A NOTE ON PERIODIC INSANITIES WITH REPORT OF THREE
CASES OF INTERMITTENT MELANCHOLIA.¹

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The periodicity of certain forms of insanity has not been frequently the subject of a special study by the alienists. The reason of it lies probably in the fact that cases of this nature are rarely met with in institutions. Yet, outside of asylums, they are not as rare as it may appear.

The writer has had the opportunity to have under his personal observation quite a number of cases in and outside of asylums. A close study of them leads him to consider the subject of sufficient importance from both the scientific and practical points of view, so that he considers himself warranted to report the result of his observations.

Under the term Periodic Psychoses we understand attacks of mental derangement occurring at certain intervals, during which the patient is more or less free from mental disturbances. Some alienists, especially the older ones, maintain that the intervals between the attacks must be of equal duration in order that the psychosis be called periodic insanity. The reading of the records, however, shows that the duration of the intervals and of the attacks of the psychoses are not at all characteristic features of periodic insanities. Their duration varies.

The periodic psychoses known are mania, melancholia, and paranoia. Krafft-Ebing and Kraepelin also include the circular insanities.

While mania is more likely to occur periodically than the other forms, melancholia is by no means infrequent. The reason why the periodicity is often overlooked is that it is not easy to keep this class of patients under observation a sufficient length of time.

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Among all the cases that came under my observation, there are three that I have had the good fortune to have under my care for the last four years, and thus have had an unusually good opportunity to follow the individual attacks step by step and keep complete records. A close study of them showed me the remarkable uniformity in the character of the onset of the attacks, in the character of the termination of the attacks, in the age, in the family history, and in the fact that each subsequent attack was more and more pronounced. A still closer study will make us see clearly that in patients presenting the periodic forms of insanities, there is undoubtedly an unusually pronounced degenerative basis, upon which are built these occasional outbreaks of depression with or without delusions. The histories of the cases are as follows:

Mrs. E. O., aged thirty-five, was seven times pregnant. Four years ago, after her fourth confinement, in the midst of apparently perfect health, she became suddenly depressed and felt she could not do her work. As soon as she commenced to work she imagined she could not continue because she feared not to be able to do it properly. Soon her worry increased, because she could not do anything for her children, whom she loved very dearly. She used to prepare the food for them, and now she found herself incapable of doing it. Conscious of this condition, the patient soon reached a state of complete discouragement. She ceased to take **an interest** in her household, in her husband and children. The painful moral depression became associated with the idea of physical and moral impotence which showed itself in the lack of confidence in herself and in the absence of initiative and determination. The patient's life was dominated by sad ideas; she could not take pleasure in anything; everything and everybody became to her a source of constant irritation and suffering. Tortured by the complete inability to accomplish anything and to render the slightest service to her family, to whom she was previously a devoted mother and wife, she could not understand why she suffered so much. She then arrived at the conclusion that she was a worthless being condemned to perish. At the same time the struggle between the state of consciousness of this miserable existence and the inability to accomplish anything put the patient in a state of constant anxiety which had its effect also upon her vegetative life. She lost totally her appetite and would never ask for food; her digestion suffered considerably. The special senses became also affected; the taste and smell were so perverted that she rejected

almost every article of food with disgust. It was astonishing to hear the husband telling how small was the quantity of food the patient received: Only two or three times a day she would take a spoonful of milk and a couple of slices of bread. She soon began to lose in weight. The respiration was slow and superficial. The pulse was small, filiform and accelerated. Pain in the precordial region was frequent. The blood examination at different periods showed a condition similar to that of chlorosis with the exception of a marked leucocytosis (22,000 per ccm.).

If we add to these symptoms headache, partial insomnia, with frightful dreams and occasional visual hallucinations, the picture of the patient's condition will be complete.

The mental state just described remained almost unchanged for two months. Only now and then a ray of hope would make its appearance. She would cease to groan and moan, complain less and speak less of self condemnation; then the somatic symptoms would become ameliorated. These slight remissions would last only a few hours.

