My only answer is that in no text-book that I know of are the physical signs of insanity set forth or mentioned as evidence of brain disease. Perhaps it is a question of description and expression; still the proper expression of facts is surely a matter of importance.

We have to-day in medicine, and in our speciality in particular, a vast and unwieldy accumulation of facts. It seems to be forgotten that the proposition of hypothesis is a necessary part of induction, and that without theory there is no useful observation. Let us be unafraid then of cultivating a wholesome imagination, corrected by, and not in opposition to, observed facts.

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## *On some of the Rarer Skin Diseases affecting the Insane.*

By THEO. B. HYSLOP, M.D., Medical Superintendent, Bethlem Royal Hospital; Lecturer on Mental Diseases, St. Mary's Hospital; Demonstrator of Psychology, Guy's Hospital.

IT would be quite impossible during the few minutes at my disposal to deal in an exhaustive manner with the numberless varieties of skin affections met with in asylum practice. I have therefore selected from an immense mass of material a few of the rarer affections, and shall deal with them in such a way as to call for your experiences and criticisms rather than make any personal attempt to lay down the law with regard to any of them.

While fully recognising that some skin diseases may be classed among the neuroses, I believe that several writers on this subject have classed as neuroses diseases which are not more prevalent among the insane than the sane, and which on inquiry have no distinct relationship or evidence of neurotic origin. All asylum physicians are familiar with the brown muddy tints in mania, the cracked and scurfy conditions in melancholia, hypochondriasis, and stupor; also the brown discoloration in general paralysis somewhat suggestive of Addison's disease. Attention has also been directed to pallor, leaden hues, mottlings; the wine-coloured skin of dements; the semi-

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transparent, thin, pale, glossy skins of the scrofulous; the ecchymoses of dements and paralytics, and the so-called "insane fingers." I shall in this paper, therefore, take little or no account of these, or of the various affections of the hair, nor shall I deal with the innumerable perversions of the cutaneous senses. My remarks will be confined to the questions of—

Anomalies of pigmentation.
Pseudo-pellagra.
Herpes.
Pemphigus.
Adenoma sebaceum.
Feigned diseases.

## *Pigmentation.*

I shall not discuss or even mention some of the various unhealthy conditions associated with the abnormal deposit of pigment in the tissues of the skin. The pigmentation due to diseased states of the blood, as in ague, syphilis, malignant disease, chronic rheumatism, various cachexiæ, etc., are very well known, as are perhaps also the almost innumerable instances due to reflex irritation from the abdominal and pelvic viscera. Dr. Long Fox, in his book on the *Influence of the Sympathetic on Disease*, has cited a large number of authorities and cases. He there refers to the influence of certain violent emotions in the production and deposit of pigment, and regards emotional pigmentation as a sympathetic disorder. Other observers have reported cases in both sexes of partial pigmentation of the face due to anxiety. One such case (under the observation of Dr. Fox) was so marked as to give rise to fear of Addison's disease, but the pigmentation passed away when the anxiety was removed. Laycock quoted a case of a woman who during the French Revolution incurred the anger of the Parisian mob, and with difficulty escaped being hanged in the streets. Her terror caused a gradual black discoloration of the whole body, and this remained with her until her death thirty-five years afterwards. The tint was deeper on the neck and shoulders than on the face; on the face and chest the tint was the same; it was less deep on the abdomen and legs; the joints of the fingers were blacker than other parts; the soles, palms, and folds of the inguinal region

