

Revised to 1920-ADM.
State Inst Gen Rogers

DR. FISH thought there ought to be a discussion of certain other things in Dr. Osborne's paper.

DR. ROGERS suggested that the discussion of the part relating to political changes should be deferred till the arrival of Hon. R. A. Mott, of Minnesota, a trustee of Minnesota Institute for Defectives at Faribault, and it was so decided by vote.

A paper on Psychical Epilepsy by Dr. S. J. Fort, of Ellicott City, Md., was read in his absence by Dr. Knight. [Page 400].

On motion it was referred to the Committee on Printing.

DISCUSSION.

DR. FISH thought it a most excellent paper and hoped the different points would be brought out still further in discussion.

DR. ROGERS. I received a letter the other day from the father of a boy similar to the case described by Dr. Fort, who was certain that I was abusing his boy. He thought so from the fact that the boy had run away. But they had found it impossible to live with the boy at home. They considered him simply an epileptic. He has these outbursts that have been so well described in this paper. He does not lose consciousness. For the time he will talk rapidly and not incoherently, but using profane and vulgar language often and if any one is near will strike viciously. In a moment the whole spasm has passed away. Two or three times I have known him to utter a short, shrill scream. Sometimes he will say, "I didn't think quick enough or I could have stopped that," seeming to realize that the matter is under his own control. He makes disorder among the boys and torments them and calls the officers and attendants to account among the boys continually and yet there is no boy in the institution who has been treated with more consideration. He was reported to me six times as making trouble. When I would sit down and talk the situation over with him he would be very penitent and realize that he had done wrong, that if he had done all his life as his father had told him he would have been better. He would promise to do better in future and I would forgive him. For a moment the tears would rain down his face and yet he would not be out of the room five minutes before he would be in trouble again as bad as ever. The boy was not punished in any way for weeks, un-

til I was convinced that we could not treat him in any other way and as an experiment I determined that I would punish him. It is only fair to state that punishment did no good. I think the case combines characteristics of moral imbecility with those of psychical epilepsy.

DR. FISH. Is his mental condition associated with any physical deformity?

DR. ROGERS. None whatever; he is a well formed boy.

DR. FISH. Does he have any spasms or show impeded circulation at such times?

DR. ROGERS. Nothing but a slight flush on the face.

DR. FISH. I think the characteristics are of moral imbecility, especially the tendency to find fault with everyone.

DR. ROGERS. This psychical explosion is associated with the characteristics of moral imbeciles.

Adjourned at 12 M.

SECOND SESSION.

Thursday afternoon, May 31.

The Association was called to order by the chairman at 2:15 P. M.

The report of the treasurer was read by the secretary, as follows:

TREASURER'S ACCOUNT.

1893.			
June 10.	To balance on hand.....	\$48.43	
June 23.	To cash from Dr. Osborne, proceedings and dues	9.95	
1894.			
Jan. 6.	To cash for 1 Memorial volume and postage.....	2.47	
Jan. 2.	To cash for 2 Memorial volumes.....	4.50	
May 2.	To cash for back Nos. of Proceedings.....	1.00	
May 23.	By cash for printing.....		7.05
May 24.	By balance.....		59.30
		\$66.35	\$66.35
May 24, 1894.	To balance on hand.....	\$59.30.	

GRACE F. BARNES,
Treasurer.

The resignation of the treasurer, Miss Grace F. Barnes, was read and accepted.

The chairman announced that the discussion of the morning would be resumed.

DISCUSSION.

DR. KNIGHT. I am sorry that Dr. Fort is not here to defend his paper. It is a difficult thing often to make a differential diagnosis between what we call moral imbecility and

what may be called *psychical epilepsy*. The case of Dr. Kerlin's to which Dr. Fort refers, according to my conception, is one of *psychical epilepsy* in the true sense of the term. I should hardly consider the two cases which Dr. Fort has described in his paper as true cases of *psychical epilepsy*. My idea is that in *psychical epilepsy* the two elements of viciousness and the conception and carrying out of a well defined idea are absent. Those cases which can conceive of such an idea and carry it out are more likely to be cases of *moral imbecility*. Now according to Dr. Fort's description viciousness existed in both these cases and I therefore, for the purpose of securing discussion take issue with Dr. Fort's idea of the differential diagnosis between the *psychical epileptic* and the *moral imbecile*.

