THE CLINICAL CLASSIFICATION OF GENERAL PARALYSIS OF THE INSANE¹

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A review of a number of cases of General Paralysis of the Insane was suggested by the relative infrequency with which the depressed form has been exhibited among the cases at the Kankakee State Hospital and the large number of the dementing type, as compared with the percentages given by Kraepelin. Paretics present many types of mental aberration and there are formed innumerable disease pictures in consequence. In fact, it strikes one in reading the histories of a number of cases that there are types similar to practically all of the psychiatric diseases or states considered at the present time, although the four types considered by Kraepelin seem for the most part to embrace almost all. The reason for separating the cases into certain classifications, lies in the fact that in certain types, the average duration of life, tendency to remissions, frequency of convulsions, etc., is different from those in the other groups. It is quite possible, too, that future study of the pathological changes in the brain of those who have suffered from the disease will reveal a more or less definite anatomical basis for the variety of symptoms presented, and consequently enable the diagnostician to know with some precision the location of the disease process. It will be noted that in classifying the cases I have considered them only from the view point of mental symptoms. The grouping according to the physical symptoms has not been considered.

The cases studied are those admitted since the present system of examination was inaugurated in March, 1908. When it has been impossible to obtain a comprehensive history of a case before entering the institution and where the picture is merely an end condition common to all types, it is obviously absurd to attempt to classify the case. Unfortunately such are much more common than is desirable. Of the 110 cases used, I was forced to leave

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14 unclassified, for the reasons given above, which left 96 cases which could be used for computing percentages of the different types. It is not within the scope of this paper to deal exhaustively with the particular symptoms of each of the four types according to Kraepelin, namely, the dementing, the expansive, the agitated and the depressed, but I may cite a few cases to illustrate the essential characteristics of each. It will be obvious that no attempt is made to give complete histories of the cases, but merely to outline those symptoms which have a bearing on the subject in hand. It is of course necessary to have a clear conception of the types before we can attempt to classify the individual case. As an example of the dementing type I may refer to E. V. F., 40 years old, clerk. The trouble commenced a year and a half ago. The patient became so irritable that he refused to eat at the table when strangers were present. At his work he began to forget orders. After starting to do certain things he would forget about them before they were half accomplished and turn his attention elsewhere. He was finally discharged on account of his inability to perform his work satisfactorily. He forgot the ritual of a secret order which before he had known perfectly, and several times could not find his way home, even though the surroundings had previously been familiar to him. The only change of mood evidenced at first was the irritability above mentioned, and this was not a determining factor in the case, but rather a reaction to the first sensations of ill-being or lessened efficiency. Later the mood became somewhat euphoric, the patient stating, "I feel fine; am strong as I ever was." He was generally in a happy frame of mind, but his mood was fatuous rather than expansive. He had a few ill-defined delusions, such as having been offered a position more remunerative than any he had held before, but his attitude was like that of a child in speaking of a new toy. He was well behaved and quiet, sitting in one place for long periods of time. He answered questions readily but seldom spoke spontaneously.

The above history is similar to many others of the dementing type. The mood is happy but not heightened; the delusions of wealth and power are expressed in a lackadaisical manner, and not as though the patient realized the full import of his statements. Paretics who in health had never possessed more than a modest competence, may speak of having millions in much the

same way that a normal person would mention the time of day. This lack of adequate interest in their delusions is characteristic and dependent upon the essential point of difference between the dementing and the expansive types; the mood, its being simple and childlike in the former and heightened in the latter. Kraepelin states that the dementing type comprised 40 per cent. of his cases. I found 63 cases among 96, or about 66 per cent.

There were two cases of the above type in which the picture was suggestive of paranoic state. In these the delusions were comparatively stable, and the patients' interests in them were more nearly adequate. One such case, E. H. S., believed he had patented a hospital bed attachment. He held to his ideas over a period of five months, talked of the patent to his physicians, busied himself in drawing diagrams and complained of losing money by being kept here. He did not evidence the heightened mood and press of speech or activity characteristic of the expansive type, though he might be considered a borderline case. Whether such cases will ever be classified as a definite type is questionable. Until it is learned whether or not such cases form a fairly definite per cent. of all cases, and unless it is demonstrated that certain conclusions regarding probability of remissions, duration of life, etc., may be drawn concerning this sort of case, there will be no necessity of separating these from the other types. The delusions of the other case were persecutory in nature.

