Acute confusional insanity / by Conolly Norman.

(12) Prognosis (as to the liability of the system becoming affected) unfavourable.	(12) Prognosis (as to the liability of the system becoming affected) always favourable unless in mixed sores.

ART. XX.—*Acute Confusional Insanity.*[a] By CONOLLY NORMAN, Medical Superintendent, Richmond (Dublin District) Asylum.

THE form of insanity to which I wish very briefly to call attention has not, so far as I am aware, met with recognition in this country hitherto. This is not due to its rarity, however, as there can be no doubt of the truth of Salgó's dictum, that acute confusion is the most common of all forms of insanity, even though we should not accept in full the conditions which make this author's definition of the state somewhat wider than that which we ourselves admit.

If it were necessary to indicate in the shortest and most generally comprehensible way the relations of this affection to the states of alienation usually recognised under the names applied by Pinel, one would say that acute confusional insanity stood between acute mania and acute primary dementia. This statement of its position will at once show to those familiar with the treatment of early cases of insanity in the forms ordinarily met with in general practice how large are its contents, for cases occupying this intermediate ground must have struck everyone by their frequency, and by the difficulty of satisfactorily denominating them under the older headings.

Acute confusional insanity may be described as a condition of mental disturbance of comparatively rapid oncome, characterised by a dream-like engagement of consciousness, and a tendency to abundant hallucinations of one or more senses.

According as the confusion or the hallucinations predominate does any individual case resemble acute dementia or mania (melancholia). Predominance of confusion corresponds to the delusional stupor of Newington, and where hallucinations give the prevailing tone the condition is that which Mendel has named hallucinatory mania.

In average cases I have not found hallucinations of the senses so very prominent a symptom as some authorities have taught, and I

[a] Read before the Section of Medicine in the Royal Academy of Medicine in Ireland, on Friday, May 16, 1890.

am glad to find that Meynert, to whom is due the merit of having first clearly and comprehensively differentiated this state, has in his latest contribution discarded the term which he originally used, acute hallucinatory insanity (Wahnsinn), and has adopted the term confusion.[a]

The condition under consideration is almost always acute in onset; in form it is occasionally acute or peracute, more generally subacute. True chronicity can hardly be said to exist, but uncured cases lapse into secondary dementia probably earlier than cases of mania or melancholia.

The disease, when its beginning can be distinctly dated, usually makes its appearance by the occurrence of hallucination. A certain degree of dreamy obscuration of the mind has preceded this stage, as we often find from the statements of recovered patients, but this frequently escapes attention. When the condition is fully developed, consciousness is profoundly engaged. The patient has lost his sense of orientation and his knowledge of his surroundings, or, if he can be roused to correctness on those points, he soon drifts back into the obscure condition. His estimate of time is entirely confused. He dates events of yesterday as having taken place a week ago, of a week ago as being six months old, and so forth. He does not lose his sense of individual personality, or build up an organised system of delusion like the paranoiac. Varying and disconnected delusions flit through his mind, and are temporarily accepted as we accept the truth of dreams. The contents of the dream may be pleasant or the reverse; the hallucinations may seem of an agreeable character, or may be threatening and awful; and thereafter, to a large extent, follows the emotional state of the patient. I think in the majority of cases the mental contents are not decidedly tinctured with either pleasure or pain, hence the emotional state is commonly indifferent; but it may exhibit considerable exaltation, or, what is much more common, considerable depression. Two features strongly distinguish the emotional condition in confusional insanity from that in mania or melancholia. First, it is variable. The patients are, as Wille briefly says, sometimes gay, sometimes sad, sometimes anxious, sometimes angry,

[a] I am by no means ready to say that the name I myself use, and which I have put at the head of this paper, is a very satisfactory one. Our language does not readily lend itself to minute subdivisions of mental states, either sound or morbid, and I have not ventured to dig for Greek roots, or add another to the puzzling and somewhat barbarous seven-league words of which we have in our science already a great deal too many.

sometimes tender, or all these things together, or in the most rapid succession. In short, confusion reigns in the emotional as in the intellectual sphere. Secondly, the emotional disturbance is a reactive one, arising from the nature of the hallucinations. The reverse holds good in melancholia and in mania.