DR. CARSON. I am sorry that I have not made any special study of the conditions of *psychical epilepsy*. It is a rather deep subject to go into without previous study, but when we look over the field of mental disease I think we can often see that there are certain mental phases which overlap each other as it were. Take for instance the conditions of chronic mania and dementia. Two diagnosticians equally expert might take a hundred cases of chronic mania and dementia and while each might classify the larger number as dements or maniacs, in a certain number of instances they would differ in their diagnosis. So in these cases of *moral imbecility*, *juvenile insanity* and *psychical epilepsy* it seems to me that they overlap each other to a certain extent oftentimes. But I think cases taken to illustrate a special object should be well selected and it seems to me, as Dr. Knight has suggested, that Dr. Fort has not selected his own cases as well as Dr. Kerlin's was selected. I should be disposed to classify the two cases that Dr. Fort cites as cases of *moral imbecility*, or one of them might be a case of *imbecility with maniacal paroxysms*. The latter is a condition we often see in our institutions, *imbecility* which seems to explode into mania. Another thing has occurred to me in this connection, that is, I do not see any reason why the two conditions may not be combined. We might have a case of *moral imbecility* which was at the same time subject to *psychical epilepsy*. These conditions blend into one another in such a way that it is difficult to extricate one from the other. If I understand *psychical epilepsy* it is an explosion

or condition which takes the place of an epileptic paroxysm. We all know that epileptic paroxysms are not excited by external things as a rule. In those cases to which Dr. Fort refers the explosions were prompted by something external to the individual, something that went wrong. It seems to me that the case cited by Dr. Rogers was of the same character. The boy was excited to these peculiar attacks by something of an external nature. He was opposed in some way. In psychical epilepsy the explosions would occur without any regard to the immediate surroundings or circumstances; they would be spontaneous.

DR. FISH. If you take any case of confirmed epilepsy you will find, if you have a typical case, that prior to the occurrence of a spasm the patient is nervous, fretful, vicious, liable to explosions of temper. Little things annoy him which in his ordinary condition would not. An epileptic prior to the spasm is frequently morbidly irritable. That is a fact known to most of us.

DR. CARSON. But that does not cause the paroxysm.

DR. FISH. No, it does not have anything to do with the paroxysm.

DR. ROGERS. I was describing the general characteristics of a boy who seemed to have something in common with moral imbeciles, but he has these distinct psychical paroxysms. If I understand the distinction between epilepsy and psychical epilepsy, there is no loss of consciousness in the latter. There is no convulsive movement of the body with this boy.

DR. KNIGHT. How is the boy outside of this, when he is not in these attacks? Is he kind?

DR. ROGERS. He is when with his superiors but not when he is with his inferiors. He would be called a very mischievous boy, and that mischief is carried to cruelty and to assaults.

DR. B. VAN SWERINGEN. It seems to me, as Dr. Rogers says, that that case combines moral imbecility and epilepsy. It is a fact that epileptics, as a rule, in the interval of their paroxysms are not inclined to viciousness, unless they have been subject to bad training, or have been allowed to grow up having their own sweet will without any restraint. It is only during the paroxysms, be they psychical or whatever form they may take, that they show this. Immediately be-

fore or after the convulsion the patient may evince a disposition to cruelty or other abnormal conduct. The definition or diagnosis of a case of psychical epilepsy rests a great deal on the fact as to whether the patient has lost consciousness or not. You remember probably the case that Hamilton reports and that is recorded by Hare in his classical essay which won the *Belgian prize*, of a reporter on a paper who went to the office one morning and was more morose and sullen than usual. He was suddenly taken with a *very acute pain in the head* and went to his home and there took to his bed and became speechless. During this time he was able to write intelligibly, but the aphasia lasted some thirty-six hours. In that time he had several Philadelphia specialists in laryngology who saw him and to whom he gave written replies. They examined his throat. At the second visit of these laryngologists he recovered his voice saying, "a bone has fallen from my throat," but he declared that he had never seen these gentlemen before. He had entirely forgotten the whole thing and denied that the examination had ever taken place. It seems to me that in a clear case of psychical epilepsy there must be if not complete loss of consciousness at least a partial loss of consciousness, only a dim remembrance of the events that transpired during the time; of course that is true of the post-paroxysmal state in ordinary epilepsy. It is related in Taylor's Jurisprudence that a girl subject to epilepsy after a paroxysm took two little girls of whom she was in charge and walked two or three miles and threw them from a high trestlework and then went to the house and said she knew nothing whatever of the whereabouts of these children. That is considered a classical case to show the irresponsibility of epileptics. It may happen that no paroxysm occurs with the loss of consciousness but their irresponsibility is as complete as if they had had a typical convulsion and had gone through the typical attack. In giving this name of psychical epilepsy to this class of cases it seems to me there should be this point round which the diagnosis revolves. I agree that the cases recorded by the paper are in all probability moral imbecility.

