

point of view I do not think Christmas has passed in any degree less comfortably.

*Case of Acute Mania occurring in a Boy.** By M. B. RAY, M.B., L.R.C.P.Ed., Assistant Medical Officer, West Riding Asylum, Wadsley.

The following case of acute mania is of interest chiefly on account of the fact that it arose at a time of life when one does not expect to find acute insanity. Of course cases have been recorded as occurring in very early life. Puberty is, however, generally looked upon as the first critical period in the life of the individual.

The age of the boy, fifteen, might make one inclined to regard the case as one of pubescent insanity; but as there were practically no signs of puberty present, I think we are justified in regarding the case as one of acute insanity arising during boyhood.

I recently had a case of acute melancholia in a girl under observation, the notes of which were published in the *Quarterly Medical Journal* for April, 1897.

The patient, J. W., a boy aged 15, was admitted into Wadsley Asylum on 6th September, 1897, under the following medical certificate.

Facts observed.—"Rambles and cannot keep still a moment. Shouts and talks nonsense constantly; cannot speak connectedly for a moment. Talks about cutting peoples' throats."

Other facts communicated.—"Father states that patient has been off his head some days. Has had to be held in bed, and cannot keep quiet a moment. (Not epileptic, suicidal, or dangerous.)"

Has been insane four days. Cause stated to be the death of his mother. Family history good. No relatives insane as far as can be made out.

History of onset.—His mother died some months previously, and the lad had brooded a good deal over it. He is of a neurotic habit, and was often noticed to worry over small matters. The first noticeable action that he did was to tell one of his Sunday school teachers that he intended to make a speech the next day at a meeting he was in the habit of attending. As he was of a shy, retiring disposition, this naturally excited some comment. He rose the following day, which happened to be Sunday, went to Sunday school and church as usual. In the evening he suddenly began to sing and became very restless, walking about the room and putting

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the pictures, &c., straight. On retiring to bed he talked and rolled about, shouting and singing, and at times seemed in great fear. His father tried to soothe him, but without avail. He remained very restless and excited during the next few days, and it was found necessary to remove him to the asylum four days later.

State on admission.—A boy of somewhat under the average height for his age, thin and ill-nourished. Shoulders high, with slight stoop. Hair light brown; irides brown; pupils equal, and react to light and accommodation; palatine arch normal; eyes placed widely apart; skull broad in frontal and parietal regions. The voice is still shrill, and there are practically no signs of puberty present.

Respiratory system.—Expiration prolonged at right apex; has a short dry cough at times.

Circulatory system.—Normal.

Alimentary system.—Tongue furred; breath offensive; bowels irregular.

Nervous system.—Knee-jerks almost absent on both sides; no clonus; superficial reflexes normal; gait, co-ordination, and speech normal.

Mental state.—He has a wildly excited appearance, stares about him, and points to surrounding objects and people; he is very restless, constantly struggling and turning about; tries to climb up the doors and walls of the room; rolls about on the bed, stripping off his clothing. He is very resistive, and resents anything being done for him. He keeps up a continual incoherent chatter, will not converse or answer questions; repeats in a perfectly meaningless manner any phrase he may hear in the ward. Has probably hallucinations of both sight and hearing.

Progress of case.—For the first few days he remained very restless and excited. He then became quieter, but inclined to be very emotional at times. During the next few days he improved rapidly, and became quite cheerful, rational, and orderly. For about a week he continued improved, when he had a relapse, which came on suddenly. He had been talkative during the night, and next morning was again very restless, excited, and dirty in his habits. He remained in this state for about four days, and again began to improve. He was soon much quieter and more settled, but at times was very emotional for no apparent reason. He then developed suspicions about his food, saying it was poisoned, and that his mother had been poisoned. He also said he was being influenced by evil spirits, which he attempted to exorcise by various antics. He continued in this deluded irrational state for about a week or ten days, when these ideas gradually faded away, and he was practically convalescent two months after admission. He was discharged on a month's trial a fortnight later, and finally discharged "Recovered" on December 30th, 1897.

Discussion.

Dr. McDOWALL, after thanking Dr. Ray for his paper, said that it was curious that the same subject had been treated by Dr. Fletcher Beach at the meeting of the South-Eastern Division over which he (the President) had recently presided. He could not call to mind that he had ever met with similar cases to those recorded by Dr. Ray, though he had frequently met with moral insanity in children, of which he quoted instances.

Dr. BAKER (York) thought such cases should not be sent to public asylums if any other provision could be made for them.

OCCASIONAL NOTES OF THE QUARTER.*The Darenth Scandal and Scapegoat.*

The members of our Association must have read with amazement of the dismissal of a medical officer by the Metropolitan Asylums Board on a report by a special committee, which gave no adequate reasons for thus ruining the career and blasting the prospects of a medical man who had served them for sixteen years, with such honour and ability that he had been promoted to the post of Acting Superintendent.

The facts of the case are as follows:—A female patient in the Darenth Imbecile Asylum was reported in July last by the Acting Superintendent (Acting Superintendent under the Asylums Board means Superintendent's work with Assistant Medical Officer's pay) to the chairman of the committee as being *enceinte*. The patient made a charge against a lay official (since dismissed for another offence). Counsel was consulted by the committee in regard to the possibility of prosecution, and a communication was made to the Commissioners in Lunacy. The patient died in November from exhaustion after childbirth. It should be noted that the patient became pregnant at a date prior to the appointment of the Acting Superintendent.

The special committee appointed to investigate the case reports that the Acting Superintendent (and his assistant) "spared no pains and neglected no attention to the patient during her confinement;" but they make a leading count in their indictment against him that "he committed an error of judgment in undertaking the delivery of the woman."

The other counts of the indictment are—that no entry was made in the case book that the woman was *enceinte*; but, considering that the chairman, the committee, the Commis-