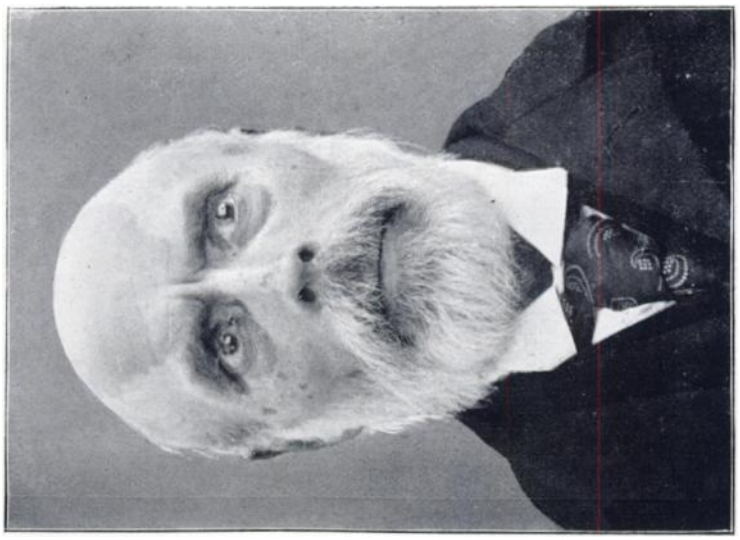
paler. In this case the change was gradual. In another case of Laycock's, an hysterical woman, under pressure of grief, showed melasma of the forehead, eyelids, and face, with hyperæsthesia of the affected surfaces. This condition occurred during successive pregnancies, therefore it is questionable how far it was of the reflex or of the emotional type.

I have here three photographs of a case of dementia showing well-marked pigmentation over the body. The pigmentation is of old standing and probably due to liver trouble.

The photographs (1 and 2) well illustrate this abnormal condition due to emotional causes. The patient became intensely depressed in consequence of long-sustained business worries and anxieties. There were symmetrical patches of brown pigment on his forehead, neck, fingers, and round his eyes. Later in the attack he developed patches on his penis and glans, also on his pubes, buttocks, anterior axillary fold, back, and thighs. The deposit of pigment on the forehead was confined to a V- or pear-shaped area having its angle at the root of the nose, and spreading upwards and outwards quite symmetrically to the supra-parietal region. At the end of a year he had become demented, but when he left us the pigmentation was gradually disappearing. I was unable to trace the case further. A case is quoted in the *Annales Médico-Psychologiques* for 1876 of *melanopathia* in a demented general paralytic. Slight darkening of the skin of the eyelids was first observed, and during eight days this discoloration increased in extent and intensity. Each side of the eyelids and skin over the malar bone presented an absolutely black colour, while a narrow black band crossed the upper part of the nose and united these patches. Seven days later the colour began to fade, and in fifteen days had completely disappeared. At no time were there any inflammatory signs or special mental symptoms. Irritation of the pelvic organs is accountable for discoloration either in patches or all over the face. Sometimes these patches are quite symmetrical, as in the illustration.

Dr. Swayne has published a case in the *Obstetrical Transactions* (quoted from Long Fox). The subject was a blonde of rather florid complexion, with brown hair and blue eyes. At the time of her confinement there was a peculiar appearance of the skin of both forearms and hands. There was a very general discoloration of the skin of the forearms, more

No. 3.



No. 1.

To illustrate Dr. HYSLOP'S paper.

