Short Notes and Clinical Cases.

A CASE OF CATATONIA.

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THE patient, A. P., a discharged soldier, was admitted to hospital on Feb. 11, 1918. Prior to his admission, he had been under treatment in one of the war-neuroses hospitals since the middle of March, 1917.

The information at my disposal with regard to his mental state prior to his admission is scanty. He was described as mentally enfeebled, dull, unoccupied, and taciturn, and was said to wander aimlessly about. When I examined him his condition was typical of catatonia. He was mute, negativistic, and sat always in one fixed position, with his head down between his knees, holding on firmly to the seat of his chair. His muscles were taut, his hands clenched, his toes flexed, and his insteps arched. His deep reflexes were greatly increased. The man's face was screwed up and contorted, and his eyes were firmly closed. His face and his extremities showed a tendency to cyanosis, but were rarely cold. He resisted all attempts at passive movement. He walked with a shuffling gait, and held himself in a constrained attitude. When he exercised in the gardens his beat never varied, and he would continue to walk until led to a seat. Only on one or two occasions was he heard to speak, as, for instance, when he stumbled over some other patient and gave vent to a volley of oaths. The patient would feed himself when the food was placed in front of him; his habits were never defective.

This condition was maintained until 12.45 a.m. on Jan. 11, 1921, when the patient suddenly awoke in the dormitory and asked the night attendant to be allowed to go to the lavatory. He said he felt giddy and his head was going round. He asked to see a medical officer. To the medical officer the patient gave his own account of his awakening, which is of interest. He stated:—

“ I dreamt I was in a billet at Acle in bed, in a double bed, with Sergt. A. A batman named A. C. used to sleep in the other bed on the other side of the room, and I saw in my dream that his bed was vacant. I called out “ Where's A. ? ” This seemed to wake me. A young man in a blue suit (the night attendant) came and asked me what was the matter, and I asked him where I was.”

On examining the patient on the following day I found that his mental condition was absolutely normal, and that he showed signs of high intelligence. He had no memory of having seen me before, though I had frequently examined him previously. The only member of the staff he recognized was one official whom he remembered to have seen about the grounds when he was billeted here in 1915. The impression he produced on my mind at the time was that his mental state stood out in such glaring contrast to that of his fellow patients in the same ward that I felt he should be discharged from the hospital at the earliest possible moment. His first act on the morning of his awakening was to write a letter to a relative, a copy of which I give below :—

“ Dear G.,

“ I am writing this note after, it appears, three years’ oblivion. I can recollect things from the beginning of the war as far as March, 1917—the remainder is a blank. I awoke last night and discovered I was a patient in the above institution, where, strangely enough, we were billeted in 1915. I little thought then that I should return here to be taken care of for that long period. The attendants tell me I have not spoken a word since being here until last night, when I came to myself. I am thankful to be able to say that I am now quite *compos mentis*, and should be glad if you could arrange to take me out so that I can resume duty in the outside world. Just a rough outline of my doings since we left England on July 25, 1915 :—

“ We embarked on the transport ‘ S—— ’ at Devonport on July 23, 1915, and sailed on the night of the 25th under sealed orders and reached Alexandria by a circuitous route (on account of submarines) fourteen days later. We sailed again the next day, and landed at Suvla Bay, Gallipoli, on Wednesday, August 11, and got under fire on Anafata Plain on the 13th, where we received a rather warm welcome. Next day we started off on a forced march to relieve some of the —— Regt., who had been doing trench duty for some weeks, and rapid fire was the order of the day, during which march I was knocked over by a shell, but was fortunate enough to escape with a severe bruise only. We remained in the trenches a few days, lost our adjutant and several other officers and men, and were relieved by the —— Regt., on which we proceeded up on the razor-back known as ‘ Walter’s Ridge ’ and reinforced the —— there. Here we lost our C.O. wounded, M.O. sickness, Lieut. —— killed, and about 12 N.C.O.’s and men wounded. Four days later another forced night march along the beach of Suvla Bay to W Beach, where we were for duty unloading lighters at the Engineers’ dump. While here the —— Batn. moved up, and unfortunately lost 40 men by one shell, 8 killed and 32 wounded ; two days there, then off to Australian Gully, where we relieved the —— and —— and occupied the trenches until Dec. 4, 1915, when we evacuated on the Transatlantic cattle boat ‘ E—— ’ and proceeded to Mudros, one of the Grecian Islands. After a week there we embarked on the transport ‘ M—— ’ and sailed for Alexandria, from which port we marched to Mex-camp, about three miles. After spending Christmas week there we were sent up on the line of communication—Alexandria to El Debbar—I myself being at No. 14 post, ‘ Ikingi Mariut ’ ; next move to Shallufa on the Suez Canal, and from thence to outlying detached posts on the desert, viz. ‘ Oldham ’, ‘ Wigan ’,

