SEQUEL

OF

A CASE OF ABNORMAL DISPOSITION TO SLEEP, ALTERNATED WITH CHOREIC MOVEMENTS.*

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IN August 1875, I reported to the Medical Section of this Association, then meeting in Edinburgh, a "case of abnormal disposition to sleep, alternated with choreic movements", which communication was afterwards published at length in the BRITISH MEDICAL JOURNAL for October 30th, 1875, page 547. At page 229 of the same volume appears a brief abstract of the case, with some remarks by Dr. Clouston. In recording the case in detail, especially as regards the history, I was aided by copious notes based on information obtained for me by the ordinary medical attendant, whose name and locality were, however, for certain reasons partly stated at the time, and still more pressing now, purposely suppressed. The case was generally regarded as extremely interesting, if not almost unique, in its associated phenomena; the only ones nearly resembling it which came to my knowledge being one of which I had private notice by Dr. Clifford Allbutt, and the one briefly alluded to by Dr. Clouston in his remarks. In surveying the details of history and symptoms as a whole, it was impossible to avoid the analogy with chorea as respects the motor phenomena; but the psychical features of the case were extremely baffling, and did not fit in with the described or personally observed characters either of catalepsy, ecstasy, lethargy, hysteric coma, or mesmeric hypnotism; the distinctions from all of these being more or less elaborately traced in the paper referred to. To the question that naturally occurred, Is this girl a malingerer? a negative answer was returned, on the double ground of want of apparent motive, on the one hand, and disability, on the other. It was held that "anything like premeditated deception or scheming, acted out consistently for so long a period as in this case, would imply powers as well as motives for deception which seem to be wholly absent". I am not ashamed of this conclusion as emerging from the facts then known to me, however much it may be brought into doubt by some that I have now to relate.

An apparently unsophisticated girl, living in strict retirement with her two aunts, visited by and visiting no one; menstruating regularly, and "subject to no known cause of hysterical derangement"; enjoying (apart from her peculiar symptoms) fair bodily health, "cheerful and even lively, presenting no trace of exaggerated self-consciousness, and no dramatic or imitative faculty"; having no religious or metaphysical prepossessions, and never having "been in any way made an exhibition of, either in public or in private":—such were the conditions apparently presented to our view in 1875.

I confess that I fail to see even now what motive could have been devised or suggested adequate to sustain the hypothesis of a long course of deliberate and most consummate acting, extending over three whole years continuously, and never for one moment departed from in sleep or waking, or amid any of the more ordinary incidents of an eventful life, so far as to permit a well founded suspicion of imposture or a detected incongruity. Yet that the impulse to deceive existed, we now know too well from the sequel presently to be recorded. At what precise point conscious deception came to be superadded to abnormal action of the mind and motor centres, I believe we do not now, possibly we never can, know. But I think we may easily draw one conclusion from the whole case, and it is this, which, I think, gives the sequel of it so great, if so sad, an interest for us in the Psychological Section. Surround this simple and unemotional girl with the early impressions and the religious machinery, so to speak, of the Roman Catholic Church; accredit her with a quasi-miraculous mission; let her feel in its strongest form the unwholesome excitement begotten of crowds of unreasoning votaries; and then let her be initiated into the moral code which counts all things admirable and praise-

worthy which are done from overwhelming religious emotion—*ad maiorem Dei gloriam*—give these conditions, and you have the elements as complete as could be desired for a history like that of Louise Lateau. Introduce her, with proper preparation, into a mesmeric circle, and you have the "Eliza" of Dr. Gregory, the famous clairvoyante hand-maiden of Miss Martineau, the Okeys of Dr. Elliotson. Through what process of change for the worse the transition from a physically diseased to a morally depraved nature is accomplished, it is often hard to say; but here we have the basis, the raw material, so to speak, of such accomplished and skilled performers as those I have mentioned presented in its most elementary form; something which bears the same relation to them as do the crudest and commonest of spirit-rapping marvels in the present day to the matured and oft-repeated feats of the best trained "mediums", or the capital imitations of these by Messrs. Maskelyne and Cooke. And, in writing these words, I am reminded that it would be morally impossible for my tongue to utter them, or for my pen to note them down, were it not for the practical certainty that they can do no harm to the subject of my present narrative. I share, in regard to her case, the conviction expressed in regard to it by one of the ablest specialists of my acquaintance, presently to be quoted, viz., that physical disease laid the foundation upon which the superstructure of attempted deception was built up. The object of this sequel to her case is not to judge or to condemn, but to furnish materials for science and for the practice of the medical art.

