

Two Cases of Melancholia presenting Similar Mental Manifestations, evidently the result of Visceral Lesion. By J. A. CAMPBELL, M.D, Medical Superintendent, Garlands Asylum, Carlisle.

J. W.—Admitted into Garlands Asylum on February 16th, 1865. Male; 60 years of age. Single. Farm labourer. For two years prior to admission had been an inmate of a workhouse, and is described as having during that time laboured under delusions, and was occasionally violent.

No hereditary predisposition existed as far as could be ascertained, and this was the first attack of insanity.

Mentally he had at the outset of the attack been very dull, and becoming more so, and very hypochondriac in his fancies. His bodily health had been tolerably good. He had been dangerous, but had not attempted or threatened suicide.

On admission he was found to be above the average height, well built, and in fair bodily health. *Mentally* he laboured under melancholia; was most dull and desponding. His memory was good; he could speak coherently, and answer questions correctly, but could not carry on a conversation owing to his always recurring to his bodily condition, which he described thus—that his belly was so much swollen that he could not take any food, that he never got anything through him, and that when he took castor oil it came away without moving his bowels. Nothing unusual was noticed as regards the state of his abnormal viscera.

April 1.—*Mentally* remains the same as at admission, is in better bodily health, works on farm. No one can speak to him, or ask him a question, without his saying, “I can’t get ought through me. Will you give me some medicine; I am about burstin’.” His bowels, however, are regularly moved, and he takes his food fairly.

July 1.—Little change at times; refuses his food, saying that he is “bunded up.”

October 1.—A short time ago refused his food for three days, and had to be fed once with the stomach pump.

Little change is reported to have taken place in the mental or physical state of the patient up to October, 1867, when he had again on several occasions to be fed with tube, owing to his persistent starvation on the ground that his intestines were full.

During 1871, on several occasions, he had to be fed.

In 1872 he was most miserable in mind, frequently contemplated committing suicide, and at least on one occasion attempted to strangle himself; he very much wanted to hang himself with his braces, and on several occasions tore his rectum and anus most severely, thinking that his passage was shut up. He went about the wards shouting that he had “forty days’ meat in his belly,” that he was “bunded up,” &c., and, if permitted, would spend most of the day

on the water-closet. A dose of medicine always produced an alvine evacuation of normal colour; but owing to the patient's dirty habits, and to the practice which he said he was forced to, and which he termed "howking himself," the form of his stools could not be accurately ascertained. During this year both his ears became slightly swollen (the insane ear), then shrank, and became much misshapen.

During 1873 he gradually got weaker, his body shrinking in, and altogether showing markedly the ravages of age. Mentally he continued as before; his memory good, when for a few minutes he would speak of any other object than his intestines. He frequently had to be threatened with feeding, in order to make him take sufficient nutriment. He on every opportunity implored the medical officers for aperient medicine, which for a considerable time he had been getting at stated intervals.

During the first half of 1874 he was, if possible, more miserable than ever, and at several times caused serious hæmorrhage from his rectum by "howking himself." On October 16th, having gradually got weaker, without any marked symptom of any special disease, he died; almost his last words were that he had forty days' meat in his belly.

J. W.—Autopsy 30 hours after death.

External Appearance.—Body most thin and emaciated; no marks of injury, but bed sore over right trochanter and sacrum; both ears shrunken, thickened, and misshapened.

Head.—Skull cup thick, soft, *diplœe* well marked.

Dura mater rather tough and leathery; arachnoid thickened and opaque; pia mater stripped cleanly off convolutions. There was an abnormally large amount of fluid under the membranes, and the convolutions were considerably atrophied. Section of brain showed it to be rather softer than normal. Sufficiently rich in puncta in some parts; at base of brain it presented a slightly reticulated appearance from shrinking of minute vessels. The floors of the lateral ventricles were studded with small granulations.

Cerebellum was soft; medulla very pink in colour. There were no granulations in the floor of the fourth ventricle.

Chest.—Both lungs slightly adherent by old fibrous bands. The lower and posterior portions of both lungs were in a state of considerable passive congestion. In the lower lobe of the left lung, at its outer surface, there was a large vomical containing dark grumous fluid, and on the pleural coat of the lung there was outside the cavity some deposit of grey tubercle.

Heart.—The coronary arteries were very atheromatous. The valves were competent. The mitral valves slightly thickened; muscular substance seemed normal.

Abdomen.—Liver normal, duct from gall bladder and pancreas patent. The gall bladder contained a considerable amount of thin bile.

Spleen soft, and dark on section.

Kidneys slightly fatty.

Stomach normal, contained some food; small intestine normal through its course; large intestine contained a considerable amount of rather hard, yellow fæces. The large intestine, 50 inches from the caput coram, and $2\frac{1}{2}$ inches above the sigmoid flexure, had a very constricted part 3 inches in extent (dried specimen shown), and $\frac{6}{10}$ th of an inch in diameter. Above the structure the gut was two inches in diameter.

The portion of gut below this to the anus was normal in calibre.

The weights of viscera were normal, with exception of lungs, which were abnormally heavy.

J. W.—Admitted June 22nd, 1868. Male; 61 years of age. Married. Agricultural labourer. First attack of insanity, no hereditary predisposition as far as known, but brother a patient in the asylum. No cause could be assigned for the attack. He is stated to have been insane for two months; previously he had been a steady, hard working man. The first mental symptoms noticed were great dulness, hypochondriacal fancies; latterly he had become worse, very melancholic, and suicidal. He complained much of abdominal discomfort, indigestion, and costiveness.

