

The alkaptons may be recognized by a characteristic test. On the addition of KOH, with an excess of oxygen or more slowly as the oxygen is absorbed from the air, the urine becomes dark brown and finally black, if alkaptons are present.

#### THE USE OF THE POLARISCOPE.

Finally, we have still to differentiate between a dextrosuria and a levulosuria. It has recently been pointed out that levulosuria occurs much more frequently than has been reported, because most of the cases have been overlooked. In all of the above tests, with the possible exception of the phenylhydrazin test, levulose and dextrose give identically the same reactions, but we can certainly differentiate one from the other by the use of the polariscope. Dextrose deflects polarized light toward the right, while levulose deflects polarized light toward the left. In using the polariscope for qualitative analysis, however, we must bear in mind that (1) maltose is also dextrorotary, but its power of rotation is greater than that of dextrose. It can also be recognized by the fact that its slight reducing property is greatly increased on the addition of sulphuric acid. (2) Oxybutyric acid and diacetic acid are levulorotary, and when present, may modify or entirely overcome the dextrorotary power of dextrose, so that the polarized light may be deflected toward the left in the most extreme case of glycosuria. In such a case, however, we would submit the suspected urine to the polariscopic examination and note the degree of rotation. Then subject the urine to fermentation, and after complete fermentation, repeat the polariscopic test, when the diacetic acid, being unopposed by the dextrose, would deflect the polarized light still farther toward the left.

#### SUMMARY.

In closing, we may sum up the following conclusions:

1. The copper and bismuth tests are reliable negative tests, but a positive reaction must be confirmed.
2. Trommer's test is not always reliable.
3. Fehling's solution is not permanent.
4. Haines' solution is the most convenient of all copper solutions, and is reliable if the above technic is followed.
5. Bismuth solutions are not reduced by the alkaptons, and serve to differentiate them from other reducing agents.
6. The fermentation test is in itself not characteristic, nor is it very delicate, but it serves to differentiate lactose, glycuronic acid, hippuric acid, the alkaptons and the pentoses, which do not ferment, from levulose and dextrose.
7. If the completely fermented urine should still reduce the copper solution, it indicates the presence of glycuronic acid or alkaptons.
8. Phenylhydrazin test is good, but the technic is complicated.
9. Pentoses may be recognized by the orcin test.
10. Alkaptons are recognized by the characteristic ozonized alkali test.
11. Finally, we can differentiate dextrose from levulose by a polariscopic examination.

**Cancer from Corsets.**—In the *London Lancet*, Dr. R. A. Lucas describes three cases in which cancer was apparently caused by the friction of the pectoralis major on the edge of the corset. Each case occurred on the right side in a woman whose occupation caused much use of the right arm.

## A CASE OF CIRCULAR INSANITY STUDIED FROM CLINICAL, DIFFERENTIAL AND FORENSIC STANDPOINTS.

RICHARD DEWEY, A.M., M.D.

WAUWATOSA, WIS.

WITH GROSS AND MICROSCOPIC ANATOMY OF BRAIN (FROM THE PATHOLOGICAL LABORATORY OF THE UNIVERSITY OF CHICAGO), BY THOR ROTHSTEIN, M.D., CHICAGO.

#### INTRODUCTION.

The case of X. merits study from several points of view: First, with reference to diagnosis owing to the conflicting opinions expressed by experts during the patient's lifetime, as to the form of mental disease; also in a medicolegal sense, on account of the great number and variety of legal contests growing out of the patient's mental condition, in which he himself actively and often brilliantly participated. The case also incidentally involves the study of a remarkable personality, and the clinical history consists largely in the narration of extraordinary acts, "antics" and vagaries of a mad but acute and brilliant mind. Finally the findings resulting from the examination of the brain present much of interest in both a positive and negative sense.

The following statement of the case has been prepared from personal observation of the patient when under my care in the State Hospital at Kankakee, Ill., in 1889 and 1890; from information given by himself in lucid periods and by family and friends; also by colleagues who observed the case; also much information has been gained from the public press.<sup>1</sup>

There is something lacking in completeness, owing to the fact that from 1899, when he was under my care, to 1901, the year of the patient's death, only cursory examination was secured by me.

#### PRELIMINARY HISTORY.

X. was born in England in 1856, and came to Chicago at 14. His father, a retail grocer, a man of unusual ability and originality, was a victim of alcoholic excesses at periods in his life, but reformed, and for twelve years kept temperate and spoke eloquently in the cause of temperance. He relapsed, and was also addicted to drug habits in his late years, and died during the patient's boyhood. His paternal ancestors, according to the patient's own statement, "for many generations were drunkards, dissipating their estates and drinking themselves into their graves." His mother, though thought to be consumptive at patient's birth, became strong and well, and now enjoys good health at an advanced age. Musical talent is a characteristic of the mother's side (For fuller anamnesis see *Status præsens* below.)

