

nations existed from the beginning. Cases of involution were even more instructive, such as that of a woman who had suffered for some years from voices of two persons accusing her of various crimes, but now says she no longer hears them, but that the sound "still comes upon her like a thought." This could best be explained on the supra-sensory theory of Tanzi. So complex a thing as an hallucination of the human voice could hardly originate merely in the sensory centre, stimulation of which would only produce a sense of noise. He had met with olfactory hallucinations in general paralysis.

Clinical Notes and Cases.

Clinical and Pathological Notes. By Dr. M. J. NOLAN,
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THE notes of the four cases to which I invite attention are of general interest rather than of purely psychological bearing; yet I feel they may not be the less attractive to you on that account. To others outside our specialty they may perchance help to demonstrate the indissolubility of the physical and mental aspects of our work in asylums. *En passant* it may be remarked that it has become rather too much the fashion of late for those who should know better to speak of our special avocation as "divorced" from the pursuit of medicine proper. For though existing modern methods necessitate a separation *a mensâ et thoro*, which holds the sick insane aloof from the sick sane, yet apart from the exceptional difficulties which beset us, our bond with general professional work is no less binding than that true, refined, and catholic specialism which searches out in connection with a diseased eye, ear, or nervous system, the concomitant manifestations of a constitutional dyscrasia.

CASE 1.—*Swallowing of foreign bodies by a dement; safe passage of large nails per anum; perforation of stomach by a large bristle, which burrowed into the anterior abdominal wall, causing a chronic abscess, and necessitated surgical treatment; recovery.*—M. R—, æt. 43, admitted to the asylum December 15th, 1880, suffering from secondary dementia. A brother and an aunt had been insane. He had always been regarded as

mentally deficient. On admission he was found to be very morose, filthy in habits, addicted to masturbation, and a refuse eater. He enjoyed fairly good bodily health; had had no serious illness, but now and again suffered from acute abdominal pain, which was relieved by aperients.

Beyond a general improvement in health and conduct his condition remained unchanged for years. In December, 1901, he became more restless and difficult to watch, and was observed to lose weight and colour. About this time he had repeated attacks of intestinal colic due to ingested articles, such as pieces of wood, balls of paper, fragments of shoe-laces, etc. On one occasion he snatched a clay pipe from another patient and quickly swallowed the bowl. He was then given an abundance of bread and milk, porridge, and rice, followed after a few days by guarded aperients, but though he passed several small foreign bodies, such as those above noted, no trace of the pipe-bowl could be found.

On January 26th, 1902, he was seized with very violent abdominal pain, followed by a tendency to collapse. The same treatment was again adopted, when he passed a small piece of stone weighing about $1\frac{1}{2}$ ounces, eleven tin trouser buttons of ordinary pattern, and two large nails (exhibited)—one rather blunt-pointed, measuring $3\frac{7}{8}$ inches, the other very sharp, measuring $4\frac{1}{8}$ inches long. After an interval of some few days, during which he was carefully watched, the treatment was again repeated, but no other foreign bodies were evacuated. The patient then seemed to be restored to his usual state of health.

Some two months later, however, he developed an ovoid tumour about $1\frac{1}{2}$ inches below and 1 inch to right side of the umbilicus. This gradually increased until it acquired the size and shape of a hen's egg; at first hard and tense, it soon became soft and fluctuating. An incision gave vent to some 3ij of foul pus. A minute examination of the walls of the sac did not reveal any outlet from it, nor was there any indication of an underlying foreign body, such as the pipe-bowl, which it was supposed might have become encysted in the stomach, and the tumour so formed adherent to the anterior abdominal wall. The sac was thoroughly scraped out, treated by peroxide of hydrogen, and antiseptically dressed from the bottom. The result seemed at first entirely successful, but a fistula remained discharging a

few drops of pus daily, while a fungoid growth of granulations formed round the small opening, the line of the track of the fistula becoming meanwhile thickened and indurated. The patient's general health now began to decline steadily; he lost flesh rapidly and had repeated attacks of vomiting. On July 7th his condition became critical; it was then decided to place him under an anæsthetic and explore the abdomen if necessary. Dr. Tate, surgeon to the County Down Infirmary, commenced the procedure by laying open the full length of the sac of the fistula. Beyond the indurated walls forming the track nothing could be found to account for the hard mass to be felt through the skin, and the most careful examination failed to reveal any communication in the direction of the peritoneum. While, however, the operator was examining with the point of his knife along the rectus muscle, he nicked the connective tissue between two strands of fibres and caused a strong resilient bristle (from a bass broom) measuring $5\frac{1}{2}$ inches long to spring out. This was evidently the cause of all the trouble. The wound was treated as before, and healed in the course of a few days, the patient speedily regaining his usual robust health.

