are different from those of patients with benign cases. Instead of frank fear reactions, there were much moaning, whining, seclusiveness, surliness and often insufficient affect. Restriction of interest or affect occurred in ten out of twenty cases. In each of these patients this loss was permanent, not subject to variations as in the patient in Case 26 who recovered, and it was always a prominent feature of the clinical picture.

About the same proportion of chronic and recovering cases show death or poverty ideas, and these are of the same type roughly, so that probably these ideas have no significance for prognosis.

A marked contrast is evident in the incidence of hypochondria, however. Roughly, three fourths of the patients with benign cases showed this symptom, but in only one sixth was it a dominant characteristic. Of the chronic cases, on the other hand, eighteen out of twenty made such complaints and of the two who did not, one had a case of pure manic-depressive depression complicated by arteriosclerosis (Case 49³), so that one may say that hypochondria is almost always present in the more serious cases. It tends also to be more pronounced in its form, for in fourteen cases of the twenty it was a dominant symptom. The same tendency to exaggeration of interest in the body is evident in the frequency of severe hypochondria (an occasional symptom in the recovering patients) and of actual auto-

3. This patient showed some improvement nearly three years after the onset of his psychosis and might, of course, have eventually recovered had he lived. But since this improvement did not continue during the next four years, this seems unlikely. The case is included because it probably is one type of chronic psychosis—a benign reaction in which recovery is prevented by purely physical factors.

TABLE 3.—DOUBTFUL CASES

No.	Sex	Age	Emotional State	Death or Poverty Ideas	Mild Hypochondria	Severe Hypochondria or Autoerotism	Peevishness	Outcome	Varia
64	♀	53	Great restlessness.....	+	+	+++	+	Observed 14 months; discharged to another hospital; returned home "much improved" 3 1/2 years after onset	Menopause
65	♀	69	Retardation, then apprehension, then relation, then retardation and anxiety	+++	.....	.....	.....	Improved after 2 years; then relapsed; 8 years after onset improved enough to be taken home from another hospital; 6 months later sister reported her well	Sexual ideas suggestive of dementia praecox
66	♀	49	Dejected, peevish.....	+	+	.....	++	Observed for 6 months, then taken home; 4 years later husband reported she was well except for resentment at having been put in hospital	
67	♀	62	Great restlessness, with self-accusations; later, quieter with same ideas but uncommunicative	.....	.....	Constant analerism	.....	First improvement noted 2 years and 8 months after onset; well enough to go home 7 years after onset; not heard of since	

erotic practices, fifteen, or three quarters of the patients, manifesting this preoccupation; in thirteen of these it was a dominant symptom.

Another minor symptom in recovering patients which is prominent in this second group is the exaggeration of irritability which we speak of as peevishness; fourteen of the twenty showed it, and in these it was a dominant feature.

It is evident that the three symptoms of attention to the body, peevishness and restriction of interest or affect are definitely associated with a bad prognosis. Not one of these occurs as a persistent or dominant symptom in the recovering melancholias, while with two exceptions every patient with a fatal or chronic case showed one, two or all three of these malignant symptoms in marked form. The two exceptions rather go to prove this rule, for neither showed a typical picture of involution melancholia, one being a manic-depressive depression with arteriosclerosis and the other very much like the picture of a dementia praecox with constant delusions and hallucinations.

DOUBTFUL CASES OF INVOLUTION MELANCHOLIA

If these two tables included all our material, dogmatic statements might be allowable. Unfortunately, however, simplicity and rigidity of definition are rarely justified in psychiatry and this study of involution melancholia offers no exception. In Table 3 appear data which seem to render doubtful the finality of the foregoing conclusions. Four cases are represented here which were not placed in the first two tables because the question of complete recovery was settled merely by report from relatives. We would have been justified in eliminating these from the series, were it not that three of them might have been expected to develop chronic psychoses according to the foregoing criteria. Whether these patients recovered fully or not cannot be demonstrated, but this, for our present purposes, is not so important. They certainly improved enough to return home. Had they been thoroughly examined by a competent psychiatrist and found to have still some psychotic tendencies, this would mean little. Mild mental abnormalities are so frequent in old age as to be almost universal, so that our standard of normality, high for youth and middle age, must be lowered in considering cases of the senium. On purely theoretic grounds we might say that nearly all old people have symptoms of involution melancholia, with their worries about health and property of themselves and of their families, but practically, we are dealing with exaggerations of these tendencies which proceed to such development that the unfortunate ones become incompetent and intolerable burdens in the home. If then, a patient becomes well enough to return home and stay there, the presumption is that the accentuation of senile traits—the psychosis in this narrow sense—has disappeared. Let us consider these cases one by one.

The patient in Case 64 showed no insufficiency of affect, but there were constant complaints of the type which we have come to regard as malignant. She thought her rectum was broken off, that the urine came out of the wrong place, that nothing could pass to her stomach, etc. In addition she was occasionally peevish. She was, however, at the menopause. If one examines the two climacteric cases in Table 1, it is seen that these patients tend symptomatically toward the malignant type. For instance, the patient in Case 8 frequently indulged in extreme hypochondriac delusions and was sometimes peevish. The patient in Case 28 constantly complained that her sexual organs were shriveled up. These three patients, being at the menopause, constitute a small group, the members of which one might have expected to have chronic psychoses, who recovered or improved markedly. Although this group is small, the presence of demonstrable physical factors probably allows us to regard them as different from the usual patients with involution melancholia. It is not difficult to imagine that the endocrine disturbances of this period may facilitate a graver degree of mental disintegration than is possible without deterioration in normal physical health.

Case 65 is a complicated one, in which the patient had mood variations like those of a younger manic-depressive patient. She had many sexual delusions reminiscent of dementia praecox. She thought she had been made pregnant by her brother-in-law, that men visited her room at night; she also complained of vaginal sensations. Had she been 30 or 40 years younger one would not have hesitated to make a diagnosis of dementia praecox. It was not until she had been ill for eight and one-half years that she began to improve and was taken home. We have only her sister's word to support the belief in her recovery. It may well be that—at the age of 77—a senile or arteriosclerotic dementia wiped out the delusional and emotional symptoms. At any rate this patient's clinical picture did not coincide with that of involution melancholia, so that we are probably justified in disregarding it in our general conclusions.