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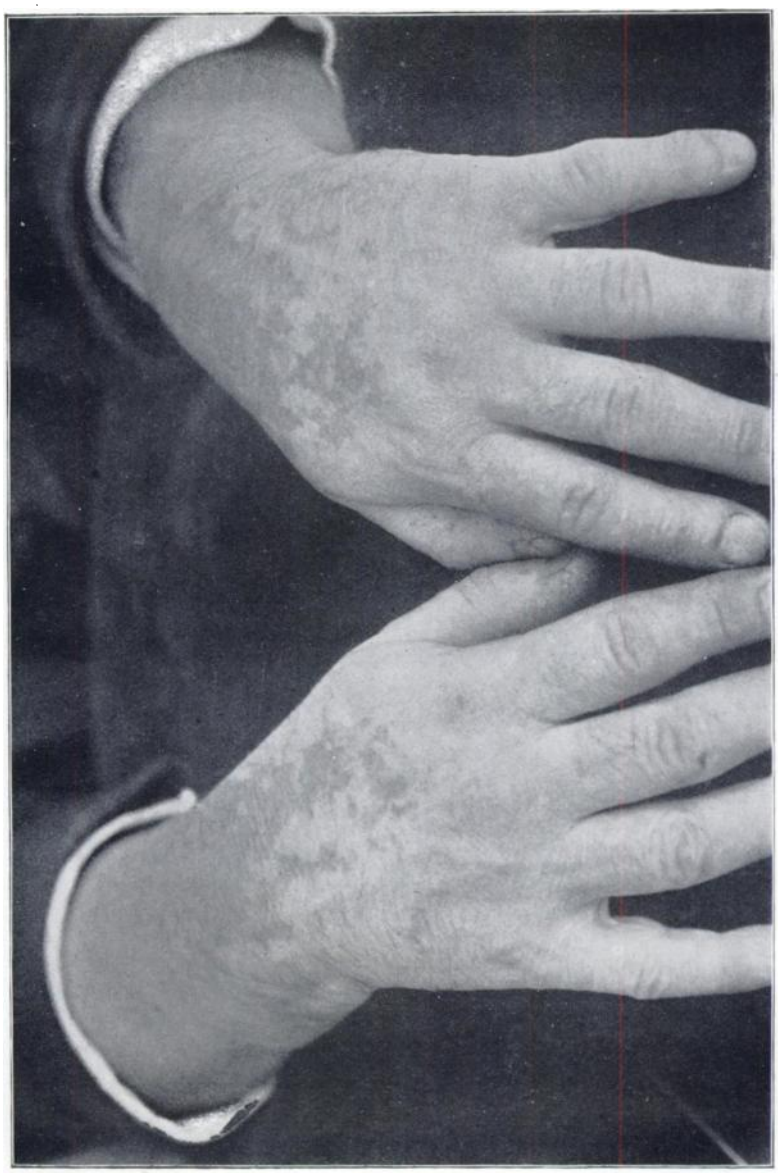

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To illustrate Dr. HYSLOP's paper.

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marked on the dorsal than on the palmar aspect. On the dorsal aspect it occupied all the surface of the arms, and existed in patches on the hands, the knuckles, and all the fingers. The skin in these spots was of a rich yellowish-brown colour, or as dark as the skin of a mulatto. The skin had been similarly affected in each preceding pregnancy, and the dark colour first appeared about the end of the third month, and increased *pari passu* with the development of the areola, until it attained its acme at the time of labour. After delivery it soon began to diminish in intensity, and in about three months had entirely disappeared. Her mother had two children, and in each of her pregnancies both the arms and neck were spotted in a similar way; and, being a very fair woman, the discoloration was still more evident than in the daughter.

*Pseudo-pellagra.*

I have seen three female cases in which the backs of the hands have quickly (within forty-eight hours) become intensely brown or even almost black, perhaps as the result of short exposure to the sun. This discoloration was in each case followed by desquamation. In none of the cases was I able to obtain evidence of reflex irritation, nevertheless I was not satisfied that the result was due solely to exposure to the sun. So remarkable were the conditions, that I endeavoured to obtain information about their nature from many sources. It was suggested by Dr. Sandwith, of Cairo, and by an Italian physician who saw the cases, that the condition was allied to pellagra. I have since found that Dr. Fèvre in 1878 described pellagroid affections as occurring in the insane, especially during spring and summer, and attributable to exposure to the sun. They are found on all parts exposed to the sun, but chiefly on the back of the hands. The skin assumes an earthy colour, becomes wrinkled and fissured, in some parts thick, in others thin and glistening. The epidermis is broken up into scales, attached by their centres with edges curled up, in some parts forming little heaps, beneath which the skin is red, with slight serous oozing. These pellagroid affections are to be distinguished from true pellagra.

Dr. Fèvre has also described a condition ("peau ansérine") known to most of us as occurring in persons suffering from great debility. Here the skin, without exposure to the sun,

becomes dry and tawny like rumpled parchment, without either inflammation or exfoliation.

As early as 1867 Dr. Brunet wrote a paper upon the effects of insolation upon the insane. His observations were derived from experiments performed in the asylum at Mort. He found that exposure to the sun was attended by acute inflammation of the skin, with redness, pain, and tension, and in severer cases of phlyctenulæ containing serum, blood, or pus. When sero-purulent effusions occurred, the superficial parts of the epidermis appeared to be mortified. Sometimes there was fever and insomnia, and even gastro-intestinal irritation with diarrhœa. It terminated by desquamation of the cuticle or persisted in the chronic form.

