

stunned by the noise the patient made during my endeavours to preserve his life, I resolved to try the nasal tube.

I used a long piece of catheter tubing, about quarter of an inch in diameter, sometimes armed with a wooden tip, sometimes not. This tube was about 20 inches in length, and had a mark on it 14 inches from the end passed down the nose to show me when to stop. The other end had the indiarubber piece of tubing connected with a Higginson's syringe attached to it. And the other tube from the bulb of the syringe was placed in the jug of liquid food. This apparatus was arranged for me by Messrs. Weiss.

No difficulty was at first entertained in passing the tube, but later the tube became more limp, as the weather was then extremely hot, and the patient also became more clever, so that more than once I caught him passing his tongue back, bringing the tube from the posterior nares with the tongue to between the teeth, and had it not been for my being constantly on the look-out for this old trick, the tube would have been bitten off, and a piece of it left in the œsophagus.

The lesson to be learned from this was, that nasal tubes are but perishable, and that if we are to use them, they must be constantly renewed. They may be immersed in cold water for a short time during the very hot weather, but are best kept on a cooling-dish, dry, in a cold cellar. But of course they must not be too hard, which may result from over-cooling. They should always be well oiled before use.

I am indebted, as I said before, to Mr. Hall, superintendent of my asylum, for his careful notes on what I may fairly call a most interesting, although most trying case.

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*Two Cases of Insanity associated with Chorea.*—By JOSEPH WIGLESWORTH, M.D. Lond., Assist. Med. Officer Rainhill Asylum, Lancashire.

The following two cases of so-called "Rheumatic Insanity" have recently been under observation in Rainhill Asylum, and I am indebted to Dr. Rogers, under whose care the patients were, for permission to publish an account of them.

Mary H., æt. 21 years. Married. Admitted Dec. 29, 1880. There was nothing of importance in the family history: her parents were living, and also five brothers; a sister had died young. She herself had been married three years, had had one child, and one miscarriage about

four months before commencement of present illness ; had always enjoyed good health and never had any mental affection. Four weeks before admission was laid up with what appeared from the description to be subacute rheumatism, and her mental disturbance was said to have commenced about the same time. She clearly had hallucinations of sight, for "she saw a lot of money on the wall," and counted it ; she was more or less restless all the time, and three or four days before admission got very excited, screaming and shouting ; the choreiform movements commenced about a week before admission, and were confined to right arm and leg.

On admission, she was noted to be somewhat below medium height, fairly nourished, pupils dilated, active to light, temperature 100°·3. Tongue somewhat dry, slightly furred. Respiratory sounds, normal. Heart : no increase in area of dulness ; short systolic bruit at apex, heard also at base ; second sound clear. Pulse 120. No albumen in urine. Right upper and lower extremities—and these only—violently agitated with typical choreiform movements ; right angle of mouth occasionally drawn up a little ; tongue protruded with a slight jerk, but straight without tremor. No redness or swelling at joints. Mental condition was one of mild mania ; she was restless, and kept talking to herself incoherently, but in a quiet sort of way. When questioned she gave her name and former residence correctly, but these were about the only questions she could be got to answer rationally, and she rambled off almost immediately to some subject wholly irrelevant. She had distinct illusions of touch, thinking erroneously that her clothes were wet. Was restless night of admission, and on the following day (30th) was ordered Hydr. chloral, grs. xv., 4 hor. sd. Continued restless, but did not talk much. On Jan. 1st there was redness and swelling of some of the small joints of hands and feet, and also of left elbow ; choreiform movements less marked ; bowels freely relieved after medicine ; tongue dry ; lips and teeth coated with sordes ; had taken liquid nourishment fairly well. Chloral discontinued. Sod. salicyl. grs., xv., 4 hor. sd. The joint symptoms soon subsided, and the choreiform movements gradually got less, so that by Jan. 7th they had almost completely disappeared. She was sleeping better, and her mental condition had also improved ; talked very little, and answered questions decidedly more rationally. On the 9th she was however worse ; was more restless both by night and day, the movements were more marked, and on the 10th these, which had hitherto been confined to the right side, spread to the left. On the 11th she was much agitated, and the illusions of touch became prominent again ; she took off her flannel night-dress, and threw it into the fire, saying that there were vermin on it. Chloral recommenced, grs. xv, t. d.