The patient's acts, as well as his feelings, are dictated by hallucination. He responds to sensory hallucinations even more readily than the paranoiac, but, of course, his conduct does not so clearly exhibit his state, owing to his dreamy confusion and the varying and unsystematised nature of his hallucinations.

Episodic reactive states of emotional excitement or motor restlessness are apt to be suddenly followed by periods of increased confusion, deepening into stupor, or stuporous conditions intervening directly.

The contention of von Krafft-Ebing, that acute confusional insanity is essentially a condition of brain exhaustion, and probably due to anæmia or malnutrition of the cortex, appears to be well founded. The phenomena of the affection suggest this view, which is strictly in accordance with the histories and with the physical aspect of our cases generally. The patient is usually feeble and anæmic, and in very many instances suffers, or has recently suffered, from some exhausting disease.

This is more often than any other the form of psychical disorder which is associated with diseases not primarily affecting the nervous centres. Puerperal insanity commonly takes this form. The insanity of rheumatism is usually also acute confusional insanity. So also is the insanity that follows fevers, and it is interesting to note that occasionally the delirium of fevers passes directly into acute confusion. The latter condition, it will be observed, bears a considerable resemblance to the former. Prolonged lactation, chronic suppurative affections, diseases of the stomach and of the lungs, notably phthisis, have a strong predisposing, if not exciting, influence. Von Krafft-Ebing describes this form as occurring in cases of insanity arising in prisoners. I have seen one such case, but insane prisoners whom I have happened to see were more frequently sufferers from either acute mania or from paranoia.

I have seen several cases which appeared to be associated with nostalgia. Simple folk who had come from distant country places to a large town, became, after a short period of unrest, troubled with acute hallucinations of threatening contents, and rapidly fell into extreme confusion. It is only right to say that in some of

these cases there were bodily ailments for which the patients had to come to town for treatment, in others there was the history of a drinking bout; but in several there was neither of these factors, and the only assignable cause was nostalgia, together with unsettlement of mind and habits, produced by altered mode of life.

Acute confusional insanity, generally with hallucinations as a very marked trait, commonly occurs in cases of sexual excess or irregularity.

I have seen one very painful case in which this form of alienation followed rapidly on a painful mental shock. It is instructive to note in connection herewith that the most common form which insanity takes when it follows sudden shock is the kindred one of acute dementia.

It has for some time seemed to me a singular thing that a very well-marked form in which insanity following alcoholic excess constantly appears, has attracted so little attention. The term *mania à potû*, is used often enough, but no definite descriptive sense has been attached, and mostly people are content with the true but somewhat indefinite generalisation that it is something between *delirium tremens* and acute mania. Nevertheless, as I have been in the habit of teaching my classes for the last two years, a certain train of symptoms is almost always found in acute insanity from drink. These symptoms form an exquisite picture of acute confusional insanity. There is in a very marked degree loss of orientation, and a sort of dream-like impairment of consciousness, with numerous hallucinations. According to my observations, dreamy confusion is a more prominent symptom in female alcoholists, and hallucinations in men, but both are present in such cases in varying degrees. The association of a peculiar form of confusion with alcoholism has not altogether escaped notice. In a paper read at a meeting of the Medico-Psychological Association, at Manchester, on the 13th of March, Dr. James Ross describes an intense confusion as to dates and events as characteristic of the dementia accompanying alcoholic neuritis. In the debate arising thereon, Dr. Wiglesworth confirmed Dr. Ross's observation, and I find that Dr. Korsakoff, of Moscow, described, in 1887, in connection with alcoholic neuritis, a "form of confusion with extremely characteristic mistakes in relation to place, time, and situation."

In the last number of *Westphal's Archiv*, Korsakoff describes a number of cases presenting this particular form of confusion in a

very marked degree, associated with peripheral neuritis of non-alcoholic origin.

