

A direct irritation of the cerebral substance by the particles of lead carried to it by the circulating blood, with a consequent disturbance of its functions, seems the most probable explanation. The further question arises: How far may we regard the state of the optic nerves as indicative of the condition of the brain, and particularly of the convolutions? In neither patient did the morbid changes in the eyes give much support to the idea that there was or had been neuro-retinitis; the appearance of the optic discs in Margaret I.'s case rather pointed to a primary atrophy of the nerves. Still, as fully three weeks elapsed after the commencement of the cerebral symptoms before it was practicable to make an ophthalmoscopic examination, possibly an inflammation may have existed and subsided, and the inflammatory products may have also been absorbed, leaving only a progressive wasting of the nerve. However, assuming that the wasting is primary, is it to be regarded as a descending morbid action extending from the centres in the brain with which the nerve is connected, either those in the upper basal ganglia or in the convolutions? If this be so, as is not improbable, the condition would be somewhat similar to what exists in progressive muscular atrophy, where, along with disease of the multipolar cells in the anterior cornu of the spinal cord, there is atrophy of the associated motor nerve fibres, as well as wasting of the muscles to which they are distributed. The mental recovery favours the idea that the hemispherical ganglia have not suffered, and the probable central lesion is therefore in the thalamus opticus, and other parts of the lower order of ganglia with which the optic nerve is connected. It is interesting to note that the restoration of the sense of hearing and of soundness of mind advanced nearly *pari passu*.

Cure of Insanity by Removal of a Beard in a Woman. By
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Mental disorder of a very simple kind may be often traced to the frequent repetition of some slight cause of irritation, the repetition having the most injurious effect. The effect of a constant or constantly recurring cause of disturbance may be seen to produce not only the simpler forms of mental disorder, but may also be recognised as a true cause of the gravest form of nervous disease. The mind may be upset, just as the temper may be ruined, by slight domestic worries; and this disturbance of mind may be followed by disease of the brain. In my ex-

perience, the brain is destroyed in general paralytics more frequently by constant causes of excitement or anxiety and worry, than by any sudden injury or shock.

We know that frequent recurrences of slight epileptic fits are more dangerous to the mind than are a few very severe ones; and this all points in the same direction to the danger of the more constant cause.

The stone is worn by the constant dropping, and not so much by the flood-tide.

The causes of worry are as varying almost as the individual, but we all recognise some as more efficient for one sex or one age than another.

The shy, self-conscious youth has worries which the man of the world does not feel; and the old man fears poverty, while the woman dreads loss of affection or dishonour.

To my thinking, the worry produced in a woman by any disfigurement is hardly sufficiently recognised. I have seen women with hairy moles whose lives were burdens to them; and in Bethlem we had one "pig-faced" woman whose insanity was associated with her appearance. In another case, a very broad-rooted nose, which gave the woman a very bull-faced aspect, was, to my mind, the chief cause of mental disorder. Facial peculiarities affect both young men and women in a similar way. They make them more and more self-conscious and we all know the terrible feeling produced by a persistent consciousness of something being peculiar in our dress or appearance.

The peculiarities may be slight or great. I saw one youth who wished to die simply because he could not control his blushes; and but for the fact that he was convinced that suicide was a weakness, he would have destroyed himself to hide his blushes.

Of the peculiarities, none are so potent as those which, in a woman, make her believe that she is no longer lovable. A woman who thinks that because of her aspect she is repulsive to husband and to children, is already far down the road to melancholia. These cases of peculiarity of appearance and self-consciousness with melancholia may be often met with in young people. Thus I have seen a girl who, as the result of torticollis, had unequal development of the sides of her face. She was unconscious of her peculiarities as long as she was guarded and educated at home, but when a change of fortune drove her to seek work, she found out her defect, and passed into a state of melancholia.

Again, these feelings may develop after some severe illness, like small-pox, which has altered the appearance, or they may follow the loss of one of the senses, such as sight or hearing; but in these cases other forces are concerned in the upset.

A more common group of cases is that occurring about 40 and later. Single women have come to the conclusion that they are not attractive, and magnify some defect; and married women, fearing the loss of their husband's love with the change in their own feelings, may become morbidly self-conscious or jealous. If at this period any bodily peculiarity appear, the morbid mental growth may rapidly develop. Skin eruptions, or the growth of hair on the face, are the most common sources of trouble.

I would here say that these hair-growths are common, as we all know, among insane women, and in many cases do not in any way affect the mental state; but there are other cases in which the mind, already unstable, is completely upset by the constant worry about the unnatural and disfiguring growth. Such a case I have to describe, and one in which surgical treatment was associated with complete recovery.