The patient in early life showed much precocity. In infancy he was believed to be affected with hydrocephalus. He had three brothers who died in early life, it is supposed of hydrocephalus. The patient's activity of mind is illustrated by the fact, stated by his sister, that at 5 years of age he had read Scott's *Ivanhoe* five times through. He was bright at school, and seems to have easily kept with the first in his class. He relates that when graduating in the public school and receiving some decoration for his proficiency, he resolved to seek a position on the school board of the city, and he realized his ambition in a few years. He became a successful attorney, and took an active part in politics and in social

1. A scrap book of press clippings in my possession makes about 40 newspaper columns and is far from complete.

life, enjoying much popularity, though generally considered an exceptional character.

The patient had always been subject to marked attacks of what he called the "blues," and was alternately elated and despondent in more than an ordinary degree, and often without reference to any external reason. He worked hard and almost uninterruptedly in his profession for ten years, taking very little relaxation and contesting his cases in court with unusual skill, force and persistency.

In 1885, at 29, the patient had what he called a "nervous breakdown," and was advised by his physician to take a long journey for his health. He had been actively engaged as an attorney through the battle of the C., B. & Q. Railroad with its locomotive engineers, acting as legal assistant, and during the strike was at times, according to his own statement, in positions of danger and difficulty.

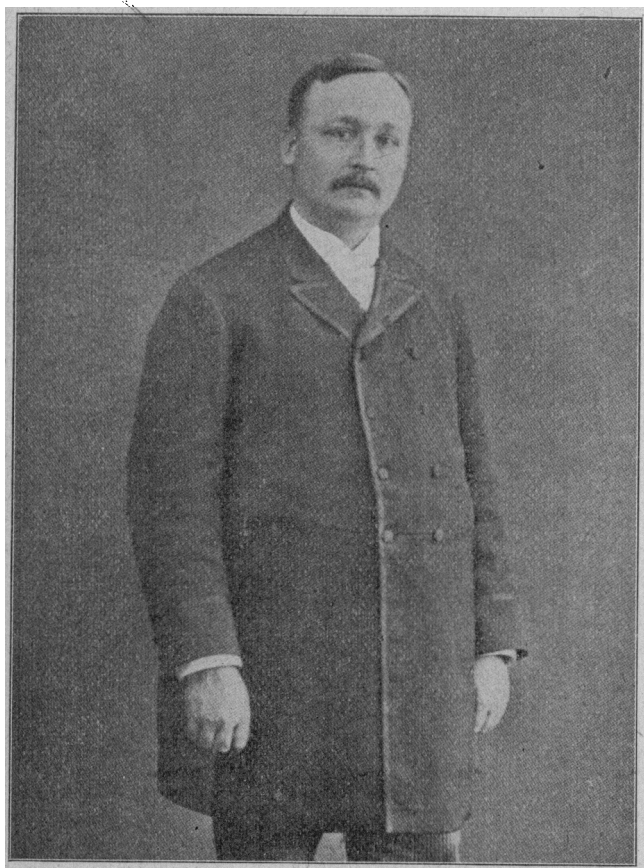


Fig. 1.—Normal. Aged 31 (1887).

In the spring of 1887 he went through an exciting political campaign. The candidate for mayor whom he opposed was elected, and the patient lost his position on one of the city boards, and was for a time in what he describes as "mental collapse." He recovered soon from this, and in the summer of that year attracted considerable attention by the manner in which he performed the function of presenting to Queen Victoria the "Jubilee Address" of an association in Chicago, to which he belonged. He went to London, and by his persistence with both the home and foreign offices, and by securing the assistance of the American legation and by using the cable freely, finally secured an interview with the queen and had the satisfaction of being received by her at her residence, Osborne House, on the Isle of

Wight, presenting his address and receiving a polite written reply from her in response.

After the patient's return, he caused a magnificently bound and printed volume to be published containing the address to the queen and an account of his reception, with full-length portraits of both the queen and himself included in the volume.