DR. FISH. There should be absolute loss of consciousness you think?

DR. SWERINGEN. If not absolute the recollection of events must be very dim. All this time they may be capable of an-

swering questions but the memory of what has transpired during this paroxysm is lost.

DR. MILLER. The function of memory was suspended. This girl was no more accountable for the loss of those children than any outsider would have been.

DR. CARSON. I remember a case which was probably one of psychical epilepsy. I was called as a witness for a boy about eighteen years of age, who had been arrested for the crime of arson. He resided at Elmira, N. Y., and had been seen in convulsions by different physicians of that city. He had had epilepsy in early life. Then, for a few years, the convulsions ceased, recurring at about the age of puberty. He had been considered weak-minded and irresponsible by many persons, and there was no question but that he had been at times a subject of epilepsy. He had always taken a great interest in the city fire department, had hung around the fire companies' buildings and was usually the first one to respond to an alarm of fire. On one occasion, he got together paper and shavings which he took to a barn standing close to the sidewalk. A piece of the siding of the barn was torn off, and into this hole he stuffed his papers and shavings. He then went to a hotel around the corner, asked for and obtained matches and returned to the barn where he started a fire at the place he had prepared for it. He was seen to do this act. Then he ran away into the street and called out "Fire!" He was arrested, placed on trial and acquitted on the ground of epilepsy. After the trial, he assured me that he had no recollection whatever of setting the barn on fire, and I was quite inclined to believe him. It seemed as if there had been a good deal of method in his madness, but I could not see that he had anything to gain by denying the crime after being acquitted, and I always believed his condition at the time to be one of psychical epilepsy.

DR. FISH. If he lied it was a psychical epileptic form of prevarication I suppose.

DR. ROGERS. About four years ago a young man was said to have set six buildings on fire. He was a very bright young man, a book-keeper for a large firm and by virtue of his position he was trusted to the utmost by his employer, but his close identification with the location of the fires convinced people that he started them. He was arrested and put in jail and his father came to me to talk the matter over

with me. I was satisfied that there was some mental derangement. Twice in his life this young man had been away three weeks at a time, once in New York, and once in Chicago, and he declared positively time and again that he knew nothing whatever of having been away from home. Some of the things he did were strange and unusual for him. At one time he came back to St. Paul where he then lived and instead of going to the place where his parents lived he went to his old home where they had lived five years before. For a while he was lost but finally remembered the place and went back. A great many interesting things proved to me that whatever his connection with the fires might have been there were times when he was perfectly unconscious of his acts. He was twice tried, the jury disagreeing each time. The case was then dismissed.

MR. JOHNSON. We had a case of epilepsy with periods of unconsciousness not long ago in the Northern Hospital. A man was picked up in an unconscious condition having been apparently sand-bagged. He returned to consciousness, but had apparently suffered entire loss of memory. He was declared insane and sent to the Northern Hospital. I saw him there but could find no evidence of insanity but there was some epilepsy. We learned a good deal of his history there. It seems he had had a similar experience in Illinois where he was sent to the Hospital for Insane at Kankakee. He was discharged from the Northern Hospital and afterwards we learned he had a similar experience in Michigan. Dr. Rogers (of Logansport) and I therefore came to the conclusion that the man had sand-bagged himself and had turned his pockets wrong side out himself. It certainly seemed strange that a man should be sand-bagged three times within a year. He was a very intelligent fellow in every other respect. It occurred to me that it might be a case of this kind as he was epileptic while at the hospital.

DR. CARSON. The *Century* recently published an article by Dr. Weir Mitchell where cases something of this character are described, cases where consciousness was lost for some time. In these cases the question of feigning must be eliminated to make them psychical epilepsy.

DR. FISH. We frequently get feigned epilepsy but they are usually cured by a suggestion of hydropathic treatment.

DR. SWERINGEN. There is a case related of a man who