

## THREE CASES OF INVOLUTION-MELANCHOLIA.

By Drs. Southard and Mitchell.

These cases displayed in life feelings of unreality, nihilistic delusions and various other signs which tended to mark them as approximating the features of Cotard's syndrome. The readers did not insist that the characteristic feelings of unreality displayed by these victims of melancholia are never found in patients subject to disease other than melancholia.

The cases discussed were those of a clerk, aged forty-eight; a mason, age seventy-five, and a shoemaker, age sixty-five. The assignable causes were: in the clerk, financial worry; in the mason, senility and domestic worry; in the shoemaker, nothing. All three cases showed more or less arteriosclerosis. The alcoholic and venereal histories were practically negative. The mothers of two patients had suffered at the close of life with continuous depressions. All cases showed ideas of negation, developing in the clerk after slight increase of depression and agitation, with delusions about self and family; in the mason, after gradual senile failure; in the shoemaker, after a slowly developing hypochondria. The senile case made a suicidal attempt.

The most remarkable feature of the autopsies in these cases was the practically normal character of the brains when examined microscopically. The visible arteriosclerosis was confined in all cases to the large branches of the circle of Willis. The senile case showed a small old cyst of softening in the occipital region, the shoemaker showed a mild chronic exudative process.

The brains gave little evidence of general or focal atrophy. No striking alterations in topography or arrangement in layers were detected microscopically. Perivascular pigmentation was found and was attributed by the readers to the results of advancing years rather than of a special factor. Common to all three cases was a neuroglia cell pigmentation in intermediate layers of the cortex. Satellite cell pigmentation was not constantly found. Nerve cell pigmentation was constantly found in the elements of moderate size in all parts of the cortex examined. This pigmentation was strikingly brought out by use of Heidenhain's iron hematoxylin stain. The larger elements failed to show this characteristic pigmentation. The interest of the work, according to the readers, lodged in the somewhat peculiar topographical distribution of the pigment and its absence in the larger elements related with the projection system. The readers promised further work on melancholia.

## BRIEF REPORT OF THREE CASES PRESENTING THE FEELING OF UNREALITY (COTARD'S SYNDROME).

By Dr. Harry W. Miller.

Dr. Miller said he wished to offer in as brief a manner as possible a few types illustrating the Cotard Syndrome or a feeling of unreality involving the different fields of consciousness; namely, the consciousness relating to the outside world, the physical and the mental personality, designated respectively by Wernicke as the *allospsychic*, the *somatospsychic* and the *autopsychic* fields.

It was his intention to summarize those cases in which he had observed the feeling of unreality as present in any degree of intensity.

He soon found, however, that time did not permit of any such analysis, so he was forced to offer simply a few typical examples.

He had been much interested in this syndrome since reading Hoch's review of "Some Recent Papers upon the Loss of Feeling of Reality and Kindred Symptoms," and Packard's excellent analysis of his reported case where he offers the hypothesis that the feeling of unreality is due to a disorder of apperception which in turn is due to an associating difficulty of some kind.

These cases are offered not with any intention of attempting to establish an entity, as it is conceded that the syndrome is present in various psychoses which have no other points of similarity, nor did he wish to make any estimate of the prognostic value of this complex of symptoms. Reference was made by Dr. Stedman in his case report at the last meeting of this society of the unfavorable outcome of those cases presenting this syndrome, the contention being held that the presence of the feeling of unreality indicated a dissolution of the personality which was regarded as a bad omen. He could not submit any reliable conclusions on this point from a hasty review of his material. He had found this syndrome most prominent among the cases which we at the present time designate as the involuntional type of melancholia. He has also found it in dementia præcox, depressed phase of manic-depressive insanity and in general paralysis.

Case I.—Involuntional melancholia, illustrative of the feeling of unreality, involving all three fields of consciousness, the allpsychic, somatopsychic and autopsychic.

L. D. P., fifty-eight years old, on admission to Taunton Insane Hospital in January, 1902; accountant. Dr. Miller read only those parts of the records which illustrate the above symptoms. He would say in passing that there were no disturbances of the organic sensations.

The following quotations amply exemplify the feeling of unreality in the different fields: "This place is sinking beneath the surface of the earth—the engineers are sick, the fires are all out, the water will freeze in the pipes and these things you call men will freeze to death before morning.—I have no stomach and I have no lungs, so I know I will be dead soon.—That grass is not natural grass, it does not look natural.—That man is not a man, he is an invention of the devil made for the occasion. These buildings are not natural—see that sparrow, see how he moves his head. He is not natural, he is made to do that." (Shown cherry blossoms.) "Those are not real flowers. Nothing is real. That squirrel out there is not a real squirrel, it is only an invention, a mockery.—I am going to be squeezed to death by this tremendous pressure. This is not air here. We are under the ground, under the water, and there are too many things you call people. We will all die with the pressure.—These are not rooms, there is only one room.—You call this place a hospital—why, it is only a shed and there is no air, no floors, no wall, nothing but a make-believe shed.—We do not live, we are all dead, we are spirits and some outside thing makes us talk.—I could not help coming aboard this float."