#### FIRST MANIC-DEPRESSIVE CYCLE.

The patient next drew on himself general attention in Chicago in the spring of 1889 by his exploits in the campaign for the election of city officers. He entered actively on the canvass, especially in opposition to a certain candidate of his own party, on whom he made very successful war. To illustrate his mental state, I will give some extracts taken from a pamphlet published by the patient, the introduction on which compares him with Don Quixote and General Boulanger, and says: "No such character ever before challenged attention." "Let him alone and he will be president and king of England, both at once." His proceedings during the election are then described in part as follows:

The biggest man in Chicago last Wednesday was X., also the proudest and happiest. The headquarters of both parties were nothing in comparison to his law office. He was overrun all day long, and for everyone there was a royal welcome. Everyone, friend or foe, got a word of cheer and a cigar, the like of which grows not outside Havana—a 50c "Jack Rose," fresh and fragrant, and with a delicious odor of victory about it. . . . He invited some of his intimates to a little love feast at Billy Boyle's. . . . English chops and juicy roasts were washed down with Mumm's of the extra dryest kind. When the company finally separated X. agreed with F. W. to sail with him soon for a pleasure trip to Europe. Not only had he won glory, but a mint of money. Over and above expenses he had the snug sum of \$10,700 to his credit by the Democratic victory Tuesday.

He describes his exploits as follows:

On the morning of election I arose at 5 o'clock and was on horseback for eleven hours. I went from poll to poll. I would gallop up to a precinct, offer to bet \$1,000 to \$500 against W. and generally encourage the boys. At one polling place I came across a strolling band of Italian musicians that I at once hired for the day. One of the places visited was the ——— Club. It was ladies' day and the club was thronged. They all came to the windows, waving their handkerchiefs and throwing kisses to me. I next stopped at the ——— Club House. The members all came running to meet me, headed by my dear friend C. H. I marched into the club to the tune of "Hail to the Chief." We paraded through all the rooms and I instructed the steward that from that hour forth until next morning nobody could have anything from the bar to eat or drink or smoke without charging it to me. We went down to my house. My dear wife and my dear old mother—God bless her—and my children were standing on the steps, and the neighbors were all in their windows, and hundreds of people were in the street. The band played "Hail to the Chief," I saluted my family and friends, paid my men and went in. I immediately sent an order to G. & M. to send up several cases of champagne to the ——— Club, telephoned the Garfield Park Rosery for a hundred dollars' worth of flowers, and engaged the full Valisi mandolin orchestra to play there.

It was in the campaign above described that X. was believed to have received an injury of the head from an assault made apparently by hired thugs attacking him when passing a dark alley. Accounts differ as to the extent to which he was injured, but he was undoubtedly attacked and knocked down and received a contusion of the left parietal region, causing some swelling. He was not rendered unconscious, and a medical friend who saw him immediately after, states that the injury was

slight. It is probable undue importance was subsequently given this circumstance on account of the natural desire to find in it a cause for the insanity. It is not impossible that the concussion of this wound aggravated his natural lack of balance, but the postmortem showed that no visible traces of injury from it were present. It is certain that a considerable degree of mental exaltation (and later depression) followed the above-described campaign. X. began to show a disposition toward great extravagance, giving extraordinary presents for number and value to his friends, purchasing silk umbrellas, canes, etc., by the dozen and giving them away and buying suits of clothing for himself in the same manner, also scattering flowers in profusion among the ladies.

About this time he again announced his intention of starting for Europe. Every effort was made to dissuade him, but without avail, and when he went to New York, before sailing and while waiting there, the idea was seriously considered by his friends of committing him to some private asylum. This fact became known to the patient, who scoffed at the idea of being examined by physicians, but expressed his willingness to meet them and entertain them at dinner, and I understand that three gentlemen (one of whom was Dr. E. C. Spitzka) met him in this way, and after seeing him, agreed that he was in the early stages of an attack of insanity, but that in his present state no court would sustain an attempt to interfere with his freedom. One of the experts believed he was in the incipient stages of paresis. Of the opinions of the others I have no knowledge. X. himself assured his friends that he would oppose any attempt to interfere with his liberty or place him under control. He went to London and was absent a few weeks, passing through a brief normal interval, but his period of depression began to come on. His condition after his return home is described by the patient himself as follows:

On my return home I was undoubtedly a victim of that variety of insanity called melancholia. I had always been subject to the "blues" periodically, but at this time I thought I was bankrupt, although I was worth, as it is estimated, at least \$200,000. I thought my business had left me and could not concentrate my thoughts and mind on anything except my own trials, and finally, tried to assassinate myself, like a fool (referring to an attempt at suicide, it is supposed). I was sent to the sanitarium at Wauwatosa, where I thought I was followed and surrounded by the Clan-na-Gaels and that the defense of the Cronin trial (then going on in Chicago) would be that I was a British spy—a Le Caron—and that I, with the help of my English friends, killed Cronin in the interest of the English government to besmirch the Irish leaders and throw the guilt on them.

