

Medical Matters.

MELANCHOLIA.

Dr. G. M. Robertson, F.R.C.P. Ed., Lecturer on Mental Diseases in the University of Edinburgh, in the first of the Morison Lectures delivered by him before the Royal College of Physicians of Edinburgh, and of which an abstract is published in the *Lancet*, dealt with "Melancholia, the Depressive Phase of Maniac-Depressive Insanity."

THE SYMPTOMS OF MELANCHOLIA.

Of the symptoms of melancholia the lecturer said:—

Disease is not a separate entity—a something apart which invades the body and declares its presence there by phenomena of its own. Such a conception is a vestige of the crude doctrine of "possession." The symptoms of disease are the natural functions of the body, performed in an unusual way, the result of unusual physical conditions of a harmful nature. In truth, they are all natural, and every symptom met in mental disease can be traced more or less closely to corresponding phenomena in a state of health, of which, according to Maudsley, they are a caricature. It is particularly necessary to accentuate this fact, because the mystery which belongs to every obscure disease becomes intensified when associated with insanity. The next statement is a corollary of the above, that the rational way of studying the symptoms of disease is to study them in association with the corresponding functions in health. Melancholia being primarily and fundamentally a disease of depressed or painful emotions, depressed or painful emotions as they occur in health should be studied as a key to its symptoms:

EMOTIONAL CONDITION—POSITIVE SYMPTOMS.

All cases of melancholia suffer from feelings of a painful nature, and this is at once evident to the observer from their facial expression, their attitude, their gestures, or their melancholic ejaculations or groans. If they be asked whether they feel depressed, they will at once admit the fact. The exact shade of painful feeling varies greatly in different cases in the same way as normal feelings of this kind vary. They range from feelings of dulness, gloom, despondency, and misery to feelings of fear, apprehension, anxiety, and fright. However much these feelings may vary, they are all alike in being of a painful and melancholic nature. They can, however, be divided into two groups, as Darwin indicated long ago in his "Expression of the Emotions." There is a passive group of which despondency is a type, in which the expression is dull, the

attitude is flexed and relaxed, and the patient sits silent and motionless. There is, secondly, an active group, of which anxiety and fright are types, in which the person may be restless and even agitated, and may constantly repeat melancholy phrases or utter loud cries. The phenomena of these two groups overlap, and the symptoms in the same patient may pass from the one variety to the other at different periods. It is nevertheless a useful differentiation, for it explains the relationship of symptoms which are superficially very different from one another. This much is certain, that the gloom of the melancholic darkens his life as independently of his mental environment as the heavy clouds that may darken his outlook on a sunny day. It comes unbidden, and its source is a mystery to the patient; he only feels that in an unaccountable manner all joy and brightness have departed from his life, and that a settled gloom or anxiety has taken up its abode in his mind for ever. His very delusions, as will be described, are attempts to explain or to account for its presence.

The depression in melancholia as a general rule develops slowly over a period of weeks and even months, gradually becoming more profound and more continuous. It may, however, come on suddenly in the course of a few days after some exciting cause, or as suddenly without any known cause. When fully developed it is continuous the whole day long, and may not leave the patient for a moment for months at a time. During the period of commencing recovery the first signs of improvement show themselves in the evening by a lifting up of the gloom. Then there are good days as well as bad days, and finally the depression disappears altogether. Recovery may, however, take place from melancholia as suddenly as its development, and the patient may go to bed as depressed as usual and find himself well on waking next morning. The period of convalescence is one of great danger if the supervision of the patient has been relaxed owing to his improvement. A relapse of the depressed feeling may occur nearly as suddenly as an epileptic fit, and if the opportunity presents itself he may then commit suicide. One of my female patients after being apparently well for a fortnight, relapsed suddenly one Sunday morning on hearing the church bells ring.

It is impossible for us to realise accurately the depth of the misery of the melancholic. Most melancholics think that no one ever suffered as they do, and they all say that they will never get well again.

Nurses will do well to note these symptoms.

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