At the expiration of two months, one morning the patient awoke in a calm and peaceful manner, called her children, began to caress them and offered to prepare breakfast for the family. The mental faculties became clear and normal. She began to take an interest in her surroundings, in her own personality; briefly speaking, the melancholic state by which she was tortured for two whole months disappeared entirely.

She became pregnant again and felt well during ten months. Three weeks after the confinement, which was normal, suddenly, and without any preliminary symptom, the old mental trouble returned. Again the same complaint of worthlessness, the same indifference to her surroundings, again the same state of anxiety which made her this time speak of suicide. The knowledge of the fact that this was her second attack made her fear that her case was lost, that she would never get well, and therefore the symptoms of anxiety and the somatic symptoms were more pronounced. The visual, also auditory, hallucinations occurred very frequently. This state of depression lasted two months. Exactly like in the first attack, this second one also terminated abruptly, and again she became normal. A third pregnancy occurred. Six weeks after the confinement the old trouble returned. Without any prodromal symptom she became markedly depressed. The self condemnation with the delusions of worthlessness, also the tendency of suicide, hallucinations and the painful emotional state recurred.

Shortly speaking, the patient passed through a state of mental disturbances almost identical in its evolution with the first two attacks, with this difference, however, that the last attack lasted

four months, while the first two attacks lasted only two months. The termination was also abrupt.

The patient is now perfectly well. A year elapsed since the last attack. She is not pregnant.

In her family history I could elicit two cases of insanity—in a sister and grandmother. She had eight children, two of whom died with hydrocephalus, one died immediately after birth; one of diphtheria.

Her personal previous history shows that she suffered from obsessions at the age of sixteen, and was always considered highly irritable.

Case 2. Mrs. B. B., aged thirty-one, came under my observation three years ago with a typical melancholia. Delusions of unpardonable sin of a religious character, hallucinations, both visual and aural, and an array of neurasthenoid symptoms. All these symptoms were present at the time I first saw her. From the previous history of the case I could detect one previous attack, which was evidently mild in character, but was undoubtedly present. The second attack, in which she came under my care, was sudden, without a preceding physical indisposition or any mental disturbance. As a woman of means, she enjoyed life, and was mentally lucid. One morning, after having spent the previous night in a theater, she awoke in a state of depression, and from that hour on the above-mentioned symptoms gradually developed.

A peculiar fact to note is that this attack, as well as the first, which I did not witness, began with a facial neuralgia which lasted only one day.

The condition lasted three months. The termination of the disease was strikingly abrupt. Six months later, apparently without any cause, the patient again became depressed. Here again the above mentioned neuralgia was present on the first day of the attack and then gradually disappeared. All the symptoms of the previous attack repeated themselves, but they became more pronounced. The hallucinations tormented her considerably, so that the patient made repeated attempts at suicide. Equally the somatic symptoms were of a more marked character. The management of this attack was also more difficult than that of the first attack. The duration was also longer. It took six months for her to recover, but the termination was as abrupt as in the previous attack.

The family history shows that all her sisters are of a highly nervous temperament. An uncle died of parietic dementia and a grandmother died in an insane asylum. At the age of fourteen the patient presented for a short period symptoms of obsessions and agoraphobia, and at fifteen chorea twice during the same year.

Case 3. Mrs. R. P., aged thirty-four, had two attacks of

melancholia, before she came under my care. Her husband, a man of intelligence, gives a clear account of her previous illness. After a confinement she developed a phlebitis, from which she recovered at the end of six weeks. During convalescence she suddenly became depressed. The condition grew worse and worse, so that she finally presented distinct symptoms of simple melancholia without delusions. The prominent symptoms were a pronounced depression, and indifference to the surroundings; the patient would spend her time in groaning and moaning, and lost interest in everything. The first attack lasted six weeks, after which the recovery came on abruptly and unexpectedly.

Six months later a similar attack occurred without any preliminary illness. The character of it was exactly like that of the first, but it lasted three months. Again the patient recovered suddenly.

