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CLINICAL EVIDENCES

OF

BORDERLAND INSANITY

READ AT THE ANNUAL MEETING

OF THE

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BY

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CLINICAL EVIDENCES OF BORDERLAND INSANITY.*

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THE name that I have taken to include the forms of mental degeneration about to be considered may not be the most appropriate one from a strict psychiatrical point of view. However, when we take into account the difficulty in studying the relation between sympathetic instinct and the cerebro-spinal experiences, as well as the vague line that is supposed to separate reflex action and volition, it is hardly worth while to confine one's mental perception to names, or to definitions and classifications that are purely arbitrary and comparative.

Everybody knows of positive and negative electricity; of black and white; of health and disease; of high spirits and mental depression, but our knowledge of the imperceptible difference in their intermediate conditions is extremely limited. Analagous to this is the study of the phenomena of a class of persons standing in the twilight of right reason and despair—a vast army whose units, consisting of individuals with minds trembling in the balance between reason and madness, are not so sane as to be able to control themselves, nor yet so insane as to require restraint or seclusion.

For the scientific mind the clinical observation of cases of this kind carries with it a sort of fascination; the analysis of the facts relatively thereto seems to be the order of the day, and is a subject worthy of occupying attention and exercising our sagacity. Their study being of compara-

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tively recent date, contemporary psychiatry has created from them a special class, the so-called pseudo-momaniacs, who not only show certain well determined psychic disturbances, but at the same time are conscious of the unusual phenomena taking place in their nerve centres, and are capable of discussing and even describing their intellectual and moral derangements.

Aside from clinical consideration patients thus affected are of forensic importance, since the study of their malady touches some special medico-legal points particularly delicate and obscure. The solution of such interlocutory questions as may arise from the latter point of view being rather juridical than medical, I shall take for granted the pathognomonic character of the malady in question, and without further generalization shall mention a few typical illustrations selected from the experience of my own practice as a neurologist.

For obvious reasons the cases are shorn of many personal details, yet the omission is not such as to interfere with the material facts.

The first case that I shall mention is that of a young man, a clerk, in whom there was an aberration of the genesic instinct. He consulted me, upon the advice of Dr. N. S. Lincoln, for a morbid impulse that had troubled him for some time. The impulse was homocidal, and manifested itself in an almost uncontrollable desire to kill some member of his family, though for what reason he could not tell, as he had no idea of committing a crime, and was well aware of the difference between right and wrong. The trouble was unknown to his family, although the impulse to kill his father had come so irresistibly while sitting at breakfast, that in order not to yield to it, he suddenly quit the room and afterwards came to my office in a state of great agitation.

I found at first but little in this young man's antecedents to account for his neurophatic state. He had no marked

peculiarity of look, speech or action, and a long series of questions, put with a view to lead up to a mental weak point or delusion, failed to elicit any other symptom. The great bodily functions were apparently normal, with the exception of that of the generative organs. Among other things, he informed me that for more than a year he had almost nightly visited a young woman whom he kissed and fondled in a lascivious way, but without accomplishing the act of sexual intercourse.

In this case it required but little diagnostic and pathological acumen to trace the genetic connection between the brain and testicles, and to direct the treatment accordingly.

When I last saw the patient he was fresh-colored, well nourished, and otherwise apparently well.

Subsequently to this I was consulted by a Washington lawyer with a large practice as patent attorney. This man was overworked, his system was below par; he had insomnia; absence of the patellar tendon reflex; clavus-hystericus on the right side of his head, and was myopic. He complained of pain in his right eye; of inability to use his mind for more than ten minutes at a time, and labored under the notion that he was becoming deranged and would soon wind up in an asylum. The thought of his faculties being compromised he had kept more or less in a latent state by the influence of his will, so that the trouble was unknown to any one except his medical adviser.