The chronic state was characterised by reddish-brown discoloration of the skin, a loss of elasticity, fissuring, and peeling of the epidermis. The desquamation in slight cases was simply furfuraceous and painless, but in severe cases plates of skin were dislodged after acquiring the form of blackish crusts. Brunet compared these conditions to those of pellagra, in which there is a special inflammation of the digestive canal throughout, an erythema of the skin accompanied by desquamation and fissuring, and a grave lesion of the nervous system marked by vertigo, tremor, and unsteady gait, a painful sensation along the spine, and a remarkable disturbance of the intellectual faculties. In the three cases I observed there were no symptoms other than the local skin affections which were incidental to the insanity, and not the cause of it. Moreover in each case the characteristic spinal tenderness of pellagra was completely absent. In one case a residence of fifteen years under a tropical sun had failed to affect a skin which, during an attack of insanity, became affected as the part result of a brief exposure to our own sun.

M. Brierre de Boismont has given an exhaustive discussion on the connection between pellagra and insanity; the conclusions being that insanity, while undoubtedly being a frequent complication of pellagra, ordinarily does not appear until after the pellagra. This, however, is not invariably the case, as has been shown by Legrand du Saulle in an excellent article in the *Gazette des Hôpitaux* (1864), where he has cited cases in which the psychical disorder preceded the alterations of nutrition and the cutaneous phenomena.

I find in the *Journal of Mental Science* of 1866 a report by Dr. Howden of a case of pellagra occurring in the Montrose Royal Asylum. In this case the erythema and diarrhœa did not appear until six months after the mental symptoms. The eruption affected the hands, face, and neck, and latterly the upper surface of the feet (which were habitually uncovered). Exposure to the sun's rays always exaggerated the symptoms, and recovery ensued with the onset of winter. Dr. Howden regarded this as a sporadic case of pellagra, but I am inclined to think that the diarrhœa and the eruption may have been accidental in their coincidental occurrence, and that the condition may have been pellagroid. Since Lombroso's work on pellagra was published in 1869, clearly proving the relationship between pellagra and the special poison from the maize, I have been unable to find any records of true cases of pellagra occurring in British asylums. Posssibly, however, the pellagroid condition of the hands may have been observed by many. I exhibit photographs of two cases of pellagra, for the use of which I am indebted to Dr. Selvatico d'Estense.

Roussel used the term pseudo-pellagra for those conditions similar to pellagra as seen in chronic alcoholism with peripheral neuritis and in dements and general paralytics. All the cases I have seen have been females suffering from mania of an intractable type. It is difficult to account for these partial pigmentations. If we assume that there is a paretic state of the vaso-constrictors, we are still at a loss to explain the local distribution.

### *Loss of Pigment.*

Long Fox states that when *loss* of pigment seems to depend on emotional causes, it does so by their acting as paralysers of the cerebro-spinal nerves. He has described an instance in which patches of ivory-white morphœa occurred on the temple, the side of the nose and upper lip, in association with uterine troubles. Godlee records a case of vitiligo in which there was a strong nervous influence.

I can only recall one case of insanity in which there was evidence of local pallor (other than morphœa), and which could hardly be regarded as an instance of loss of pigment. A single woman, aged forty-six, suffering from mania of the recurring type, before each attack had a patch of white on her upper

lip. This remained unchanged for two or three days until the maniacal symptoms had fully developed, and then it disappeared. Each attack was ushered in in this way. So far as I am aware this is quite a rare symptom. I was unable to determine any relationship between its existence and any disturbance of the uterine functions. Dr. Savage tells me that he has seen in some cases of insanity white patches appearing, only to disappear with recovery.

### *Herpes and Pemphigus.*

*Herpes* is not uncommon in the insane, and doubtless all of us have seen many cases. Mickle records an interesting case of general paralysis with acute herpes zoster over front, inner, and partly outer side of left thigh, with some pemphigenoid blebs. The herpes extended upward from the groin, trending outwards above the crest of the ilium to the sacral and lower lumbar region. An isolated patch of it over inner side of head of tibia. No complaint of pain. The eruption left cicatrices. I have seen several cases of herpes in the region of distribution of the superior branch of the fifth nerve in the later stages of progressive paralysis. The occurrence of *pemphigus blebs* on the fingers, forearms, feet, and legs in the last stages of general paralysis is interesting from many points of view. Déjerine found the nerves of the subjacent parts undergoing a process as of atrophied breaking up and involution in a case where pemphigus blebs appeared on the forearms and legs shortly before death.