On the 12th, in addition to the illusions of touch, the sense of sight was similarly affected—thought spots of dust on the wall were vermin ; her sensation of touch, however, as tested, appeared normal ; she seemed also to have illusions of taste, for she said there was poison

in her medicine and food. By the 16th she was again better, the chorea being much less marked, but the joints of her upper extremities had again become painful. Systolic bruit all over cardiac area. Chloral discontinued; sod. salicyl. recommenced. By the 19th had lost all pains in the joints, and was taking food better; the choreiform movements kept rather variable, but she continued to improve both mentally and physically. By the 27th was able to get up; was sleeping well and taking food well; weight, 114lbs. Had a decidedly fatuous expression; answered questions slowly, though more rationally; was disposed to be peevish, and frequently asked to go home. On the 28th she surprised her attendants by stating correctly the names of three or four of her fellow-patients, which names she was not known to be acquainted with, nor did she appear to have taken sufficient notice of surrounding things to ascertain them; she usually sat very quiet, and if she looked about her at all, did so in a dull, listless sort of way. On Feb. 4th, though sitting quiet and talking very little, appeared to be paying much more attention to things around her; answered simple questions pretty rationally, but was slow over her replies; usually pretty tractable, though sometimes perverse; had not exhibited any illusions of touch for at least a week; senses of taste and smell tested, and appeared normal. Temperature had now been normal for three days; the highest recorded was on the morning of Jan. 1st, when it reached  $101^{\circ}6$ ; since then it had described a rather irregular curve, fluctuating between  $98^{\circ}$  and  $100^{\circ}6$ , but for many days did not exceed  $99^{\circ}$ . Pulse had ranged from  $120^{\circ}$  to  $70^{\circ}$ , sometimes irregular. 13th, Choreiform movements continue slightly; mental condition improves, but slowly; takes notice of her surroundings, and asks numerous questions about her fellow-patients; occasionally laughs pertinently at remarks made in her hearing; is easily upset over trifles, and begins to cry; still very slow at answering questions, and it is sometimes difficult to get her to speak at all. Temperature keeps normal.

Is taking Ferr: et Am. Cit., grs. x. t. d.

April 7th.—Keeps quiet, and does a little work in the ward. The choreiform movements have now for the most part ceased, but are occasionally to be observed. Has a decided look of hebetude, and appears nervous when spoken to; has much difficulty in speaking; to superficial examination she appears decidedly demented, but it is obvious, on careful questioning, that she possesses considerable intelligence, and her defective speech appears to be due to a want of co-ordination of the muscles of articulation; when asked a question she wiggles her head, and appears to stumble over the answer, which, even if a short one, is usually clipped in two, the two portions of it falling out accidentally, as it were, in a half-whisper; sometimes she appears clearly to comprehend what reply she ought to make to a question, but cannot give it—if a wrong answer is suggested, she immediately dissents from it. Takes an interest in what is going on

around her, and laughs pertinently if anything amusing happens in the ward. Memory appears very good for recent events, but has no recollection of coming here, nor of things that happened soon after her admission. Has considerable difficulty in protruding tongue, which she can seldom do when told to do so, though it can be seen to roll about on floor of mouth. General health good, has gained flesh; weight, 123lbs.

June 18th.—During last few days speech has considerably improved; can now say short sentences pretty readily, but rather slowly, and there appears a certain amount of labour over the process. Still cannot protrude tongue at will.

August 20th.—Can now talk readily. Menstruated last month, first time since admission.

Nov. 22nd.—Appears now convalescent. Talks quite rationally; memory good. Still, however, has not recovered complete voluntary control over tongue. *Cardiac exam.* No increase in area of dulness. Soft systolic bruit at apex, very faint at aortic cartilage; not heard in axilla. Pulse 72, a little irregular. General health excellent; weight, 125lbs.

Dec. 31st.—Discharged.

Charlotte V., æt. 15 years. Single. Domestic servant. Admitted Sept. 10th, 1881.

*History.*—Mother died, aged 38, of hæmorrhage after confinement; she suffered from epilepsy; patient was the fifth child in family, and the youngest born alive, mother having had subsequently several still-born children; father living; one of his uncles is insane, and in Broadmoor Asylum. Father stated that patient had always been rather a wayward child; he had seen nothing of her for twelve months, she having been in service; the history of her present illness was very defective, but it appeared that she had suffered from chorea for about a month, and no evidence of rheumatism was forthcoming; her mental disturbance had probably lasted a week or two. This was her first attack.

