

A CASE OF ACUTE MELANCHOLIA, DURING
THE PROGRESS OF WHICH THERE AP-
PEARED ARGYLE-ROBERTSON PUPIL,
WITH ABOLISHED PATELLAR RE-
FLEX ON ONE SIDE AND MUCH
DIMINISHED ON THE OTHER.¹

By H. A. TOMLINSON, M.D.,

Assistant Physician to the Friends Asylum for the Insane, Philadelphia.

MR. J. P. D. was admitted to the Friends Asylum, as a patient, July 3, 1889, with the following history :
Is 49 years old, married, and has two children.
Born and lives in New Jersey, and is a bank-teller by occupation.

In his younger days he worked at the trade of carriage painter and trimmer. He gave his trade up after a number of years on account of his health, and went to farming. After six years he gave this up also, because it was too hard for him, and took a position as teller in a bank. He has always been a very industrious and morbidly conscientious man, inclined always to look on the dark side. For the last ten years he has been working beyond his strength, and has suffered very much during the most of that time from indigestion. He has had occasional attacks of depression, more or less severe, and during these attacks of depression has suffered from insomnia and anorexia.

For a long time Mr. D. had been keeping the accounts of two other organizations besides his regular clerical work at the bank, and about three months ago began to work at night also. He began now to suffer from insomnia and constipation, from which he had always suffered ; became worse, so that he was obliged to take medicine to relieve it. He did not care for food, and what he ate only added to his discomfort. From being a quiet, considerate and

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self-contained man, he became changed to an irritable, restless and peevish one. He began to manifest unusual and unreasonable annoyance about small business trifles, and became intensely depressed and despondent.

About this time he discovered a small error in his accounts, and began to dwell upon it, until he came to believe that he had involved himself, that his sureties would be held responsible for his error, that it would take all he possessed to reimburse them, he would be left penniless, and would not be able to provide for his family.

These delusions have persisted and become more perfectly defined, until now no amount of persuasion or argument has any influence in dislodging them.

He was under active treatment for two months previous to his being brought to the institution, but although his physical condition improved somewhat, his mental condition grew worse, until finally his family brought him to the institution for treatment.

At the time of his admission he was found to be taciturn and disinclined to answer questions. There was also marked failure of memory, with confusion on attempting to express himself on general subjects; but he did not hesitate to talk about his delusions, dwelling most particularly on those relating to his property. His physical condition was very bad. He was pale and much emaciated, his countenance expressive of anxious distress.

He is a small slight man, with brown hair and eyes and high narrow and prominent forehead. He is narrow-chested, stooped, and with the left shoulder higher than the right. Tongue pale and flabby, with slight coating in the centre. Pulse 120; temperature $98\frac{1}{2}^{\circ}$; heart-sounds normal, but weak, no dilatation; lungs normal; respiration 24. Examination of the urine gives a negative result, the only abnormal constituent being a slight excess of urates. His bowels were moved the morning of his admission.

During the first two days of his residence in the institution his condition remained unchanged, excepting that he grew weaker; at the end of that time he became restless

and excited, and was most of the time in a profuse perspiration.

On the evening of the third day after his admission he asked his attendant for a knife to kill himself with. He was put to bed and placed upon liquid diet. He was better the next morning, and his pulse came down to 108. His pulse was peculiar, in that it had a hard feeling, as if there was a considerable degree of arterio-sclerosis; but a careful study of the pulse showed this condition of apparent hardening to be due probably to vasomotor spasm. Mr. D's physician had stated that this condition of the pulse had existed for a long time previous to his coming to the institution. He began at this time to grow apprehensive about his family, feeling that his conduct had, or would, destroy them. He became more excited, and developed auditory and visual hallucinations, seeing and hearing people, with whom he had been familiar, in his room.

During the next few days his condition remained practically the same, excepting that his pulse fell to 98. His bowels began to move every morning, and he slept a little better. About this time it was noted that Mr. D. had three periods of marked depression, very nearly uniform, during the day, and lasting about two hours—occurring after he waked in the morning, in the middle of the day, and in the evening. The depression was most profound on waking.