Dec. 7, 1889, X. was brought from Wauwatosa to Chicago and found insane by the County Court of Cook County, and committed to the Kankakee Hospital for the Insane.

#### STATUS PRÆSENS. EXAMINATION AT HOSPITAL.

It was at the time of X.'s commitment to the hospital at Kankakee that he came under my personal observation. Particulars with reference to the condition of the patient were as follows: Native of England. Parents born in England. Father and paternal ancestors for several generations said to have been addicted to alcoholic excesses. Father, a grocer; also exhorter in M. E. Church, addicted also to drug excesses. At one time temperate for several years and eloquent speaker for temperance reform. Three brothers of patient alleged

to have died in infancy of hydrocephalus. Mother in good health at advanced age; marked musical talent in mother's family. Mother at time of patient's birth thought to have been tuberculous.

Patient's recent habits in regard to alcohol and tobacco excessive. Age, 34; married; three children; one died suddenly in infancy of obscure brain disease; occupation, attorney; education, high school; weight, 178 pounds; height, 5 feet 8½ inches; head large but symmetrical; size of hat worn, 7 11/16; eyes blue; pupils normal; complexion fair; physically muscular, stout and robust and thick set; no stigmata of physical degeneration; neck large and short; tongue clean; appetite capricious; digestion good; bowels constipated; sleep irregular; state of special senses and their organs normal. Cutaneous, tactile and reflex sen-



Fig. 2.—Depressed state. First cycle, aged 34 (January, 1890).

sibility normal, except the tendon reflexes somewhat diminished on right side; heart, lungs and pulse normal; genito-urinary system normal; no evidences of syphilis; mental state dull and depressed and silent. State of memory, perceptions and reasoning power unascertainable, but evidently much weakened; volition impaired; manner vacillating.

The following are notes with reference to the patient's condition:

Dec. 8, 1889. Patient dull and demented. Walks mechanically about the ward or sits by himself, having little to say to anyone. Marked retardation in movements and ideas. Does not give expression to delusions (he afterward described as having at this time the idea that he was suspected to be a British spy by the Clan-na-Gaels.

December 16. Depressed, but better. Realizes his condition and speaks of his mind as being "muddled."

Jan. 1, 1890. About the same. Does not care to see anyone

and does not want to leave the ward—even to go walking. Appetite good. Physical health good. If friends call to see him avoids them and tries to keep out of their way.

January 20. Much improved. More cheerful. Talks very freely and worries considerably for fear people will not have confidence in him when he goes out.

January 30. Much improved. Cheerful most of the time. Thinks he is about well and talks of going home.

February 11. Very cheerful. Clear mentally. Has no delusions.

February 25. Cheerful. Says he never felt better in his life.

*Normal Interval.*—Toward the end of February patient was in very good spirits, but not to an abnormal degree. The coming of the World's Fair to Chicago (which was determined at this time), where he had property interests which he believed would be favorably affected, seemed to exhilarate him considerably, but naturally.

March 5, 1890. Discharged. Condition sane and normal to all outward appearance. Patient advised to remain longer at hospital, but, inasmuch as there was nothing in his condition warranting detention, he was discharged, especially as his determination to go was unalterable.

About the time of his discharge the wife of the patient stated to me that she had observed periodically a rather regular fluctuation in his mental condition. She believed that there had been for many years with much regularity periods of alternate depression and exaltation, averaging about five months each with a month of natural condition between.

#### SECOND MANIC-DEPRESSIVE CYCLE.

Within two weeks after his release, patient began to attract attention by his eccentric conduct. He appeared in a political convention dressed in riding boots and otherwise striking apparel, and went on the stage, whip in hand, to denounce a certain candidate.

He was next heard of in Omaha and Kansas City. In one of these towns he insisted on singing "Annie Rooney" in the street, and was arrested as disorderly after a lively encounter with the police, and spent the night in the station. The papers stated that he rode on horseback up the steps of a house and pulled the bell; also that he was ejected from the stage of one of the theaters. He showed an extreme degree of sexual erethism. These things might be attributed to drink in part, but did not differ in any degree from the action of the patient both before and after, when it was impossible for stimulants to have been a factor in the case.