The points of interest are—

1. The passage of such long, sharp nails without injury to the stomach or intestine.
2. The perforation of the stomach by the flexible bristle, and the subsequent location of the latter in the line of the fibres of the rectus muscle.
3. The critical condition to which the patient was reduced by the most trivial of the ingested foreign bodies, and the possibility that more serious surgical measures would have been considered necessary if the simple cause had escaped the surgeon's observation.

CASE 2.—*Cryptogenetic or septico-pyæmia; suppurative cholangitis, with infection of lung, bladder, prostate, and epididymis. General history.*—The patient, D. S—, admitted August 17th, 1900, was received from Armagh Asylum, where he had been several years. On admission he was suffering from chronic mania, with auditory hallucinations. His general health was good, with exception of some degree of anæmia. His left hip-joint was ankylosed owing to tubercular disease in boyhood. From the date of his admission until January 13th,

1901, his mental and bodily state remained unchanged. On the latter day he had a rigor and was put to bed.

January 17th.—On examination physical signs of pneumonia at base of right lung. Temperature 102° , pulse soft and weak, occasionally intermittent. Turpentine stupes applied and general stimulant treatment—beef-tea, eggs, brandy, with Mist. Nuc. Vom. \bar{c} . Tinct. Strophanti.

January 19th.—General condition improved. Moist râles at base of right lung.

January 21st.—Continued improvement in local and constitutional condition.

January 25th.—Temperature normal; breath-sounds normal over affected area.

January 26th.—Rigor. Complains of pain over kidney (right), also of pain in right iliac region, and of pain running down thigh half way to knee on anterior aspect. Temperature 102° . Local anodyne applications and general diffusible stimulants given, as patient became weak after profuse sweating; temperature fell to 99° . Constipation.

January 27th.—Temperature 103.2° . Pain again complained of in same regions; some degree of tympanitic distension of abdomen.

January 28th.—Temperature 104.8° . Sponging and antipyretic treatment. Increased distension, relieved by castor oil and turpentine enema. Profuse sweating. Constipated.

January 29th.—Morning temperature 101° , rising towards evening to 103° . General condition improved; less pain locally.

January 30th.—Morning temperature 100.2° , rising in afternoon to 102° . All pain centred over pubes; could not pass urine, which was drawn off; No. 9 catheter used without difficulty. Urine high-coloured; no abnormal constituent.

January 31st.—Temperature, morning 102° , falling to 101° in afternoon. Tympanitic distension again a source of pain; relieved by enema as before; urine drawn off.

February 1st.—Temperature rose to 102.8° ; pain and distension prominent symptoms. Pulse 108° , irregular and intermittent; acute epididymitis on right side; passed urine freely; fluid high-coloured, otherwise normal.

February 2nd.—Temperature remains at 102.8° ; several rigors. Urine passed involuntarily during night; drawn off to-day, contains mucus, and has ammoniacal odour.

February 3rd.—Condition unchanged ; fluid in right pleural cavity. Serum only drawn off by exploring needle.

February 4th.—Tendency to collapse ; pulse small and intermittent ; rigors. Free fluid in peritoneal cavity, changing with position of patient. Urine (diminished in quantity) drawn off ; odour offensive.

February 5th.—Patient free from pain ; pulse small and intermittent ; heart-sounds very faint ; skin flushed and moist. Temperature falling from 101° in the morning to 98° towards evening. Catheter used ; flow of urine sluggish, force depending on respirations, which are frequent and shallow. Temperature rose at night to 105° ; weak, delirious, picking at bedclothes.

February 6th.—Died at 7.30 o'clock a.m.

Post-mortem examination, made at 2 o'clock p.m. same day, showed congestion of base of right lung, with clear serum in right pleural cavity. Heart fatty.

The liver acutely congested ; on the under surface a small quantity of pus, confined by recent adhesions, and due to suppurative cholangitis. Kidneys normal.

Prostate gland enlarged, tense, and fixed, owing to periprostatitis. On cutting, pus oozed from the surface of the sections.

Microscopic examination of the liver showed fatty infiltration, with excess of fibrous tissue between the lobules (section exhibited) ; no abscess.

On sections of the prostate a large number of glands are seen embedded in fibro-muscular tissue. Some are dilated into cysts and suppurated, forming small abscesses (section shown).