The course of this affection is very variable. The onset, as has been said, is often acute. I think insanity which is described by the patient's friends as having come on "out of sleep," is always of this type. In such cases a vivid dream appears to be accepted as true and followed by a brisk reaction. Thus acute confusional insanity is brought into line with that state occasionally present in the sane, and especially in those of neurotic tendency and in epileptics, which has been called *Schlafkrankenheit* by German authors. The duration may be very short, lasting only a few days, or even, in abortive cases, only a few hours—*e.g.*, some cases associated with menstrual disturbance, as von Krafft-Ebing correctly points out. The last-named writer calculates his recoveries as amounting to about 70 per cent. Cases that are about to recover occasionally pass into a state resembling acute mania. Meynert, who first observed this occurrence, thinks that the functional hyperæmia accompanying the maniacal attack brings about a tendency to cure by increasing the circulation of blood through the exhausted brain. More common as an indication of recovery is a slight degree of stupor resembling that through which the patient, convalescing from an attack of acute mania, so generally passes. Prolonged periods of stupor, resembling and probably identical with that occurring in acute dementia, occasionally precede recovery. Less favourable signs are a mixture of maniacal and stuporous conditions, or a tendency towards pathetic and histrionic displays, or the occurrence of pseudo-tetanic or pseudo-cataleptic states. The latter symptoms, when accompanied by verbigeration, constitute a close approximation to katatonia, which is indeed probably only to be regarded as a variety of the general affection under consideration. As in all cases of acute insanity, death from exhaustion may occur in an early stage, and there is in the usually debilitated sufferers from this disease a special tendency to succumb to intercurrent affections.

The diagnosis of acute confusional insanity lies in the distinctions to be found between this state and the allied conditions of acute mania, acute melancholia, and acute dementia; also certain forms of paranoia. From acute mania it is distinguished by the absence of exaltation and of increased rapidity of thought and association. I am not inclined to go with Salgó and say that any case in which hallucinations occur must be rejected from the

denomination of mania, though hallucinations are much more characteristic of the affection under consideration. True emotional depression as a primary symptom is absent in acute confusion, whereby the latter is distinguished from melancholia. It is very intimately associated with acute dementia, and it is not always possible to say which form we are dealing with, though the presence of hallucinations and the absence of complete stupor in a typical case of acute confusion sufficiently denote the ailment.

From paranoia it is distinguished by the want of systematisation in delusion, by the existence of confusion, and by the sudden mode of oncome.

The following are brief abstracts of some cases which have occurred in my practice chiefly within the last two or three years, and I have selected them because they are typical of a number of similar cases noted within the same period :—

Case I.—*Acute Confusion, associated with Alcoholic Excess ; Neuritic Pains; Recovery.*—X. Y., female, aged about forty ; widow of a merchant-tailor ; hereditary history could not be ascertained ; a sister is an habitual drunkard. Patient was supposed not to be of as high a social rank as her husband, consequently his friends would not know her, and she led rather a solitary life. Drank steadily, at first on the sly, afterwards more unrestrainedly. In the year 1884 had an attack of insanity, said to be brought on by drink. Admitted under my care, December 28th, 1888, four or five days after her husband's death. On admission she presented the ordinary appearance of the alcoholist—a bloated, swollen-looking face, darkly flushed, with greasy skin, staring eyes, injected conjunctivæ, and a tremulous, jerky, coated tongue ; general shakiness, of the *delirium tremens* type ; manner dazed ; she seemed to make an effort to rouse herself to reply to questions, and talked slowly, and with much confusion ; she talked of her husband's long illness, which she could neither date nor describe ; spoke vaguely of continual quarrels with his nurse and his relations, but could give no details, or confused different individuals and different times in a way that made the story entirely unintelligible ; she confused the dates of her husband's death and funeral ; sometimes she said he died last Monday and was buried on Thursday, sometimes he died the previous Thursday and was buried last Monday ; one event occurred on a Monday and one on a Thursday, but which on which day she could not be sure.