It is very difficult to determine the ætiology of these blebs and bullæ, and since I studied Köhner's writings on pemphigus, which purport to prevent the frequent mistakes in diagnosis between syphilitic and bullous affections, I have found far greater difficulty. In all the cases I have seen there has been a history of syphilis, and the patients have been in the last stages of general paralysis. The affection has seldom been polymorphic, and there has been no evidence of herpetic distribution. They have not been pruriginous nor erythematous. In one case I saw many years ago there was a bullous eruption associated with high temperature, but in the cases of general paralysis here referred to there was no definite relationship between the eruption and the temperature.

Inasmuch as the relationship of general paralysis to syphilis still forms a problem for controversy, and we are not clear upon the question as to whether general paralysis is syphilitic in nature or in origin only, I think it advisable to speak of the eruption as "pemphigus parasyphiliticus." Fèvre says he has seen pemphigus develop with the cure of insanity—a kind of critical eruption. Dr. Savage says he has never seen such cases; nor have I; but all are agreed as to their unfavourable import in general paralysis.

### *Adenoma Sebaceum.*

About twelve years ago, when I was Assistant Medical Officer at the Royal Albert Asylum, I saw two cases of this rare affection. Since then I have only come across one case, and that was also in an idiot. The cases at the Royal Albert have been fully described by Dr. Shuttleworth, to whom I am indebted for the use of his notes and the accompanying photograph (3). The affection is characterised by a chronic eruption of minute, warty-like nodules distributed over the face, usually affecting by preference the cheeks, but subsequently spreading to the forehead and chin. It has been termed the "butterfly disease"—*epithelioma adenoides cysticum*, —and one case shown by Dr. Fletcher Beach was christened "*fibroma rubrum;*" but *adenoma sebaceum* is the name applied to it by Radcliffe Crocker and others.

So far as I can ascertain, the reported cases are only about twenty in number. According to Brooke, Jacquet and Davies in 1887, under the title of "*hydradénome eruptif*," first described the affection. Crocker, however, claims that Rayer, Addison, and Gull reported the first cases, but that it was not positively recognised as a distinct disease until Balzar fully described it. In the *American Journal of Psycho-asthenics* (March, 1899) Dr. Barr, Chief Physician of the Pennsylvania Training-school for Feeble-minded Children, has given a description of three cases.

The lesions are roundish convex papules, varying in size from a pin's point to that of a split pea. The majority are of a bright crimson; others may be slightly coloured or translucent and waxy. When the papules are very numerous and thickly grouped they are apt to assume a cinnamon or brownish

tint, occasionally paling on pressure. As a rule, the lesion is symmetrical, but Crocker reports a case in which it was unilateral, and in one of Barr's cases the eruption was symmetrical except that the right side of the forehead was affected and not the left. It is usually confined to the face, and most abundant on the sides of the nose and the naso-labial folds, where it is sometimes confluent. A few scattered lesions may be present at birth or appear gradually in early childhood, or they may suddenly increase in number but not in size at puberty. The disease, once established, is stationary, although the papules occasionally undergo involution, leaving insignificant scars, which in time fade.

It is not uncommon to have other affections of the skin associated, such as fibromata of the hair-follicles, pigmentation, or true warts. Colloid milium and acne papules or pustules may also add to the disfiguration.

There is now in Bethlem a case of some interest, and at one time suggestive of adenoma sebaceum. A lady suffering from puerperal mania of prolonged and intractable type has lesions affecting her cheeks, nose, naso-labial folds, chin, and (as shown in the accompanying photograph, 4) a triangular or almost pear-shaped area in the centre of the forehead, the lower angle resting between the eyebrows and extending over the forehead to the hair. This case is of double interest inasmuch as the milium, acne, and seborrhœa supervened upon pigmentation of the pellagroid type, and the affection covered an area on the forehead very similar to that in the case of pigmentation associated with melancholia already described.