I had the patient carefully examined by a competent ophthalmologist, both in Washington and New York, with a view to find out the cerebroscopic indications furnished by the eye, as well as to correct any ocular defect that might account for a part of the symptoms. The treatment that followed being only partly suceessful, I persuaded the patient to quit work and go to Europe for a short trip. He did this with much benefit; but some months after his return the symptoms came back with renewed vigor.

I advised another long sea voyage on board a sailing vessel from Baltimore to Rio Janeiro and back. This trip was followed by highly satisfactory results to the patient, who, saved from the stigma of an asylum, regained his mental health, has since married, and is now entirely well.

In February, 1884, I was consulted by a prominent business man of Washington, of middle age, who had suffered from obstinate insomnia and its train of evil consequences for eleven years, and during that time had contracted the bromide habit. He had hypochondria, morbid fear, impotency, and a suicidal impulse. In addition to treatment by local physicians, he had been under eminent neurologists in Philadelphia, New York, London and Paris, with but indifferent results. His atavistic antecedents were not entirely satisfactory, but his venereal history was fairly good; he had stopped the use of tobacco, and his habits were temperate, though he was not a teetotaler. The patient complained of general languor and debility; of a clawing pain within the head; of inability to concentrate his thoughts; of loss of will power, and a fear of insanity. He said that he had taken the bromides of potassium and sodium in enormous doses since 1873. For two years, from 1874 to 1876, he took daily 135 grains without missing a day. The quantity was gradually decreased in 1878 to 80 grains a day, and to 50 grains in 1883, during a visit to the "Healing Springs" of Virginia. He subsequently took 90 grains daily. The patient was cachectic; but there were no sensory, motor, or mental symptoms indicative of any gross organic lesion. Examination with the differential calorimeter, however, revealed the existence of a considerable degree of cerebral hyperæmia.

Under treatment my patient made but indifferent progress towards improvement. I had nearly exhausted my efforts to break up the bromide habit, when Dr. Wm. A. Hammond informed me that he had cured several cases of this habit by

prescribing a solution of chloride of sodium, the dose of which is gradually increased, the bromide, at the same time, being correspondingly decreased until a few minims is reached, when the patient breaks off the habit on being told that he is taking nothing but common table salt. This plan did well for several weeks, but during my summer absence in Europe the patient accidentally learned from his druggist what he was taking and immediately discontinued the prescription. On my return in autumn, in a fit of sheer desperation, I directed the patient to eat large quantities of grapes, the object of which was explained to him, and within a week I had the surprise and satisfaction to see a salutary change. The psychical depression was much less, and the craving for the bromides was nearly gone. The habit is now broken up, the patient sleeps fairly, has regained his virility, is rid of the morbid impulse, and is bodily and mentally reconstructed.*

A patient in a state of fear and having the idea of persecution, came to me in November, 1887, in the person of a middle-aged German with a wild, uneasy, restless eye, and a suspicious manner.

He had conceived the notion that his instabiltty was the result of his parents being much under the influence of wine at the time he was begotten; that he was sexually out of order; that he was being persecuted generally; and that he would soon be hopelessly insane.

Like many of these patients, he showed a morbid propensity to write letters, one of which details the subjective symptoms; so I will give them in his own words:

"The most foul and degrading remarks are made about me in the office I am employed in by at least one person—aside from everything else, such is the case, and simply for the purpose of annoying me. I know this. I would not

*See The Medical Record, New York, October 10, 1885, p. 417.

mind such remarks at all, but the effect of the uttered words on my imagination is actually a terrible one; the oddest combinations are formed, and I am almost completely subdued by them in my actions, motions, &c. All this could to some degree be avoided if I was not so morbidly sensitive; still the effect is there.

"A couple of years ago I noticed numbness in my feet. This occurred while I was walking in the street; it struck me as very peculiar. I had similar feelings on several occasions at that time, but they have since disappeared.

"Last year and the previous one I noticed that I frequently and painfully bit my tongue while eating, in an almost awkward manner. I ascribed this as a paralytic symptom. Such occurrences I have not since experienced.