Case 66 was that of a patient who was frequently peevish but who showed no other unusual or malignant symptoms. Her case was not included in Table 1 chiefly because the dates of her improvement and recovery were not known. Her continued resentment at having been placed in a hospital may have been merely indicative of a character change rather than of an unrecovered psychosis in the narrow sense.

Case 67 presents real difficulties. Self-accusations dominated the clinical picture with tremendous restlessness—a mixture, as it were, of manic-depressive depression and involution melancholia. For a long period she continued to smear feces over her clothing and even to pull them out of her rectum with her fingers. Later she became quiet and uncommunicative. By all our standards this patient should have remained in a state of deterioration, and it was with surprise that we learned of her improvement in a state hospital to which she was transferred, and of her removal to her home. No argument can explain this case. It remains, quite frankly, an exception. But in any series of sixty-seven psychiatric cases, is not at least one exception to general rules encountered?

COMPARISON OF DREYFUS' FINDINGS WITH THOSE OF AUTHORS

One is naturally interested in comparing the foregoing findings with the observations of Dreyfus. This is a difficult matter because

data such as the exact nature of false ideas are not carefully noted in his case histories in many instances. Further, it must be remembered that his patients were under treatment at a time when melancholia was generally thought to be frequently a chronic disease, so that patients not showing early improvement were regarded as chronic and quite possibly observed superficially and at long intervals. This may account for the statements that the patients in Case 13 and Case 20 did not show signs of improvement until after eight and six years, respectively. In general, his material seems to follow the rules which we have deduced from the series here reported. The possible discrepancies alone deserve mention.

In Case 3 the patient complained for a month of being filled with feces and of being unable to defecate. Whether these ideas were qualified does not appear. At the end of the month doubt was admitted as to the validity of these complaints. We would probably have listed this case as showing an episode of bad hypochondria. The patient in Case 6 during a period of four months often smeared feces. One suspects, however, that the clinical picture was more like that of manic-depressive insanity than that of involution melancholia. No false ideas are reported; for one day, at least, elation was present. Smearing is, of course, a frequent symptom with manic patients, particularly with those who become absorbed in their unexpressed thoughts.

In his group of fatal cases no patient with fantastic hypochondriac delusions had recovered before death.

Most of the patients in his "not yet recovered" group were obviously on the way to normality.

One patient (Case 32), who apparently had the benign type of melancholia, developed arteriosclerotic dementia and had, therefore, a chronic case like that of the patient in our Case 49. In Case 31, although there were complications, the patient showed no definitely malignant symptoms and apparently recovered. Apparently she did not leave the hospital because she had become "institutionalized" as so many old people do, and was apprehensive of quitting that comfortable environment. The patient in Case 30 had only during the onset the delusion that her stomach was closed and that nothing could pass through it. After many variations in her clinical picture she began to recover three and one half years after onset and was apparently improving steadily when reported. This case we would classify as showing merely an episode of severe hypochondria. Case 29 is interesting. The patient showed for a year, while under observation, persistent and dominating hypochondriac delusions. She was then taken home. Eight years after the onset she was reexamined. She was still hypochondriac, was careless of herself and her home, did not go out, and had a feeling of insufficiency. This picture looks like that of chronic deterioration, yet Dreyfus calls it manic depressive insanity with hysterical tendencies!

In general, then, a review of Dreyfus' material gives us no urgent reason to doubt the validity of our conclusions.

A word should be said about the nosologic position of involution melancholia. This analysis of symptoms tends to throw the material into two groups. In one, with a good prognosis, there is as a rule, a strong affective reaction and the delusions are of the same order as those appearing in manic-depressive insanity. In the other, the patients deteriorate and show symptoms distinctly of the kind we associate with dementia praecox; the affect is apt to be insufficient, the behavior is auto-erotic and negativistic in the extreme, and the delusions are ridiculous, expressing perverse sexuality. Plainly, then, involution melancholia belongs in two markedly opposed psychiatric divisions. There are two ways of meeting this difficulty. It may be regarded as a separate division with a variable prognosis or as two related psychoses. In the latter case one would regard the benign melancholic psychoses as a type of manic-depressive reaction (like mania, depression, stupor, etc.) and the deteriorating psychoses as a type of dementia praecox. It is probable that individual taste is likely to determine the classification adopted by psychiatrists, at least for many years.

An argument in favor of looking on involution melancholia as a reaction type of manic-depressive insanity is found in the clinical pictures of many manic-depressive patients. Conditions of marked fear of death, of loss of property, or of moral destruction, with hypochondria but accompanied by no real sadness or retardation are common as episodes or as entire psychoses in persons of early as well as advanced years. If space permitted we could, for instance, detail the history of a patient, aged 33, whose case caused much difference of opinion as to diagnosis. He recovered completely. On reviewing the full and accurate notes of the case it appears that symptom for symptom the clinical picture was a duplicate of that of involution melancholia. Had he been twenty or thirty years older there would probably have been no confusion of opinion among those who observed him.

It is not within the scope of this report to discuss the psychology of involution melancholia. It may be remarked, however, that the regressive mechanisms of the malignant psychoses seem closely related to those of dementia praecox, while the analogy holds just as strongly between the psychology of benign cases and that of manic-depressive insanity.

One point should be mentioned of theoretic and, possibly, great practical importance. In both Dreyfus' and our own material it seems a rare event for a melancholic patient to recover fully while still in the hospital. The return to complete normality occurs at home in the patient's normal environment. This is in marked contrast to the phenomena of recovery in most cases of manic-depressive insanity, with the exception, perhaps, of the stupors.

SUMMARY

We may state the following as the result of our work: The results in a series of sixty-seven patients (summarized in Table 4, pp. 18-37) in whom the final outcome was determined in all but one case, cause us to conclude that patients with involution melancholia recover unless they show as dominant symptoms: marked insufficiency of affect, peevish or auto-erotic behavior, or ridiculous hypochondriac delusions which usually are concerned with the alimentary tract. These prognostically bad symptoms may be present for a short phase of the psychosis in women at the menopause without their prejudicing the outlook for recovery. All patients who eventually recover show some improvement within four years after the onset. The others run a chronic course or die unimproved.

