CIRCULAR INSANITY.—REPORT OF THREE CASES.

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CIRCULAR insanity (*alternating insanity, cyclothymia, folie circulaire; folie à double forme*) is a psychosis of such rarity I am induced to put upon record a report of three cases that have come under my personal observation. Reports of very few cases have appeared in the medical journals. Some systematic writers regard it as a mere subdivision of periodic insanity (Spitzka.) A distinguished alienist and author, of Scotland, however, has given us an admirable lecture on the subjects. He says: "I have had under my care altogether about forty cases of typical *folie circulaire*." In the asylum at Morningside there were, says Dr. Clouston, in 800 patients sixteen cases of this peculiar form of mental disease. Dr. Spitzka, who was, I think, the first American to describe it, found in 2,300 cases of pauper insane four per cent. to be periodical, and its sub group circular insanity. Dr. Stearns states that less than one-fourth of one per cent. of cases in the Hartford (Conn.) Retreat classed as mania and melancholia have proved to be *folie circulaire*. Upon examination of the annual reports of the superintendents of hospitals for the insane in this country, I find in only a few reference made to this as a distinct form of insanity. In the New York State hospitals there is a regular uniform classification of mental diseases in which "circular (alternating) insanity" occupies a place. In the report of the Buffalo Hospital for 1892, in statistical table No. 4, "showing forms of insanity in those admitted, etc., since 1888," out of 1,428 cases, only one was "alternating (circular) insanity." In the St. Lawrence Hospital only one case in 992 was credited to this special class. In the institution in Philadelphia, of which Dr. Chapin is the superintendent, 10,379 patients have been treated, only three of whom were diagnosed cases of *manie circulaire*. Of

the 900 cases of insanity in the State Hospital at Danville, Penn., less than four per cent. were put in this special class. There are in the Central (Va.) State Hospital (which is exclusively for the colored insane) 775 patients, three of whom are genuine cases of circular insanity, but they are included in "periodical insanity." This same custom evidently prevails in many of the other hospitals for the insane.

Periodical phenomena are seen everywhere in nature. This universal law of periodicity applies to insanity in general, as has been observed by those who come much in contact with insane people. Remissions and intermissions in diseases of the mind are familiar to us all. In his charming clinical lectures on mental diseases Clouston says: "One of the most fundamental of the laws that govern the higher functions of the nervous centres in all vertebrates is that of alternation and periodicity of activity and inactivity."

Between the ordinary simple variety of recurrent or periodic insanity and the strange type of mental disease under consideration, there are distinct differences. In the one, apparent rational periods, varying in length, intervene between attacks of mental disturbance, which, in each case, are similar in character. For instance, there may be a recurrent mania or a recurrent melancholia, etc. In the other (circular insanity), there is a rhythmic alternation in uniform order, in each particular case, of mental states from depression to exaltation, and *vice versa*, separated or not by an apparent "lucid interval." The depression may vary between a mere sluggishness or stupor to deep melancholia. The exaltation may appear in any degree from simple excitement to acute mania. The transition from one condition to the other may be sudden, frequently taking place at night, or it may be gradual. The length of the vicious circle varies or the duration of the succeeding mental conditions varies, but the type of each remains identical, or at least changes very slightly. The cycle may be completed in a day or two, or it may extend over several years (Folsom). Hammond recognizes two forms of the affection, one in which there is no intermission between the two stages; the other in which there are distinct periods of sanity between the accessions.

Gray's experience leads him to the opinion that "the lucid interval is not a true lucid interval. The patient is rather in a state of remission than of absolute inter

mission." Stearns says, "The patient passes into what may be termed neutral ground, between excitement and depression." This last named alienist has, in the opinion of this writer, given the clearest and most comprehensive description of the affection that he has yet read.

Blandford and Savage both are of the opinion that in any phase of recurrent insanity there may be a distinct period of convalescence between the attacks.

Dr. Daniel Clark, of Toronto, an alienist of considerable ability, says that he has never seen, in this affection, an intermission when the patient had normal mental health. In fact he does not believe there is ever an absolute recovery from insanity in any form,—that one is never the same after an attack of insanity as he was before.

Let it be remembered that to Falret and Baillarger, of France, each of whom published almost simultaneously, in 1853 or 1854, an article upon the subject, belongs alike the credit for first recognizing and describing *folie circulaire*, or *folie à double forme*, as a distinct genus of mental alienation.

The following illustrative cases embody the salient points of the disease:

CASE I.—Nancy S., a negress, 34 years old, has been an inmate of this institution since August, 1883. As is frequently the case with patients sent here, little is known of the family history. She was not married, had never had children; had had syphilis. Further than that nothing was known of her before she came under our care and treatment.