In the expansive type I have grouped the cases which were essentially manic-like. I do not mean that the picture was that of a "raving maniac," but that the case presented a manic mood together with a press of speech or activity or both. By manic mood we mean one that is heightened; that is, a positive feeling of well-being and buoyancy in excess of the patient's surroundings, or what he may believe to be his surroundings, and to which he reacts by a press of speech or of activity, flight of ideas, distractibility, etc. The following will serve to illustrate:

W. F. B., 43 years of age, merchant; onset February, 1909, entered April 21, 1909. The history states that the first change noted was that he became noisy, excited and irritable and wanted to fight. He threatened to injure his sister and was violent on one or two occasions. At time of admission to the institution he was quite talkative, showing a distinct flight of ideas, though the speech was of ordinary rapidity. He would change the subject

frequently, not reaching the goal. His mood was happy and exalted and he exhibited a delusional trend, expansive in character. He made such statements as, "I am happy, love everybody and have lots of money." "Am going to make a hundred million dollars and give it all away." "Can cure people of everything." Notes made in April, May, June and July, state that the patient continues to be restless, talkative, happy and euphoric. He had expansive delusions which are common to the type and which are perhaps considered by some, one of the essential features of the classification. I personally do not agree with this view and have not hesitated to include in the group the following case:

I. M. S., 33 years of age, housewife; entered this institution May 11, 1908. The history of the case before entering the institution is unsatisfactory, but after being admitted she showed almost constantly a pressure of speech and activity. The records state that the patient was constantly talking, and was at times emotional, laughing and crying. She hallucinated actively, talked out of the window to imaginary people. Regarding her condition during the following nine months, it was stated that she was restless, excitable, irritable, destructive to bed clothing and disrobing at times. She presented no expansive delusions until she began to show rather marked dementia nine months after her commitment.

The above shows a press of speech and activity, but the expansive delusions have practically no part in the picture. The whole expression of the patient's activities, however, indicated a heightened mood, much more important to my mind than an expressed idea of great wealth or power. In reading the histories one finds expansive delusions in a great number of cases, regardless of classification. As previously stated, however, the idea, grandiose in nature, which is but the idle creation of a mind from which the restraining influence of judgment has been removed is far different from the expansive delusion which is based upon active desires and is part of the manifestation of a manic mood. The expansive type form 26 per cent. of the cases. Kraepelin's figure is 15 or 16 per cent.

The agitated form is practically an extreme example of the expansive with marked psychomotor activity and running a rapid course. Patient whom I selected to illustrate was L. C. B., 50 years old, entered August 7, 1908, with a history of the first

change noted the latter part of the previous month. He was received in restraint, talking constantly and showing a marked flight of ideas and press of speech. It was impossible to hold his attention on account of his distractibility. He expressed delusions of great wealth, saying he had a carload of diamonds, etc. He became violent on one or two occasions and attacked the attendant. The above condition obtained throughout his illness and he died October 6, 1908, about two months after the onset of the disease. In making this statement I am depending upon a history furnished by relatives regarding the duration of the disease before admittance, and due allowance must be made for this fact. Inasmuch as the difference between the expansive and agitated forms is practically only in degree, it is probable that an agitated case entering after profound dementia has been reached and with but a meager history of the previous illness, would be classified with the expansive cases, and thereby raise the percentage of the latter type at the expense of the agitated. In considering these two types one must be careful not to include the cases that present a toxic reaction in the last stages of the disease. This may be found in any type and presents a picture not unlike the psychomotor activity of the expansive or agitated types. I found but 2 per cent. of my cases could be classified as belonging to the agitated group, whereas Kraepelin gives 11 per cent.