TABLE 4.—CASES—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation	Severe Hypochondria
1	47	0	Restless, moaning	Suicidal attempt	People plot against her	.....	.....	.....	.....
			Restless	.....	Will be taken away	.....	.....	.....	.....
2	46	1	Gloomy, unoccupied; sometimes restless; marked inadequacy	.....	Worries over inadequacy; will not get well; what will become of family?	Blames self for condition	.....	.....	.....
3	66	4+*	Unoccupied; inadequacy with slight restlessness	.....	Nothing to live for; fears losing mind; worry over condition	.....	.....	.....	.....
4	64	0	Unoccupied; fussy manner and complaining	I will be dead tomorrow	.....	.....	.....	No cars running; no fire, no water, no clothes	No room for food; no stomach; does not urinate; all as similes, not actual delusions
5	68	1	Inadequacy; dejected	.....	Will not recover; worry over condition; wife will come to want	.....	.....	.....	.....
6	59	0	Inadequate for her work Depressed two weeks Sometimes restlessness; worry, jealous of husband and friend, ashamed of it; "mixed up," "I change my mind so often" Much distress	Will be killed, hanged, for killing husband Will be buried alive; will be put in dark place, death tonight and terrible punishment, ideas of reference in connection with death; putting flowers in water means will be drowned, etc.	Losing her mind Will not get well Husband dead Home broken up, husband has remarried; in prison	Killed husband by her jealousy; not religious enough; will be taken to court Terrible thoughts of people, poisoning, etc.; feels responsible for them	.....	.....	.....
7	56	2	Agitation, wringing hands, tense, anxious, suspicious (tastes food); indefinite dread Two weeks: more agitated, shouting, breaking glass, throwing furniture Quieter, still suspicious and having feeling of dread	Fears poison Nurses going to put him under ground, going to burn him, going to murder him	Will go to ruin; everybody against him; indefinite dread of something to happen	Has not done business well	.....	.....	.....
8	48	0	Inadequacy, retardation, some fear, fidgety	Place in hell for her	.....	.....	Real world? real people? suspended in space; everything elongated and enlarged	.....	No stomach, no mouth, no head, "shrunk up," no opening to body, does not breathe through nose; (only similes when criticized)
9	51	1	Depressed; retarded; exhilarated spells	Fear of burning, dogs will eat her, may be hanged or dissected	.....	.....	.....	.....	.....

* Manic circular.

—STUDIED BY AUTHORS

Mild Hypochondria	Analerotism	Autoerotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....				Husband untrue; later he accuses her of infidelity	Will be poor	.....	Begins with menopause
Epigastric uneasiness		Picking fingers	.....	.....	Idea of poverty	.....	.....
.....					Worry over expenses	Poor sleep when restless	.....
Pressure in the head	No passage down her throat; nothing passes her; both as similes	Picking fingers	.....	.....	No money to stay here; no money to buy clothes	Marked insomnia	.....
Burning sensation and pains through limbs			Complains about conditions on ward	.....	.....	Poor	.....
.....							Sister's throat is cut
.....							
.....							Attacks of indigestion; heightened blood pressure also some months after discharge
.....			Spat food out of mouth, knocked dish out of nurse's hand; quarrel over trifles	.....	No money, no clothes, poverty, scared about luxury; refuses food because cannot pay; later because no stomach	.....	.....
.....						Mild sleeplessness	.....

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation	Severe Hypochondria
10	45	0	Rather dull, not retarded; apprehensive	.....	Something terrible might happen; people waiting outside; will be arrested	Thought "somebody might have led me astray"	.....	.....	.....
11	66	2	Marked inadequacy, with some restlessness	.....	.....	Never amounted to anything, did not take enough interest; degenerate; never had a decent trait	No affection	.....	.....
12	61	1	In despair, colossal restlessness, moaning, rocking	Something is going to destroy her; markedly suicidal	Going to lose her mind; frightful thoughts	"I have wrecked their lives, killed them all, shall lose my mind and it is my fault"	"Can't sympathize, can't enjoy"	.....	.....
13	46	0	Worried, restless, apprehensive Restlessness, with immobile face, certain constraint, slow in answering questions referring to her worry	Fears will be tortured Will be cut up	Something dreadful will happen Afraid will be punished; police waiting; will be harmed	 Disgraced sister; said she stole from employer; then "not guilty," never did any harm	.....	.....	.....
14	47	3	Depressed, dull, inadequacy	.....	No hope, no salvation	Defaulted money; no salvation, people know his real character	.....	.....	.....
15	56	1	Restless, hard to say what she worries about, "mixed up"	"Are they going to kill me?"	Fears poison and reading of her letters; worry about home and children	Is wicked	.....	.....	.....
16	45	2	Inadequacy, guilt, episodic agitation	Suicidal	Family branded for life; prison; something will happen to husband; arrested; police spies about	.....	.....	.....	.....
17	55	3	Depressed, listless Often marked restlessness and moaning	Going to die Will be thrown on dump, naked, torn to pieces, head cut off, eyes dug out, murdered, tortured; husband torn up	Dreadful calamity Poison in food; vitriol in wash water	.....	"Sometimes think I am not alive, I have so little feeling for others"	.....	Contagious disease; would infect everybody by unclean breath; depopulate cities; daughter lost position and husband hanged on account of odor; stomach does not work, a hollow there
18	49	0	Marked restlessness, whining, walling, especially in spells, looking very distressed; complaints of being "all discouraged"	.....	Feeling as if world were going to fall on her; mind going, "will be like my father" (had melancholia)	.....	.....	.....	.....
19	68	1	Dejected	Onset: will die, last day on earth	Onset: arrested; house will fall down	Has done much harm, dishonest	.....	Has destroyed the world; no life	For five days: substance all gone, stomach full of corruption. This with agitation, broken sentences and confusion

—BY AUTHORS—(Continued)