December 30.—Told my colleague (Dr. Cope) that she saw her sister, and heard her voice asking for the children. This troubled her, for she thought her sister was dead. Dull, dazed, sluggish, silent, unless when

spoken to. Complained of pains shooting through extremities, particularly backs of hands and feet.

January 3.—Called the charge nurse "Mrs. B." (her husband's nurse), and asked her for "the keys" to get some whisky from the cupboard. When she was questioned about this she called the nurse by the proper name, and knew where she was; but again, after a while, called her Mrs. B., and spoke to her as if she was at home.

January 5.—Told Dr. Cope that her younger son, Tom, ten years old, slept in her bed last night; he was ill and restless. Later on she told me this must have been a dream.

January 7.—Sluggish, dreamy, and unintelligent; *sure* both her little boys are dead; pains shooting down her arms and legs, and constantly present in dorsal surfaces of hands and feet; knee jerk equal, diminished; all the muscles flabby and feeble; no distinct paralysis; no drop wrist or drop ankle.

January 21.—"Gaining intelligence of manner and expression; still puzzling about her children and sister whether they are living or dead (as a matter of fact they are all alive)."

From date of last note there was steady improvement. Her recollection of the events preceding admission remained vague, summary, and confused, but she was conscious of this confusion. She stated that her previous illness had been exactly of the same character. She continued to suffer from pains—vague, shifting, darting pains—as if in the bones or deep in the muscles, chiefly in legs and forearms, and especially hands and feet. Discharged, recovered, April 3, 1889.

Case II.—*Acute Hallucinatory Confusion associated with Alcoholic Excess; Epileptiform Seizures; Recovery.*—The above is an extremely typical case of alcoholism in a woman. While she was under treatment an almost identical case was admitted into the Asylum. The details are so similar that I need not trouble you by entering into them. A woman of nearly forty, mother of two children, had a strong hereditary tendency to drink, to which she had entirely given way. She was deserted by her husband, and lived with relations who were always drunk. Had suffered from occasional epileptic fits. When admitted (February 20, 1889) she presented all the appearances of recent hard drinking; next morning she had two epileptic or epileptiform seizures; mentally she presented a state of confusion such as I have above described; she was slow and dreamy in conversation; could be roused to comparative clearness, but soon became confused again; thus she mistook me for the doctor who had been attending her in a suburb; the error was pointed out; she acknowledged it, but in talking to me drifted into references to my previous visits to her, and so forth, showing that the confusion persisted. After initial restlessness of the *delirium tremens* type had passed off she became

sluggish. Four days after admission she rushed, shrieking, to a window, and broke several panes of glass. When I asked her next day how her wrists were cut, she replied that she had been in the waiting room at a railway station, and that two men in green velvet had seized her, and would have robbed her but that she broke a window and attracted notice. She pointed out the nurses who brought her from the window as a woman and a policeman who had come to her rescue. About four and twenty hours later, when reminded of these statements, she said that she must have been dreaming, that she remembered these things as one recalls a dream. After this she made rapid progress to recovery, and was removed by her friends, apparently quite cured, March 8.

Case III.—*Acute Hallucinatory Confusion associated with Alcoholic Excess, &c.*—I have at present under treatment a young woman, twenty years of age, married a year and a half, brought up by drunken relatives, who deny hereditary taint, and state that the patient drank to excess since her marriage, but not before; childbirth six months before admission; child suckled for four months; menstruation has not returned. Fourteen days before admission, patient went to England with her husband, an artisan, who was looking for work; six days later was brought back to Dublin in a state of mental disturbance. When admitted she was extremely anæmic, though without other distinct sign of physical disease; she did not know the day of the week or the month, nor where she was; said she was not married, and never had a child, and always gave her maiden appellation when asked her name; when one spoke to her of her husband she looked blank, and did not seem to understand; when one mentioned his name, Thomas E., she said, "Is that old Tom E. that lived next door?" She was confused, but quite calm, without trace of either exaltation or depression. One dark night, about 12 o'clock, she got up, and broke the window of her bedroom. On inquiry, she stated that she did this because she saw another old neighbour of hers, "Lame M.," walking past, and wanted to attract his notice.