The patient was induced to return to Chicago, and his condition was such that his friends immediately took steps for his recommitment to the State Hospital at Kankakee, where he was again committed by the court after an absence of about one month, and on the second admission he presented a marked contrast to the condition existing when discharged one month before. His physical condition was not changed, except that he was perhaps more robust and florid,<sup>2</sup> but he was in a continuous state of exhilaration and restless activity, sleeping little except under the influence of hypnotics. There was now scarcely a trace of any delusion except in his exaggerated ideas of property and self-importance. His insanity was shown in his conduct more than his ideas. He was remarkably quick and brilliant in use of his mental faculties, memory accurate, logical power great, fancy, imagination and gay emotions were all highly efficient. He was, as shown later, capable of

great power of attention and severe and long-sustained mental effort, as would scarcely be possible in paresis. He was irrepressibly good-natured, though occasionally having outbreaks of rage at being interfered with. In his walks over the country, around the hospital with attendants, he purchased all the real estate and stock in sight. He offered to engage at large salaries many of the attendants and officers of the hospital for his personal service. He was markedly erotic in his impulses and actions. Within a few days of his admission he was granted a hearing on application for a writ of habeas corpus. His conduct in the court room was highly eccentric, but entertaining. During his presence in the court room the grand jury were brought in to be sworn, and as they stood in a row before the judge, X. interrupted the proceeding, addressed them and stated he would subpoena them all as witnesses to his sanity. He also volunteered his assistance to an attorney in a suit then in progress, correcting the attorney's mistakes and showing both ability and brilliancy in striking contrast to the blundering of counsel. When presenting his application for a writ, he was told by the judge that the case would be heard "to-morrow," whereon the patient replied: "Your honor, I stand on my constitutional rights and refuse to agree to any postponement." The judge then agreed to hear the case at once, and X. assured him that he would "do as much for him if their respective positions were ever reversed," as he (X.) expected some day to "be on the bench" himself.

After the hearing the court remanded the patient to the custody of the hospital, and, after being remanded, X. remained in a state of continuous maniacal excitement until well on in August. He was at times violent, destructive and untidy in his habits. His physical condition remained as above described. There were still no evidences of motor or sensory abnormalities, depending on any structural lesion. Though his mental condition was suggestive of paresis, it was also entirely consistent with the theory of simple maniacal excitement.

From March 31 to June 24, 1890, when X. was released by habeas corpus proceedings in Chicago, he was in an extraordinary maniacal condition, but withal very brilliant and resourceful in his mental action. (See Fig. 3.) On one occasion when out in the grounds he suddenly gave his attendant the slip and dashed into the river. He went out some distance into the water and informed all who came near that he would drown them or himself, or both, if they attempted to bring him in. He was finally secured by having an attendant make a rush for him, having a rope tied around his waist, one end of the rope being in the hands of persons on the shore. The latter grasped the patient firmly around the body and both were then safely drawn ashore.

During this time the patient seemed to believe that if he should, as he expressed it, "raise merry hell" and be sufficiently violent, obstreperous and destructive, this might effect his release from the hospital. He also sought to appear in the rôle of one who is not only illegally confined, but also shamefully abused, and was constantly sending applications to the courts to be heard on writs of habeas corpus, representing himself as the subject of outrage. When quite alone in his room in the hospital and seeing persons pass by in front of the building near his window, he would throw himself on the floor and strike and pound the floor with his own body, to make as much noise as possible, and at the same time call out in pitiful and pleading tones, "For God's sake, release me!

2. He always took on flesh during maniacal periods, as stated by Dr. Sanger Brown, contrary to usual experience, and at one time attained a weight of 375 pounds.

"You are killing me with your abuse! Murder! They are killing me!" His outcry was such that a stranger would naturally imagine some one was being grossly abused. He wrote a letter, signing his sister's name, saying his mother was dying of heart disease, and wanting her son to come home at once to see her for the last time. After violently attacking attendants, necessitating a severe struggle, he would complain bitterly that he had been brutally treated, and at the same time write a letter describing the scrimmage and extent to which he had punished the attendants, adding, "I kicked two in the head and never got a scratch."

At the time of his hearing in June, on a writ of habeas corpus, he appeared in glasses and stated on the witness stand that one of his eyes had been injured by abuse at the hospital and an oculist had expressed fears that it was permanently injured, when, in fact, as I learned from the oculist whom he consulted for glasses, he had not mentioned that his eye was injured in any way. During this period his exaggerations were remarkable. He would simulate bowel trouble and allege soberly he had had over 100 evacuations in a day. The attendant reported that this was done in order to secure liquor or medicine. He alleged he was continuously closely confined 27 days when never more than two passed without his being out in the grounds for exercise. He was markedly kleptomaniacal in his propensities and everywhere he went he would take possession of all movable articles, no matter whether their value was great or small. He would entirely clear the office of pens, pencils, stationery, postage stamps, mucilage, paper weights, etc., when allowed to go into them. Among other things he carried off a bottle of red ink and soaked his hat in the ink. He also decorated it with many ribbons and streamers and wore it about the grounds. He frequently wrote orders and notes and signed the superintendent's name to them, and occasionally the orders were so clever a forgery that they would have been carried out but for the singular nature of the instructions.

