A CASE OF GENERAL PARALYSIS OF THE INSANE.¹

BY CHARLES F. FOLSOM, M. D.

JANUARY 15, 1872. Mr. —, aged forty-eight, married, and by occupation a wholesale cooper, is a tall, robust, vigorous man, in the prime of life, and at a glance seeming in perfect physical health. There is no known hereditary tendency to disease in his case. The patient began life in a small way, and his business gradually increased so as to tax his powers to the utmost, as he was a man of little education and of quite ordinary ability. He was ambitious to make money and to live in a style corresponding to some wealth, and his wife sympathized with him in this ambition. To sustain the tax upon his powers, he had for several years made a pretty generous use of alcohol and tobacco. He indulged his sexual appetite quite frequently, and continued to work very hard mentally and physically. For the past two months he has been constantly under the influence of alcohol, more or less, and his sexual instincts have become very strong. He has had lately considerable domestic trouble and anxiety. Six weeks ago, it was noticed that there was an alteration in his manner; he became careless, negligent, inattentive to his business, irritable, cross, unreasonable, and more than usually intolerant of restraint and contradiction. He soon began to make foolish bargains, and would buy at absurd prices anything that he saw and to which he took a passing fancy. He thought that he possessed great wealth, and lost in some degree his sense of the ownership of property and of truth. His memory was not remarkably impaired, although he would pass rapidly from one subject to another, forgetting things which he had commenced and not finished. A few days ago, he said that he had bought the Fitchburg Railroad for two and a half million dollars. At present his appetite is ravenous. The bodily functions are well performed. No motor symptoms have been noticed. He sleeps well and has never had vertigo.

On entrance to the asylum he is exhilarated, his pulse is somewhat accelerated: he is very uneasy, impatient of restraint, and swears he is not insane. Slight convulsive movements of the muscles of articulation on speaking rapidly or trying to pronounce long words. Pupils contracted, responding unequally. His sense of *meum et tuum* is quite gone; he does not hesitate to threaten violence to any who oppose his grand schemes, and he comes to the hospital because his neighbors began to be afraid of him, and thought best to place him under restraint.

At the asylum he ate greedily, slept well, and at times talked quite rationally for a while; but if any of the subjects of his delusions were mentioned he immediately branched off to the most extravagant statements of his wealth and power. He was "going to build a city of his

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native town — a ripper it is to be — with gold and diamonds and plenty of women.” He was quite obscene in his remarks.

February 20. Performed wonderful feats of strength, such as lifting heavy doors. He was quite excited and violent; walking uneasily up and down the gallery most of the day. His speech was slightly indistinct. He knocked down two attendants, and escaped after jumping over a high fence.

March 10. Contrary to directions, the gallery was left with only one attendant, when Mr.——, assisted by another patient, attacked him and tried to take away his keys. It is noticed that he is losing flesh; he threatens to kill officers and others who interfere with his plans.

March 17. The patient saw his son, and, instead of complaining, told him what a good time he was having, with plenty of wine, tobacco, etc.; but finally he made the young man promise to take him home soon, in order that he might superintend his city and his railroad.

July 11. Excitement generally subsiding. Patient is losing flesh, although eating enormously; he reads or plays cards most of the time, and is quiet. He thinks he is a great poet; “can make a million dollars a day” writing or reciting; has “been offered millions to read poems to the crowned heads of Europe,” and some of them have “offered him their daughters in marriage.” To keep him quiet, he is furnished with plenty of paper, which he covers with doggerel rhymes, writing very rapidly and composing as he goes, about glittering angels, gold, diamonds, and so forth. His handwriting is unsteady, and tremulous; he omits letters and words, and writes incorrectly words of similar sound. He puts dashes, commas, and other marks in the wrong places, and makes his sentences involved and incoherent. His upper lip is tremulous and less mobile; his speech is thick and is especially at fault in pronouncing *r*’s, *s*’s, and labials. Gait tripping, drawing, and shuffling along on the balls of his feet. Pupils unequal. He is violent to those who contradict him, and has two attendants at hand all the time.

He thinks he is a great engineer, “owns so many railroads that he can afford to give some away.” He is quite violent and dangerous, but does not attempt to attack any one but the officers; he can generally be turned to good nature by interested inquiries as to his cities, railroads, or imperial brides, etc. When in a frenzy of fury, a cool question as to what king is to hear his poems first will quiet him so that he will talk happily as long as listened to. He has had a slight attack of erysipelas of the scalp, during which his ideas flowed more rapidly and brilliantly. His memory is more impaired; he runs from one subject to another, forgetting anything unfinished. If the subjects of his delusions are avoided, he is capable of talking rationally; when told that a guardian had been appointed to take care of his property, he laughed and considered it a good joke. No hallucinations of sight and hearing.