At the time when I first saw her, M. T. had been about two years subject to the peculiar interrupted somnolence and to the chorea-like movements described in the former narrative. At the time of the paper read to the Association in 1875, she was eighteen years of age, and had passed three of these years in abrupt transitions from a state of (apparently) dreamless and motionless sleep of the most profound character to waking moments characterised invariably and constantly by the peculiar motor phenomena described at length in the paper. On looking over the case now, with the increased knowledge since obtained of it, I find nothing to modify in the statement of the facts so far as they came under my own observation. The head-shakings, the agitations of the features and limbs as described, were totally distinct from the familiar ones of the hysteric, epileptic, or any other general convulsion; they were also "quite distinct from the tremor of paralysis agitans or of mercurial poisoning", and "wholly devoid of any dramatic character or apparent significance". The sheer tedium and monotony of the business, one would think, would have worn out the patience of a malingerer more effectually than any severities practised could have done in the way of cure or of detection. Fancy a deliberate scheme of imposture, whose only resources were to go about shaking the head, twitching the left side of the face, and jerking the right arm during every single waking moment for years together, in season and out of season, the only relief obtained being, momentarily, when the attention was strongly roused, and more completely, indeed usually completely, during sleep. Add to this that the falling into and coming out of sleep were almost instantaneous, and never varied in their character or in the absolute naturalness of their expression, and you have in summary the case as presented in 1875. Some of the incidents might, indeed, be open to doubt, and were at the time mentally discounted as possibly the result of imperfect observation; e.g., the eight days' sleep on one occasion without taking food or spontaneous evacuations. But this rested wholly on the testimony of her aunts, not even on her own (as she seemed to be wholly unconscious of it); in fact, I never once heard her spontaneously refer to any of the more striking facts of her own case, nor did she appear at all anxious to talk about them, or in any way whatever to obtrude them on our notice.

About a year after my first communication was written, I received the following interesting letter from Dr. —, the ordinary medical attendant, who first brought M. T.'s case under my notice.

"July 12th, 1876.

"Dear Dr. Gairdner,—I intended calling on you long ago to tell you about our interesting patient at —, but somehow never had time.

"For some time after you saw her, there was very little change in her symptoms, except that she began to lose appetite and to get weaker, so that she did not care to move about so much, or go out to the garden, as she was accustomed to do. You remember, when you saw her, she had an eruption on her forehead something like erysipelas; this continued for four or five months, more or less; it would heal up for a day or so, then appear again in the form of large vesicles or bullæ, which would burst, heal up, and appear again in regular succession.

"After this had appeared on her forehead for a month, the back of her right hand became similarly affected, and it gradually spread up the arm to a little above the elbow. The arm is still affected, but

* Read in the Section of Psychology at the Annual Meeting of the British Medical Association in Manchester, August 1877.

the brow has been free for the last three months. It is a kind of pemphigus. Another peculiar feature, which I have never before seen, is a peculiar discoloration which appeared under both eyes about four months ago. At first, it had only a dusky colour, such as is usually seen in a person who is sick or bilious; but gradually it became darker until now it is quite black, like a negro's skin; it is not like ecchymosis, but is more like a deposition of pigmentary matter. A slight degree of it is sometimes seen over both cheeks. Her appetite has been gradually leaving her for the last six months, and, within the last three months, she has not been able to retain her food; no sooner does she swallow it than she puts it up; it is more a regurgitation than a vomiting, as far as I can make out, for I have never seen her put up her food; but her aunt tells me that, whatever food she is forced to take (for now it is a matter of compulsion), it has hardly time to be down when it is put up. She has retained no food for a fortnight, and I really cannot understand how she possibly survives.