### *Feigned Diseases.*

The last case I have to mention in this incomplete series is of interest, and opens a large field for collective experience. It is that of a single lady aged thirty years, who came to Bethlem six years ago suffering from melancholia with hysteria and uncontrollable impulses. Her family history was bad, there having been insanity, phthisis, and alcoholism in her near relations. She herself had been hysterical for eleven years, manifested from time to time by inability to walk, see, or talk, also by *quasi*-syncopal attacks. Seven years previous to her admission she had a sore on her finger, which she kept open

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To illustrate Dr. HYSLOP's paper.

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for months, and finally had the nail removed. This sore she ascribed to a dog-bite. Two years later she had a sore heel and sore fingers and toes, followed by affections of the soles of her feet and palms of her hands. These were treated as skin disease. Two years later sores appeared on her left leg and left side. After consulting more than twenty medical men it was at last suggested that the condition was self-inflicted, and with due precautions improvement ensued. With this improvement, however, the patient became fretful and refused food. She also feigned delirium, and had to be held down for several hours by attendants. In spite of vigilance she managed to cause sores on her hands and feet, and some ulceration of her gums. Finding that she was beginning to develop suicidal tendencies, her friends had her removed to Bethlem.

On admission she was suffering from hysterical melancholia with impulsive tendencies. Her catamenia had been irregular during the previous twelve months. On examination it was found that her right pupil was larger than her left, but both acted well to light and accommodation. Her superficial plantar reflexes were absent, and there was defective localisation and some analgesia of her left leg and foot, while the sensation of the right leg and foot was only slightly impaired. She also had other sensory disturbances and some loss of memory. Her acts were governed by impulses to which she said she was subject, and whose origin she could not explain.

She had a number of scars on her left leg extending from the knee to the ankle. There were about forty discrete ones, and others which had run together. They were rounded, pigmented (colour disappeared on pressure), and a few slightly depressed below the general surface. Some of the scars were evidently of old standing, and had become pale and fibrous-looking. They were all on the inner side of the leg. She had similar old wounds on the left hip, the right thigh, and on the extensor aspect of the right forearm. All these were self-inflicted, and done by scraping with a pair of scissors, and then by rubbing in ammonia. She said the process had been accompanied by a considerable amount of pain, but that she had felt an uncontrollable impulse to do it, and that she had generally done it in her room either on going to bed or early in the morning. She again ascribed the beginning of the affection to a "wee bite from a dog," which she treated by

scratching and rubbing in ammonia. She was seen by nearly all the skin specialists, and had undergone a course of Weir Mitchell treatment, but without result.

Subsequently she developed the following sensory impairments of her left side. The tactile sense was much impaired all over the left half of the head, trunk, arm, and leg, fairly accurately limited by the median line, the impairment being greatest below the knee. The anæsthesia also involved the mucous membrane of mouth and tongue. There was also some impairment below the knee of the right leg. Left hemianalgesia was present, pin-pricks producing no result below the left knee, and little or no result elsewhere in the left side. Her temperature sense was impaired all over the left half, mostly below the left knee, a hot test-tube being unfelt. She also had impairment of the senses of smell, sight, hearing, and taste on the left side. I mention this instance of combined absence of the tactile temperature and pain sense as I believe it to be rare except in peripheral neuritis. Cocaine, ether, chloroform, syringomyelia, locomotor ataxy, hysteria, are usually attended by analgesia without impairment of the tactile and temperature senses. Carbolic acid, acetic acid, hemianæsthesia, some cases of locomotor ataxy, and some brain diseases have, on the other hand, diminished tactile sense but unimpaired pain and temperature sense. This case, however, is cited mainly in illustration of the skin lesion which was feigned.

