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C. K. CLARKE & ERNEST JONES

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Bulletin

OF THE

Ontario Hospitals for the Insane

A Journal Devoted to the interests of Psychiatry in Ontario

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EDITORS:
C. K. Clarke, M.D., LL.D. Ernest Jones, M.D., M.R.C.P.

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The Bulletin

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Ontario Hospitals for the Insane

A Journal Devoted to the Interests of Psychiatry in Ontario.

NOTES OF A CASE OF CATATONIA.

By Harvey Clare, M.D.,

Assistant Superintendent, Mimico Hospital for the Insane.

Family History.—His father died at 60 years of age. The cause of death was heart failure. Nothing further is known of him.

His mother is alive, aged 56 years; she has always been healthy.

The patient had five brothers, but as they do not live in this country nothing is known of them.

The patient had been married five years, and his wife had given birth to two children. One child is now two years of age and healthy, the other was still-born.

Personal History.—He was born in Pennsylvania of Swedish parentage on November 19th, 1877. Very little is known of his early life, except that when eight years of age he was kicked by a horse, and he told his wife that for many days his friends expected that he would not recover. A small depression of the outer table of the skull remains from this injury.

When a young man he began work as a barber and he was always very industrious. He was married when twenty-seven years of age, and since then he has been an abstainer from all intoxicating liquors, also from tobacco. His married life was a happy one, and he always took a keen interest in social affairs; he was fond of company and was highly respected by his neighbors.

Present Illness.—During the summer of 1909 the patient was apparently well, no change in his manner being noticed by his friends. He worked very hard and did not take any holidays. In September his wife said that he looked a little dull and tired. In the morning he wanted to rest, and his wife was compelled to get up and start the fires; this was very different from his former habits.

On October 2nd he came home from the shop in the forenoon, and his wife afterward learned that he had been so dull and listless that the foreman had ordered him to go home and rest. At this time he seemed absent-minded. His wife noticed him sitting quietly staring at one object for long periods of time, she also noticed that when stirring his tea with a spoon he continued the movement for a long time until his attention was attracted. About this time the patient complained of a numbness and tingling in his left hand.

On October 3rd he complained of inability to walk because his left leg was too weak to support his weight.

He went to bed, and on October 6th he voided urine in the bed, and the bowels moved without his paying any attention to the act. When spoken to he appeared very sorry, but said that he could not help it.

On October 9th he was removed from Cobalt to his home near Toronto. He walked out of the house and, with a little assistance, climbed into the carriage. During the journey on the train he was quiet, but observed everything that was going on. After reaching the home of his friends he was put to bed and rested well.

When seen by the writer on October 13th he was in bed, and was either unable or unwilling to give any information concerning himself. Urine was passed and the bowels moved involuntarily.

The patient told me his name in a low and mumbling fashion. He was lying on his back with his legs drawn up, his head was rotated to the left and any movement seemed to cause him great pain. I attempted several times to rotate his head to the right, but he resisted and

turned his whole body to the right; a few minutes later I saw him turn the head freely from right to left, and look at everything in the room. At this time any movement of the hands or feet showed a distinct, jerky, irregular tremor of the part moved; this was so pronounced as to resemble inco-ordination; there was also a fine tremor of the lips and cheeks. At this time the pupils were unequal in size, the left being the larger; they reacted normally to light.

When his left arm was raised above his head it remained in the position in which it was placed. The right arm when raised would immediately drop to his side. At first he would not take hold of the physician's hand, but later his grip could not be loosened; he held on until he raised himself to a sitting position. His expression was anxious and his face was drawn.

When a hand was placed on his arms or legs the muscles were rigid and there was considerable resistance to passive movement. Sensation was difficult to test, because the patient could not co-operate. Ophthalmascopic examination revealed nothing. The triceps and patellar reflexes were much exaggerated on both sides of the body. There was no Babinski and no ankle clonus.

He was taking plenty of liquid nourishment and seemed to have no difficulty in swallowing, but from the first he would make no effort to feed himself; the nurse had to place his food in his mouth. His body was well nourished, his heart and lungs were normal, although the pulse was slightly accelerated. Examination of the urine revealed nothing.

The patient was admitted to the Hospital for Insane on October 19th, 1909. On admission the pulse was 79, respiration 28 and temperature 97 3-5. He refused all solid food, but took plenty of milk. He could not move his right arm or leg. He made no attempt to speak, he took no interest in his surroundings, and when his friends visited him he paid no attention to them. The left pupil was larger than the right. The tendon

reflexes were exaggerated. He gradually became weaker, his pulse more rapid and his respiration shorter until the hour of his death, which occurred about seventy-two hours after admission.

Diagnosis.—The diagnosis that was made in this case was the catatonic form of dementia præcox. This seemed at the time rather a doubtful diagnosis, and we began to ask ourselves, "Is it Hysteria?" "Is it some form of Paresis?" "Or is it Peripheral Neuritis complicated by Hysteria?" Again one might suspect some form of brain tumor because of the stupor, the incoordination and the loss of control of the deep reflexes, but we had to remember that we had no change in the retina, no headache and no vomiting, and we did have resistance to passive movement, indifference and negativism.

The diagnosis was confirmed by the post mortem examination, which was made by Dr. Ernest Jones.

DEMENTIA PRAECOX.

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Dementia Præcox is a psychosis of peculiar interest at the present time, constituting as it does the most complex and the most frequent form of mental disease.

The importance of an early diagnosis cannot be too fully emphasized, and the object of this paper, which deals chiefly with the general symptoms and prognosis, is to bring the physician in closer touch with the malady.

This disease is essentially one of the period of puberty and adolescence. It is characterized by a dementia that tends to progress, but which is frequently interrupted by remissions. The majority of cases occur between the ages of twenty and forty, though cases have been reported