"But the most remarkable phenomenon which is now presented by this most extraordinary case is her breathing. Two months ago, I noticed that she breathed in a spasmodic manner; there was no difficulty in the expiration; but there seemed to be a spasm of the glottis which prevented inspiration. She had to wait some seconds till the spasm gave way before she could inspire. She said 'she could not breathe when she willed', but could only take a breath when the spasm relaxed. This is now constant and more marked; she can only articulate a word during expiration, and has to wait for relaxation of the spasm before she can articulate the next word. Again, every second or third day, usually in the evening, she has an attack of extreme spasm of the glottis, producing something like laryngismus stridulus. Unfortunately, I have not seen her in any of these paroxysms; but her aunt tells me that to witness it is dreadful. She seems fighting for breath; her eyes stare; she clutches at anything, and seems on the point of suffocation, when suddenly the spasm relaxes, and there is a long crowing inspiration, which is so loud as to be heard outside, and this goes on for two, and sometimes three, hours, when it gradually relaxes and she falls asleep. This paroxysm has begun during sleep, and she has had to be awakened to prevent suffocation. She does not fall asleep so frequently as she did. I do not expect she can live many days, and thought that, as you were interested in her case, you, perhaps, would like to see her; but it must be soon."

On receiving this letter, I made a visit to the patient without any previous notice to her, and almost the first glance at the externally visible facts of the case assured me, not only of the accuracy of Dr. —'s description of these, but that an element had become apparent which, although to a professional eye easily enough detected, required to be warily approached, and (as regards the relatives at least) very delicately handled. I sat down by her bedside and asked a few ordinary questions, in presence of her aunts, about the appetite and digestion, general strength, rejection of food, and so forth. It was evident that no ideas had entered into the minds of her nearest relatives and constant attendants as to any voluntarily induced phenomena, or any volitional control over those now or previously existing. I took care not to disturb this feeling by any unguarded expression, and framed all my inquiries so as to elicit from the patient herself, if possible, what she could and what she could not do. Yet it was evident, on a very brief inspection, not only that the head-shaking and chorea-like symptoms were to a great degree controlled, but that the new symptoms connected with the respiration above described were of the order generally familiar to medical men as hysterical, and, in point of fact, largely controlled by the will. I then approached the subject of the pigmentary deposit around the eyelids. "Can it not be washed off?" I asked, as if doubtful on the point. No one had ever tried to wash it off. "Give me a bit of clean white linen rag." This was brought. I tore it up, took a small strip, and deliberately wiped off the black marks from one of the eyes, amid some manifestations of shrinking, as though from tenderness of the skin. "Oh; I will not hurt you at all; you see I am very careful, but you see also it comes off quite freely. You can keep it quite clean if you like." This was a new discovery to the aunts, obviously. "Now, let us try the other side. Another piece of rag, if you please; for I want to see exactly what this colour is, and how soon it will come back. The skin is quite clean now, and here is all the colour on this rag. There is no broken surface at all there." By this time, I was morally certain of the fact that the pigment was nothing else than carbon externally applied; but it was agreed that we should make this doubly sure by a microscopic and chemical examination of the soillings on the portions of rag which I took away with me. I expressed to her aunts the belief that it would be necessary to place her under the care of a physician specially skilled in strange nervous disorders, and so the interview closed, as I intended, without any suspicions expressed on either side, though perhaps not without an unex-

pressed feeling on the part of the patient that she was suspected. Two days afterwards, I returned with Dr. Yellowlees, and the remainder of the history may be told in his very striking and pathetic words, it being understood that, in the interval, a careful examination had proved to demonstration—1. That the pigment was mere carbon in a fine state of division; 2. That it was mixed, but not organically incorporated, with the microscopic elements of the epidermis. These facts were ascertained for me by Mr. Ferguson, Professor of Chemistry in the University.