Mrs. E. E. G., admitted December, 1884, married. Paternal aunt insane and one brother phthisical. Patient always nervous and easily depressed, but of a cheerful temperament. Aged 38. Four living children, two miscarriages during past six years. In 1883 had a premature labour, and suffered from some uterine trouble later. She was sober, industrious, well-educated, and in comfortable circumstances. The cause assigned for her insanity was a recent growth of hair on the chin. The earliest symptoms noticed three weeks before admission were sleeplessness, depression, restlessness, and a wish to die. She said she was no longer any good to her family, that she had committed all sorts of crimes, and was accused of sins. She had no longer any affection for her children; she attempted to kill herself by strangulation and by precipitation; she thought she was damned.

On admission she was described as being a thin and spare woman, who had the aspect of profound melancholia; she had to be fed with a spoon.

Within a week there was some slight gain, as she slept better and voluntarily took her food.

In February, 1885, it is noted that she was doing needlework, but was still dull. Her chest was examined, and there was no sign of disease of the lungs.

Early in March the report is still more favourable, but toward the end of the month she suddenly broke down, and it appeared that all her quiet and calm were assumed, as she cried vehemently, and

accused herself of producing all the illness and madness in the Hospital.

By June there appeared to be real gain, and she was allowed to go out with her husband for a day at a time, and after these visits she appeared better, though she still said we were all too good to her.

In June she was sent to the Convalescent Hospital at Witley, and on July 4 she escaped, and was lost for two days, having cleverly managed to wander away from roads and to conceal her excitement and unreason. She was discovered on July 6 near Dorking. She said she had slept one night in the woods, and one in Godalming churchyard, and she had taken only one glass of milk during her absence.

She says her escape was the result of a sudden impulse, but the appended letter, which was found among her clothes, renders this doubtful.

[*Copy.*]

“ July, 1885.

“ They will not kill me here. I quite thought they would, so I must kill myself, I cannot go on living (or rather existing for I cannot live), killing people every minute, putting thoughts into their heads even that never came into my own. How I do it is, and must remain a mystery; it is something too awful to harm people and not be able to help it. I ask you would anyone do it if they could help it? It is misery after misery. Why does God permit it? Why not let me fall dead or take the power away? I cannot explain it yet I am certain it is true and certain it is no one's fault but my own. By my death I hope to save all the rest. The Devil has been cruel to me because I had all to make me happy, such a good kind husband and dear children, a pretty home and every comfort, kindest of relations always good to me. None can forgive, but if they would or could forget I ever lived. And Fred, I pray and beg, live for the Boys' sake and your Mother's, and NEVER let the boys know I took my own life. They thought I came away because I was ill, let them in mercy to them, think I have died a natural death. I have had the baptism service, confirmation, marriage and churcing of women read over me; there remains but the burial and that must never be read. It is too awful to think of but I know it's true. And *all* this caused by the vile hairs on my chin—they have cursed my whole life, made a happy life miserable, taken away the power to enjoy it, until I see too late the folly of it. They and they alone made me think of such a dreadful thing as killing myself. Oh if only I had never thought about them at all! It seems such a trifle to cause the ruin of body and soul, and others too—more awful still.”

During July and August she remained very miserable, but when talked to admitted that she might have been insane, and even went so far as to acknowledge that she might not have done

so much harm as she had imagined, but all these confessions were wrung from her, and I believe she was in no way better. She was, as she had been before, occupied and industrious. She was now seen by Dr. Radcliffe Crocker, of University College Hospital, who decided on the possibility of removing the hairs from the chin and destroying the bulbs by galvano-puncture. The patient appeared pleased at the idea, and she was sent twice weekly for several months to Dr. Radcliffe Crocker, who with the utmost care and perseverance removed the hairs, one by one, introducing a needle cautery into each follicle, once or more frequently. At each sitting from 10 to 40 hairs were removed, the patient submitting most stoically.

With the treatment little change appeared at first, but as the offending hairs became reduced in number, and did not reappear, she steadily improved, and after 900 hairs had been removed and destroyed and the chin left with only a slight, smooth scar-like aspect, she was sent home on trial, on December 23, for one week; and from time to time further trials were made, till in February she went for a month, and in March she was discharged recovered, now thinking life was worth living, and that home was happy and desirable. She had lost all morbid self-consciousness and all self-accusing thoughts.

There remains little more to be said about the case, and it will stand or fall by itself. We all know that cures occur as coincidences of treatment, and that there are very few perfectly trustworthy experiments possible in so unstable surroundings as are provided by the human body.

In this case some may say time was the chief element in the cure, others that the attempted escape acted as a stimulant, others, more reasonably, to my thinking, that hope of relief from the chronic cause of worry was established, and that the hope, not the depilation, was the efficient cause.

Anyway, the patient recovered, and the case is sufficiently interesting to suggest similar trials in future.

Case of Ovariectomy in an Insane Patient. By R. PERCY SMITH, M.D., Assistant Medical Officer to Bethlem Royal Hospital.

Annie S. R., aged 33, single, engaged in domestic duties at home, was admitted into Bethlem Hospital on September 8th last.

There was no family history of insanity, but one brother had died of phthisis.

The patient had always had somewhat delicate health, and had scarlet fever some years ago. Beyond this there was no history of any definite illness, and she had never before been insane. Recently