In the depressed form we found here as in the preceding types that the mood is the determining feature. They may at times be cheerful but their general mood is one of depression. They often have delusions in accord with their mood. Following is an example:

H. F., carpenter, 30 years old, entered March 6, 1908, the duration given as one month. The history stated it was first noted that the patient became greatly depressed with a loss of memory and insomnia. He had a fear of becoming insane and was untidy and careless of his personal appearance. There was noted dissatisfaction with self and surroundings, restlessness and confusion. His predominating idea was that he had contracted a sexual disorder. During the examination he was apprehensive and worried. His speech was retarded and he answered in monosyllables for the most part. He wept several times upon being questioned. Later he walked up and down, wringing his hands, saying, "Why did I do it? Why did I do it? I am to be

burned." During the next five months he remained in about the same condition as detailed above. Later he improved and was paroled home. Kraepelin states he found the depressed form to be 25 per cent. of all cases. Brower and Bannister state the per cent. was probably much less among their own cases. Of those I considered there were 5 per cent. The case cited above was by far the best example, the others having a mood showing but slight depression. They did not react to their delusions as markedly as did H. F. However, since the mood seemed more than anything else, one of depression, I felt I must classify them as belonging to that type. In one of these cases after showing depression for five or six months, the mood changed and the patient became euphoric and somewhat expansive. Kraepelin mentions cases that change from a depressed to an expansive mood, presenting a picture similar to manic depressive. I found but the one example among my own cases.

Before giving the following data, it may be well to call attention to the number of cases in each group:

Demented	64
Expansive	25
Agitated	2
Depressed	5
Unclassified	14

Obviously one cannot draw many deductions from a group of two to five cases, but there may be some interest in the figures given below as suggesting further investigation.

The total number of cases admitted to the institution between the dates of March 2, 1908, and July 6, 1910, was 1,187, paresis comprising about 9 per cent.

The average age at time of admission is as follows:

All types	43 years, 1 month
Demented	43 years, 8 months
Expansive	41 years, 3 months
Agitated	47 years, 6 months
Depressed	40 years, 8 months
Unclassified	45 years

Diffendorff states the average age of onset in 172 cases was 42 years which approximates our figures. It is to be remembered that one of the most difficult things to obtain from relatives is the duration of the disease before admittance. There is often a marked discrepancy between the date of onset furnished by the interrogatory and that obtained by personal interview with a near

relative. This is my excuse for giving the average age at time of admission, rather than age at time of onset. There was none whose age at time of entrance was less than 28, except one, a case of juvenile paresis, 14 years of age. 43 were 40 years of age or under, whereas 66 were 41 or over, and 20 of that number were 51 or over. Of the 110 cases admitted since March, 1908, 45 have died. It would be interesting to know the average length of life of each type, but the number is too small and the admissions too recent to warrant any deductions.

In looking for a specific history the blanks were very unsatisfactory; there were only 27 cases giving a positive history of syphilis. Including all cases where suspicious scarring was found, as well as those of positive and suggestive histories, I found only 37 per cent. This is far too low a figure according to practically all authorities, and its only significance is in pointing out the unreliability of such information furnished our institutions. The per cent. of those of the demented and expansive types having convulsions or paralytic strokes, was identical 44 per cent. and of all types 43.5 per cent. Kraepelin states epileptiform or apoplectiform seizures occur in from 46 to 60 per cent. of the cases. The cases showing remissions were 18 per cent. and for each type as follows:

	Per Cent.
Demented	9½
Expansive	40
Agitated	None
Depressed	40
Unclassified	14

The relatively small per cent. occurring in the demented form is in accord with Kraepelin. For the expansive type he gives one third of the cases, not greatly differing from the 40 per cent. of my cases.

It is not claimed that the percentages given above are wholly trustworthy, as they were drawn from histories furnished by relatives, as well as from our institutional records and personal observations. It can, however, be said with quite a degree of certainty that the dementing types are proportionally more numerous and the depressed type less numerous than in the cases studied by Kraepelin. That paretics form 9 per cent. of the total number of admissions is approximately correct, although with the increasing use of the lumbar puncture and Wassermann tests, there may be a slight change in the proportion of paretics.