"Dear Dr. Gairdner,—I find it impossible to report in the ordinary manner the history of Miss T., while she was under my care; for the treatment was so entirely moral in character, and so directly personal in its administration, that the first personal pronoun recurs with offensive frequency. I prefer, therefore, to put it in the form of a letter, where 'I' may seem less obtrusive, or may at least be better tolerated than in a more formal record.

"When I first saw her in consultation with you and Dr. —, she was a very pretty but fragile girl, and her face had a strange weird look from the blackening of the suborbital areas. Her head was in constant motion (partial rotation) while she answered your questions, which she did intelligently, though in a scarcely audible voice. Conscious that she was being watched by the stranger you had brought with you, her face flushed; she looked at me with a fixed gaze of inquiry and apprehension, and then there gradually came on one of her usual 'fits'.^{*} The movements of the head became greater, the eyes rolled, the breathing was embarrassed and gasping, and there were irregular jerking movements of the limbs and of the whole body. These symptoms continued for several minutes, then gradually subsided, the patient passing into what looked like a calm deep sleep, in which, it was said, she would continue for hours, and from which she could be awakened only by shouting her name into her ear. During the seizure, her friends were much distressed, and expressed the most anxious solicitude on her behalf.

"After the sleep had continued for some time, she was aroused by the usual method, other ordinary means having been tried in vain. She awoke with a slight start, looked bewildered for a few moments, then seemed as if she had suddenly remembered our presence, and immediately answered questions as calmly and correctly as before. Some dark pigment was removed from under the eyes by wiping the surface firmly.

"I believed the nervous disturbance to be entirely functional, or what we call 'hysterical', for want of a better name, and recommended, as the first and indispensable step, that she should be removed from her home and from too sympathetic friends to new surroundings, and to the care of nurses accustomed to such cases. When assured that this would be the first step towards recovery, she readily consented to reside under my care, and Dr. — brought her to her new abode. On arrival, the pallor of her countenance was so great as to be manifestly artificial, the shaking of the head was constant, and one of the 'fits' very soon occurred. There could be no doubt as to the character of this fit. The gradual beginning, the very safe and easy way in which she slid from her chair to the floor, the brevity of the fit when two seemingly indifferent doctors were the only witnesses, and the ease with which she was roused from the subsequent sleep, were very significant. Not less so was a special message sent by her through the doctor about forwarding a dress of a particular colour which she had omitted to bring.

"For some days, little was done beyond observing her symptoms and gaining her confidence. Constant movement of the head, even when she might have thought herself unobserved, frequent fits, extreme loathing of food, vomiting after every meal, frequent short cough, and occasionally jerky spasmodic breathing, were the chief symptoms. The fits occurred twice or thrice daily, and she was extremely thin and weak.

"The discovery of some tooth-powder carefully wrapped by itself explained her deadly pallor on arrival, which, of course, ablution had satisfactorily removed. The right forearm was covered with a thick dry cake of what seemed to be old eczematous exudation; its removal by poulticing revealed an almost healthy surface, and restored the use of an arm which she thought beyond cure.

"When observation had been continued long enough, and a suitable opportunity seemed to have arrived, I bade the nurse stand by the door, assumed as much quiet decision in tone and manner as I could, and had a conversation with her like the following.