Mild Hypochondria	Analerotism	Autoerotism	Irritability. Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....					"Money gone"	Good sleep	
Pins and ants in extremities; crawling feeling all over, throbbing feeling in chest, fullness in abdomen						Some sleeplessness	
Agony sensations in head						Fair as a rule; occasionally very little sleep	
A terrible strain about the heart					In poverty, will be put on street	Poor sleep at first only	
Pinched feeling in head							
.....		Picking and biting nails	.....	.....	No money; will starve	.....	
Distress in head							
Indigestion; stomach burns	Food is urine; the tube by which fed is rectal tube	.....	.....	.....	.....	Insomnia	Severe hypochondria, merely episodic
Peculiar aches in legs and hands, with a desire to move, also "emotional suffering feeling"					Money going	.....	
.....						Good sleep	

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation	Severe Hypochondria
20	54	0	Languid, tired Sudden marked restlessness, distress, even fear, suffering, excitement Quiet, marked depression, crying occasionally; gradually hopeful but anxiety about sister	 Devil said he would murder her; she will be electrocuted	Mental powers gone; won't get better; sister insane, will be blind, will be electrocuted for killing somebody; completely mad in a way never heard of—like a mad dog	Why was I born? Am I to blame?	.....	....	Burning up; worms crawling over her
21	63	4	Retarded; sometimes restless, often surly	Gang waiting to kill him (once)	Things going wrong at home; has been ruined by syphilis	.....	.....	....	.....
22	45	0	Marked restlessness with unequal retardation	.....	Will be tried; something will happen to husband and children	Killed husband, children and sister	.....	....	.....
23	64	1	Lethargy, worry, depression, restlessness, hopelessness of recovery Depression, but occupation and better evenings Two days stirred up, reticent, suspicious, began at night suddenly when he got restless "to be kept for life" Improvement 1 month, though still gloomy without special ideas Depressed, languid, indifferent but can smile	 Will be used for vivisection 	Never get well, what will happen to family? Will be tortured, will be experimented on; yet says himself ideas are wild, though not losing suspiciousness Never get well Apprehensive but not without insight; will be left on street; at police station; it will kill his family, etc.	.....	.....	....	.....
24	56	1	Restless, moderate fretting over trifles	.....	Afraid of becoming insane	.....	.....	....	.....
25	51	4	Retardation, negativistic (probably result of suspiciousness)	.....	.....	.....	.....	....	.....
26	59	0	Worried, restless, anxious Sometimes composed, speaking of apprehensive ideas, often guilt, anxious and appealing to physician After three weeks, following visit of husband, sudden improvement, henceforth variations	Will be cremated, crushed to death	Put in dark hole, will be burned, put in lake of fire; wild animals tear her to pieces; also delusional interpretations of things heard	.....	.....	....	.....
27	61	1	Depressed, hopeless, then apprehensive	Will be killed, burned, drowned, strangled	Will never recover	Ought to be an outcast	.....	....	.....
28	45	0	Depressed, cried; said had no ambition Unoccupied, lack of energy, especially in forenoon, better evenings, much bitter crying	.....	.....	.....	No interest, no affection for family; does not care about appearance; sleep unnatural; ability to appreciate is dulled; pain sensations and touch different; no natural feeling in head	....	Sex organs shriveled up (simple?)
29	66	0	Typical inadequacy feeling of awful depression; worry	.....	.....	Life a failure; neglectful of duties	.....	....	.....

Mild Hypochondria	Anal erotism	Auto-erotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
Burning skin, pain in back, sore muscles, nerves tingling, "all gone" in stomach, mind weak						Fair sleep	"Worms crawling over her," probably a death idea
Pain in abdomen, gas in bowels, nose dry, does not sleep			Often surly	.....	Family extravagant	"Does not sleep"	
.....				Onset: calls herself whore because she exposed herself in tearing clothes; stayed in bed and attracted men			
Prickly sensation in body, head, knees and forearm					Property to be taken to defray expenses of keeping him in asylum and family will be destitute; money going; when all gone will be turned in street	At first fair, later excellent sleep	
Epigastric sensation; disease of lungs					Family are paupers, daughter going to poorhouse	Considerable insomnia	
.....		Picking of fingers	Frequently negativistic	.....			
Disagreeable sensation in feet and hands						Poor sleep	
Syphilis of throat (had syphilis in youth)					Poorhouse		
Empty feeling in stomach as if food did not reach bottom; loss of sexual feeling and of all sensations				"Sexual organs shriveled up"; attributes this to coitus interruptus. Sex feeling gone, petrified clitoris also accounts for lack of energy	.....	Usually quite poor sleep	Dry skin and lack of perspiration in hot bath
Dyspepsia, cannot sleep, smothering sensation						"Can't sleep"	

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
30	50	4	Constant variations; quiet, some inadequacy, slightly depressed; worry; compulsive thoughts	.....	.....	Innumerable trivialities	Things do not look quite natural; cannot cry; feels as if turned into stone	.....
31	46	2	Much retardation at first, also stupor symptoms, gradually freer, sometimes somewhat restless; agitated with self-accusations	Ought to die, cannot die	Has to pay for everything	(When freer) the vilest wretch, has dragged family into poverty, has terrible disease	.....	.....
32	39	0	Gradual neglect of work and appearance; attacks of restlessness with marked sensations, writhing, pinching herself, pulling mouth out of shape, crying for help, "do something" Intense restlessness, gradually diminishing with great distress; constant sensations	Onset: Asks to be killed; fears suffocation; is afraid will be put into a box	Is afraid will have a fit, a stroke or go insane	.....	.....	Family all dead
33	52	1	Moderate retardation, sometimes slight restlessness with "suffering" Very melancholy without content but great taedium vitae	.....	She and daughter will be punished	Misappropriated money	.....	.....
34	49	0	Depressed, gradual improvement Sudden agitation, cannot swallow food, everybody dead, etc. Unoccupied, whining, discomfort, distress, and weak apprehension, much lassitude and feeling of inferiority	Attempted suicide Will never die, will be left on earth alone (as punishment for misdeeds); voices say he will be taken into dark, broken on stones; thought he would be boiled when some one said "lobster"	Never get well Will be put on a paralytic's water bed; people here have their teeth knocked out Human bodies ground up downstairs; this with strangeness of things made him think buildings were made of suffering human bodies; also that food and wicker chairs were flesh; ideas of reference	"Why am I so wicked? I don't want to do such a dreadful thing"	(Retrospective) everything seemed unreal; there seemed general dissolution; every thing changed—room bigger	Everybody dead; no newspapers; no countries; fields not worked, seasons too short for crops to ripen; time shorter; no cars running; all business stopped; wife not real (because she thought she was dead); no one eats or sleeps
35	46	0*	Quiet, inadequacy, discouraged	.....	Everything looks bad; borrows trouble	Ought to be ashamed of himself	.....	.....
36	42	0	Dread constantly complained of, especially marked at night; moderate restlessness shown in picking, some crying; sad gloomy appearance	Fears she will die before night; food poisoned; going to be cut up; four men will kill her	Fears something may happen to husband or son; poison in food; to be taken away at night; her teeth will be extracted; all to be burned; husband to be killed; wind signifies this; toast passed in queer way means she wants to kill husband with toast; tea brought to her while husband is there means she is going to kill him and it is to brace her up, etc.	Cross stitches mean to keep the cross before her; odd things others say are to impersonate her so that she is blamed	.....	.....
37	58	0	Gloomy, worrying	.....	.....	.....	.....	.....