Case IV.—*Confusion in the special form described by Ross and Wiglesworth occurring in a Toper; Passage into Secondary Dementia.*—G. B., male, aged sixty, railway policeman; hereditary history unknown; for many years of intemperate habits. Admitted October 1, 1886; a feeble anæmic old man; expression satisfied and not at all unintelligent; he answered questions briskly and without hesitation, but with an absence of orientation that was most striking. Weeks after admission he had no notion where he was; he seemed to have some vague thought that he was in some institution, for he usually replied promptly to the inquiry where was he—"Meath Hospital," "Limerick Workhouse," "Cork Infirmary," or some such name, generally giving a different one each time.

He commonly accounted for the fact that he was lying in bed or sitting at the chimney-corner by saying, "It is Sunday, and you know one can't do anything to day;" but asked where he was the day before he always told a glib story, with all the appearance of conviction—that he had been at some place, perhaps 250 miles away, attending to his work, or the like. The story was quite different at different times in the same day; but it was always ready, coherent *per se*, and improbable only because of the confusion of time and place. He denied that he slept, and usually laughed at the suggestion. "I was away last night on the railway between Sligo and Collooney watching for the rascals who put stones on the line." He nearly always told one that he had spent the previous night at the other side of the island. He was reported to sleep fairly. The waking sense of occupation at night probably corresponded to an active dream state, or may have been merely a reminiscence of former habits of life.

This patient has not recovered. His striking symptoms have become less marked, and he has fallen into a state of general dementia.

Case V.—*Acute Hallucinatory Confusion resembling Paranoia, associated with Alcoholic Excess; Recovery.*—R. U., male, aged thirty, publican. Admitted March 4, 1889, presenting the ordinary signs of drinking; bloated, greasy, flushed face; full staring injected eyes; tongue thickly coated, white, tremulous; pulse bounding; profuse sweating; strong sweetish odour from breath; general tremor and restlessness; no sleep. For the first three days the case was hardly to be distinguished from ordinary *delirium tremens*; afterwards, in addition to confusion similar to that described in the two first cases, there were hallucinations leading to delusions of a somewhat persecutory type, and these did not pass away as quickly as the associated confusion. Thus, he had heard people talking about him lately, saying he had given information to the police, and must be done away with. He told me definitely that he heard this said twice in his back yard, though he did not know by whom, and he concluded there was a conspiracy against him; but to my colleague, Dr. Nolan, who made some notes of his case, he stated that he saw two men in his yard, and knew what they said, though he did not hear them. Thus, he seems to have had hallucinations both of hearing and vision. He admitted that for some months before the appearance of hallucinations he was nervous and easily startled; the least excitement caused a sense of fluxion to the head, with distressing feeling of confusion. He made an early and good recovery; but has since been again under treatment for a similar attack, in which confusion was less marked, while hallucinations were more prominent.

It must be said that a case like this has a strong resemblance to paranoia; it has not, however, the bad prognostic import of that affection.

Before I recognised the form under review, I used to teach that paranoia alcoholica is the only form of paranoia in which recovery may be expected.

Case VI.—*Acute Hallucinatory Confusion simulating Paranoia, following Acute Rheumatism and perhaps associated with Nostalgia.*—D. W. J., male, aged about twenty-five; hereditary taint denied. He was a shop-boy in a remote country village; had always been healthy till November, 1888, when he got rheumatic fever; confined to bed for two months; still very ill and weak for six or seven weeks; as soon as he could travel, came to Dublin for a change (March 15, 1889); felt timid and confused; could not sleep; thought the folks in the hotel looked suspiciously at him, consequently he spent most of the day walking in the street; there he used to suffer from sudden paroxysms of dread (agoraphobia). When admitted to the Asylum, March 28, he could tell little or nothing of what had really happened since he came to Dublin; he did not know the day of the month or week; he was exceedingly confused, and a little incoherent; at first, rather suspicious; he soon became communicative and told a confused story of people coming nightly into his room to murder him, talking about him, pointing at him in the street, and so forth; to escape, he had fled from his hotel the previous night and taken up his quarters in a low lodging-house; here he had hardly got into bed when he heard people at the door sharpening knives and preparing to murder him; in an agony of apprehension he threw himself out of the window, and, in spite of a badly-sprained ankle, ran violently through the streets till he was arrested. This patient was removed from the Asylum by his friends after a few days, so that the sequel is unknown.