In the latter part of June, 1890, X. succeeded, as stated, in being again granted a hearing in the Circuit Court of Cook County on his application for a hearing under a writ of habeas corpus.

When his case came up in court, he took the stand and made a rather telling statement, representing that his wife, from interested motives, wished him out of the way, that he had been brought back from the west by deceptive telegrams in order that he might be "rail-roaded" into the asylum. (It was true a telegram had been sent him that one of his children was sick in order to induce him to return.) He had met during his two or three days in Chicago before the hearing scores of his former acquaintances, and almost all agreed that he might be a little eccentric, but he was by no means insane, and promised to testify for him. Of the people numbering fifty or more who did testify that he was sane a few really believed it and thought him a much wronged man. Others complied with his request out of good nature. Still others from fear. When the hearing was over, the judge made an order releasing him, though stating at the time that he had doubts about his sanity, and the judge sent word to the probate court having charge of X.'s property that he did not think the control of his property should be restored to the patient. At this juncture X. was, in the eye of the law, a sane man when standing in the circuit court before Judge Collins and a lunatic in the probate court in the presence of Judge Kohlsaat. The judge also explained that the state

of public opinion and ignorance of insanity were such that if he remanded X. to the hospital it would have the appearance of an outrage on personal liberty.

After his release the patient began a career of wild and eccentric conduct. He took his own and other young children to theatrical entertainments and kept them out until midnight, while their mothers were at home in alarm. He visited hotels and accumulated bills which he could not or did not pay. He in one instance offered to leave his children as security until he should pay a hotel bill. He was arrested for assaulting a telephone boy and given the alternative of paying a fine or going to jail. He would address ladies at hotels and on the trains who were perfect strangers and ask them to drink wine with him, and would repeat poetry to them. In spite of his antics he was much of the time an amiable and interesting companion. Flashes of wit and entertaining talk flowed from him spontaneously. There was not the slightest sign of mental weakness, but quite the reverse. In accurate memory, logical power and concentration of thought and attention he was unusual. His handwriting was slovenly, but what he wrote was always clear and cogent. He dressed himself in a way that attracted attention, wearing blue and red silk sashes, knotted and hanging nearly to his knees, and embroidered silk shirts and an undue number of scarf pins and other ornaments. One of the strongest evidences of his lack of mental balance was his utter inability to control or realize the effect of his actions, since, if he could have comprehended in the least his real position, he would have felt the necessity of moderation and sobriety, which would in some measure regain the lost confidence of his friends and the public. This he fully appreciated previously in his depressed state, and had repeatedly expressed the idea that he had been doing "a large business on a small capital;" in short had been a great fool, and feared he could never again command any confidence.

X. continued his fantastic conduct until he was again arrested in August on a new complaint of insanity and a new inquest was instituted *de lunatico*. This trial was noteworthy for the brilliant defense he made of himself, conducting his own case, and examining the witnesses in a style that placed the most learned experts at an apparent disadvantage. He furnished racy entertainment to a crowded courtroom of spectators whose active sympathy was with him and in whose opinion the alleged lunatic showed more brains than those who assumed to pronounce him insane. He was perfectly at home in the court room, inimitable in his style of conducting his case, and also displayed for a layman a surprising amount of expert knowledge in reference to insanity. In this trial the fact came out that opinions differed with reference to the form of disease with which X. was affected—a fact of which he made very telling use before the jury. Most of the witnesses claimed that he was a subject of "paresis," while others declined to state the form of disease or gave the opinion that it was *folie circulaire*. Having to examine an alienist who had pronounced him a parietic, he elicited the leading symptoms of paresis—impaired speech, unsteady gait, difference in pupils—and then exhibited to the jury his own perfect enunciation, steady movements and asked the witness to examine his pupils, compelling him to admit they were normal, and challenged him to pronounce a sentence composed of any catch words as well as he himself could, exhibiting his glib enunciation to the jury. To one of the experts who had examined him years before and who now pronounced him insane, he said:



Doctor, did I ever pay you for examining me? I do not recollect about that, but I'll do so now if you will prove that your services were worth anything.

In another case X. said to one of the experts:

Doctor, I suppose it would be impossible for me to convince you that I am a sane man, would it not?

Yes.

Well, then I won't try.

With one medical witness he had this conversation:

Don't you think that Dr. ———, who had me in charge from December until March last, had a better opportunity to notice my symptoms than you had?

