

The following are the conclusions which have been arrived at by the writer :

1. Plans upon the villa system and those consisting of detached blocks placed at a distance from the main building present disadvantages which outweigh the advantages claimed for them ; and such systems are not likely to become popular in this country and under the existing conditions as to management.

2. The division of an asylum into two portions—the acute and the chronic—almost equal in size, is open to objection.

3. The most suitable plan for an asylum in this country is one made up of distinct pavilions, each complete in its details, connected together and with the administrative offices by means of corridors.

(<sup>1</sup>) *Report of Metropolitan Commissioners in Lunacy, 1844.*—(<sup>2</sup>) *Hospitals and Asylums of the World*, Sir H. C. Burdett, p. 18.—(<sup>3</sup>) *The Construction and Government of Lunatic Asylums*, Conolly, p. 13.—(<sup>4</sup>) Burdett, p. 99.—(<sup>5</sup>) *On the Plans of Modern Asylums for the Insane Poor*, Sir John Sibbald, p. 15—(<sup>6</sup>) *Ibid.*, p. 20.

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### Clinical Notes and Cases.

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*Cases of Communicated Insanity.* By E. W. GRIFFIN, M.D.,  
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THE following cases are of interest as being of somewhat rare occurrence. A careful, if incomplete investigation reveals the fact that a sister's son, after "sunstroke," was treated to recovery in an American asylum, and remains well. But, as in so many similar instances here, nearly all the brothers and sisters emigrated to America, and have been lost sight of. However, Mrs. M— assured me that no case of insanity had occurred among her progenitors as far back as her grandparents, to her knowledge. Nor was there evidence of paralysis, epilepsy, hysteria, alcoholism, or phthisis. The mother is alive and well at the age of seventy. The father died a few

years ago at a similar age. I have seen the children of Mrs. M—, who are certainly not neurotic.

**CASE 1.**—Mrs. M—, married woman, æt. 50, farmer's wife, educated, was admitted into Killarney Asylum on 21st February, 1899. There was no direct hereditary predisposition, and the cause of the attack was attributed to anxiety about her sister's illness.

*On admission.*—She was much excited, talked continuously and incoherently. The friends informed the writer that they had experienced great difficulty in bringing her to the asylum. Pulse 85, full and bounding. Tongue furred, breath offensive.

*Since admission.*—Night nurse reported that patient walked about single room during the night, shouting, singing, and talking. Refused food. Is much exalted in manner and conversation, and cannot localise herself in time and space. Says she came here from America to attend her sister's wedding, and that several of the guests came into her room during the night. Is labouring under hallucinations of sight and hearing. Her delusions are evidently of a pleasing kind, as she danced, laughed, and sang continually whilst her case was being taken.

February 23rd.—Patient was fed with nasal tube last evening, and given calomel gr. iv. Bowels were moved three times during the night, and restlessness and excitement is not so marked this morning.

25th.—Still refuses food, and has to be fed twice daily. Gets grs. xx sulphonal in evening meal. Reported as having slept four hours during the night. Tongue cleaning. Pulse 80.

March 4th.—Patient has been taking her food for the past few days, and is sleeping fairly well at night. She knows where she is, and says she is sorry for the trouble she has given everybody. Has spent several hours in airing-ground daily since the 1st of March.

11th.—Is quite free from delusions and hallucinations of the special senses now, and she expresses herself as feeling quite well in mind. Remembers the events that took place at her home prior to admission, and says that she experienced a fulness and throbbing in her head for some days before she became insane, and a feeling that something dreadful was going to happen. Is sewing quietly in the ward, and takes the greatest interest in her sister, who is suffering from an attack of acute mania similar to her own.

18th.—Is quite coherent in her conversation, and rational in her manner. She is a sober, steady woman, and is very anxious to do anything that will expedite her recovery. Has been taking syrup of the hypophosphites (Fellows') during the past week.

The patient was discharged recovered on the 20th April, 1899.

**CASE 2.**—Mrs. T—, married woman, æt. 43, the mother of thirteen children, educated, was admitted into the Killarney Asylum 25th February, 1899. Had a mild attack about eighteen months ago, post-puerperal. The cause of the attack was the same as in the case of her sister, viz. over-anxiety about her sister's illness and want of sleep.

*On admission.*—The patient was noisy, violent, and impulsive in

disposition. Talked loudly and incoherently, and could not tell where she came from. Pupils dilated, equal. Tongue furred, and lips cracked. Pulse 90. Bruises on upper and lower extremities. In a state of acute maniacal excitement, noisy, shouting, laughing, gesticulating. Pays no heed to any questions put to her; laughs and puts out her tongue when addressed. Appears to have no memory, no self-control; is somewhat erotic. Fleeting delusions; talks about getting a sight of hell, heaven, etc. Laughing and singing loudly when not talking. Hallucinations of sight and hearing.

