

invalid ever since. The man had had syphilis severely, had been a drunkard, and was in an advanced stage of general paralysis. They were, therefore, both cases in whom we might expect to find the state of bone Dr. Ormerod has so minutely described to us in the *British Medical Journal* of September 10th, 1859. This, after careful examination, Dr. Ormerod himself fully bears out; and I also can, from personal observation, bear testimony to. As Mr. Jowers said, the ribs of the woman snapped like a dry twig, and I saw him push a small scalpel through a rib of the man almost as easily as if it had been only a shell. Therefore, the diseased state of the bones being allowed—and I think that after such experienced evidence as Dr. Ormerod's, that cannot be disputed—I consider we may be fully justified in reasoning that a small amount of force during life might have broken the ribs of these patients, and that it is quite possible, remembering the very restless, aimless ways these poor creatures had, the fractures may have been due to irregular muscular action. Indeed, it must be remembered that the woman ascribed her injury to such a cause, distinctly telling me, as I have already stated, that she did it on the night of the 15th of July, when lifting the heavy pads about in the padded room.

I have purposely refrained from detailing the medical treatment pursued in these cases, thinking it foreign to the point at issue, and that it would only tend unnecessarily to swell the bulk of this communication.

I believe Dr. Ormerod contemplates writing a paper, carefully describing the pathological changes he has detected. Such a paper cannot fail to be of great interest.

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## OCCASIONAL NOTES OF THE QUARTER.

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### *Masked Epilepsy.*

The following account of an interesting and instructive example of masked epilepsy is contributed to the St. Bartholomew's Hospital Reports by Dr. Thorne Thorne:—

H. S., a coachbuilder, aged 36, of temperate habits, was admitted into Luke Ward, under the care of Dr. Andrew, on January 12, 1868, for an attack of subacute bronchitis. He is reported to have become, about a week after his admission, "strange in manner," and on several occasions he made the complaint that his wife was looking in at the window of the ward. He subsequently became quiet, but somewhat similar symptoms recurred about every third or fourth day. One

night he suddenly jumped out of his bed, and rushed wildly to the door, which he had no sooner succeeded in opening, than he fell prostrate on his back. He seemed to retain consciousness, and was immediately led back to his bed, but he offered no explanation of his extraordinary conduct. Attacks of mental excitement, associated with delusions such as the one above named, and periods of mental depression occurred occasionally during a stay of about a month in the hospital; but in the intervals his manner was calm, he was cheerful, and he was always most willing to make himself useful in the ward. His attack of bronchitis being cured, he was discharged on February 15, 1868. The patient subsequently came under my observation, and has off and on remained so up to the present date.

It appears that fourteen years ago, after prolonged exposure to the sun's rays, he suffered from very severe pain in the head for about three weeks. Eleven years ago he had an attack of acute rheumatism, and a blister was applied to the cardiac region, but no morbid sound can now be detected. After this illness he suffered from occasional attacks of dimness of sight and of trembling; the pain in his head also returned, and has since then never been absent for any length of time. In 1861 he was married, and he is now father of several apparently healthy children; the same symptoms, however, continued, and he, in addition, began to experience a sensation which he described to me as being like that felt "on handling an electrical instrument." These symptoms were always increased by any mental anxiety. He now suffers at irregular intervals from a severe pain, which, starting from the occipital region and passing through the head to a spot above the right orbit, is likened by him to the sensation which would be produced by "boring an iron instrument through his brain." It is accompanied by dizziness and some impairment of vision. Four or five years ago he had several attacks of well-marked epilepsy with convulsions, and since then they have constantly recurred, increasing gradually in frequency until the present date, when he has one on an average about every third week. The attacks are always preceded by a sensation of cold and trembling; they are associated with sudden loss of consciousness and clonic spasms, and are in every way characteristic of the disease. After one of these seizures, which took place in April last, and which was followed by prolonged insensibility, he found that he was unable for some time to raise his right eyelid. There is at present no ptosis, but he complains that the eyelid is at intervals spasmodically drawn up. He is also the subject of undoubted attacks of petit mal.

Here, then, we have the history of a well-marked case of epilepsy, and in addition the occurrence of a peculiar train of mental symptoms, the most prominent of which are temporary delirium and confusion of thought, associated with sudden disorder of action. The great importance of these secondary symptoms might, however, have passed unnoticed, had it not been for the subsequent history

of the patient, which, as will be seen, renders it imperative that we should consider them as signs of the *epilepsie larvée*, described by Morel and Falret.

Prior to the admission of H. S. into the hospital, he had never suffered from any morbid mental symptoms, but during the two years which have elapsed since that date, these symptoms have recurred in a most marked and serious form. On several occasions he has suffered from a condition of mental depression which has gradually been transformed into one of acute mental excitement. His countenance then becomes wild and his intellect confused; he will snatch up a knife, and loudly declare that he will kill his children. He rushes after them as they in their terror seek to hide themselves, and after his wife has removed everything with which he could either injure himself or others, and has locked herself with him in a room, in order to endeavour to pacify and control him, it has on more than one occasion required all her strength and tact to prevent him from succeeding in his desperate attempts to throw himself out of the window of his house. After remaining in this state of excitement for several hours, or even for an entire night, he gradually becomes tranquil, and as a rule sleeps. Both he and his wife assure me most positively that on awaking he has but a dim recollection that he has in any way been ailing, and none whatever as to what he has said or done during the paroxysm. These attacks are preceded by the same premonitory symptoms, namely, a sensation of cold and trembling, as those of ordinary *grand mal*, from which he suffers, and they afford an excellent example of how this form of the disease may be replaced by the condition which has been termed *Masked Epilepsy*, a condition in which the regular attacks of epileptics are represented by a vicarious disorder of the mind, which manifests itself in the sudden development of a state of fury, is often associated with destructive tendencies, is developed after the appearance of the ordinary prodromes of the disease, and as a rule subsides as rapidly as it commences, leaving behind it in the memory of the patient a perfect blank, the whole mind having, as it were, been occupied with the great convulsion which has taken place within itself.