Case VII.—*Hallucinatory Confusion associated with Phthisis.*—B. D., male, aged twenty-one, a clerk, whose sister died of consumption, but whose family history was otherwise good, was admitted to the Richmond Asylum on April 11, 1889, suffering from pulmonary trouble, of three months duration, which had already produced excavation, and marked hectic. He remained in the Asylum eleven days, and was then removed by his friends to die at home. On admission, he said he had been annoyed for the last six weeks by hearing his thoughts spoken, which, he used to think, was done by someone to annoy him; but he now believed this notion was merely fanciful; by day, save in the early morning, he was lucid, but at night he was a prey to horrible hallucinations and dreads; thought he heard a sawing going on constantly, which was some one performing a terrible operation upon him; thought sometimes he was suffocated with silica; sometimes that he was dead; instead of sleep, he said a terrible mental confusion came over him in which he could not distinguish true from false. Dr. Nolan made this note:—"April 20—Every

morning is in a confused state, talking of the horrors of the previous night incredulously, and yet as if apprehending some danger." The analogy of this poor fellow's condition to ordinary feverish delirium need not be pointed out.

CASE VIII.—*Acute Hallucinatory Confusion, dependent perhaps upon Nostalgia; Passage into Dementia.*—M. J., female, single, aged fifty, of peasant class; admitted to Richmond Asylum, March 21, 1889. She had been arrested for wandering in the street; she rented a small farm in the County Armagh, and came to Dublin to see her landlord's lawyer. For no apparent cause she conceived that all the folk in the inn at which she stayed had been boycotted; she knew it by their strange look; she also heard people at the street-corners talking of it, and saying she was boycotted and would have to die; she became so frightened that she wandered away. She was tolerably lucid on the 21st and 22nd, and seemed to be getting over her terrors.

March 23.—When awakened, said she was dying and could not walk; she lay all day in a state resembling hysterical coma or acute dementia, quite motionless and without response; not resisting; keeping the eyes closed; eyelids tremulous.

"March 24.—Saw black men in the room with her last night; fears they will murder her."

After this she became very incoherent and confused; now and again complained of visions of black men; was occasionally very irritable, and sometimes exhibited maniacal outbursts.

She has not recovered, but has gradually passed into a state of chronic weak-mindedness which does not offer much hope of cure.

This case also appeared somewhat like paranoia at first, but the appearance of fresh hallucinations and unsystematised delusions gives the clue to the true nature of the case.

CASE IX.—*Acute Hallucinatory Confusion, beginning in a dream; Apparent cause Sexual Irregularity.*—N. E., male, aged 33, single, bookmaker; hereditary taint denied; said to have been always temperate, but of rather nervous habit.

As a boy he indulged in excessive masturbation; later on suffered from frequent seminal emissions; consequent uneasiness; passed through the hands of a number of quacks; read their literature, and believed himself impotent; tried connection; failed; was more unhappy than ever; mind filled with constant thoughts about, and sensations connected with the genitalia. Examining him, when convalescent, one found that the prepuce was rather tight, and that there was undue sensitiveness about the parts; examination producing evident excitement.

Was in his usual health on May 31, 1889. On that evening he was vexed by his mother asking him some question connected with money,

which he thought implied that he was gambling; went to bed at his usual hour and slept till 2 a.m., when he dreamed of the devil, and, awaking, thought he was in the room; he ran down stairs and into the street in his shirt; brought back and put to bed; slept; when his mother came to wake him late in the morning he took her for the devil and attacked her. His subsequent recollection failed at this point—fights, devils, policemen, vaguely remembered in a cloudy way.