February 27th.—Had no food since admission, and did not sleep during the night. Was fed this morning with nasal tube, and given grs. iv of calomel.

28th.—Bowels were moved four times during the night, and the patient was reported as having slept from 2 a.m. to 6 a.m. Took 20 grs. of sulphonal at bedtime. Is still very noisy and restless in disposition. Took a fair amount of liquid nourishment to-day.

March 4th.—Is eating and sleeping fairly well since last noted, and is now capable of answering simple questions. Knows where she is, and was able to recognise her sister this morning.

11th.—Patient has improved in mind during the week, and is now able to converse rationally and coherently; is still exalted in manner and conversation. Slept without the aid of sulphonal for the past two nights.

18th.—Is now quite calm and rational in her manner, and walks about airing-ground with her sister, to whom she appears to be much attached. Is free from delusions and hallucinations of sight and hearing.

25th.—Patient became excited in dormitory on the 19th inst., and had to be removed to a single room. Since then she has been going on well, and had no return of the excitement. Sews industriously in the ward, and spends several hours every day in airing-ground. From this time forward the patient's progress was uninterrupted, and she was discharged recovered on the 29th May, 1899.

*History of cases.*—The two sisters went to see a married sister, Mrs. C—, on the 9th February, who was suffering from mental aberration, attributed to worry of mind and loss of sleep induced by an unsuccessful lawsuit prosecuted by her husband against a neighbour. It appears they nursed their sister a whole week by day and night, and had scarcely any sleep or rest during that time. They used to lie on the affected sister's bed at night trying to keep her quiet, as she was very restless, and talked the greater part of each night. Mrs. M— appeared to be all right when leaving on the 17th February, but developed symptoms of insanity next day. Mrs. T— became mentally affected on the 17th, and had to be taken home by her husband. They both attributed their attacks to want of sleep and rest. From the description of Mrs. C—'s insanity given to the writer by her friends and the two sisters in the asylum, it was somewhat similar to the cases above described, but of a much milder form. There was great restlessness, pleasing delusions, and hallucinations of sight and hearing. She recovered at her own house after a few weeks' illness. These two

cases may be described as examples of *folie simultanée* (M. Regis), and are undoubtedly striking examples of persons becoming insane from companionship, not in consequence of any direct transference of morbid ideas, but from the shock arising out of the painful impressions caused by witnessing the attack and the strain of nursing the patient. The important facts about these cases are—(1) The exciting cause was the same in both cases, viz. the illness of their sister, Mrs. C—, who may be described as the active agent in the matter. (2) The form of insanity and mental condition were exactly similar. (3) Quiet and uninterrupted recovery in both cases. (4) No direct hereditary predisposition or any marked neurotic tendency. (5) Both sisters were intelligent and well educated for persons of their class (farmers' wives). The sister who recovered and remains recovered at home suffered from periodical headaches and gastric derangements. She had no children. (6) All three sisters were devotedly attached to one another.

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*Major Operations on the Insane.—Notes of a Case of Cataract.* By Major J. H. TULL WALSH, I.M.S., Civil Surgeon of Berhampur; and Superintendent, Berhampur Lunatic Asylum.

I SEND the following notes in connection with Dr. J. H. Sproat's article on the same subject in the *Journal of Mental Science*.

Nimai M—, æt. 40 on admission to the asylum, 19th January, 1893. He committed rape on a woman in March, 1892, and appeared sane at his trial before the magistrate, who sentenced him to three years' rigorous imprisonment. He was sent to the Bhagulpur Central Jail, and was then in good health.

In his description roll it was stated that he had previously been insane, and the cause assigned was failure in business and loss of money. There is no reliable evidence that he was really insane, and no dates are given.

Shortly after admission to the Bhagulpur Jail, Nimai showed signs of insanity. He became quarrelsome, intractable, refused to work. He laboured under the delusion that he was illegally detained in jail, being sentenced to "one day's imprisonment only." He was certified as insane, and sent to the Berhampur Asylum.

On admission he was noisy, voluble, and incoherent; refused to do any work. He remained noisy and excited till July, 1893, when he became quieter as the result of treatment with chloral and bromide of potassium. He became worse again in 1894, and remained noisy and excited. He would sit in one place and scream all day. There was slight improvement in the beginning of 1898, but it did not last, and when I first saw him, in July, 1898, he was incoherent except in regard to