"I have told you that you will get better, but you cannot believe it. I am going to prove it to you to-day. I wish to tell you some-

^{*} These "fits" differed considerably from any thing observed when I first saw the patient, and especially in their affecting the respiration. See Dr. —'s letter, quoted above.—W. T. G.

thing which will show you that I perfectly understand your illness, and will enable you to believe what I say. Those dark circles under your eyes were painted by yourself.' A start and an instant denial. 'Do not repeat that denial, please; I *know* it. You got some black stuff and rubbed it on.' More denials, but with flushed face and conscious look. 'I *know* it as well as if I had seen you. I will prove to you that I know it. Your paleness on the day you came here was only tooth-powder which you had rubbed on your face.' No denials now, but a startled look, tearful eyes, and helpless silence. 'I do not tell you this to hurt your feelings, nor to give you pain, neither do I need to tell your friends about it; but I wish to show you that there is no mystery in your case.' The conviction was complete, and her confession was unreserved. She told me that she had darkened her eyes with the lead from her pencil, and that she had done it because her friends thought it denoted biliousness, and so did not insist on her taking food, to which she had extreme repugnance, on account of the sickness and vomiting which eating produced. She declared her intention to tell her kind friends all about it as soon as she was well, and was anxious to know if you *knew* all.

"This was the right mood, so, of course, I went on with as much quiet emphasis as possible. 'You know from this that I understand your case, and now I tell you that you can perfectly control your other ailments; that the fits, the shaking of the head, and the vomiting must cease. They are not needful; they prevent you from getting well. You have the power to stop them, and I wish you to do so.' She promised to try, and, of course, she succeeded in all but the cough, which unhappily was more than nervous. Within a fortnight, I was able to report to Dr. — in these words: 'No preternatural sleep, no choreic movements, no shaking of the head, no vomiting, no fits; up and out every day.' The persistence of the cough was unfortunately due to lung-disease. When made aware of this, her friends took her home again, and she died a few months afterwards.

"I trouble you with no comments; but it is due to the memory of our most interesting patient to express my full belief that her attempts at deception did not result from moral obliquity, but were as purely the product of disease as the abnormal sleep and the eccentric movements.—Yours very faithfully,
D. YELLOWLEES.

"To Professor Gairdner."

It seems only necessary to add to this impressive narrative a very few lines. I never saw M. T. again. Her anxiety to be informed if I were a party to Dr. Yellowlees's profound insight into her case remains, so far as I am concerned, unsatisfied. No word of reproach was ever uttered to her or about her by any of her medical advisers; and to this hour, I believe, her relatives remain in ignorance of the strange revelations that took place when she was in the hands of strangers, and the marvellous effect of a few words, faithfully and firmly spoken, in rousing the latent healthy instincts of a "mind diseased." Had this poor girl lived in an age when demoniacal possession, or witchcraft, or the "evil eye" remained a part of the popular creed, her disease and her cure, if published abroad, could scarcely have escaped one or another of these interpretations. As it was, she died an ordinary death from phthisical exhaustion, and her death-bed was undisturbed either by superstitious fears or by any unusual manifestations of moral emotion. The only remark she made to her faithful and attentive ordinary medical adviser which could, however remotely, bear the construction of a kind of half-guilty self-consciousness, was that she had been "very foolish". And I think, on the whole, that no humane judge familiar with the secrets of what has been recently called "spiritual pathology", certainly no skilled medical judge, looking at the facts of her sad case from the medico-psychological point of view, would be inclined to condemn her in any harsher terms than these. This simple narrative, impersonal and without lengthened commentary, will prepare for us all that is needful of an experience fraught with inexpressible human interest, though the subject of it, seeking neither praise nor blame, remains for us but the shade of a shade.

CRICKHOWELL.—The death-rate in this district was 22.4 per 1,000 in the year 1877, and of children under one year 3.96 per 1,000 inhabitants. This death-rate is considered very favourable by Mr. Hill, who also especially notices the small mortality from zymotic diseases, although measles prevailed during the summer to a considerable extent. Only one case of small-pox occurred; and, as the patient exposed himself in a public place, he was summoned and convicted. The rest of the community escaped, as Mr. Hill believes, from the revaccination of a large number of inhabitants. The want of proper sleeping accommodation is especially mentioned, as well as the imperfect water-supply and overcrowded state of the churchyard.