On Admission he was found to be a middle-sized man, old looking for age; his body was free of marks of injury; his tongue clean. Temperature 97° . Pulse 60. Skin and conjunctivæ slightly tinged yellow. Bronchitic rales heard over both lungs. Abdominal viscera seemed in normal state.

Mentally he laboured under melancholia, was most dull, and miserable; wringing his hands, complaining that he can get “nothing through him,” “that his belly is much swollen,” wishing himself dead, that he could be hanged, &c.

July 3.—Patient has been most miserable and dull since admission; if permitted would spend most of the day on the water-closet, trying to defecate; and even after his bowels have been cleared out by the action of medicine, persists that they are full, that he needs medicine, and, though not so noisy as his brother, goes about complaining, in almost the same words, that he is “bunged up,” &c.

I find that he continued in the wretched mental state described up to October, 1869. He had been treated with vegetable tonics and blue pill, frequently repeated. As it had been noticed that his stools were clay coloured, and as his bowels were very costive, aperient medicine had been given to him at intervals. In the beginning of October he took a severe attack of bronchitis, for which he was put to bed, and appropriately treated. He refused his food entirely on the 17th of Oct., saying that he was going to burst, he was so full that he could get nothing through him, &c. He was fed twice a day with the stomach pump up to the 24th of October, when, owing to his most exhausted state, his struggling to resist the feeding, and especially his having almost died

from suffocation by the accumulation of mucus in his throat during paroxysms of coughing while being fed, it was deemed unsafe longer to feed him. Enemas were given him several times a day, and small quantities of liquid food were taken by him by mouth. He sank, and died on November 2nd, 1869.

T. W.—Autopsy 41 hours after death.

External Appearance.—Body of middle-sized man; extremely thin and emaciated; abdomen discoloured by commencing putrefaction.

Head.—Scalp thin; skull cap dense in structure, *diplœe* almost obliterated. Dura mater normal; pia mater thickened, and somewhat opaque. The whole brain was very œdematous. Fornix almost diffuent, and corpus callosum of either side extremely soft. The optic thalamus of left side was in a more softened state than the right. The cerebellum was abnormally soft and œdematous.

Chest.—Both lungs slightly adherent to parietes by old adhesions. Right lung very solid and heavy; on section the upper lobe was found of a light colour, and to have fibrinous and tubercular deposit through the lung tissue. The lower portion of the lung was much congested, and contained innumerable small points of tubercular deposit. The lower lobe of the left lung was congested and full of minute points of tubercular deposit; its upper lobe was slightly congested, and contained a few small deposits of tubercle. The bronchi were full of mucus and pus; lining membrane much congested.

Heart contained no clot; its valves were competent; its muscular substance pale and flabby.

Abdomen.—The œsophagus and stomach were normal; the latter was empty.

Liver slightly dark in colour, otherwise appeared normal; gall bladder very small and shrunken; its walls were very much thickened, it contained a little black bile. The gall bladder and pancreas had separate ducts entering to the duodenum, that from the pancreas entering lowest. The duct from the gall bladder was not patent at its termination; it ended in a *cul de sac* of the intestinal wall. The wall of the intestine was thickened at this part, and looked like an ulcer inside of the intestine.

Spleen appeared normal.

Kidneys normal. Intestines examined found normal. Clay-coloured *fœces* in large intestine.

The weights of the viscera were normal for the size of the body, with the exception of the lungs, which were very much heavier than normal.

Remarks.—The patients were brothers. The morbid mental manifestations made their appearances in each of the cases at about the same age. The brothers had not been living near each other, nor had they seen each other for some years until they met on the admission of T. W.

Though inquiry failed to elicit any history of hereditary predisposi-

tion in these cases, yet in the counties of Cumberland and Westmoreland much intermarriage has taken place, and during the year 1873 hereditary predisposition was known to exist in 42 per cent. of the cases admitted. In both these cases the mental state was almost identical both as to the primary symptoms and also as to the progress of the case. Great depression, suicidal longings, feelings of abdominal discomfort, and costiveness were the prominent symptoms.

In J. W.'s case the stricture of the large intestine appears to me fully to account for the mental phenomena; and in the case of T. W., the occlusion of the bile duct stopping the supply of bile to the intestines, and thus defrauding them of their natural stimulus, and also causing a certain amount of blood poisoning, seems to me an ample cause for an attack of melancholia. No doubt the patients were both advanced in years, which rendered them more liable to be affected mentally by their physical state. As to the visceral lesions, the stricture of the large intestine was in all probability the result of a dysenteric ulcer.

The occlusion of the bile duct was probably the result of some acute inflammatory mischief, but as most of the relatives and friends of both these patients were dead, or have left the locality in which they lived, I have been unable to get an account of their former bodily health, or a history of any former illness.

Nitrite of Amyl in Epilepsy. By JAMES A. PHILIP, M.B.,
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The following notes of my experience of this drug may be interesting:—

It was tried in several cases, all epileptics of some standing, and in doses varying from 3 to 20 drops.

At first a chloroform inhaler was used, but an oil-silk cone, with blotting paper inside, was found more convenient. Three male epileptics inhaled twice a day, for about six weeks, beginning with three drops and rising gradually to 20 drops. In none of these cases did any benefit result.

In several other cases nitrite of amyl was used. I may mention the following:—

A male patient had a fit during the night, four before 11 a.m., an inhalation of amyl at 11 o'clock, and another fit at 3.30 p.m.

In a second case the fits were somewhat peculiar. He first uttered a humming noise, then began to run and jump about, shouting all the time and taking no notice of anyone. He soon fell down, and was convulsed for a short time, after which he soon began to return to his usual state.