I have had her under my observation for the last three years, during which time she had two attacks. The first of the latter also came on in the midst of apparently perfect health. Besides the painful emotional state, she presented also delusions of personal worthlessness and self condemnation, which at times led her to attempts at suicide. The condition, which lasted six months, was decidedly of a more serious nature than during the first two attacks.

After a recovery, which set in also unexpectedly, the patient remained in good health for eight months. After this interval of well being, another attack occurred.

This time she developed within a very short period a typical melancholia, with delusions of unpardonable sin; her sufferings, she says, are all due to her being untrue to the Lord. Her retribution, she says, is just and she must die for it. She is also tortured by frightful dreams, in which she sees her own body cut and burned by some invisible agents in punishment for her lack of religious ardor. There is no use, she says, to atone, as her wrongdoings were too numerous. Occasionally she has auditory hallucinations. She refuses food; spends her time in crying; lost all interest in her surroundings.

It is a little over a year that this attack has lasted, and the patient shows no sign of improvement.

The patient's family history is interesting. Three sisters were committed twice, an uncle on her father's side is a paranoiac. At the age of ten she had epileptiform convulsions.

Such is the brief account of three typical cases of intermittent melancholia.

The evolution of the disease, as well as other features, are so

different from the common type of melancholia that they deserve a special mention.

One could see that in all of them there were no morbid symptoms immediately preceding the onset of each attack. While the ordinary melancholia develops in an insidious and progressive manner, so that the patient or his relatives cannot as a rule indicate the time when exactly the state of depression begins, in the periodic melancholia of the intermittent type the onset is strikingly sudden. Feeling perfectly well a day before, the patients awake in the morning with symptoms of sadness. Sometimes a localized physical pain will be present at the beginning, as in Case 2, in which each attack commenced with a facial neuralgia of short duration.

The duration of the attacks as well as of the intervals between the attacks presents no characteristic features, although some of the cases reported by other writers show a remarkable uniformity.

Inasmuch as the onset of the attacks is characteristic by its suddenness, their termination is equally abrupt or rapid, while an attack of ordinary melancholia disappears only gradually and very slowly.

As a last interesting observation, I wish to call attention to the state of mind of the patients between the individual attacks. It is singular to note the comparative mental lucidity, which is rather an unexpected phenomenon in view of the repetition of the attacks.

The cases which served as basis for the present study did not induce me to consider periodic insanities as a separate disease or to create a new form of melancholia. My intention was merely to present a modest contribution on an important variety of melancholia which has not received sufficient attention. I say *an important variety*, as it is not an indifferent matter for the patient and his friends to know whether he is suffering from an ordinary melancholia, which is, generally speaking, a curable mental affection, or from a variety of the same affection which has a tendency to repeat itself and become more and more aggravated with each new attack, and which by virtue of the repetition shows that there is a profound underlying degenerative make-up.

Krafft-Ebing,² from an extensive statistical study, shows how

²Allg. Zeitsch. f. Psych. Bd. 26, 1869.

great is the rôle of heredity in periodic insanities. Although melancholia belongs to the group of mental affections in which a neuropathic tendency is frequently present, in the periodic variety of melancholia a mentally morbid heredity is still stronger. This fact creates a special state of degeneration, which predisposes strongly to periodic outbreaks of insanity. Ziehen's³ careful statistical studies are in accord with Krafft-Ebing's.

The three cases which I have just reported also show the degenerative tendency.

If this is the case, the prognosis in periodic insanities is certainly extremely unfavorable; the patient may recover from an individual attack, but the tendency to a repetition will be always present. This tendency is created by a special make-up of the mentality, which cannot be radically altered. Moreover, a careful reading of the records of others and my own cases showed to me that almost each subsequent attack presented a more serious clinical picture and was of longer duration than the one preceding. It is therefore evident that periodic melancholia is of a far more serious nature than the ordinary type of melancholia.

These few thoughts suggested themselves to me as being of some importance from a practical standpoint.

³"Psychiatrie," 1894.