"After meals I feel that my stomach has to perform considerable work. I get a hot and heavy feeling in my head, which lasts for a considerable time, and which is accompanied, especially in the morning, with considerable nervousness and excitement.

"While talking with persons in the office, it seems as if I was constantly ashamed of something which is comparatively and partly true.

"If I have to stand up when a person speaks to me, I have the desire to sit down or to take hold of something or rest my hands and elbows on something. Very often my head begins to swim; I have a feeling of falling forward and to cast my eyes down.

"I have had moments, not two months ago, when I became indescribably alarmed, as if being on the verge of losing my mind and becoming violent. This has left me since I stopped drinking coffee.

"As a fact, I have gone through all kinds of fixed ideas; I thought I had mastered them all; but now of a sudden my worst apprehensions have been excelled by persons actually expressing aloud my innermost thoughts.

"Aside from all inherited defects of mind and thought, my present trouble seems to me to be the morbid state of my sexual, mental, and physical condition. And, as remarked before, any allusion to my person in that respect makes me almost act like an hypnotic.

"Respectfully yours,

"_____ _____."

Any one familiar with such cases as the foregoing knows how few are the objective symptoms and how unsatisfactory is their treatment. Such patients, never remaining long with one physician, ultimately become the prey of quacks and charlatans, or may become hopelessly insane.

My latest knowledge of this man is that he had fallen into the hands of an itinerant quack, who mulcted him of several hundred dollars and took his notes for several hundred more.

In September, 1888, a business man, of a highly neurotic family, several members of which I had treated for nervous affections, came to me on account of his distracted mental condition. Two of his family had already died insane, and he imagined that he was going the same way. His alcoholic, venereal, and nicotinic habits were of the worst, and had left their stamp in his physiognomy, and I may even say in his speech and action. It would be too long a story to relate the numerous symptoms, subjective and objective, most of which were clearly traceable to constitutional syphilis.

I placed this patient on the twentieth of a grain of biniodide of mercury three times a day, and, being a man of means I directed him to go to Atlantic City, to take hot baths of sea-water, and lead a quiet, sensible, out-door life. Under this regimen, which the patient observed scrupulously, the cerebral symptoms soon faded away. He regained his former health, but a year subsequently relapsed into dipsomania.

Among functional intellectual troubles that may arise from morbid fear, not the least curious are those affecting the feelings or emotions in the more recently determined conditions known as moral hypochondria, agoraphobia, and the peculiar morbid condition that syphilis may sometimes give rise to. The last named I witnessed in a case of

syphiliphobia in a young naval officer, who came to me on September 10, 1889. He had contracted syphilis some years previously, and had apparently been treated successfully, but having married, and his wife being pregnant, he developed a well-marked case of mental invalidism without the appearance of any distinctive syphilitic lesion. After the manner of most of these cases, he had consulted eminent medical men in various cities, both at home and abroad, who had equally failed with myself to give satisfaction. Remaining under observation but a short time, he quit me for another physician, and I have since lost sight of him.

A type in which the morbid trouble is more distinct and better defined is to be found in agoraphobia, or, as it is sometimes called, kenophobia. For the last two years I have had under treatment a well-marked case that is subject to exacerbations. Two other patients that I have cannot look up to the dome of the Capitol or the summit of the Washington Monument without being seized with agoraphobic symptoms. The three cases occurred in foreigners, men of intelligence and education, who had kept the symptoms concealed from every one as long as possible, for fear of being thought insane.

I wish I could dwell longer on this interesting form of psychic insufficiency; but having written up the subject in Buck's "Reference Handbook of the Medical Sciences," I must refer those interested to that article.

The next case to which I shall call attention is that of a priest of twenty-eight years, who was dyspeptic, emaciated, and hypochondriacal. When a boy of seventeen he had cerebro-spinal meningitis, from which he convalesced slowly and had become deaf. What troubled him most, however, was the fact that he had lost faith in the tenets of the religion in which he had been educated. For the last two years he said that remorse had seized him, and being

shrouded in spiritual darkness he fell into a lethargy of despair, cursing the sun each morning, and hoping every day would be his last.