At this time a hot bath, followed by friction, and given at bed time, was added to the treatment. He was also given a wineglass of malt every three hours. During the next week his general condition remained comparatively unchanged. He has developed a new delusion, to the effect that when he came here he assumed the responsibility for the expenses of the institution and its management; and one to the effect that the other inmates and the attendants did not get enough to eat. His original delusions have been dominated by these last two new ones, excepting the delusion of poverty, which is merged in that of his responsibility. During the next week there was no change in Mr. D.'s mental condition nor the character of his delusions. In the early part of the week he had a

crapulous diarrhœa, caused by undigested food. He had been eating at table, and his mind was so occupied with his delusions that he did not pay enough attention to his meals to chew his food properly. He was placed upon a special diet and the diarrhœa ceased in a day or two. He had slept fairly well and his pulse has ranged from 84 to 96. Two different times during the week Mr. D. was rational for a couple of hours. His delusions did not change as to subject and were the rest of the time as active as ever. Physically, he had been gaining steadily, but very slowly.

At this time attention was called to the fact that, even in twilight, his pupils were minutely contracted. Examination showed that there was no reaction to light, but accommodation was not affected. There was no tremor of the tongue. The patellar reflex was entirely abolished on the right side and much diminished on the left. There was also quantitative electrical change. During the next two weeks his condition remained about the same, except that his physical condition slowly improved, while at the same time he became restless and generally distressed. His delusions, though unchanged in subject or character, were less active. His urine was examined again and found normal. The condition of the pupils and reflexes remained the same. His pulse during this time kept at about 96 and was of the same character as at first. During the next few days the restlessness and excitement increased, so that unless he was compelled to sit still he was constantly on the move. He would not eat unless urged, because he thought that by so doing he was depriving the other patients and the attendants of food. He was very much disturbed also because he thought that people in the building were being starved and injured or killed, and he tried to keep himself awake at night, because he felt that he ought not to sleep when such terrible things were going on. He gradually lapsed into a condition of typical melancholic distress, with haggard, anxious countenance, hurried respiration and intense restlessness—keeping up his tramp, tramp, backward and forward, in his room from morning until night, and, if not watched, would get up in the night

and tramp also. During this time he lost all he had gained in weight, and became, as a matter of course, much emaciated and exhausted. The eye ground was examined at this time, but with negative result, only a little narrowing of the arteries being found, which corresponded to the condition of the radial arteries. Refractive error was also noted. There was noted a considerable degree of ankle clonus on the right side at this time also. During the existence of this intense excitement there was no interference with digestion and his bowels were moved regularly. This condition lasted for about ten days, after which it began to subside, and with its subsidence came a marked change in his general condition. His pulse from being, during this distressed period, 110 to 120, small, hard and feeble, fell to 72, and became full and soft. The reflex iridoplegia disappeared, as did also the ankle clonus, and the patellar reflex began to improve. His physical condition improved also.

At this time his delusions began to change. From being troubled about the people in the house, he began to be troubled about his family, and talked about them a great deal—accusing himself of great wickedness and of failure in his duty toward his family, believing that his conduct had ruined them. Another delusion which developed at this time and continued to the last, was to the effect that he had assumed the responsibility for the management of the institution, and that by doing so he had wilfully made his sureties responsible for his conduct, and that he had no means to compensate them. This was a modification of one of his original delusions to the same effect, but which had been for the time being lost sight of. It will be seen that all of his delusions hinged upon and were built up from his original delusion of poverty and responsibility, they being changed by the influence of his new surroundings into the different forms in which they were manifested during his residence in the institution. The only thoroughly systematized delusion was the one concerning his bondsmen's responsibility for the management and expenses of the institution, and this persisted until within a week of his being discharged restored.