Salford', named after north-country towns by, I believe, the Manchesters. After about ten months of desert trench digging and route marching in 120° of heat, I am sorry to say I began to crack up. I hung on until I was ordered to go sick, and was then sent in to the — Ambulance with several others, from there to a convalescent dépôt at Boulae, and thence to England via H.S. 'V——' to Sicily, then by the H.S. 'A——' to Southampton. We then proceeded to Sheffield by rail, arriving at the — hospital by the end of December, 1916. I was sent on sick leave about December 29 for eight days, and then reported to the reserve battalion at Wendover. I was taken queer while there, partly, I've no doubt, due to the extreme change of climate, and was then ordered to Aylesbury for a week and to proceed home for another eight days; then I hoped to rejoin my regiment in Egypt. I entered a motor ambulance in the middle of March, 1917, and to the best of my knowledge had a smash up. From that time until January, 1921, is absolutely a blank. That is my history from July, 1915, and I hope that you will endeavour to obtain my release from this institution as soon as possible. I am addressing this to your last known place of residence, and trust it will reach you safely. Please give my best wishes to all at home.

"Hoping to hear from you shortly,

"I remain,

"Yours affectionately, "A."

The whole of this letter is recorded because it emphasizes more than any words of mine could do the impression received of the clearness of this man's mental condition, his power of memory for detail, and his ability to express his thoughts. All I can say is that such impressions were further emphasized by personal conversation with the patient.

The following night the patient went to bed as usual, and awoke next morning still in an apparently normal condition. During the following day, however, he was noticed to become taciturn and dreamy. Unfortunately this condition grew worse, and by the evening of that day he had relapsed practically into the same state of stupor from which he had previously awakened. It was interesting to note the gradual manner in which the stupor recurred, accompanied as it was by the gradual contraction of the patient's muscles, leading to a resumption of his former constrained posture. The first physical symptom noticed by the attendants was the curling of the patient's toes towards the soles of his feet. Later, the patient relapsed into a condition of complete stupor, deeper in character than before. Mutism was complete, and the man would only feed himself when the food was placed under his nose and a spoon put into his hand. He had to be washed and dressed. When the scalp of his head was gently scratched, the patient would lift his hand to his head and start to scratch. If his ear was gently pulled, he would make a sudden movement to release it. He was on one occasion placed under an anaesthetic, and was then heard to mumble 'Form fours'. He came

round from the anæsthetic in an unaltered state of stupor. The patient still, however, continued to be scrupulously clean in his habits, and no power on earth would induce him to get into bed at night before first attending to the calls of nature.

I report this case because it appears worthy of record and discussion. That the diagnosis is one of catatonic stupor will hardly be denied by any psychiatrist, and many would include such a case in their conception of dementia præcox, a particularly all-embracing conception in these days. Be that as it may, to what disorder of the functioning of the brain are we to attribute such a startling metamorphosis as we see here displayed?

Evidently in such a case as here described we are not dealing with a typical case of dementia præcox. Power of perception, for instance, is apparently absent during the period of stupor; nor does the condition fall in line with our conception of a true neurosis, though many features of the case, especially the personal cleanliness, are suggestive of hysteria.

Clearly catatonic symptoms alone are not of necessity an expression of structural changes of the neurones due to the action of any toxin or any other cause. The brain is shown to be capable of immediate and efficient functioning, though of a temporary character, in spite of the persistence for nearly four years of catatonic symptoms.

It is also hard to believe that the functioning of the neurones has been in abeyance during these years. Such a hypothesis is untenable when the extent of their possible efficiency is revealed. Regular functioning would seem essential to the health of the living cells, and why should an exception be looked for where neurones are concerned? It would seem necessary that their functioning must somehow have been maintained and exercised, even if only in the realm of the subconscious. The dream mechanism of the awakening perhaps points to such a conclusion.

Does not this case suggest there is something in the hypothesis that such stupor is purely a defensive mechanism? Then the mental efficiency shown is a measure of the success of the defence put up. The symptoms of catatonia themselves irresistibly remind us of the methods adopted by many of the lower forms of life in face of outside disturbance, when they curl themselves into a ball in self-defence. Is it that in such cases there may be congenital deficiency of the neurones, more affecting their number than quality, so that when they are called upon to face stresses of special severity they are unequipped for the complexity of the adjustments required to prevent the disintegration of the psychic personality, and relief is found in the expression of catatonic symptoms which satisfy some hitherto

repressed desire and thus open up an avenue of escape for a painfully overcrowded consciousness?

The frequency with which neurotic heredity is found as an etiological factor in cases of the neuroses and in dementia præcox, also the comparative frequency of the occurrence of these disorders in subjects who obviously show some congenital mental insufficiency, is perhaps in favour of some such view, whilst the fact that no such deficiency as suggested could be demonstrated is not to be wondered at when the countless myriads of nerve elements concerned are taken into account.

It is to be regretted that no attempt at psycho-analysis of the dream could be attempted in the all too short period of mental clearness, for, whatever our views may be regarding its probable efficacy, such an attempt could scarcely have failed to be of interest.