* Depressive makeup.

Intense Hypochondria	Mild Hypochondria	Anal-erotism	Auto-erotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....	Epigastric uneasiness	....	.....	.....	Sexual feeling when another (female) patient touched her breasts	.....	.....	.....
.....	Has terrible disease	....	Wets and soils	Resistive to treatment	.....	Dragged family into poverty	.....	Pregnant at entrance
.....	Throat full as if contracted, as though some one were grasping it; as though eyes were coming out of socket, as though tongue was pulled down, palate swollen; numbness and pricking in jaw and throat (inside); feels as though hollow way down through (outside); numbness all over as though dying; prickly all over; stomach discomfort; head: fullness, big as a drum, something boiling in it all the time; band sensation, numb	....	.....	Struck, scratched and kicked nurses	.....	.....	Sleep disturbed at first	Improved as she understood sensations had not significance she ascribed to them
.....	Throat filled up; stomach growing up	....	.....	.....	.....	.....	.....	Everybody knows her thoughts because things happen when she thinks of them
Cannot swallow, anus "stopped up" (complaints occurred only during one spell of agitation)	Pains all over body; lets himself fall, says he is too weak to get up; afraid of falling and breaking in pieces	....	.....	Often desires not to be disturbed; begs to be left in his room; whining with skewed up face; often has to be dressed	.....	Worry over money	Poor sleep	.....
.....	Head heavy	....	.....	.....	.....	His people will come to want	Sleep, good	.....
.....	For year fussing over stomach trouble, idea of cancer or heart disease	....	.....	.....	.....	.....	Poor sleep	.....
.....	Constant fear of going blind, also thought was growing deaf or paralyzed	....	.....	.....	.....	Cannot pay bills	Irregular	Two subsequent attacks with recovery

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation	Severe Hypochondria
38	54	0	Mild restlessness, some inadequacy, feeling of sin and worry	No right on earth	Soul is lost, has committed unforgivable sin, is in devil's power	Sinner, unpardonable sin, lost self-control, touched his wife's genitals	Spirit taken out; does not worry enough about family	.....	.....
39	50	1	Listless, retardation, occasional queer smiles; sometimes fear	Speaks of leaving the world soon	Something dreadful going to happen; microbes on her	Contaminates people with microbes	.....	.....	.....
40	47	2	Mild retardation	.....	.....	Very wicked but cannot be made to say what she worries about	.....	.....	.....
41	51	0	Restless with inadequacy	Going to die	Afraid will be taken away	.....	.....	.....	Transient during onset: throat closing up
42	50	2	Depressed, inadequacy, somewhat agitated, crying	.....	Will never get well; mind failing; teeth decaying; hair falling out	.....	.....	.....	.....
43	48	2	Restless, moaning, marked agitation, will not answer questions, wants to be left alone	.....	Something dreadful to happen; hopeless condition; asks to be protected	.....	.....	.....	Throat comes together so that cannot swallow
44	63	0	Dull and restless	Will be blown up with dynamite	.....	.....	.....	.....	.....
			Extreme irritability; sometimes complaints of fear	"Come and cut my head off"	Put on street, never see daughter again; dominated by fear of being left alone	.....	.....	.....	.....
45	52	0	Worry, then outbreaks of agitation	.....	.....	.....	.....	No one about her, is a dressed up form; a wilderness; no daughter, no husband; (orientation?) "I don't know anything about it"	No heart, mouth, stomach, pulse
			Tremendous agitation, with aimless acts, running about; later seclusive with periods of apathy and irritability	.....	.....	.....	.....	.....	.....
46	68	0	Depressed, agitated spells, again natural	Suicidal tendency	Soul lost	.....	.....	.....	.....
			Dull depression; feeling of going to pieces; apathy	Can't die	Apprehensive ideas about harm to daughter and son-in-law	.....	.....	.....	.....
47	66	0	Worry over things said and expenses	.....	Police coming, people waiting to take her; food poisoned	.....	.....	No water about, no home, "no anything"	Odor from her flesh; cannot pass feces or urine; bowels coming out; urine is more blood than urine
			Restless, moaning, afraid in spells, otherwise quiet; moaning, worried, with insufficient affect	.....	Carriage to take her to funeral or wedding	.....	.....	.....	.....
			.....	.....	House falling to pieces	.....	.....	.....	.....