August. During this month the patient was excited and furious only occasionally. He now spends most of his time writing, singing, and playing cards. He threatens the physicians, swears that he will kill them, and that the law will not hold him responsible, as they say that he is insane. He offers millions of dollars to the officers, attendants, and patients to let him out, and writes letters to General Grant and other high officials, making the same offer. He sometimes asks the doctors when he will be well, and pretends to concur in their opinions as to his insanity; bears a great deal that is annoying from the other patients, because, as he says, they are insane and do not know any better.

September. Some of his friends saw him, and he tried so hard to appear sane (they not happening to hit the subjects of his delusions in conversation) that they promised to take him away. As they did not do this, however, he became violent again, trying to follow the officers into rooms and corners so as to attack them. Motor disturbances are now very marked.

October. He asks the officers why they think him insane. Upon being told because no sane man thinks he owns all the railroads in the United States, can marry princesses, or build fine cities, his reply is, "Oh! you don't suppose I am such a damned fool as to believe that, do you? I got over those foolish notions long ago." On being asked immediately afterwards what he has written recently, he repeats rapidly and fluently some of his verses, stopping occasionally to say, "Is n't that glorious? By Jove! it's a shame for a man with abilities like mine to be kept here! Why, I can make a million dollars every day of my life, and a million more every evening, reciting my poems in Europe." At times he manifests a great deal of emotion. His paralytic symptoms are becoming more and more marked, and his mind is growing feebler.

November. An ophthalmoscopic examination was made by Dr. O. F. Wadsworth, who found nothing abnormal. The patient curses and swears at the officers, threatens to kill them, says they are in conspiracy with his wife to get his millions. He followed one of the officers into another patient's room, seized him by the throat, and threatened to kill him unless he gave up his keys.

January, 1873. The patient's excitement has nearly subsided; his hand is tremulous, articulation markedly indistinct; he has lost strength, is generally happy, and is gaining flesh. He is as full of delusions as ever, sings more about his "glittering angels hovering around the throne;" bears contradiction, and is easily argued, for the moment, out of his delusions. The muscles of the face have lost their expression, and his countenance indicates only the vacant *bien-être* so characteristic of the disease. He grows rapidly weaker, mentally and physically, but is apparently very well nourished. He walks pretty constantly, with his legs wide apart and with a shuffling gait, keeps his balance readily on

a smooth floor if walking straight ahead, but on turning around, or walking over an uneven surface, and in going up or down stairs, he stumbles and totters. He stands steadily with his eyes closed. His hands and arms are losing strength, and especially as regards the nerves of muscular sense. There is a constant tremor of the lips while talking. He is happy and contented much of the time; he says little about his delusions unless his attention is called to them. Sometimes, when writing his poems, he says he is doing it for no especial object.

March. Generally free from excitement, weaker mentally, and physically, walks less, lies about on the floor, slovenly in his habits, obscene in his talk, as easily managed as a child unless crossed very decidedly. He is passive and indifferent, and is losing flesh again slightly. There is diminished sensibility of skin.

He was removed to a State asylum with forty patients in his ward.

July. Quiet, happy, causing no trouble, contented, likes seeing so much society. Failing rapidly. The grasp of the hand is unsteady and less strong. His gait is unsteady, but he still walks a considerable. He still thinks he is a great poet and can make millions, but expresses no desire to get away, and apparently does not want to do so.

June, 1874. From the last date, the patient gradually grew feebler and more demented, and died after convulsions.

The morbid appearances always found in a greater or less degree in general paralysis of the insane are atrophy and diminished specific gravity of the brain, especially of the anterior lobes. In one case attended with melancholic symptoms, Dr. R. H. Fitz found the atrophy especially marked in both middle lobes. Sometimes one half is more atrophied than the other (with protrusion of the tongue to one side, during life). The white substance is harder than usual, the cortical, especially its outer layer, softer. There are pachymeningitis, simple and hæmorrhagic, hæmatoma of the dura mater, thickening and opacity of the pia mater, with adhesions at the apex of the brain, or with the meshes filled with serum. The same conditions are found in the membranes of the cord, with sclerosis of the posterior columns. This sclerosis is often so marked that the nerve-cells are scarcely to be seen.

Myelitis, ending in sclerosis, is quite general where the gait is that of *tabes dorsalis*, with inability to stand steady with closed eyes.