Among the sane, ulcers are frequently induced by the use of epispastics, acetate of copper, quicklime, and many other drugs. Frauds of this kind are also not infrequently performed by the insane, especially by hypochondriacs who wish to "get up a case." They rub a part until it becomes inflamed or ulcerated, and keep up the irritation by thrusting pins through the bandages. Maniacal patients will also sometimes rub their skin with urine until there is an eruption of petechiæ or pustules. Jaundice has been imitated in France by taking daily a small quantity of muriatic acid, and the deception has been almost complete, even to the discoloration of the adnata and of the urine. Paleness of the skin has also been caused by burning sulphur, and by the use of digitalis, emetics, and purgatives, but watchfulness and preventing their use check the effects. The condition described in some books as *erythema gangrenosum*, or patches of superficial gangrene, is usually to

be seen in hysterical persons and under circumstances which point to their having been self-inflicted. These self-inflicted affections are usually arranged unsymmetrically on the left side, and on parts easily accessible to the right hand. The diseases most frequently simulated (according to Crocker) are erythema, eczema, pemphigus, ulcerations, morbid growths or discolorations, changes in the cutaneous secretions, etc., and the same author points out that the eruption or lesion nearly always differs from what may be called the natural eruption it is supposed to represent, and is often unlike any known disease. "Thus," he says, "if it is an erythema, it is probably sharply defined and irregular in shape, and, with a clumsy operator, may even be angular in outline. If it is gangrenous and produced by a liquid caustic, in addition to the irregularity it is common to find that some drops have been spilled away from the main lesion, or that it has run down in a streak, or that it has damaged the clothing or stained the fingers or nails. Then the lesions are either single or few in number, at least at each supposed outbreak, though when the deception has lasted a long time the number of lesions in the aggregate may be very large."

The evolution and progress of skin affections in insanity, and their relationship to it, are questions large enough to form a separate paper. Here, however, it must suffice to say that sometimes mental diseases alternate with skin diseases; recurrent attacks of insanity may have recurrent eruptions; frequently curable insane patients have curable skin affections, while incurable insane patients have incurable skin affections—the condition and progress of the one sometimes warranting a prognosis as to the other. Or, as Dr. Savage says, "if you see the skin gradually clear up you will soon see mental improvement too, but an obstinate skin means a tardy or difficult cure."

### Discussion

At the Autumn Meeting of the South-eastern Division of the Medico-Psychological Association, 1899.

Dr. Fletcher Beach said that the only case he had the opportunity of seeing was one to which Dr. Hyslop alluded—the case of butterfly affection. It occurred about twenty years ago, and he had to find a name for it himself. He was, however, quite willing to fall in with the well-known name of adenoma sebaceum.

Dr. Selvatico Estense (Rome) said he was very pleased to be at a meeting of the Division and to take part in the discussion, because he had seen many cases of

pellagra, which was a malady of northern Italy. Generally speaking it occurred in countries in which maize was the principal food. It occurred in the south of France as well as in northern Italy. It had been said that when maize was not perfectly dry, fermentation took place and developed some special poison, which Lombroso called pellagra. In Italy there were about one hundred thousand cases of pellegra, but they were not all cases of insanity. Patients lived many years without developing mental trouble; but in the later stages insanity developed, especially in the form of melancholia.

Dr. SAVAGE said that if they took up Dr. Crocker's book and referred to almost any of the remedies suggested, they would find that each of them had more or less power of producing rashes. Most of the cases he had seen showed rashes of one kind or another, and it was absolutely necessary to stop all drugs, in order to make sure how much might be due to the drugs and how much to the disease. Drawings made by Mr. Lennox Marks, at Bethlem, showed a good example of pigmented areas spreading over the face. The patient slowly improved, and was discharged, only to return some time afterwards, when there was no trace of the condition which had previously been so marked. It had always been a matter of wonder to him that they got comparatively few cases of inflammatory skin disease in general paralytics with a very feeble circulation. Sir James Crichton-Browne had described many of these as cases of chilblain of the brain. He (the speaker) thought that was an important point, for although he observed extreme congestion of the extremities, yet in cases of mental stupor he very rarely saw anything like severe chilblain of the skin. In dealing with hysterical girls they had to remember that these patients suffered from a grave nervous disorder, and in some cases but the early stage of much graver disease. Dr. Savage mentioned the case of a girl who had caused a number of sloughs on different parts of her body down into the muscles, by the use of very strong ammonia. These sloughs she preserved in a bottle of spirits, which she seemed to be very proud of showing. He told her that it was perfectly clear how these sloughs had been caused, and threatened that if any more occurred her father should be told. This seemed to have had the desired effect, for the patient recovered.