Mild Hypochondria	Analerotism	Autoerotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
Precordial sensations	.....	.....	.....	.....	Will lose everything and go to poorhouse	Good sleep	Ideas of reference; e. g., spoons rap when he does not eat well; attributed to higher power and to others
Heart disease; afraid of cancer; again pregnant	.....	.....	.....	Claims assault and pregnancy; again cancer	.....	Poor at first only	
Teeth decaying; hair falling out	.....	.....	Fussing about eating	.....	.....	Usually good	
Choking sensation in throat, cannot swallow, can hardly breathe	.....	.....	Peevish, complaint about no treatment, wants to be left alone	.....	Worry over financial affairs		
.....	.....	.....	.....	.....	All property lost		
Bad feeling all over, throat dry, stomach on fire; feels full and stopped up	.....	.....	Peevishness with dissatisfaction, irritability; hit nurses, threw furniture; surly expression, swore, very obscene	.....	.....	Poor sleep	Spelling words backward and constant mumbling; improved after a stroke
.....	(After three years) may urinate anywhere	.....	Assaultive at times; always irritable; often resented treatment	.....	.....	Sleep, sometimes good, sometimes bad	
Lack of nutrition owing to poor teeth; semen oozing all the time from him	Stomach full, crowded by bowels (no physical basis)	.....	.....	.....	Patients took his money, will be destitute	Insomnia	Constant narrowing of mental horizon and insufficiency of affect
.....	Solled, refused to go to closet, "bowels don't move," "they are coming out"	Marked tendency to strip	.....	Fear of men coming into room to assault her. Letter sent to say she is a bad woman	Worry over expenses; bills can't be paid; thousands expended on her. No clothes, no home	Poor sleep	

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
48	56	0	Inactivity; depression Restless; distressed Spells of blind excitement, with intense distress and fear (sex content) Moaning, frightened, still sexual, also hypochondriac; intention paralysis	Can never be killed Will be killed or burned	.....	.....	Body different; everything gone except seeing and knowing Patient says to her "recede," "elongate," and then she shrinks up; complains of periods when everything looks queer	.....
49	64	7	Played out; restless Quiet, retarded, immobile, has to be dressed, etc.	.....	.....	Worst man in world	Everything is wrong, nothing is right	.....
50	50	1	Worry over condition Marked restlessness, fussed up, constant demands for attention	.....	Harm coming to husband and self	.....	.....	.....
51	59	0	Easily fatigued, worry. Standing, walking restlessly, moaning much; marked narrowing of mental horizon; affect seems stereotyped and shallow	Cut up	Heating apparatus will explode; prison; ruined; exposed on street in glass case; terrible thing to happen; dear ones in the cold, etc.	.....	.....	.....
52	43	1	Depressed, retarded; moderate restlessness; suicidal, almost mute, with decided restlessness Moderate restlessness with freer speech; apprehensive; finally spells of irritability	Cannot die, (repeated attempts at suicide); asks if he will be hanged	"I am afraid"	Wicked, responsible for all wickedness in world; made all my people sin, lost my soul	"No life in me, seems as if my limbs were dead"; body different; throat not right; things do not look right, are larger	.....
53	60	0	Distressed, dejected, moaning, restless, some perplexity	Can't live or die	"Afraid of everything," feeling of responsibility about everything	"Have lived on false pretenses"	.....	.....
54	48	1?	Nervous, crying, then "I changed in one night when all my power was taken away"; much depressed, in utter despair; later shallow affect except when delusions questioned, then irritable	Tried suicide; can't die; asks to be cut up and put in bottle	Will never get well, no use to anybody; legs numb and paralyzed, dead	"God changed me and I don't know why"	Shriveled up, face drawn up, mouth shrinking; entirely dissolved, only an image, dead; only a ball of wire, only a little ball, grown blind; "I think only when I speak and when I stop speaking there is not a thought in my head"	.....

Intense Hypochondria	Mild Hypochondria	Anal-erotism	Auto-erotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia *
Stomach gone; is only a shell; can't walk; will be blind; can never get killed; body different, no bones; can't breathe; everything gone except seeing and knowing; shrinks up	Head feels hardened, feels as if she could not breathe on account of blocking in throat	Incontinence during limp spells	Strips at bidding of voices	Kicked, bit, struck in episodes associated with great excitement; later struggled against tube feeding, then relaxed and urinated on floor	Hears man, hypnotized, sexual commands, feels vaginal sensations; frequent stripping and coming into hall naked	.....	Insomnia	Constant hallucinations of voices
.....	Head not right, "sad all over, have not been made right"	.....	.....	.....	.....	.....	Good sleep	Arterio-sclerotic
Can't hear or see; is dead, (occasionally) hands stiff; can't breathe through nose	Pain, discomforts, hands stiff, heavy feeling in neck; will have cancer	Bowel trouble	Much shameless masturbation and occasional wetting; talks to self, "Why don't you get out of the window dearie?" "Don't you want to see how you look?"	Constant fault-finding; sometimes aggressive, violent to nurses with irritation, constant demands for attention	Exposes herself	.....	.....	.....
.....	Leprosy	.....	.....	.....	.....	Ideas of poverty	Irregular	.....
Body different, throat not right, tongue too large	.....	Untidy	.....	Spells of irritability	.....	.....	.....	.....
She has only two hands and feet; flesh not right, no body, getting smaller and smaller, drawing up, various sensations (touching face) make her smaller, "everything looks big"	.....	.....	.....	.....	.....	.....	.....	.....
Rotten through and through, mouth gone, tongue swallowed, neck broken, throat broken by feeding, looks very old, feet are dead and he can't walk	.....	Wilful bed wetting	.....	Sometimes resistance and distinct desire to be left alone; pronounced muscular negativism; more and more nothing could be obtained from her	.....	No money, a pauper	Insomnia at times	.....
Stomach and bowels grown up, brain turned to bone; organs of abdomen crowding in chest, entirely dissolved; only a ball of wire, a rag doll, a rat, a bit of lip, etc.	Legs numb and paralyzed	.....	Pulls at lip until it is deformed	Highly irritable when ideas are questioned	.....	.....	Insomnia at onset	.....

