Clinical Cases.

A CASE OF KATATONIC MELANCHOLIA.

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The case described and illustrated is typical of that grade of melancholia which has been called "katatonic."

FIG. I.

The attack, which has lasted three years, was caused by a miscarriage. The patient is 38 years old. The trouble began with the symptoms of simple melancholia, depression, the delusion that she was in the way of her family, was ignored, hated and would be poisoned or killed in some way. She finally became violently agitated, and

her family could not care for her. When she came under the writer's care she was quiet and morose, stubborn and resistive, and kept her face covered with her hands; her only expression was: "I want to go home to Mamaronock." She had to be fed with a spoon, and was greatly irritated by all attentions. She soon settled into her present condition. She sits nearly all day with her face resting so firmly against her knees that impressions are

FIG. II.

made upon the temples from pressure. The arms are placed by the side of the legs, the hands resting in the popliteal spaces. This attitude is rigidly maintained for hours, and there is passive but rigid resistance to attempts to alter it. If the head is forcibly raised the eyes remain tightly closed, the head is turned slightly to the right and the cheeks are drawn in closely to the gums. If the patient is touched or spoken to or stimulated in any way, she says in a recitative manner the formula here il-

lustrated, the wording and tone of which are quite constant. Repetition of this can be induced any number of times by even slight stimuli. Beyond this she is absolutely mute. When called to meals, she gets up suddenly, rushes to the table with head lowered and little regard for intervening objects, eats rapidly with her fingers, and when excused resumes her usual pose. She sometimes voids urine in bed at night. There is considerable anæsthesia of the surface. She is much more manageable than

FIG. III.

when admitted, but otherwise her condition has not improved under treatment.

LES HEMATEMESIS DES NEURASTHENIQUES (Hæmatemesis in Neurasthenic Subjects). (Journal des Conn. Méd., Dec. 3d, '96.)

Hemorrhages from the mucous membranes of neurasthenic subjects are not of rare occurrence, but hæmatemesis, though less frequent, has also been observed in quite a number of cases. Thus Mesnard, of Bordeaux, was the first to describe a case in a woman 52 years of age; M. F. Gallard reported two observations, and Dr. Ausset publishes a new case. This last observation presented a typical clinical picture of the disorder, the salient features of which were: Man, 37 years old, had first attack of hæmatemesis when 25, while preparing for an examination. Was subsequently well until March, 1896, when, after a violent emotion, he vomited blood again. The patient was in perfect health up to the time of the hæmatemesis, and on examination nothing abnormal was found in any part of his body, excepting a slight dilatation of the stomach. However, the patient was subject to severe cephalalgia, and was prostrated by the slightest exertion, besides being a confirmed neurasthenic. Dr. Gallard, having studied the symptoms of (specific) hæmatemesis in two neurasthenic subjects,¹ considers it an easy matter to establish the diagnosis in such cases, the occurrence of vomiting blood in conjunction with the neuropathic symptoms, presenting a well-defined clinical entity.

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