THE STADIA OF MENTAL DISEASE.*

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Diseases in general have well marked stages. Every practitioner knows the incubative, eruptive, desquamative and convalescent phases of the exanthemata, and with increased experience comes to recognize the stages of most maladies by the symptoms alone.

Almost all nervous affections plainly have incubatory, acute and convalescent stages. It is true that mental diseases are often greatly prolonged, that they have multiform symptoms, and that it is not always easy to clearly demarcate the stages of which they are composed. It is possible though by the careful study and comparison of very large numbers of cases to deduce the rule of the stadia, which form attacks of insanity, and to discover general uniformity in the order in which they occur.

In the curable psychoses there is a very constant clinical progression. There is first an average period of some months of gradual disorder of physical functions with mental distress; secondly comes the period of active mental disturbances for several months; thirdly follows for a few weeks reactive exhaustion; and fourthly a convalescent period of a number of months. In a word, there are four stadia, one of incubation, one of acute symptoms, one of debility from nervous forces spent at the height of the attack, and one of convalescence.

The incubatory stadium is essentially one of morbid systemic changes with disturbed sleep and disturbed digestion and loss of weight. Above all an altered cœnesthesis is a constant symptom. Cœnesthesis is the state of feeling resulting from the sum total of organic sensations and sympathies, and as the latter are morbid there results cœnesthêtic depression.

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as the prevailing psychopathic state. Less frequently there is pleasurable organic consciousness and cœnesthetic exaltation. This incubatory stadium is based in fact on the pathological systemic changes and the resulting altered cœnesthesis, and hence is correctly named stadium cœnæstheticum.

Then comes the stadium acutum, which in seventy-five per cent. of the cases is the melancholic or the maniacal state. These two psychopathic states have general physiological analogues in the expansion or depression of feeling common to all mentality. The maniacal state is the wider departure from the normal and presents loss of control of actions, rapid change of ideas and emotions, great muscular activity, insomnia, loss of weight and illusive disorder of the special senses, and it may constitute the entire stadium acutum.

The melancholic state is characterized by great emotional depression, slow and painful ideation, doubts and fears, disordered vital functions, and general malaise, and it may continue throughout the stadium acutum.

It is of prime importance to recognize that the melancholic and maniacal states here described are mere symptom-complexes which appear and disappear, supplant or follow each other during the stadium acutum, and that they are by no means to be mistaken for separate attacks of mania and melancholia as has so often been done. This fact was first clearly set forth by the writer in his "Text Book on Mental Diseases," and it removes the absurdity of independent insanities in rapid succession.

There is one other psychopathic state which in some cases is a chief component of the stadium acutum, and it is best termed the stuporous state. The symptoms are slowed respiration and circulation, subnormal temperature, muscular inaction or fixed attitudes, and psychic and sensorial abeyance. This state may alternate with the melancholic or maniacal in the stadium acutum, or it may form the entire stadium as in acute primary dementia and melancholia attonita.

When the full force of the stadium acutum has spent itself there remains a state of physical and mental debility for an average of some weeks, and this is the stadium debilitatis. Its

clinical features are weak memory and volition, apathy or emotional weakness, and general feebleness of bodily functions. If the acute stadium be very severe the exhaustion may reach the grade of sequential stupor, and this stadium may then become a stadium stuporosum.

Fourthly comes the stadium convalescens having an average duration of some months before complete recovery. Its progress is ordinarily attended by hours of former emotional or delusional perturbation, but these fluctuations in the rising tide of health disappear, and a perfect physical restitution is accomplished about the time of restoration of full conscious personality. In the non-recoverable cases this final stadium becomes a stadium dementiæ.

The sequence here given of stadium cœnæstheticum, stadium acutum, stadium debilitatis and stadium convalescens is what may be termed the natural history order of the disease, and it will be found verified in the vast majority of all curable cases, and the apparent exceptions will be noted directly.

The total duration of these stadia as judged by statistical information is longer than is ordinarily supposed. In nine thousand seven hundred and thirty-two cases of insanity treated to complete recovery in State hospitals, the average period of the malady was 7.7 months before admission, and 9.5 months while under treatment, making a total average duration of 17.2 months from the incubatory stadium to the end of the convalescent stadium. As the cœnæsthetic, acute, and convalescent stadia are of about the same length, and the stadium debilitatis about one-fourth that of the others, it would seem that in this series of cases the average duration would be a little more than five months for the former named stadia, and one month for the latter. In very exceptional cases the stadia are to be measured by hours or days rather than by weeks or months, and in the other extreme they may begin in infancy and end only in old age. The ordinary stadial course of the psychoses has now been given, and there remains the consideration of the stadia in the strongly hereditary insanities. A broad view must here be taken of the

whole evolution of the mental alienation. A degenerate child for instance begins early to show morbid instability, is wilful and perverse, by turns unaccountably gloomy or gay, differs more and more from healthy children with advance of years, and at puberty is recognised to have mild degrees of the maniacal, melancholic or stuporous states. After the pubescent crisis the patient has an apparent return of mental health and undertakes the regular duties of life, but breaks down under every severe stress of mind or body. The periods of health become shorter and the melancholic and maniacal attacks longer, until some form of periodic insanity is established for a lifetime.