The period of depression is characterized by a torpid, sluggish condition of both mind and body. She is in a state of mental inertia. Differing from simple melancholia, there seems to be no mental pain. The cerebral faculties are almost entirely suspended. No illusions or delirium, delusions or hallucinations appear to harass her. She is quiet, her face almost expressionless; does not talk nor move about; is apathetic and indifferent—nothing excites or arouses her. If spoken to, she exhibits a silly expression of either surprise or absolute apathy. There is pronounced amnesia. All identity of persons, time or places is lost, the patient being unable to tell her own name or that of any one else, where she is, or whether it is night or day. In the most automatic way she does, when told, certain simple acts, such as going to meals or sewing for a few minutes.

She pays no attention to her personal appearance, neglects her toilet, is not tidy, etc. Her appetite is impaired, bowels costive, skin dry, pulse small and compressible, eye-lids droop, particularly the left, hearing dull. She sleeps well. This condition lasts about eight weeks.

From this state of stupid depression and inactivity the patient suddenly emerges into one entirely opposite, that of excitement and activity. The metamorphosis always takes place during the night. She is now in high spirits, skips and dances about the wards and yards, shows interest in her surroundings, answers questions more or less coherently. Her face becomes mobile and expressive, eyes bright. She is talkative, frequently going from one subject to another. She manifests erotic tendencies to a slight degree. Industrious and energetic, she is of considerable assistance in keeping the wards and rooms in order. She is now neat in person and dress, though she bedecks herself from head to foot with fancy articles of clothing, beads, ribbons, paper ornaments, and the like, presenting a most fantastical and grotesque appearance. She is quite generous in offering one her "pretty things," but begs for every bright-colored article of clothing she happens to see. A childish fondness for toys takes possession of her. She makes many rag dolls of various sizes and description. Indeed, she presents many eccentricities. Her physical condition improves, skin becomes moist, pulse full, hearing normal, bowels regular, appetite good. Her restlessness in the day frequently continues at night, disturbing her sleep. The duration of this period extends over about the same time that the stage of depression does. It takes, then, about four (4) months to complete the cycle. This regular alternation of depression and excitement has been going on ever since her admission to this institution in May, 1883.

The transition has always been immediate, the exhilaration following the depression, and *vice versa*—no period of intermission coming between the two morbid mental conditions.

CASE II.—William F., a negro, 36 years old, of fair education, steady, sober habits, was seized with gloomy depression a few weeks prior to his admission to this hospital, in September, 1886. This condition came on after a spell of fever. He was a stranger in the vicinity and no information scarcely could be gotten regarding his antecedents. When admitted he was in a state of

melancholic hypochondriasis; was the very picture of abject misery. Many imaginary ills troubled his peace of mind. He spoke of committing suicide, but evidently for the purpose of attracting attention and sympathy. On one occasion he said he intended to kill himself, but when the means to do so were placed at his command, he said he would do the deed at another time. The most trivial physical disturbances were exaggerated into very serious diseases. From this state of morbid depression he slowly emerged—grew brighter, more energetic, neater in personal appearance, etc. He was, during this period of slow transition or partial sanity, taken out on the farm where he proved to be a careful and industrious laborer. He escaped, and when brought back to the hospital a few weeks subsequently he was in a condition of great excitement and hilarity. His expression was animated, and he was, as it were, overflowing with super-abundance of spirit, very loquacious and incessantly moving. He bore an air of great importance and self-satisfaction; said he felt perfectly well and happy, but abused the officers for keeping him “confined unjustly in a lunatic asylum.” It was his habit almost daily, if not interfered with, to deliver a long harangue to his fellow-patients, during which he would become very excited and noisy. He showed evidences of having a remarkable memory, particularly regarding names and dates. (Unusual memory is frequently observed in this type of sanity, says Stearns). He was sometimes disposed to be somewhat destructive to furniture, etc.; was neat in person, but would frequently dress rather “gorgeously,” wearing feathers and the like in his hat, etc. He was not often noisy and sleepless at night, and then only for a short time. His physical health was good. This “mental intoxication,” as it were, lasted nearly a year. After this long exacerbation of excitement there was a short remission and then depression again sat in which lasted about 15 months. At this time this patient is in the depressed stage or period of the third circle. So, thus the cycles have continuously repeated their weary rounds, and in all probability they will keep this up “until the final capitulation in the battle of life has taken place.”

CASE III.—H. J., a mulatto woman, was born about thirty-four years ago. She was fairly well educated, and at the age of twenty-two married an intelligent negro who has provided well for her. They have several children. Her mother was insane for a number of years.