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
55	68	*	Depression, restless, worry over condition Restless movements, looks worried, craving sympathy, moaning One week of intense agitation, not even time to eat properly, shouting "murder" Only slightly restless but very fault finding; no ideas	 Will be burned, tortured, furnace ready, cremated, can read it in faces about him 	"I shall go to pieces, I feel so badly" Will not get well but owing to bad treatment	.....	.....	.....
56	59	0	Depressed, inactive Gradual restlessness but shallow affect with delusions of violent death	 Will be poisoned; will be thrown out of window; cannot die	"I am crazy; I will kill myself" Will be put in dungeon with crazy man; "You are going to crush the life out of me," will be thrown out of window, into a cellar, heavy chains rattle which will be put on her	Reproach for not having cared better for son "They say I have killed my boy by giving him strychnin, but I did not do it, the doctor did it"	.....	.....
57	54	1	Onset with inadequacy, then restless writhing; gradually more monotonous affect and narrowed interests	Will be suffocated, buried alive, isolated	.....	.....	.....	.....
58	56	1	Makeup: apprehensive about health; since 14 nervous dyspepsia, often thought he was going to die; for twenty years had to have wife constantly with him even on business trips; hypersensitive and retiring Worry, anxious Two weeks: languid, slow action, never constant; moderate restlessness, moaning, decided suicidal tendency, some suspiciousness. One year: unoccupied, restless, then settled down; sometimes perplexed expression; suspicious watching, and tendency to withhold information, feeling of mental restriction and that he does not understand what things mean Then chronic hallucinations and delusions with insufficient affect and perfect orientation	 Suicidal ideas, going to be killed tonight; thought he was dying because his hands felt numb; egg-nog makes him feel numb, and he does not want to die without his senses Many ideas about self and others being killed, world destroyed, etc.	 Indefinite dread of something to happen; thought incorrectly written check scheme to injure him and family; conspiracy, spies Afraid to take bath; after refusal thinks friends are sacrificed in his stead. Friends being killed; they don't get home; ditches in garden are made for them: wife dead; all non-Catholics destroyed Feeling of significance which he does not understand. "There is a clearly definite movement and I am the only one who does not understand its significance or when to move." His actions prescribed; his life surrounded; occurrences have meaning; appliances and machinery destroying friends and world; mind reading and double thinking. "Why do you keep putting men from South Africa, South America and South United States into holes in the ground? Why do you take them to the attic and shoot them down the chutes?"	.....	.....	"My friends are destroyed. The world destroyed. Voices say the world was taken out of its axis; there will never be another world"

* Many for ten years.

Severe Hypochondria	Mild Hypochondria	Anal-erotism	Auto-erotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....	Throbbing sensation in head	For years afraid of soiled things, ashes and dust, and afraid she might step in something that was not right	....	.....	"It will kill my brother when he hears what the cause of my disease is. The people will think my disease is of a private nature. I brought the disease on myself; law says, 'Thou shalt not lust' "	.....	Always insomnia	
Feet are mortifying	.....	.....	....	Very fault finding, peevish, irritable; treatment, food, etc., bad	.....	.....	Usually very poor	
.....								
Bones and neck broken; throat dead; odor from it; dead inside because cats and crows are after her; bowels ruptured fifteen years ago, mortification stuff spreads from them, air is full of it; this has caused a railroad accident and death of her boy, is making every one crazy; other patients are mortifying; has hydrophobia; is an animal	.....	.....	....	Peevish, chafing, petulant at times, irritable to nurses yelling at them when prevented in her restlessness from disturbing them	.....	.....	.....	
Can't eat, can't swallow; food does not go to stomach	Will be blind; things blurred before her eyes	.....	....	.....	.....	.....	Marked insomnia	
.....	.....	.....	....	.....	.....	.....	Irregular, usually poor	
.....	Head does not work well	.....	....	At times very interfering and troublesome	.....	"Have I been stripped of my property?"	.....	Expansive ideas; voices say "He ruled the world and all the people in it. He settled the world." When he eats they say "He eats a king, a queen, a prince." When he took something out of a candy box, "He is eating his children"
.....	.....	.....	....	.....	.....	.....	.....	Hallucinations and delusions of dementia praecox type

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
59	64	3	Curled up in room; surly expression, certain restlessness, totally unoccupied, untidy	.....	Afraid of harm; conspiracy to give him "pox"	.....	.....	"They say this is a hospital"
60	57	0	Worry, ruined self by taking poison, uneasy, restless, will be taken to court, family, etc., will be indicted Quiet, subdued Restlessness Restlessness more marked; "O God, I have to get out of here" Restless, much worried; had to get out; everything troubled him but could not describe it; finally chronic muttering	Attempted suicide (oxalic acid); going to be hanged	Held here for criminal trial "will astonish everybody." Something with post office All gone, "O God, O God, the whole business is gone, it is awful, awful, all gone to pieces"	.....	.....	.....
61	52	0	Nervous, hypochondriac Marked restlessness, talking incessantly, repeating words and sentences; gradually more exclusively interested in hypochondriac ideas, with irritability when questioned	Will be buried alive	Will be tried for crime of which she feels innocent; refused food at first because covered with poison, later because organs are gone	.....	.....	.....
62	60	2	Depressed about business Inactive, gloomy, listless, slow in speech and act, "I have no life, no force" No restlessness, same listlessness and inactivity, pauses in speech, decidedly apprehensive ideas but accepts these hopelessly and resignedly; insufficient affect throughout	Will be killed in various horrible ways	Ruined fiancée's life; certain forebodings not crystallized "They are coming to take me away." Heard team drive up in night, knew family in it, dead, and they would get him when they came back (hallucinations); going to be killed, "and then voices came and called my name." Will be burned in furnace, new one to be built because old one filled with ashes of dead men, "enough men for a month." Cut up in a machine, killed by electricity, thrown down a hopper lined with knives; conspiracy to destroy him and friends and others; mentions two men who he thinks have already been killed; gases collecting inside him and when they accumulate he will explode	"It seems as though all my life the mainspring of my actions was not right." Has been selfish all his life but was not so bad as people thought	.....	.....

Severe Hypochondria	Mild Hypochondria	Anal-erotism	Auto-erotism	Irritability, Peevishness	Adult Sexuality	Poverty Ideas	Sleep	Varia
Is rotten, odor from him smells up everything	Has "pox"	Filthy	Much masturbation	Objects to everything, sneering manner at examination; surly expression	.....	.....	Poor sleep at first	
.....	Pain in head	Smears, will fill toilet or pipes if he goes to water closet (worry of expense stopped when this came); had diarrhea and tried to defecate all over place so as not to fill up pipes; complained often of being covered with feces; throughout tendency to defecate and urinate on floor	Rubs head or buttocks	.....	.....	The bills are not paid; they must be running up into the thousands; did not eat on account of expense	Insomnia	Always poor performance with intellectual test
Organs gone, therefore can't eat; heart stopped beating, all bones broken; only 16 years old; only 3 feet high; no heart; no organs, they passed out in her stools and filled the cesspool; bowels broken; burning sensation all over body which makes her strip constantly, attributed to poison put in bed by nurses	Burning sensation all over; worried about heart disease	Will not go to closet; digs out her feces	Strips constantly	Whining, petulant tone, with much irritability; can also be made to smile at times; complains of this awful treatment (poison put in her bed by nurses)	.....	.....	Fair sleep	
No room for food, gases collect inside; further accumulation will make him explode; disagreeable gases come from him	No life; no force	.....	.....	Refusal of food	.....	Lost all property; has tangled up estate entrusted to him and will never be able to settle it; hospital people will take all his property away	Good	