("What do you mean by aboard?") "This is a float under the ground, under water. I am dead, you are dead. This place only represents a room.—You are nothing and I am nothing. It is all an illusion.—I am not talking. It is something in me that talks. I am dead. It must be some kind of a spirit that does the talking. This body has

been given to me lately. It is just a spiritual affair, held together by gravity. I think it was taken from down stairs, stuck together and called me. I have not the least thing to do with this (pointing to himself).—I have never been. It is all a dream and an illusion. You are not alive, nobody is alive, it is all a spiritual representation.—I am losing this support around me, this body was slapped around me that I rest on. See, this whole building is vanishing away, it is only a spiritual building, anyway. It is a building not made with hands.—They talk about women, there are not any such things, it is only a spiritual dream.—We do not eat, we just imagine we eat, it all goes, goes out the window and then vanishes away.”

(“There is a window, then?”) “No, that is just a spiritual representation, it is really not a window. You cannot see, you cannot smell, you have no nose, you have no eyes, you think you see and smell, but you only imagine it.”

He was asked to write his sentiments. He wrote: “Life is only spiritual, animal life as we call it is only guess work. We think we have a heart, brain and lungs when we do not have any. We don’t breathe at all, it is only a sham. As soon as the spirit leaves us we are lost. I am not P—, they only call me so.”

Invariably when he was asked what day it was he would say, “There is no day, there is nothing.” When asked how he was, he would respond, “I ain’t.” On another occasion he said, “I don’t understand this world. I wish I did. I don’t believe there is anything in it at all. It isn’t a world, it is all underground, there is no such thing as a world, this body is only made out of a log, my head is wood, that is why I can’t hold it up. What is the sense of trying to shave a wooden face? We are nothing but disembodied spirits. They say they give me injections, how can they give injections to anything that is just screwed together?—I ain’t anything. I am only a lot of stuff thrown together. I suppose I am nothing but water and feces.—I am made up out of boards—don’t you see I have no eyes, put your finger in there and feel that I have no eyes. Oh, I wish I were dead!” (“You say you are dead.”) “Well, I am dead. I died a long time ago. My limbs are loose from my body. I ain’t anything at all.” (His nose was pinched and he was asked what that was.) “It’s nothing.” (“Did it hurt?”) “Yes, it hurt, but it don’t belong to me. See my little neck, there is nothing goes down it.”

(“You eat?”) “I pretend to.”

(“How old are you?”) “Nothing.”

(“What year is this?”) “They say 1903, but they don’t know anything. Nobody knows anything. You could pull my leg off and I would not know it. It doesn’t belong to me. Oh, I don’t know what the matter is with me,—I can’t tell anything,—I know these things are not real—everything is unreal—I haven’t anything—never did have anything.”

At another time he said, “How do you expect nothing to feel? You know I am made up of cinders. When I go to bed and get up in the morning and put on some clothes they fill up with mud. I eat and that makes it all the worse. I ought not to eat a bit. It is not food anyhow, it is only make-believe food.” He struck another patient and when asked why he had done it, he said, “It wasn’t me, it was the action of this place as it is constantly in motion. Ain’t we going down deeper-

every day into the ground? You know this is not air we are breathing, it is cinders.—My stomach and intestines are gone and my food just surrounds me. When I breathe I take it in. Just see what a little waist I have got, my wrists are very small. My brain is all gone, don't you see how small my head is? I am blind. My eyes are gone."

("Do you not see me?") "Only apparently."

Case II.—Involutional melancholia; illustrative of the feeling of unreality relating chiefly to the physical personality and in a lesser degree to the mental personality. (Somatopsychic and autopsychic.)

S. W., female, sixty-one; involutional melancholia of the agitated type with affectless depression. Onset at the age of fifty-nine. The feeling of unreality in this patient, as shown from the extracts of her records, related more prominently to the physical personality.

When asked whom she was, she said, "I am not anything." She refused to eat, as she said her throat was filled up and she could not swallow.

("What is the trouble?") "I don't know."

("Does your throat trouble you?") "I haven't got any throat."

("What is this?" pointing to her throat.) "Why it used to be a throat, it is nothing now. You can't have a throat when you can't swallow. You don't see my throat, do you?—I have no stomach and no bowels. My bowels cannot move because I have none. I am nothing."

("What are these?" pointing to hands.) "They are hands, but that is all there is of me."

("How about those feet?") "If they are feet, what good are they?"

("You have a nose?") "I can't have because I can't smell."

("Your eyes are all right.") "No, I don't see anything." She named a number of objects shown her correctly.

("How do you explain that?") "Well, I don't see these things; anything in a room may be seen, but I cannot see them with my eyes."

("Close your eyes.") "I have not any to close."

("You have ears.") "I hear noises in this room, but not with my ears. You see, I am different than you. A great deal different, I am nothing and you are something. I am not living, because I have nothing to live with."