Dr. STODDART said that generally every insane patient had a greasy, dirty skin, while the growth of the beard in female de nents was often rapid. He believed there was some truth in the statement that the prognosis in the adolescent male patient depended on the growth of the beard. If these patients improved simultaneously with its growth, as a rule they went straight on to recovery; but if the beard remained downy it was a bad sign. He quite agreed with Dr. Savage's remarks about drugs. They all knew that both arsenic and potassium bromide had a marked effect on the skin. In the relations between affections of the skin and nervous diseases, both in the insane and in diseases of the lowest level, in connection with peripheral neuritis, there were affections of the skin; although he was not prepared to offer any explanation, it was a striking point.

Dr. SHUTTLEWORTH said that during the twenty-three years he was at the Albert Asylum only four cases of adenoma-sebaceum came under his notice out of some 1600 patients. The disease was certainly rare and little known outside the specialty of mental disease, and, he might add, outside the particular province of asylums. The probability was that the affection was congenital; that was to say, of embryonic origin, but of later development. The patients were ordinary epileptics. Similar affections—he did not say identical affections—were known to dermatologists. Dr. Brooke, of Manchester, had sent him portraits of patients which resembled those described by Dr. Hyslop, except in the distribution. Dr. Brook had also sent him one which he thought was a true case of adenoma sebaceum. It would be interesting to know what became of these skin affections after leaving the asylum. He himself had never had the opportunity of watching the affection beyond the age of twenty. There was no doubt there was a process of development—first, the minute papules were almost colourless, and afterwards, generally towards the age of puberty, they developed a deeper colour. It was not contagious, but embryonic. Dr. Beach had named the disease, and had given his reasons; it would be only right to ask the dermatologists to say why they called it adenoma sebaceum. Crocker made use of words to this effect, that the era of the development in the shape of congenital overgrowth in the skin shows thickening of the corium, increase also in the number of the sweat glands, and a marked increase of connective tissue.

Dr. HELEN BOYLE, who exhibited three photographs of a case at Claybury Asylum, said it began as small papules on the right side of the forehead; in the next stage it looked like herpes; after that it developed rapidly, and began to ooze with little points of pus. Opinions as to diagnosis varied between adenoma and epithelioma. It spread over the body in several patches. In the course of a few weeks the trouble had entirely disappeared under antiseptic dressings. It cleared up, leaving a rather bad scar, which was contracting.

Dr. RICHARDS said that it appeared to him that Dr. Hyslop had not clearly proved that the mental disease had anything to do with the skin disease in these cases. Among the large number of cases which had been under his care at Hanwell there were not more of skin disease than would be found among a like number of sane.

Dr. TUKE and another member having referred to cases of skin pigmentation,

Dr. HYSLOP said with regard to what Dr. Stoddart said about the growth of the beard, he suggested that it might be due to the fact that razors were not accessible in asylums, for it was within a few days after admission to the asylum that they began to show hair on their faces.

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## *Epilepsy associated with Insanity.*

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THE object of this paper is to briefly consider the various forms of insanity which are complicated by epilepsy, and for convenience we shall discuss them as they occur during infancy, puberty, adolescence, the climacteric, and the senile periods.

The so-called eclampsic convulsions of infancy from teething, worms, and other reflex irritations are common enough, but fortunately in but a small proportion of cases (probably only about 15 per cent.) does idiocy result. Idiocy and imbecility are frequently complicated by epilepsy, but these conditions do not bear any relation of cause and effect, they march side by side, and spring in most instances from a common origin—some inherited taint of mental disease, from epilepsy, or allied neuroses, or alcoholic intemperance on the part of the parents. The idiot with frequent and early epileptic seizures is incapable of improvement in habits or intellectual development. When the fits do not occur early, and are not frequent and severe, they may to some extent be controlled by drugs, and slight mental amelioration may be effected.

We next come to epilepsy associated with insanity during the period of puberty. When one remembers the great changes,

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