He may and may not have had.

Dr. ——— says I have circular insanity. Is that so?

No; in my judgment I think not.

Then I have got you and Dr. ——— against each other.

This difference of opinion enabled X. to score an effective point with the jury and with the public.



Fig. 3.—Exalted state. Second cycle, aged between 34 and 35 (June, 1890).

Being myself subpoenaed as a witness, I testified as follows:

I think that X. is now in a state where his insanity is not easily recognized. However, there are things which convince me of its existence. I understand that he is by nature high-minded and truthful to the average degree. From what I have learned of him of late he is now the reverse of all this. His judgment is seriously impaired. While his mind is shrewd and cunning, and even brilliant, and his memory accurate in many matters, he fails in the exercise of ordinary judgment or common sense. X. does not at first sight appear to have illusive ideas, but on closer inspection he is seen to have these, as for instance, in his extravagant notions as to his property and as to the light he is held in by others. He told me, for instance, within a few days that he was going to run for congress this fall; that he was going to England as an envoy for the directors of the World's Fair; that he was to be attorney for the

board of education; a member of the library board; and was also to be appointed on the board of trustees of the institution at Kankakee.

The inquest *de lunatico*, after lasting three or four days each week for three weeks, was terminated by the act of the judge in dismissing the case. On this occasion I had been recalled for cross examination, and, immediately on entering the courtroom saw that there had been a change in X.'s condition. He was now quiet and moderate in his speech and action. His former jaunty, jocular, "larky" air and disposition had disappeared and he seemed precisely as he was at the time when I discharged him the preceding March.

#### NORMAL INTERVAL.

I readily admitted that I saw nothing outwardly insane in X. at that time. The court, after this testimony was finished, stated that he would now bring the case to a close by withdrawing a juror, as he believed no reasonable person would entertain the idea that X. was insane after hearing his brilliant defense of his case.

At the time when this remarkable trial came to an end a great amount of interest had been aroused in favor of X., and it had been arranged to hold a public meeting for the purpose of endorsing him in his "fight for liberty" and of raising funds to assist him, if it became necessary to do so.

The trial came to an end opportunely for the patient, for it would have been impossible for him to appear in the character of a sane man very much longer. His phase of depression was now coming on rapidly and he went home from the courtroom to remain there, scarcely leaving the house for several months. He was profoundly despondent and possessed with the idea of some impending calamity. His friends consulted me as to the propriety of sending him to some asylum and stated he was in a condition of misery and suffering pitiful to behold. He gave no attention to business, but sat in the house. When there was any call at the door he would hasten to be the first one there, stating that he was ready, or wanted to meet some (as he thought) approaching disaster. It seems probable from his conduct that he had delusions of persecution. Here I may mention that it was usual for him to become slowly more stupid and inactive, to lie in bed, to keep his room dark, to be extremely filthy in his habits, to refuse food and to talk of suicide.

This condition continued until about March, 1891, when X. was again for a short time rational. He appeared again in public and opened an office for the practice of law. But the swinging of the pendulum to the opposite extreme was again begun, and the story already detailed of weeks and months of wild, fantastic conduct was again repeated with slight variations in detail.

#### THIRD MANIC-DEPRESSIVE CYCLE.

Through the month of March and up to April 28, 1891, when he was again found insane in court, X. produced a succession of sensations. He was ejected from hotels. He entered his wife's apartments through a window and carried off a quantity of jewelry. He stood at street corners and presented bouquets to ladies passing by. He had a violent scuffle on a street car with a gripman; appeared in a barber-shop minus boots, hat and coat; was obstreperous in barrooms and insisted on every one drinking with him.

To the first medical witness testifying to his insanity in the trial of April, 1891, X. said:

Dr. ———, I met you when you testified against my client

in the case of B. vs. C. in 1877, didn't I? You say I am insane. Can you point out any case of insanity similar to mine, and can you really tell whether I have parietic mania, or circular insanity, or a sore throat, or corns? You doctors are amusing cusses. You bury your mistakes, while those of us lawyers are filed for record.

The witness replied:

I'm sure you are insane, Mr. X., but I can not classify your case. It's constitutional insanity.