From her husband I get the following facts: One night in the spring of 1892 she showed for the first time some signs of mental aberration, but soon became quiet and went to sleep. Later in the night she awoke, stole from her bed, laboring under the delusion that something dreadful would happen unless she go at once to a certain city, twenty miles distant, and secure the intervention of a noted politician. She tried to hitch her husband's horse, but, failing in that, she started to make the journey on foot, fixing her eye, she said, on some particular star which she thought would guide her. In the suburbs of the city in which she lived she attempted to jump on a passing freight train, believing it would take her to her desired destination. She fell, uninjured, however, in a ditch by the road. The train hands went to her assistance, and found her in a cataleptic state. She was taken to a hospital where every means, including electricity, commonly employed in such cases, were brought into requisition, but to no avail. She was in a profound hystero-cataleptic stupor. However, in about fourteen hours she suddenly aroused and gave her husband a correct detailed account of all that had happened. She became after this melancholy, insisted upon being left alone, refused to speak and took no interest in anything. After a few weeks of depression she became maniacal, jumped out of a window, a distance of twelve feet, and was quite excited for some weeks. She went for the second time into a state of deep depression. Again becoming morbidly excited, she went out on the street improperly clad, called upon numbers of people for the loan of money to take her away from home, saying she was cruelly treated there.

In January, 1893, she was admitted into this institution, and her general appearance indicated a thorough physical and mental depreciation. She was in the third month of gestation. She was pale and anæmic, with an icteric tinge of skin; kidneys and bowels were in a torpid condition; urine scanty and albuminous; pulse small and compressible; skin dry, and tongue furred. The characteristic depressing symptoms of *melancholia agitata* were readily observed. She could not be induced to leave her bed in the day for fear of bodily harm. At night her sleep was disturbed by horrid delusions and hallucinations of sight and hearing. Said she had committed "the unpardonable sin" and her soul was "eternally lost." She was the picture of despair, and sometimes would beg for some deadly drug or a weapon.

wherewith to put an end to her "miserable life." It was with difficulty that she could be induced to eat, because, she said, she wanted to die. Her husband, she declared, was cruel to her and unfaithful to his marriage vow, and her children had been stolen from her by her husband's concubine. (All this, of course, was untrue.) There were occasional violent outbreaks during which she manifested homicidal impulses. Praecordial fear, the peculiar facies, insomnia and post-cervical ache were all present in a more or less intense degree.

After six or eight weeks had elapsed, by gradual transformation our patient became exuberant, garrulous, slightly incoherent, restless, and at times destructive. This excitement or mania lasted about a month, when she appeared to be in almost a normal condition, mentally and physically. She was taken home by her husband, for whom she then showed much affection. This was in May, 1893. A short time after reaching home she gave birth to a full term child, which, however, soon died.

This remission, or period of partial sanity, was of short duration, for our patient soon lapsed into a state of melancholia, which again in due time was succeeded by mania, and so on. Her husband wrote that the melancholia and mania—each period being about six weeks, it taking three months to complete the cycle—alternated with more or less regularity till she was again admitted to this hospital. The nature of the attacks was like those she had had previously.

On November 3, 1894, she was readmitted to this institution in about the same condition that she was in at the time of her first admission. She refused to talk, eat or move for the first few days. She gradually passed out of this state into that of maniacal excitement. She became noisy, filthy, destructive, profane and vulgar, with some erotic tendencies. Hypnotics were frequently necessary to induce sleep. At this writing she is much improved mentally, is perfectly calm, sleeps well, reads, talks coherently, etc. There has been a decided improvement in her physical condition. From the initial attack, in the spring of 1892, this woman has manifested an insane jealousy regarding her husband, whom she says she hates, and will not acknowledge as her husband.

CONCLUSIONS.

From observation and analysis of these cases, I conclude: First, that circular insanity is a rare but distinct

form of mental disease. Secondly, that to correctly diagnose a case it is necessary to have the patient under close observation for a considerable time, in order to note the peculiar and ever-recurring changes characteristic of the disease. Thirdly, that there is probably no period of absolute convalescence between the attacks. Fourthly, that the excitement may vary in intensity from a simple state of self-satisfied feeling to maniacal excitement, but the incoherence of speech and confusion of ideas are not so marked as in ordinary mania. Fifthly, that the depression may range from simple torpor to obstinate melancholia with suicidal tendencies. Sixthly, that there may or may not be delusions, hallucinations, etc. Seventhly, that there is nothing distinctive as a cause of the affection, for in one of my cases it was heredity, in another syphilis, and in the third probably fever. Eighthly, that though the symptoms in some instances may be improved temporarily, no system of treatment has yet proved to be of any permanent benefit in the disease.

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