June 3.—Admitted to Asylum; his friends said he had complained of headache for some days past; he was silent, violently resistive, feverish. (Evening temp. 103°).

June 4.—Lay silent in bed, with fixed staring eyes; body to same degree rigid; rigidity easily overcome; no flexibilitas cerea; would not take food voluntarily, but swallowed what was put in his mouth. (Temp. normal). Spoken to loudly, and shaken up, he said, in a clear, loud, monotonous, absent voice—"I am with the Lord."

June 5.—No rigidity; said nothing, save "I am with the Lord;" began to take food; left to himself; lay motionless, apparently in an ecstatic state; wet and dirty.

June 6.—Dull, exhausted, and dazed; did not know where he was, but made an attempt to discriminate individuals, calling me "sir" for instance.

June 9.—Rapid improvement; was able on this day to give the previous history recounted above, which so far as it could be tested proved perfectly accurate.

June 24.—Discharged recovered; no relapse.

The above cases are selected as examples of common forms of this affection. An interesting case of alcoholic neuritis with mental disturbance, mistaken at first for an aberrant form of general paralysis, would lead us too far afield. So would a description of even one of several cases approaching to katatonia, with their varying symptoms. "Nostalgic" cases generally run a speedy and favourable course. There are often three or four recent examples in my asylum at the same time.

In conclusion, I have only to say that I do not wish to be understood as setting up acute confusional insanity as a distinct disease. My object has rather been to point out that among the various modes in which acute insanity shows itself there is, in addition to the long-recognised forms of mania, melancholia, and acute dementia, a pretty definite type characterised by confusion with hallucinations. If this type is frequently recognisable, if it is found to occur in connection with definite ætiological moments, if it has anything like a distinct course, if it offers any special

indications for treatment, if it can be held to have any particular prognostic significance, then it is distinctly worth while to study its clinical peculiarities and to differentiate it from other forms of mental disturbance, even though one should not esteem it a distinct disease, and although we are quite ignorant of its "pathology" (to give that word the limited sense in which it is commonly used in this place).

ART. XXI.—*Medico-Statistical History of the Army of Occupation in Egypt*, 1882-87 *inclusive*. By BRIGADE-SURGEON ALBERT A. GORE, M.D.; Army Medical Staff.

(*Continued from page 422.*)

WHILE these military operations were being carried on in the Eastern Soudan, the Nile Expeditionary Force for the relief of General Gordon was being organised and pushed forwards towards Khartoum from March 18, 1884, to July 31, 1885, when the last detachment not forming the permanent garrison of the Soudan reached Wady-Halfa. In September, 1884, Lord Wolseley and Staff proceeded up the river, at which date Assiout, Assouan, and Wady-Halfa was already in occupation of an advance party. The medical arrangements were under the supervision of Surgeon-General John O'Nial, C.B., Principal Medical Officer. Along this historic Valley of the Nile many ancient armies had proceeded in the vain attempt to penetrate into Ethiopia and the Lybian desert. B.C. 594, Battus III., of Cyrenaica, supported by some auxiliary Greeks, extended his conquests in this direction, but failed to drive the inhabitants from their native country. The Persians under Cambyses were buried in great numbers under the whirlwinds of sand—the terror of travellers—and suffered such unspeakable hardships from hunger and thirst that they were obliged to return. B.C. 336, Alexander entering Egypt from Palestine *viâ* Gaza and Pelusium, finally marched to Memphis, but did not himself attempt to penetrate these inhospitable deserts. It remained to his lieutenant, Appollonidas, to march from Memphis to Elephantine, and master the whole valley below the Cataracts. A.D. 68, the Roman General, Ælius Gallus, marched into Ethiopia with an army of 10,000 men from Pselcis across the desert to Premis, 250 miles on the northerly bend of the river, made himself master of the capital, Napata, but did not attempt to hold the country, contenting himself with leaving a