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## My First Case of Cocainophobia and Cocainomania.

WHAT WILL BECOME OF IT?

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"**D**OCTOR, my case is so peculiar that you have never seen its like in all your experience or reading. I have been poisoned by cocaine. Two doses of a two per cent. solution taken two months ago have done the work, and I can now just manage to hold myself together by dint of constant gymnastic exercise and diet. I am ready to fall to pieces, and am done for," said a young lawyer who came, accompanied by his mother, to consult me.

"My mother thinks my mind is not right, but she don't know,—she don't understand what is the matter,—you can't understand it."

On being questioned as to insomnia the young man complained that he "slept too much," and said his "brain was dead." No other evidence of excessive sleep was obtainable, and this statement may be regarded as a delusion.

The history of this young man is that of a young, honorably graduated and legally licensed attorney, unmarried, of limited means but of once boundless hopes, with father and mother in a measure dependent upon him for support, starting hopefully upon an uncertain professional career in a large city, seeing his meager means of sustenance disappear and no clients come, while debts and duns increase.

The disappointment and chagrin of failure have weakened his mental powers. The rugged realities of life, as

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they came to him, watching and waiting and hoping, cover the rose-studded vista of his youthful imagination with thorns. Late hours and a little dissipation precipitates the impending instability for which an unstable neuropathic heritage has prepared the way. He reads at this most inopportune time the sensational details of the cocaine habit, and at a fatal moment for him, makes a trial of its exhilarating powers.

Two comparatively inert hypodermic injections are enough at this unpropitious hour to morbidly distort his enfeebled imagination, two endermics of pure water would have been equally potent had he supposed them to be cocaine, and this young man's mind is turned. A spurious poisoning affects him far more than, and differently from, the real cocaine toxhæmia. Painful visions of impending dissolution, mental and physical, the dire consequences of what he imagines to be the distinctive powers of this baneful drug now torment him.

A sadly resigned form of melancholia, with anxious, hopeless and settled sadness of expression, have supplanted the not long past vigorous, hopeful, confident look that characterized this young man's face before cocainophobia had passed into the insane conception of cocainomania—melancholia with cocaine dread—a melancholia which might as readily have had any other poison for its objective or any other fact or circumstance presenting to this morbid mind at the ill-opportuned epoch of its impending break-down.

The neurologist sees various other morbid phobias pass into the settled delusive convictions of insanity in the same way. Thus, syphilophobia, lyssophobia, without more than a suggestion of the virus of syphilis or rabies to excite them; and mysophobia or other toxiphobias without real toxic or contaminating influence.

This case has been precipitated by toxic suggestion upon a mind morbidly recipient. We will endeavor to cure the patient on the same principle, applied however, *contraria curantur*, and if the cerebral dissolution changes

are not too far advanced in this poor man's brain, we shall cure him through an invigorating neurotic course for his general nervous organism and a masterly psychiatry.

We tell him confidently that science has an antidote for such poisons.

Strychnia, codia, aloin, cannabis indica, arsenic, the hypophosphites and suitable nightly hypnotics, will enable us to manage the organic conditions, and through hypnotic and electric passes if he continues quiescent (as he is to-day), and a confident assurance that it is impossible for the effects he imagines have been inflicted upon him to continue, we hope to bring about in due time this unfortunate young man's restoration to sanity.

We speak thus confidently because the most careful scrutiny of the young man's physical symptoms reveal no evidence, as yet, of grave cerebral lesion. Thus far only cerebral neuratrophia and vasomotor disturbances are apparent, and he leaves our presence willing to return again to-morrow, confessing a sense of relief from the cerebral galvanic treatment, and this we confirm by a draught of malt extract, a little cannabis indica, codia, strychnia and the hypophosphites. We do not trust him with a prescription which he may read or renew.

He came confident of the hopelessness of his malady; he goes away believing there is a chance possibility of recovery. This, to us, is hopeful, and we shall endeavor, by a confident demeanor and suitable mental impression, to establish in him the reascendancy of his own psychological inhibitions which are now impaired; and we shall succeed, in accordance with the precedent of previous experience, if we are not mistaken in our diagnosis of the real cerebropathic condition. Hope and confidence, even faintly reawakened, are valuable therapeutic agencies in psychiatry. These, and suitable environment, are more valuable often than the grosser remedies of our *Materia Medica*. They are often as potent as the demonstrated hypnotic suggestions of Mons. Charcot which daily astonish us in the wards of Salpêtrière.

This man's chances of recovery are materially enhanced by:

1st. His change of environment from New York, where the malady had its inception and cause, to new surroundings entirely disconnected with its prodromal stage, or sequent causation.

2d. Because he has been induced to come voluntarily for treatment, even though only to please his mother.

3d. Because he receives treatment not in entire despair, but with even faint acquiescence in the possibility of its helping him.

4th. Because hope of the possibility of cure has been, even feebly, impressed by the treatment thus far employed.

5th. The organic buoyancy of youth, depressed but not destroyed, is in his favor.

6th. Because it is his first attack, and melancholia bravely fought in its early stage by the mature resources of experienced psychiatry need seldom become chronic.

7th. Because chiefly no evidences of organic damage to the brain are apparent, such as render recovery in cerebro-mental disease impossible.

This prognosis is, of course, only conjectural, for results in similar cases are not yet of record.

The cocainophobiac, like the pyrophobiac or the pyrophile, and the pyromaniac, may be monomorbid or polymorbid in cortex area; the morbid psychological perversion may be the incipient cerebral disorder that presages irreparable mental catastrophe, or it may prove, under judicious management, to be but a passing cloud of intellectual obscurity, for insanity has its degrees of intensity, severity and prognostic gravity, like dyspepsia or other diseases. Time only will complete the history of this case.