It must be admitted with scientific breath of view in such cases that the stadial progression of the mental disease is from the cradle to the grave. The incubatory stadium progresses on predestined hereditary lines throughout childhood; the stadium acutum begins with the first decided mental disorder at the pubescent crisis, and covers the whole course of life. The apparent recoveries between the attacks are not real, but are only intermissions in the progressive malady which, if life is sufficiently prolonged, ends in a stadium dementiæ of the active kind peculiar to degenerates.

A like stadial progression of mental disease is often to be found in the established neuroses of epilepsy, hysteria, and hypochondriasis, and in some cases of primary monomania there is also a gradual evolution and a life-long duration of the insanity.

It is necessary here to speak of exacerbations, remissions, intermissions and lucid intervals in relation to the stadia. Exacerbations occur only during the stadia, and are intensifications of existing symptoms, and in women often coincide with the catamenia. Remissions are diminutions, but not positive cessations of the mental disorder; they happen during the stadia, and often mark the ebb and flow of nervous energies in the convalescent stadium. With brief or long rhythm they also seem to interrupt the stadium acutum in specially neurotic cases, but in reality they are only clinical phases of the advancing disease, and they should never be mistaken for lu-

cid intervals. A lucid interval is a temporary restoration of right mind, but not a removal of the underlying pathological conditions of the mental disease. The lucid interval may occur during or between the stadia and last a day, a week or a month and even longer.

An intermission is the complete disappearance of the physical and mental symptoms of the disease. It occurs between the cycles of periodic insanity and has a duration of weeks or months.

The writer long ago pointed out the fact that the maniacal, melancholic and stuporous states might combine with remissions and intermissions in any imaginable order to form the cycles in the periodic forms of mental disease.

If the maniacal or melancholic state be followed by an intermission and this sequence continues, the case is intermittent mania or melancholia. If the maniacal or melancholic state and then a remission be the sequence repeated the form is remittent mania or melancholia. In another instance the melancholic state is immediately followed by the maniacal state, and this cycle continuously appearing is called circular insanity, and if there be an intermission between the cycles it is intermittent circular insanity.

The essential point is that all these complicated phases of periodical insanity including the cycles and intermissions simply constitute a stadium acutum, which is progressive and may continue for years or even endure for the greater part of a lifetime. It will always be found that this stadium acutum is preceded by a prolonged stadium cœnæstheticum, and that it will eventually graduate into a stadium of mental deterioration which is the equivalent of the stadium dementiæ in the simple psychoses.

In the complicated alternating insanities therefore the simple order of the stadia is unchanged. The unusual prolongation of the stadium acutum may occur also in other forms. Thus in general paretics it may last for years with rhythmical fluctuations of the melancholic, maniacal or stuporous states, and with intermissions so long as to be mistaken for cures, but in course of time with a certainty like that of the law of gravity the stadium dementiæ takes its

place in regular order. Close scientific study of these long intermissions shows that they are not perfect physical and mental restitutions, nor even intervalla lucida; that slight psychic and somatic signs are to be detected, and that it would be more in accord with clinical truth to regard such intermissions as stadia minora intercalated between the regular stadia majora above delineated.

The main conclusions of this paper may be briefly summarized as follows:

The vast majority of attacks of mental disease have but four simple stadia. The main stadium acutum is constituted chiefly of the maniacal, melancholic, or stuporous states, which are mere symptom-complexes alternating or replacing one another, though sometimes mistaken for separate attacks of insanity.

Mental disease must be regarded as one continuous pathological process with periodic fluctuations, so constant that remissions and intermissions are to be viewed as part of the morbid phenomena.

The diversified curricula of insanity and the artificial variety of its forms described by modern writers, may in great measure be reduced to clinical simplicity by the law of the stadia, conjoined with the maniacal, melancholic and stuporous states, as here rightfully assigned to the position of symptomatic syndromes, rather than independent forms of alienation.

In fine and in fact the law of stadium and rhythm and of the dominant states of expansion, depression and stupor are the only stable data capable of any wide purpose for the logical unification of the multiform manifestations of mental disease.