This case convinced me that the gastro-intestinal condition and religion are somewhat interdependent. I directed the treatment accordingly, and soon had the satisfaction to see both mental and physical improvement, after which the patient left for his home in one of the Southern States.

Another case in which religion entered as an element occurred in a boy of seventeen, whom I was called in consultation to see at a private sanitarium near Baltimore in February, 1886. Having become much preoccupied with religious matters, he developed into a case of hystero-catalepsy, and was in a pitiable condition when I saw him, being emaciated, motionless, and speechless. He also had the waxen flexibility of limbs peculiar to the cataleptic state, and the least touch about the face caused such strong contraction of the muscles that it was necessary to give his food and medicine with a pump after forcing open the mouth with a gag in which was a round hole.

The patient made rapid improvement under treatment, and in a few weeks returned to his home near Washington, where he became strong and well under a regimen in which severe muscular exercise and suppression of the emotions were the prominent factors.

Unhappily, this young man's religious instinct was again perverted in the summer of 1889. On a chilly day in November he came home about dinner-time, refusing to speak or to eat, and showed symptoms of his former malady. These rapidly developed into acute mania, from which the patient died in the sanitarium where I first saw him.

A curious case that has puzzled me much is that of a young man of twenty-one who had partial paranoia with pseudo-aphasic ideas. He was referred to me by Dr. God-

ding, of the Government Asylum for the Insane, in May, 1889. This man was employed in a newspaper office, where he attended daily to his duties without having incurred suspicion as to his mental state. Being something of a student, and having lately read numerous works on psychology, he conceived the notion that he was suffering from a perversion of the ego; that he was unable to perform an act of judgment; that he had lost all his faculties save that of memory; and that all his movements were simply automatic and in no way influenced by will-power.

Having exhausted the gamut usual in examining such cases, I was unable to discern any physical reason that might account for the mental symptoms. The patient assured me that his habits were good, and he did not have that furtive, uneasy, restless look peculiar to victims of secret vice. The more noticeable features of this case were the perversity in using the pronoun "it" in reference to vague symptoms which he could not or would not explain; the ingenious manner in which he answered my questions; and the specious arguments he used in discussing his case with me—this, too, in view of the alleged fact of his inability to construct a mental process, and his belief that he was suffering from aboulimania.

An occasional aloetic aperient with a course of ergot and bromide was followed by a breaking up of the fixed idea regarding his automatism and memory; and a month later I succeeded in convincing him of his ability to perform an act of judgment to the extent of constructing a syllogism, though he could not "distribute the middle third." He also recognized the fact that he had *willed* to come and see me and to do many other acts, but he could not break up the troublesome habit of introspection, and vagueness in regard to the "it" was still as pronounced as before. In fact, there was a persistent misuse of the pronoun when he should have used a noun. In this respect he seemed to be suffering from a kind of aphasia, which showed itself in an

inability to use nouns. Two months subsequently the patient still showed this phenomenon of the impairment of the function of expression. His articulate speech did not permit of its being outwardly construed or interpreted. Yet at this time the patient acknowledged that he saw an improvement in his judgment, and that he had got rid of some of the functional derangements of which he formerly complained. The latest feature of this case is the fancied loss of all emotional control, although to the observer this is no more apparent than the fabulous wealth of many general pareitics.

That the brain cortex was impaired in the next observation I think will be readily admitted. It is that of a middle-aged man who was dyspeptic, used tobacco and alcohol to excess, and suffered from obstinate insomnia. Among other peculiarities he informed me that he was a "crack-walker," and would not for any consideration knowingly step on a crack of the flag-stones when walking in the street. He had also developed the curious phenomenon known as mirror-writing. This functional agraphic condition was unaccompanied by paralysis. He wrote with the right hand, in a reverse way from right to left, anything that I could dictate. The act was done with the rapidity of ordinary writing, and the chirography was so good that when held up to a mirror it was easily read. This man is intelligent and educated, converses rationally about the peculiarities of his case, and believes that he will die insane. He is at present in business in New York.