In this case, the change in the character and the affective sentiments, followed very soon by convulsive movements of the muscles of the body, which were noticeable only in those requiring greater accuracy of action (as for instance in articulation), the grand delusions, the impairment of memory, the loss of self-control, and the contraction of the pupils with unequal sensitiveness to the stimulus of light, made the diagnosis positive in the early stage of the disease. The causes, too, were the common ones: mental and physical exhaustion with anxiety,

aided probably by licentious habits of living. The disease is also one of the prime of life and the vigor of manhood. Various statistics in different places make man's liability to it from three to ten times as great as woman's; and its average duration, as in this case, is not far from three years; although with home care and under favorable circumstances, patients of the upper classes not seldom live five or six years.

In most cases, the psychical symptoms are the first to be observed; but motor symptoms may be the first, and may be so rapidly developed as to simulate drunkenness. Exceptionally, the first ataxic symptoms are in the muscles of the eye; and Professor Leidesdorf, of Vienna, has observed spinal symptoms before either cerebral or mental. In the early stages of the disease, the ataxic symptoms are not due to paralysis; but it is not yet possible to say precisely when the paralysis does begin. As it advances, the muscles become for a while better nourished, — a fact difficult to explain, unless we adopt Professor Westphal's theory, that the different ganglionic cells of any particular part of the cord may have different functions, some serving for the nutrition, others for the motor power of the muscles. By the ophthalmoscope, there is some hyperemia of the retina early; and later, atrophy of the disk, in most cases; but this test is of no diagnostic value. Electro-muscular contractility is usually not diminished until quite late. The temperature is somewhat elevated, and is from one half a degree to two degrees higher at night than in the morning. The higher the morning temperature and the greater the rise towards night, the more rapid is the progress of the disease. There are seldom hallucinations of sight and hearing. At some stage convulsions, apoplecticiform, epileptiform, or of the character of petit mal or simple vertigo, are pretty sure to appear. They are few and slight, or frequent and severe, lasting even up to the instant of death. After them, the temperature rises, the cutaneous sensibility is increased (at times to extreme hyperæsthesia), and the intellect becomes more dull, while the muscles grow feeble; occasionally there is effusion.

Melancholia (either slight or suicidal) is generally observed at some time, and it may be the prevailing mental condition; or a patient may alternate between exhilaration and depression. The grand delusions are found in the majority of cases. When present, they are less fixed and sooner forgotten than in other forms of chronic insanity. In a certain form of the disease, which is the common one among prostitutes but rare in the better classes, there are absolutely no delusions and no excitement, — simply a progressive failure of intellect and gradually increasing paralysis. Such cases find their way often to hospitals for paralytics, instead of to asylums for the insane. When the attack of the disease resembles the outburst of acute mania, diagnosis must usually be reserved for a while.

In rapid cases, a fatal result comes within six months. In prolonged cases, there may be remissions of apparent health (with diminished mental and physical strength), lasting from a couple of weeks to nearly a couple of years the total duration of the disease in a few extremely rare cases having been even ten years.

Hæmatomata often appear on the ears, arms, ribs, etc., and are without much doubt of traumatic origin. They are most frequent on the ears, which are exposed to hard pillows, and to pressure in the act of forcible feeding, etc., etc.

Late in the progress of the disease, the patient becomes feeble, must be fed, chokes easily, by taste and smell cannot distinguish wine from water, the delusions disappear, the mind becomes a blank, and there is no idea of even primary instincts. Finally, bed-ridden, unable to move his legs, with bed-sores, defiling himself with his own filth, the patient *invariably dies*, unless his life has fortunately been cut short by intercurrent disease or accident, or during convulsions.

RECENT PROGRESS IN THE TREATMENT OF CHILDREN'S DISEASES.¹

BY D. H. HAYDEN, M. D.

NIGHT TERRORS OF CHILDREN.

THERE exists considerable difference of opinion as to the nature of this complaint, due in a great measure to the want of personal observation and study of the symptoms by physicians, who rely for their knowledge upon the descriptions of parents and nurses. Professor Steiner has recently contributed to the literature of the subject a valuable paper² of which the following is a summary.

As an illustration of the manner in which the disease manifests itself, the writer reports a case in full. With the exception of previous attacks of scrofulous ophthalmia and of an occasional nasal catarrh, the patient, a young girl five years old, was of healthy constitution, and during the whole time suffered in no way from disturbances of digestion. The paroxysms occurred at irregular intervals, varying from four days to eight weeks; and at the time of writing, the trouble had already lasted two years. On one occasion there were two paroxysms in the same night; but the last one was shorter and less severe. The duration of the paroxysms was from twenty to thirty minutes. After entirely waking up from the attack, the child was always oblivious of what had occurred.

¹ Concluded from page 129.

² *Jahrbuch für Kinderheilkunde*, N. F., December 3, 1874.