On admission she was noted to be a well-made young woman, 5 feet 4 inches in height, and fairly nourished. Pupils dilated, equal, regular, active to light. Temp. 99·3. Tongue moist and clean. Lips dry and cracked. Respiratory sounds normal; respiration, 16. Heart: apex beats in 4th space, a little internal to nipple line; no increase in area of dulness; systolic bruit of somewhat musical character at apex, heard also in axilla, but not in back. Pulse 104, irregular, and intermittent. Sensation appeared normal. Plautar reflex well marked. No albumen in urine. General choreiform movements of moderate intensity. Tongue protruded with a jerk, but steady—no tremor. Speech indistinct from the jerking manner in which it was delivered. No redness or swelling of joints. Her mental condition was one of mild delirium; she talked to herself in a quiet sort of way, rambling on from one subject to another disconnectedly. When

questioned, however, she answered simple questions rationally, and could, indeed, give a more or less coherent account of her illness; when interrogation was stopped, she immediately rambled off again as before. She slept well that night, and on the following day was quieter, T. 98·4, P. 96, very irregular and intermittent. Bowels had been moved, and had taken a fair amount of nourishment. Choreiform movements pretty prominent. She now showed hallucinations of hearing, saying she could hear her father's voice; she thought one of the nurses was her sister. Remained much the same for the next few days, talking to herself at times, but usually pretty quiet, though occasionally pettish and disposed to cry; complained of "stuff" being put on her lips. Had slept fairly well. Temperature had kept normal. On the 17th, the disorders of movement were still well marked. She still talked to herself, and thought she could hear her father's voice, but answered questions fairly rationally, and stated correctly the length of time she had been in the asylum. Special senses tested, but no abnormality detected. Cardiac systolic bruit still well marked. Pulse 80, very irregular. The following day was more restless, and somewhat noisy, and this continuing, Hydr. chloral, grs. xv., were given occasionally. By the 24th the choreiform movements were much less, and patient was quieter altogether. Hallucinations of hearing persisted, and she had illusions of taste, saying she could taste sulphur in her food. 28th, weight 104lbs. October 3rd; choreiform movements having become worse again last few days, chloral was readministered; these are now less marked. Patient appears duller, and can scarcely be got to answer any questions. Ordered Ferr. Cit. c. Quin., grs. v., Liq. Strychn., m.v., t.d. sd. Oct. 9th—Has been up to-day and yesterday, and appears decidedly brighter; answers questions readily, and in general rationally, but still has the same hallucinations of hearing, and thinks sulphur is put into her food; also imagines that some one is concealed in the ceiling, who drops "chloral" on to her lips; still has the delusion that one of the nurses is her sister. 11th—Complains of a burning feeling at the end of her tongue, and thinks lime has been put on it. Knows the names of several of her fellow-patients. 28th—Has improved very much, both mentally and physically. Chorea has entirely disappeared. Weight, 124lbs. Menstruated normally ten days ago. Has lost all her delusions, with the exception of that referring to her father, whom she still thinks used to talk to her, though she does not hear him now; otherwise appears quite rational. It accidentally transpired that she remembered a conversation spoken in her hearing after she had been in the asylum a week; the conversation did not concern her in any way, and she appeared at the time hardly capable of taking it in.

*Ophthalmoscopic Examination.*—Fundus perfectly normal. November 16th—Is cheerful, well-behaved, and works well; appears quite rational, having now lost the delusion about her father. Memory

appears good for recent events. 23rd—Cardiac physical signs much the same. Still has a soft systolic bruit at apex, but this has now lost its musical character; pulmonary second sound reduplicated, and accentuated. Pulse 84; a little irregular. Mentally, is quite convalescent. 20th—Weight, 134lbs. December 31st—Discharged.

*Remarks.*—It has long been known that some amount of intellectual deficiency is very commonly met with even in ordinary cases of simple chorea; affections of the kind here recorded are not however frequently met with. In 1870 Dr. Clouston described\* two cases of this disease under the title of “Rheumatic Insanity,” and there appears to be little doubt that this affection is but one manifestation of the rheumatic diathesis; in the second of my two cases, indeed, there was no evidence of joint implication whilst the patient was under observation; but the only history obtainable as to the onset of the disease was from the patient herself, and such, therefore, might have existed previously. Putting this on one side, however, the association of endocarditis and chorea alone furnishes strong evidence in favour of a rheumatic basis. There are many striking points of contact between the cases here recorded and those described by Dr. Clouston, and also some differences; but I should like to call special attention to the well-marked disorders of special sense that were present, for although the higher intellectual faculties of attention and memory were greatly impaired, or altogether in abeyance at the onset of the malady, these were amongst the first to recover themselves. They were at least normally exercised with respect to some things at a time when the sensory disorders were still prominent.

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*The Use of Atropine as a Sedative.* By J. R. GASQUET, M.B.

The high place assigned by Dr. Ringer to atropine as a sedative and hypnotic has lately suggested to me to try it in the cases which are so much relieved by hyoscyamine. My experience has so far been too limited to pronounce definitely on its value; but it may be sufficient to induce other observers with more ample opportunities to give it a trial, and come to some definite conclusion as to its value. I have given it only in three cases: two of chronic mania with considerable violence and destructiveness, and the third of

\* “Journal of Mental Science,” July, 1870.