In connection with the foregoing case it may be worth recalling Leonardo da Vinci's reversed manuscript in the Milan Library, which many neurologists think is the result of an attack of right hemiplegia, and that he had become incapable of writing otherwise.

Akin to this nervous instability of the "crack-walker" is the morbid fear arising from the neglect of something very trivial. Most of us know of the mild manifestation of morbid mental energy related of Dr Johnson's left foot, and of his peculiarity in touching certain lamp-posts with his walking-stick. Something like this I have lately seen well illustrated in the case of a wealthy retired merchant, an American of more than average intelligence, who, while sojourning abroad at Nice, had a morbid fear of going to bed unless he had walked every day to the end of the Promenade, some distance from his hotel, and there touched with his walking-stick a certain cactus. On several occasions he went to bed without going through this little daily performance; but he had invariably to get up, dress himself, and repeat the episode before his fears had sufficiently subsided to enable him to sleep. On a subsequent visit to Washington the same alteration of the nervous level occurred. He was obliged each night to walk from Willard's Hotel to the Capitol and there touch the curbstone with his stick, or else sleep was impossible.

The mental disturbance so common about the period of the menopause may be classed in the same category as the cases just mentioned. Among other patients of this class that I have had under observation for the last year is a woman of more than usual intelligence and character. Like many of her sex, she had an unhappy love affair in her early days and had never married.

She was neurasthenic, had insomnia, facial paralysis, lagophthalmia of one eye, and complained of tingling and numbness in the lower extremities. Her mind had taken a decidedly erotic turn. She talked freely and with great prolixity of her sexual starvation, of the mysteries of life, of copulating with a Newfoundland dog, and of other obscene subjects. In addition to this moral obliquity, the power of attention and of memory was weakened.

Most of the bodily symptoms in this case have yielded to treatment, but mentally the patient is still hanging around the borderland. Her latest freak, shown in a propensity to write, has brought to me a correspondence that may be looked upon as a psychic autobiography. Every week or so she mails to me a letter with a special delivery stamp. The letters are well written as far as regards grammar and choice of expression, but the ideas therein are vague, and show a weakening of the logical inhibitions. One of these letters tells me of a miracle that had happened to her; that she was walking in the street, feeling so depressed as to be nearly insane with wretchedness, when suddenly she had a strange experience; the operation of natural law had stopped in her being; a beatific feeling came over her, followed by the most perfect peace and quiet, and a voice spoke to her words of consolation and good advice.

Her last letter to me was not so much wanting in the mal-assimilation of its mental components as it was in relevancy. So far as it relates to anything in my mind it is totally incomprehensible. It reads as follows:

"Now listen to a true friend, and do not imagine that any one knows, for they do not. I detected a woman watching some one's house one Sunday evening when I was starting out for church.

"That is enough for a woman who has seen such things duplicated. It is one of those cases in which a true friend can take no part except with damaging results to all and no benefit to any.

"Don't let a band of evil-doers break your friend up, and don't let him do that which men so frequently do (but women rarely).

"Running away from the effects of some one else's evil-doing is neither courageous nor manly. Don't let your friend neglect his business hours or impress any one that something troubles him to the neglect of business. There is always some honorable way out of all complications in

which an innocent party is a victim. Your friend will come out all right. Don't let him get the blues.

"The more hydra-headed they show themselves the better for him.

"Your friend,

"_____ _____."