When her throat was pinched she said that she felt it but that it was not her throat.

"I have no lungs or liver or heart, so how can I be alive?"

("Why do you think you have no internal organs?") "Because I can not feel them and I know I cannot have any because if I did I would not feel like this."

Case III.—Dementia præcox, illustrative of the feeling of unreality relating to the mental personality (autopsychic).

Bessie W., twenty-four. This case of the hebephrenic type and together with the feeling of unreality and evidently connected with it was a feeling of passivity which is not uncommon in dementia præcox. Furthermore, she has had many hallucinations of hearing, autochthonous ideas and delusions of control. Her feeling of unreality was shown by the following: "I don't feel like Bessie at all. Somehow I don't feel lifelike. It seems as if I cannot get my brain together. I must have a brain, but it seems as if I cannot use it, yet I think, but it seems somebody else or something else does the thinking for me.—I

think I am hoodooed or a spell is put on me so that I do not feel natural. I know that I must be myself, yet I cannot sense it, that I am anything but a moving object without any control over myself.—I see and hear but somehow I don't feel lifelike, not natural as I used to feel."

Careful examination failed to reveal a feeling of unreality in the other fields of consciousness.

Dr. F. H. Packard said that one of the most striking symptoms of Cotard's syndrome is what he mentions as a *delire de negation* and which Dr. Packard had spoken of as the feeling of unreality. It is not strange that a symptom which was first described in connection with involution cases and which occurs so often and so obtrusively in those cases should have come to be considered as more or less pathognomonic involution psychoses and should come to share the bad prognosis of such cases. Further observation, however, has shown that the same symptom occurs in manic-depressive insanity, in general paralysis, and in psychopathic states resembling dementia præcox, and it is also shown that cases which show this symptom in its most extreme degree do recover.

Therefore, it seemed to Dr. Packard, that we no longer ought to consider this symptom of such diagnostic and prognostic significance. At the present time he is strongly inclined to believe that these ideas of unreality are conceptual in origin and not due to any change in the organic sensations. It would seem that they may arise in almost any psychosis, provided certain conditions are present, viz., a confusion of thought where complex mental activity is required, with the preservation of a certain amount of clearness and ability to reason to a certain extent.

If this is the case, the symptom at once becomes accidental, as it were, secondary to the above-mentioned conditions, and not fundamental.

The reasons for its being noticed so often in involution cases are (1) that the conditions are right. The characteristic narrowed mental horizon and the preservation of a certain amount of clearness are favorable for its development. (2) Because it is more easily noticed in these cases—the same narrowed mental horizon, the poverty of ideas, allows this symptom to stand out alone more obtrusively with a greater emptiness of background than is the case in manic-depressive insanity, where the more productive patient not only voices these ideas but attempts to explain and qualify them to a certain extent, and even talks about many other things. (3) Dr. Packard is quite sure that the diagnosis of involution psychosis is sometimes made on this one symptom and (4) because the long duration sometimes obscures the prognosis.

In manic-depressive insanity it occurs, as indicated before, where the confusion is slight and is limited to complex mental activity and is not seen in cases where the confusion is deep and of quick onset, and from which the patients emerge quickly.

It also occurs when the conditions are right in those psychopathic make-ups described by Kraepelin in his chapter on original diseased states. Many of these cases with acute outbreaks of excitement or delirium with more or less suspicion and absurd ideas closely resemble dementia præcox, but Dr. Packard has not yet seen it in the classical cases of dementia præcox. It may occur, but rarely. The reasons are clear—

the conditions are not right. Whenever an association disorder of the necessary kind is present in these cases there almost always accompanies it too great a mental apathy to allow the development of any ideas in particular, and too great an emotional indifference to bring out such ideas even if they were present. And finally it occurs in general paralysis. Text-books mention it, and he has occasionally seen it, but has not observed it carefully in those cases.

From this Dr. Packard would conclude that it is not a fundamental symptom, not a pathognomonic symptom, and that the prognosis of cases showing it is not necessarily bad, but depends upon the more fundamental symptoms. Since it occurs in various mental conditions, at various ages, and varies in its outcome, Dr. Packard would be rather inclined to doubt its relation to any pathological findings.

Dr. Mitchell said that he had no intention to argue that Cotard's syndrome was a distinct clinical entity, but he felt that the feelings of unreality deepening into nihilistic ideas were not necessarily Cotard's syndrome, because these delusions of negation might be seen in many different psychoses.

He felt that Cotard's syndrome in its entirety would be seen only in cases of anxious, agitated melancholia where depressive ideas might deepen and become transformed into ideas of negation and nihilistic beliefs. He would agree with others that delusions of negation when seen in the case of manic-depressive insanity would have no special prognostic significance, but believes that the group of symptoms described by Cotard carries with it a bad prognosis. Many of the patients die during the height of their psychical disturbance, and he has seen no case of complete mental restoration following this condition.