CASE 3.—*Melancholia with universal acute eczema ; recovery.*—R. A—, patient æt. 43, was admitted to asylum on October 31st, 1900, suffering from recurrent melancholia of a religious type—a Covenanter, she believed herself guilty of the worst vices of the Court of Charles II, but expressed an intense desire to do better. She speaks with apprehension of her sister's death in this asylum, and of her own previous attacks, and is generally emotional. Her general health good—no evident organic disease. A few weeks later she became more distinctly depressed, and passed into a semi-stuporous state, having little idea of time or locality. This phase lasted some ten days—20th to 30th of November,—when she became

brighter, ate and slept well, and engaged in cleaning the ward. She then stated that when semi-stuporous she thought she had died, and was in heaven. She then became depressed again and developed an eczematous condition of pudenda, due, it was assumed, to an irritating leucorrhœa. She was put to bed and treated for this condition, but soon the inflammatory erythema spread along the inner aspect of her thighs, and thence down her legs, and upwards to the abdomen. In the course of a fortnight the disease completely invested her from scalp to feet, so that she presented a perfect example of what Hebra terms a rare variety of the disorder—namely, universal acute eczema (photographshown). Notwithstanding the dictum of that great master, the palliative and expectant treatment did not promise to be a success, as the disease lasted from week to week, and then ran into months, the unfortunate victim in the meantime suffering intense agony and misery from the pain, tension, and itching, which lasted all day and the greater part of the night—the characteristic insomnia being one of the greatest difficulties to overcome. All this time the disease exhibited itself in its various stages—vesicles, excoriations, pustules,—all modified by the special regions affected. Having covered the whole external integument, the disease affected the mucous surfaces in continuity; a foul stomatitis, a muco-purulent bronchitis, catarrhal diarrhœa, conjunctivitis and cystitis developed in rapid succession, while the external auditory meatus became blocked.

Coincident with these conditions general constitutional disturbance became manifest, and the patient's condition became alarmingly prostrate. The disease had now lasted some six months, during the greater part of which the usual remedies were tried without effect. About the beginning of May I commenced to treat her with ichthyol internally and externally, and the beneficial effect became at once evident. No fresh patches of the disease developed, the exudation ceased, the scales were shed in enormous quantities, leaving clean healing surfaces. By the end of May the patient was completely rid of all traces of the disease, and rejoiced in a satin-like skin and a complexion of the poetic "milk and roses" type so rarely seen *au naturel*. She was discharged in July quite recovered, mentally and physically.

The points of interest would seem to me to be—

1. The typical manifestations of a rare variety of eczema.

2. The apparently specific action of the ichthyol treatment.
3. The associated affections of all the orifices of the body.
4. The danger to life by constitutional effects of the toxins produced by such extensive disease.

Just a word with reference to the mental condition. While one must admire the keen incisive criticism of Hebra—a quality which makes his work so valuable,—and while one must agree with him that there is no definite relationship between skin disease and insanity, yet it is noteworthy that in this case the real acute bodily misery routed the apathetic delusional melancholia. It is possible that if the mental and bodily ailments had been approximately synchronous at the onset, the eczema would certainly, with evident good judgment, have been regarded as the *cause* of her insanity. It may perhaps be rash to surmise that it promoted her mental recovery, but that it should not have retarded it seems most remarkable.

CASE 4.—*Senile melancholia associated with fatty infiltration of the heart, and aneurysm of aorta ; rupture into the pericardial sac ; death.*—A. McA—, æt. 62. Patient was admitted from Kilkeel Union Workhouse on February 9th, 1900, suffering from acute melancholia of ten days' standing, with delusions of persecution, hallucinations of hearing, refusal of food, and suicidal impulse.

On examination she was found to be well nourished ; she suffered from cataract, atheroma, and very well marked *arcus senilis*. Her pulse was slow, soft, and at long intervals intermittent. There was a certain degree of cyanosis, and she suffered from dyspnoea on slight exertion. She was free from all other evident organic diseases.

During a year under tonic treatment she improved mentally, losing all acute excitement, sitting quietly all day and speaking little. She took food well, and improved in general health. From February to May, 1902, her condition remained practically unchanged, except now and again, when she became rather more depressed than usual, wishing she was dead, declaring she was no use, and stating that persons kept her awake at night saying, "It's she that did it."

On the morning of May 4th, when she appeared in her usual state, on the way from Mass to the hospital she stumbled

to the ground, but did not faint. She was raised, carried to bed, and examined. She then complained of pain in the cardiac region, and a sense of faintness. The heart-sounds were extremely weak and distant, and the cardiac area of dulness was much increased. Her pulse became small, irregular, and intermittent, her face and limbs more cyanosed, and her respirations shallow and frequent. Her intellect became clearer; she spoke rationally. During the day she became more and more asphyxiated, and her heart became more embarrassed, until she sank on the morning of the 5th, all restorative treatment proving useless.

Post-mortem examination 9 o'clock a.m. on May 5th. No gross lesion of brain; membranes all adherent; emphysema of lungs; fatty infiltration of heart. A dissecting aneurysm of ascending arch of aorta at base of heart had ruptured into the pericardial sac,⁽¹⁾ which was full of blood (specimen exhibited). Fatty degeneration of kidneys. Cyst of right kidney and cyst of right ovary.