In December, 1889, I was called to see a young unmarried man, a lawyer from an adjoining State, who had come to Washington for rest and recuperation from a late mental illness. From his brother and himself I learned that he had lately been engaged in an important lawsuit, the prosecution of which had incurred overwork, anxiety, and sleeplessness. Having finished his case in court, he was waiting for the train on the platform of a railway-station, where he was the subject of a visual hallucination. To his great surprise his law-partner, whom he had just left, stood beside another man at the end of the platform, and, on approaching to shake hands with him, the apparition disappeared. Turning away and walking toward the other end of the platform, the same thing occurred, to his utter terror. He subsequently suffered from obstinate insomnia and the monoideaism of paranoia, which showed itself in the belief that various persons were trying to prove him dishonest in his profession and to persecute him generally. Although conscious of the delusion, he was unable to reason himself out of it.

There was nothing that I could elicit from this patient's hereditary or atavistic antecedents to denote the existence of a vesania or a neurosis. His alcoholic and venereal history was good; but he was a great smoker, and had had a domestic trouble, the details of which it would be irrelevant to mention.

Salient features of this case were impaired general health, dilated pupils, hebetude, and a slow staccato way of talking after the manner of speech noticed in katatonia.

After a few weeks' treatment directed to restoring the general health and relieving insomnia, the symptoms grad-

ually faded away; the patient recovered, and is now well and attends to the duties of his profession.

In studying the prodromal symptoms of psychical impairment, one seldom meets with a more curious condition than filth-dread or mania of contamination, the so-called mysophobia or rupophobia.

A case that I have came to me on May 7th. His father visited my office before I had seen the patient, and, in telling what he had noticed as peculiar in his son, unwittingly gave a very good clinical history of the affection. This boy had developed the utmost horror of becoming contaminated. The fear of defilement extended to nearly all his surroundings, both at home and in the street, and it needed constant assurances, with the exercise of much parental firmness, to relieve his mind. Aside from touching ordinary objects, after which he subjected his hands to innumerable washings, the fear of the pollution extended more particularly to greenbacks and to using the water-closet, which he did with great reluctance, after covering the seat with clean towels, and would in no circumstance touch the handle that flushed the bowl. He had a morbid fear of having his hair touched, a dread of shaking hands, of coming in contact or running against any one in the street, and an unclean or badly dressed person caused such loathing that he would cross to the opposite side.

On examination I could find no appreciable somatic cause for the condition in question. There was perfect integrity of perceptive aptitude, acoustic, tactile and visual stimuli, and the patient talked intelligently of what he considered exaggerated peculiarities that he was unable to control by his will. At my suggestion the patient has lately crossed the Atlantic in a sailing ship, and at last accounts was doing well.

Whether this morbid fear of contact be only an anomaly of the sensibility and instinct or an undeveloped paranoia,

I am unable to say. The psychopathic symptoms mentioned in this case do not belong to the full-blown variety; they occupy a sort of neutral ground that is neither Spain nor Gibraltar.

I shall not attempt to formulate any general conclusions from the neuropathic states and mental anomalies that I have endeavored to portray in the foregoing recital. But I may say that the study of cases showing rudimentary indications of insanity is of more value, from an educational point of view, than that of a fully developed case. The early recognition of the functional derangements that precede the outset of confirmed insanity is often a matter of great difficulty. Such cases rarely come within the experience of asylum physicians, and being subjected to neglect in the incipient stage of the malady, they eventually go to make up the larger proportion of incurable lunatics.

I trust I may be pardoned for saying again that such cases are of practical importance from a juridical point of view. Who, for instance, would not question the criminal responsibility or the civil capacity of nearly all the persons just mentioned, after knowing their clinical history? In the case of a crime or a misdemeanor, who can discern clearly whether one of these has yielded to an unhealthy and irresistible incitement, and not to the suggestions of his interests or his passions? Or, in other words, whether the act would be a morbid phenomenon, and not a passional phenomenon? A question might also arise in the matter of contracts, or as to the validity of wills of such persons.

Since lawyers are dependent upon medical knowledge for enlightenment in such equivocal cases, they resolve themselves into a simple question of medical diagnosis; and the only way out of the embarrassment which will lead to a correct judgment is the rigid application of general diagnostic means and the ordinary proceedings of clinical investigation.