

which took place. After its removal the bleeding returned, and I was fearful lest this should prove fatal by trickling into the trachea; however, by placing the patient on his side—a suggestion I am indebted for to my colleague Mr. Green—the blood flowed externally.

Suffocation by liquid food is fortunately of rarer occurrence than by solid, though, perhaps, not so immediately fatal. In such cases, however, I should now be disposed to open the trachea, and endeavour to remove the fluid by means of a syringe, as, I believe, by such a procedure life may occasionally be saved.

I have been asked why I did not treat this case on the principle enunciated by Dr. Marshall Hall for the relief of the epilepsy. My only reason for not attempting this experiment was that the case did not appear a fair one for trial, as the patient is hopelessly imbecile, and of such filthy habits that, had an artificial opening remained in his trachea, he would have been likely to suffocate himself through it.

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*Report of a Case of Acute Insanity ending fatally in eleven days, supposed to be due to Syphilis, and of the morbid appearances found.* By CEDRIC HURFORD, B.A., M.D., Resident Medical Superintendent, Moorcroft House Asylum, Hillingdon, Middlesex.

In the "Journal of Mental Science," July 1st, 1875, is recorded an interesting case of acute insanity ending fatally in a week, by Dr. Ringrose Atkins, of Cork. The similarity of the case to mine has induced me to place the following before the profession, trusting it too may prove of some interest:—

W. M., aged 21, was admitted August 21st, 1874. Tall, dark complexion, thin, but body fairly nourished; is said to have always been weak-minded; fond of pleasure and extravagant habits, which he indulged in freely. Maternal aunt is said to have died insane. Had no employment, the Stock Exchange being his chief resort. Contracted syphilis about 12 months ago, for which he was treated by a medical man; latterly, however, he took large doses of iodide of potassium on his own responsibility. About two months ago he became very eccentric in manner, would sit gazing fixedly for some time without speaking, but making a peculiar grunting noise. About a month ago he was placed in charge of a medical man, but his manner continued strange and peculiar, finally culminating in an attack of mania, with refusal of food, within two days of his admis-

sion. On admission he was very absent in manner, and lethargic. Was with difficulty roused to answer any question, but would repeat the question put to him. Pulse 100; weak; tongue white and furred; skin moist. No indication of syphilis, with the exception of a copious rash on the back and chest only, and this I considered acne. Heart sounds normal; respiratory system healthy. Being late in the evening when admitted, was ordered 30 grs. of chloral, and some nourishment. These he took.

22nd.—Slept about three hours, after which he became very restless, jumped out of bed, made for the door, knocked his head violently, ram-fashion, and when restrained, threw himself violently on the floor, and rolled round and round. He was not violent to those about him, but, if unrestrained, endeavoured to injure himself. In his violent struggles he was severely bruised about the joints and prominent parts of the hips and sacrum. Refused his food, but after a great deal of persuasion he took some. At times he would stand in the following position:—Head thrown forward, arms drawn up and thrown back, whole body rigid, eyes staring, teeth clenched, and making a peculiar noise by drawing the air forcibly through them; he would stand thus for some time, and then suddenly try and rush away from his attendants.

23rd.—Passed a very bad night, being very restless and violent, knocking himself about the room. Pulse 108, weak. Refuses his food, and obliged to feed him with the stomach tube. This I found great difficulty in doing.

24th.—Passed a quieter night. Still refuses his food, and I am obliged to use the tube. Pulse weak and rapid. The joints are looking slightly inflamed.

25th.—Had another restless night; occasionally dosed for a short time; is perfectly conscious of all that is said or done. When asked to take his food refuses by shaking his head and clenching his teeth. If fed by the spoon, after the mouth has been opened with the gag, he spits out whatever he gets, so that the tube has to be resorted to. Can't be got to stay in bed, and even when on the floor on a mattress, endeavours to roll off it. Bowels act regularly; passes plenty of urine; pulse weak and rapid; bruises about the body becoming inflamed, especially those situated over the joints.

26th.—No change; continues restless, and refuses his food, and I again used the tube. Towards evening he became very much quieter, and took his food.

27th.—Spoke to-day for the first time since the 22nd. Asked whether he would get well; where he was; says he remembered his being violent and obstinate, and having to be fed with the tube. Now regrets it, and says that he will do anything he is asked. Pulse very weak and rapid; joints very much inflamed; ordered poultices.

28th.—Had a restless night; complains of thirst; pulse 120; joints looking very much inflamed, especially the left elbow. In the evening the pulse was 132, and temp. 101°.

29th.—Slept a little during the night; had a very severe attack of diarrhoea; pulse 142, very weak; temp. 102°; tongue dry and furred; left elbow joint very much inflamed; œdema extending down to the wrist. Evening pulse, 142; temp. 102°; respiration, 36.

30th.—Patient much worse; is conscious; pulse 142; temp. 102°. Evening, much weaker; pulse very rapid; temp. 105°; semi-conscious; respiration, 40.

31st.—Patient continued to get weaker and weaker during the night, and died quietly at 7.30 a.m.

P.M. ten hours after death. Body emaciated; rigor mortis complete; great ecchymosis of elbow joints; rash quite disappeared after death.

On removing the calvarium found dura mater very adherent, especially along the longitudinal sinus, and rather thickened, a good deal of effusion at base of brain. On making a section of the brain, nothing abnormal was seen to the naked eye. On laying open the chest, found heart rigidly contracted, and quite empty, healthy in substance. Anterior surface of lungs anæmic; posterior portions gorged with blood, and rather firm in consistence. Stomach distended, chiefly with gas.

The treatment consisted in allaying the excitement as far as practicable, and the administration of food by means of the tube. After five days of acute mania the patient became quiet, submissive, and rational. He was now in a low asthenic condition, almost approaching the typhoid type, and notwithstanding all the necessary remedies having been resorted to, he sank four days after the cessation of the mania.

*Remarks.*—The points worthy of note in this case are—the determination evinced in refusing food, and in the endeavours to injure himself; the absence of any desire to injure those about him; after the subsidence of the mania, the regret expressed at what he had done, the assurance that he would do anything he was told, the anxiety about himself, and finally the extreme exhaustion which was produced, and the rapidly fatal termination.

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*Case of Death from Undetected Injuries.* By Dr. FRED. W. A. SKAE.

J. T., a cabinet-maker, was brought to the Asylum from Stirling by two policemen, on the 29th July, about 7 p.m. A certificate of emergency had alone been granted, and there was no further information regarding his case in the form of admission. He was about 30 years of age. He looked in bad health, exhausted, and miserable, and his head was bound up with a handkerchief. He asked the attendant to be careful in removing this, as there was a frightful gash underneath it. When it was undone, however, there was no wound to be