Complete as is the history of H. S. up to this point, it is yet further interesting from the fact that the condition known as epileptic vertigo has also on several occasions been replaced by substitutionary psychical phenomena. The patient, who has often returned to his home without being able to give any account of what he has been doing, or of where he has been, has, during this state of mental confusion so well known amongst epileptics, been the subject of that form of impulsive insanity, behind which so many, whose only ailment is vice, take shelter, namely kleptomania. On one occasion he was observed to be suffering from considerable mental dullness, and on his person were found parcels of violet and other scented powders, which he could have had no object in purchasing, and of which he declared most emphatically that he knew absolutely nothing.

It is impossible to over-estimate the importance of such a case from a medico-legal point of view, because though persons suffering from masked epilepsy may be, as this man was and still is, able to follow their daily avocations, yet they must necessarily be considered as placed, at least during the continuance of their attacks, quite beyond the category of healthy and responsible minds. Volition is in abeyance, and hence responsibility must be so also. The recital of the above facts also brings prominently before us the necessity of carefully enquiring into the history of every case of sudden murder, suicide, or other form of impulsive action which, when performed under the influence of a diseased mind, is classed under the term impulsive or instinctive insanity. The first morbid impulsive act of H. S. was to rush madly, and apparently without reason, to the door of his ward, but he might just as easily have made some blind and senseless murderous attack upon a fellow-patient. In his case the previous history might, perhaps, under such circumstances, have been deemed sufficient to explain the nature of the sudden outbreak, but a patient whose first symptoms of epilepsy consisted in a mental instead of a physical convulsion, would not have that advantage, and in the present state of our law, which declares a man to be responsible for an action unless it can be proved that at the time it was committed he did not know its nature, and was unable to distinguish between right and wrong, he would most certainly have to bear all the consequences of his act. That somewhat similar cases do at times come before our courts of law is undoubted, and that we must at all times be prepared to meet with them, and suit our action to their special requirements is equally clear. H. S. has already commenced his medico-legal career, for last September I was suddenly informed that he had been arrested for stealing his fellow-workmen's tools. Being interested in his case, I visited him at once, and found him in a state of mental excitement such as could not be alone accounted for by the painful position in which he found himself placed, but he most positively declared that he had not stolen the articles which had been found in his possession. His well-known honesty and his previous history left no doubt on my mind that, during a condition of epileptic vertigo, he had been the subject of kleptomania, and on giving evidence in his favour to that effect, the charge was, after a remand, withdrawn, and he was released.

It is perhaps unfortunate that the act he committed was not of a more serious nature, for had such been the case he might have been declared to be of unsound mind, and have been removed to an asylum, which is in reality the proper abode for a person so afflicted. As it was, however, when he was in prison, the medical officer in charge was unable to declare that he could at the time find indications of mental unsoundness, although, having previously heard of the earlier symptoms of his disease, he could not doubt that such indications had from time to time manifested themselves. How long it may be before some masked attack impels the patient to the commission of some serious

criminal act it is of course impossible to say. Such a result is, however, one which must be held in view, for the diagnosis is a most unfavourable one, and cure can hardly be anticipated, masked epilepsy generally implying a more advanced condition of degeneration than that which is necessary for the production of ordinary epilepsy; the case of H. S., in addition, is highly significant of serious and irreparable brain disease.

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*French Maisons de Santé.*

In the "Journal of Mental Science" for April, 1863, in the *Occasional Notes of the Quarter* ("English Patients in Foreign Asylums,") we thus referred to a use made of the French *Maisons de Santé* by the Imperial Government:—*That the present French government, in their wild, hopeless efforts to suppress freedom of thought in the most intellectual nation in Europe, occasionally send noisy, political adversaries for temporary treatment in the Bicêtre, has been stated to us on undoubted authority.*

In our number for July 1869 we further noticed this point in another *Occasional Note* on an article in "The Cornhill" entitled *French Maisons de Santé*, where the personal experience of the author confirmed our previous statement. Our distinguished honorary member, M. Brierre de Boismont, favoured us with a letter in reply to this *Occasional Note*, of which we published a translation in the subsequent number of this Journal (October, 1869).

M. Brierre de Boismont says in this letter:—

I have just read in the July number of the *Journal of Mental Science* a passage which has much pained me. This is the beginning and the end of it: "One finds in history that it was in the time of Napoleon I. that *Maisons de Santé* first played an important part in the government as private state prisons . . . . Under the Bourbons, up to 1830, it was the turn of the Bonapartists to fill the *Maisons de Santé*; under Louis Philippe, the Republicans and the Legitimists were more or less shut up in them, and since the establishment of the second Empire it has been towards the persecution of political writers in country newspapers, or of too free-thinking students that *Maisons de Santé* have been directed." . . . . I have followed up with great care the complaints made by newspaper writers as to arbitrary detentions, but I do not know of a single decision which has gone against the director of any asylum, public or private, for this cause. The Chamber of Deputies contains energetic