A verdict of insanity was now rendered, but two philanthropists who had become interested in X.'s case and thought they could care for and benefit him, interceded with the court to be given charge of him, and were allowed by the court to assume this responsibility. The sequel to the efforts of these benevolent gentlemen was what might have been expected. Within two or three days X. was again in the county jail and applied again for a writ of habeas corpus, but was refused by several judges in succession. He was now compelled to return to the Detention Hospital to await his transfer to some institution for the insane. It was for several weeks, however, found impossible to secure his admission to any public or private asylum, though application was made to a large number. It became impossible on account of his violence longer to care for him properly in the Detention Hospital and he was transferred to the county jail and finally to the Cook County Asylum for the Insane at Dunning, and was there during some months in a maniacal state. He gradually improved and was allowed to go about with an attendant on the country roads, where he amused himself by playing Robin Hood and "holding up" every person he met with a demand for cigars, money or plunder of any sort.

#### NORMAL INTERVAL.

He now gradually became more rational and quiet and was finally released "on probation" October 21. During the winter of 1891-1892 X. was again in a depressed and inactive state, again approximating his natural condition in the early spring, and passing through a customary normal interval.

This was followed by a gradual return of the maniacal cycle.

#### FOURTH MANIC-DEPRESSIVE CYCLE.

During the summer of 1892 a succession of his customary pranks and depredations attracted public attention, furnishing amusement or annoyance, as the case might be. He was arrested for disorderly conduct and for disturbing the peace, and appeared in absurd or equivocal situations and adventures in towns and cities of Illinois and surrounding states, especially gaining notoriety by his exploits at the National Republican Convention at St. Paul. In the summer or fall of this year X. was again committed to the Cook County Asylum for Insane, passing through the usual maniacal exacerbation. When his condition had become more quiet he one day made his escape with the assistance of a woman who drove through the grounds and took him into her carriage. This escape was planned by assistance of outside persons and a disguise furnished X. consisting of a woman's clothing. The winter of 1892 and 1893 appears to have been uneventful, and apparently in the spring of 1893 the usual "March madness" did not occur. X. went to Colorado in the summer of 1893 and made special effort to control himself with a view to regaining control of his property, which was still in the hands of a conservator. He was at this time more mildly mani-

acal, though, while stopping at Colorado Springs, he attracted much attention and at times people avoided the Pike's Peak cog-wheel railroad trains when he was aboard and the hotels and public places where he disported himself. From this time there was greater irregularity in the cycles and the normal intervals were less marked. At the meeting of the American Medico-Psychological Association in Chicago in June, 1893, he attended one of the sessions and requested to be allowed to address the association, and while sitting in the meeting fell asleep in his chair. He had grown very gross and corpulent. There appears to have been from this time a more decided moral and mental deterioration. Though he still at times was brilliant and able to carry on spasmodically a law business consisting largely of habeas corpus proceedings and attempts to release patients in asylums, he never equaled his former achievements, and evidence of degeneration was shown in many acts, foreign to his normal self, of an indecent or quasi-criminal character.

(To be continued.)

## A CASE OF PARASITIC HEMOPTYSIS OR INFECTION WITH THE DISTOMA WESTERMANII.

A. D. MACKENZIE, M.D.

Attending Physician to St. Vincent's Hospital.  
PORTLAND, OREGON.

The value of the examination of sputum for tubercle bacilli depends almost solely on their presence, and it is generally recognized that repeated failure to find them does not exclude the existence of tuberculosis in the lungs.

This fact is intimately connected in its relation to differential diagnosis, with the characteristics of the sputum in parasitic hemoptysis, for in this disease some of the general symptoms of tuberculosis, such as emaciation, general weakness and anemia, are usually associated with the continued expectoration of blood-stained, mucopurulent material. There are obvious reasons, especially applicable to certain parts of the United States, why parasitic hemoptysis should be excluded in cases suspected of being tuberculous, and in which the sputum is free from tubercle bacilli, although it continuously possesses various admixtures with blood.

This is illustrated by the following account of a case admitted to my service in the St. Vincent's Hospital of Portland, Oreg. It is, so far as I am aware, the first instance of parasitic hemoptysis observed on this continent.

*History.*—A Japanese man, a native of the province of Okayama, was admitted Nov. 23, 1903, suffering from weakness and persistent hemoptysis. He arrived on this continent the preceding April and had been employed by the fish canneries of Vancouver and Victoria during the summer.

His first attack of hemoptysis occurred July 17, 1903, while rowing a boat against a strong tide in the Columbia river; four or five ounces of blood, described as bright red, escaped by coughing. A cough with blood-stained expectoration continued after this attack, with slight intermissions, until he applied for admission to the hospital. Friends accompanied him to the hospital, desiring assurance that he did not have tuberculosis.

*Examination.*—At the time of admission he had lost some weight and complained of slight transient pains in both sides of the chest, in front and behind, and varying from day to day in location. On examination cogwheel respirations and a hemic murmur were found; the chest was well developed. Although the chest was carefully examined at different times dur-