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
63	52	0	<p>Lost interest, restless, more so when husband goes away; duller, in bed; ideas</p> <p>Marked restlessness, pulling out of hair or motions of hands; considerable distress; unchanging expression, at times puzzled (exophthalmic goiter); little spontaneous talk, slowness in answers; later free, "My thoughts are not on it" to questions; finally practically no affect and stereotyped talk about going home or being in hospital</p>	.....	Will be arrested, "Don't take me down there"	<p>Wicked, had not treated husband right, to be arrested; inadequately formulated guilt; did wrong in coming here, being here, etc. "Don't think I am insane, I am not." "I was thinking I would tell you why I came and what I did to my brother-in-law and sister." "I was going to tell you of my coming here, I ought to have told you, I knew I was doing wrong but I kept on staying."</p> <p>"I want to confess, my people are innocent and I am guilty (repeatedly), can't seem to tell what I worry about; it seems gone from me now; I have put it off so long that now I can't tell, I have forgotten."</p>	.....	.....
64	53	0	Restlessness, so that feet get swollen	"If I can live without eating, can't die, can't even be killed"	Something may happen to son	.....	Hands feel different, no feeling in them; entirely different from any one else	.....
65	69	0	<p>Languid, sad</p> <p>Retardation, shame (sexual), and mildly apprehensive</p> <p>Apprehensive</p> <p>Exhilaration, volubility, slight flight</p> <p>Well behaved</p> <p>Gradual return of apprehensive ideas, restless, moaning and depressed</p>	<p>.....</p> <p>Will be killed, brother will be killed; she will be put into dark hole</p> <p>Same</p> <p>None</p> <p>Will be killed</p>	<p>.....</p> <p>House will tumble, last meal</p> <p>.....</p> <p>None</p> <p>Will be tortured; she and family will be put into black hole</p>	<p>.....</p> <p>Is bad</p> <p>.....</p> <p>.....</p> <p>Has done dreadful things</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
66	49	0	Gloomy depression, peevish	Onset: will be hanged; later, "Let me die." or "Why don't you chop me up?"	Electricity, poison in food. "I suppose I have to go to jail." Ideas of reference about objects	<p>Projected; accused of being hypocrite, thief, prostitute, living with man not her husband</p> <p>Wicked</p>	Nothing natural, everything strange; husband not husband; she not Mrs. H., does not know who she is, doctor and hospital not doctor and hospital, nurses are paper girls; "I thought we had a real war"	.....

Severe Hypochondria	Mild Hypochondria	Anal- erotism	Auto- erotism	Irritability, Peevish- ness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....	.....	Occasionally soils when mentally de- teriorated	.....	Resistive with final deteriora- tion	.....	.....	Sleep almost normal in spite of diurnal rest- lessness	Short episode of exophthal- mic goiter
Examination of uterus caused mortification of spine; something snapped; body broken in two; rectum broken off; gone around the waist; will be blind; throat stopped up; nothing passes to stomach; can't be burned to ashes, would just roast	.....	Rectum broken off; urine comes out wrong place	.....	Whining, peevish	.....	.....	Often poor sleep	Loses flesh
.....	Poor health	.....	.....	.....	.....	.....	Poor sleep	.....
.....	.....	.....	.....	.....	Brother-in-law at instigation of sister had made her pregnant Every fore- noon says somebody had visited her at night Vaginal sen- sations	.....	.....	.....
.....	.....	.....	.....	.....	Some one in room at night	.....	.....	Drops sexual ideas with greater anxiety
.....	.....	.....	.....	.....	None	.....	.....	.....
.....	.....	.....	.....	.....	Men come in at night; pregnant; vaginal sen- sations	.....	.....	.....
.....	Malaise, pain, vom- ited; is given med- icine to keep bowels from mov- ing; some- body has spoiled her body	Food is offal (as a metaphor)	.....	Disinclined to answer, "Please go away." More and more reticent, "said too much al- ready." Wants to be left alone, pulls away pet- ulantly when touched; irri- tability with striking and tearing things	Did not put curtain down when took bath. "If different men came every night, I did not know it." "It was shown to me that I practiced self-abuse"	No money to buy anything	Poor sleep at first only	Reported well four years after onset but could not forgive husband for taking her to hospital

TABLE 4.—CASES STUDIED—

Case No.	Age	Previous Attacks	Emotional State	Death Ideas	Other Apprehensive Ideas	Self-Accusation	Unreality	Negation
67	62	0	<p>Uneasiness, fretful</p> <p>Restless, cannot sit down; intensely worried; voluble; cannot give data of life "because constantly thinking of wicked deeds done"</p> <p>More restless, temporarily quite intense; striking head against wall, crawling into fireplace, putting hand to throat as if to choke herself</p> <p>Restlessness marked, also marked curiosity, going around house looking into other people's rooms, reading their letters, etc.</p>	Attempted suicide	.....	<p>Sin; is the evil one; spoke of remorse of conscience; niece and boarder did not get along, should have separated them, greatest crime in history, such wicked deeds. "When I was a child we played we were killing each other, then we acted angry and later I could not help doing the same and feeling the same, and now it has gone on until it has come to this." Not insane, has killed many people by pretending to be (predominant theme)</p>	.....	.....

—BY AUTHORS—(Continued)

Severe Hypochon- dria	Mild Hypochon- dria	Anal- erotism	Auto- erotism	Irritability, Peevish- ness	Adult Sexuality	Poverty Ideas	Sleep	Varia
.....		Constant putting of fingers in rectum and smearing feces; asked why did so, "Must have something to do"	.....	.....	.....	Her clothes all stolen	Poor sleep	