CLINICAL LECTURES

ON

THE VARIETIES OF PHTHISIS.

Delivered at the Hospital for Consumption and Diseases of the Chest, Brompton.

By C. THEODORE WILLIAMS, M.A., M.D., F.R.C.P.,
Physician to the Hospital.

LECTURE IV.—FIBROID PHTHISIS.

GENTLEMEN,—In our last lecture, we considered the form of phthisis arising from catarrhal pneumonia, of which the principal features were alveolar epithelial proliferation, leading to caseation, irritation of the alveolar wall, and consequent tuberculosis, progressive consolidation, and excavation. We now turn to a very different group of patients, in most of whom the phthisical disease may be traced to inflammation attacking the pleura and interlobular tissue, and thence reaching the parenchyma. Here we have interstitial pneumonia, as it is called, as the basis of the disease, instead of catarrhal pneumonia; and its development and after-changes give rise to the very important features which mark the fibroid variety of consumption. The principal pathological element is fibrosis, which, while it is present to a greater or less extent in most cases of chronic phthisis, is the most important feature in fibroid phthisis, and its preponderance and effect on the lungs and circulation largely influence the history of the patients of this group.

By the term fibroid phthisis I would signify cases of phthisis in which fibrosis is the main feature; and therefore I do not enter on the question of its being primary or secondary, though it is for the most part secondary in instances I have seen. Fibroid phthisis, then, would include all that Dr. Andrew Clark intended when he communicated his admirable paper to the Clinical Society, and, in addition, cases where tuberculosis has supervened. There are two principal modes of origin: firstly, from attacks of pleurisy and pleuropneumonia; secondly, from chronic pneumonia resulting from long-continued irritation of the lungs through the inhalation of various kinds of dust or grit, such as prevails among fork-and-knife-grinders, colliers, and buttonmakers. The history of symptoms in the first group may be sketched as follows. A patient has an attack of pleurisy with effusion, from which he recovers with absorption of fluid; but percussion shows dullness over the whole side and somewhat feeble respiration. The patient recovers, but experiences dragging pains in the side; a dry hacking cough, somewhat paroxysmal in character, with little expectoration; and the breathing, always short, becomes still more so on exertion. There is emaciation, and often night-sweats. These symptoms increase; and a few months later we find marked immobility of the affected side, still dullness throughout, and now considerable shrinking; the circumference of this side, whether taken at the level of the second rib, or of the nipple, or of the ensiform cartilage, measuring one or two inches less than the healthy side. On auscultation, we notice the breathing to be very deficient in some parts, and in others bronchial and sometimes cavernous in character; but generally there is everywhere absence of true vesicular breathing. Careful percussion of the opposite side of the chest shows the line of resonance to extend beyond the usual limit, passing to the edge of the sternum, and often an inch or two farther, demonstrating that the contraction of the affected lung has caused the healthy one to be drawn across in order to fill up the void. Other organs are likewise displaced. If the left lung be affected, the heart is tilted, not necessarily upwards, as where a cavity is contracting, but outwards. The stomach rises, its note being audible as high as the fourth rib. The heart is not only displaced, but is uncovered by the retreating lung; and the right auricle and ventricle are clearly distinguished by their pulsations, while the right lung is drawn across to the left side to the extent of one or two inches. If the right lung be affected, the left may be drawn over; and the area of resonance may extend as far as the inner half of the right clavicle, and the line drawn thence sloping towards the middle of the sternum. The heart is transposed, and its impulse may be traced in the fourth interspace on the right side. The liver rises up to the fifth rib, and shrinking of the chest-wall takes place as on the other side. In these patients, the pulse is generally slow, and the temperature seldom rises above the normal, and is often subnormal. When the temperature rises over 100 deg. Fahr., it signifies that something besides fibrosis is going on. The cough is troublesome, and often induces vomiting; and the expectoration becomes more and more difficult, and in time, on account of retention, foetid. Meanwhile the dyspnoea increases, the other lung