⁽¹⁾ A like case is recorded in the Report of the Director of the Pathological Laboratory and Pathologist to the London County Asylums, 1902.

DISCUSSION

At the Meeting of the Irish Division of the Medico-Psychological Association,
November 25th, 1902.

After a few remarks from the Chairman—

Dr. CURRAN suggested that the primary morbid condition in the second case was pneumonia, and that it was probably a case of pneumococcic septico-pyæmia. It was probably due to the high power of resistance that the patient was able to withstand the poison for so long,—that is, until the disease reached the transition stage between septicæmia and pyæmia.

The SECRETARY thanked Dr. Nolan for his paper. With reference to the first case, he had seen about ten ounces by measure of miscellaneous articles, such as broken spoons, buttons, etc., which had been taken from the stomach of a lunatic dead from some other cause. The tolerance of the intestinal tract in the insane was remarkable. He was inclined to agree with Dr. Curran that pneumonia was the primary condition in the second case. In a patient of his own the pneumococcus had acted so virulently as to produce superficial gangrene of the lung, and such violent action should probably be set down to diminished resistance of the tissues. With regard to Case 3, he would like to ask whether in the experience of those present acute eczema was specially common in the insane. In an old paranoiac suffering from a prolonged period of obstinate constipation he had seen acute pustular eczema of the scalp and back of the head on one side develop suddenly, and almost as quickly disappear without special treatment. He would be glad to know whether others had found such cases of common occurrence.

Dr. T. A. GREENE said that, as regarded the process of infection in the second case, the patient had probably swallowed a great deal more of the infected sputum than a sane person would have done. Alluding to the last case, he mentioned that of a patient of his own who suffered from Bright's disease, and had a serious attack of convulsions. His clergyman was sent for, but, objecting to religious

ministrations, he became very excited and died suddenly. It was found that, as in Dr. Nolan's case, an aneurysm had ruptured into the pericardium. He wished to ask whether the urine in the case of eczema had been found to contain albumen, as he had observed it in some cases under his own observation.

The CHAIRMAN alluded to the trouble caused in asylums by the habit of swallowing foreign bodies, and mentioned a case of pica in which a floating abdominal tumour was found during life in a child, and after death was discovered to consist of a mass of Berlin wool completely filling the stomach and taking its shape. In another case, at the Richmond Asylum, the patient suddenly developed an attack of pneumonia, of which he died. Half of the iron heel-tip of a boot was found hooked on to the bifurcation of the bronchi, and was apparently the cause of the pneumonia; and a number of objects were found in the intestines, including a seven-inch teaspoon, the bowl of which lay in the hepatic flexure of the colon, while the handle had passed through the wall and was in the interior of a cavity formed by peritoneal adhesions. Recently a melancholic woman who had been wasting for some time died after an attack of diarrhoea, when the stomach was found to be filled with a mass of blanket-fibres, of which a smaller mass lay in the jejunum. Passing to the second case, the speaker referred to a well-known recent case of septicopyæmia with pneumonia arising from a scalp wound, in connection with which a legal authority had declared that pneumonia could not arise except from cold! His experience of eczema was that it was not specially common in the insane, but he had seen very extensive eczema take rise from the local application of belladonna in a private case. In the fourth case the form of aneurysm was that which oftenest escaped detection. He had seen three cases, one of which had ruptured in the same position as in Dr. Nolan's patient. Another was that of an apparently healthy old woman, who going out to defæcate on a cold night was found lying dead after a short time, a ruptured dissecting aneurysm being discovered *post mortem*. A third patient, a general paralytic of long standing, had also died during defæcation from rupture of a dissecting aneurysm which involved practically the whole aorta. Death in such cases was due to the pressure exerted upon the heart by the blood in the pericardium, not to the mere loss of blood.

Replying, Dr. NOLAN said that in his experience eczema was not more frequent amongst the insane than in the general population. In the special case he now reported, the urine contained no abnormal constituent. He thanked the meeting for the kindly consideration given to his communication.

Two Cases of Abdominal Surgery in the Insane from Attempted Suicide. By ROBERT JONES, F.R.C.S.Eng.,
Medical Superintendent, Claybury Asylum.

M. T—, æt. 35, a servant, of dark complexion and bilious temperament, suffering from suicidal melancholia, whose insanity was greatly due to privation, was admitted July, 1894, in a weak, emotional, and tearful state, saying she was unhappy, had nothing to live for, and wished to die. She also stated that before admission she had threatened to drown herself. There was some congenital weak-mindedness and a marked retardation of mental reaction.

A month after admission she began to improve and became brighter, taking more interest in her surroundings; but four months later she