After this he began gradually but steadily to improve, both physically and mentally, and although the excitement and distress continued in a modified degree, he began to be willing to discuss the possibility of his delusions being without foundation. He talked more about his family affairs also. He had, however, still to be urged to eat, especially meat, which he thought was the flesh of some one who had been killed in the house. The rest of his meal he would eat voluntarily. Oysters and fish he would also eat with but little urging. About this time he began to believe that his wife was shut up somewhere in the institution. He continued, however, to write to her at home, not recognizing any incongruity in his conduct. He kept in this condition for about ten days without much change except steady physical improvement. At the end of this time he suddenly began to brighten mentally and for the first time, admitted without reserve the groundlessness of his delusions. He did not, however, give them up entirely, but was willing to talk about them as being delusions. He now became very anxious to go home, but was full of fear that his townspeople knew of his ill-doing and would look upon him as a criminal. He also began to be interested in his surroundings and spent most of his time out of doors. In another week he had given up his delusions entirely and became quite cheerful. He now began to take his meals at the officers' table, and was given the freedom of the grounds. He availed himself of this freedom, and spent his time in roaming about the neighborhood. During the next week his mental illness disappeared entirely, and being practically well, he was discharged. Before leaving the institution he was sent to an oculist, who found that he had a mixed astigmatism with hypermetropia, for which condition he was furnished correcting glasses.

There was nothing especial in the treatment of this case so far as drugs were concerned to refer to. During the first two weeks he had no drugs at all. At the end of that time he was put upon a pill of arseniate of strychnia, digitalin, zinc phosphide, quinine and bromide of iron, which he took continuously during his residence in the institution. He

also had hot baths, followed by friction. These baths were very efficient in securing sleep at night, and combined with massage and Swedish movements, stimulated the circulation, kept the skin active, and aided materially in improving nutrition. He also had general faradization. This routine of treatment, combined with a carefully selected diet, and milk and malt between meals, was kept up from the second week, until the advent of the melancholic distress. At the end of the sixth week of his residence he became so much exhausted at this time that the baths and friction, the faradism and Swedish movements were discontinued. The massage was kept up at bed-time to aid in securing sleep. No hypnotic medicine was given him at any time.

During the period of extreme distress, about ten days, he was given *cafein* and *codeia* with apparently good effect. It was while taking these drugs that his pulse fell from 110 to 72 and changed in character. As soon as he began to get quiet they were discontinued, and he had no medicine afterward except the pill before mentioned.

There are several points of special interest in this case to which I would like to call attention. In the first place, the patient's condition on coming to the institution, the extreme exhaustion and emaciation, the intense depression, with a history of long-continued anorexia and impaired digestive power—all these conditions combined, making it probable that even if the patient did not speedily die of inanition, his residence in the institution would be a prolonged one. Next, the entire absence of the ego in any of his delusions, while at the same time his self-accusations approximated very nearly to that delusion which always suggests a bad prognosis the commission of the "unpardonable sin." Lastly, the appearance, at the end of the fourth week, of the "Argyle-Robertson" pupil and abolished patellar reflex, and their persistence for a period of more than six weeks. This condition of the pupil would, of course, suggest paresis, but the absence of tremor of the tongue and the abolition rather than the exaggeration of the patellar reflex, pointed toward locomotor-ataxia; but there were no pains, stag-

gering gait, or inability to walk with the eyes closed. The conclusion reached at the time was that these symptoms indicated a condition of general ataxia due to exhaustion and malnutrition, and not a specific condition. Another singular symptom was the character of the pulse, which suggested immediately atheroma and kidney change, both of which, however, were absent. This condition of the pulse could be accounted for on the same hypothesis as the pupillary condition, both being due to sympathetic irritation. After the period of distress had passed, and he became more conscious of his surroundings and the possibility of his continued illness, there was redeveloped the suicidal impulse which had existed in the beginning. He tried very hard to mask these impulses when they came, and there were several occasions when if an opportunity had offered he would have made way with himself. He referred to this after his recovery, and said that he had kept it to himself purposely, so that if he found that he was not going to get any better, no suspicion having been excited, he would have a better opportunity to carry out his intention of self-destruction. However, his intention *was* suspected, and he was carefully watched always.