Notes of a Case of Delusional Insanity, with an Account of the Autopsy. By Robert Baker, M.D., Physician Superintendent of the Friends' Retreat, near York.

The following notes are placed before the profession, in the belief that they report the history of a case of unusual interest:—

A. B., aged 27, a civil engineer, admitted into the Friends' Retreat, York, June 30th, 1874. Patient is 5 feet 8 inches in height, thin, pale and cachectic. Head well formed, expression somewhat wild and unsettled.

His insanity is stated to be of three months' duration, and the cause is said to be partial non-success in his profession.

It appears, however, that the patient's mental condition from boyhood has been unsatisfactory. At school he lived apart from others, considered himself of higher social status than the rest of his schoolfellows, and, as a consequence, was placed "in Coventry" by them.

During his apprenticeship as an engineer, his conduct was so irritating to the workmen, that they revenged themselves on him by ducking him in a horse pond.

Whilst employed in his professional duties in India, he was unmanageable, and constantly believing that he was neglected and not appreciated.

On his return from India to England, where he worked his own passage on the ship, he mutinied against the captain, and was placed in irons. The first delusion noticed by his friends was that he was the victim of a conspiracy to prevent him obtaining work.

His mental condition is now characterised by delusions of which the chief is that he is the rightful Prince of Wales, and the secondary is that there is a universal conspiracy to poison him.

He will only answer questions when addressed in full as "His Royal Highness the Prince of Wales." He then commences his answer in the third person by the same phrase, and if any part of the title is omitted he will not reply.

He has written proclamations setting forth his origin and pretentions, and calling upon his loyal subjects to rise to arms in his and the Queen's defence.

The possession of this delusion has completely alienated him from his relatives and friends. He is unsociable, morose, and sullen, and complains of being annoyed by the proximity of other persons.

He eats and sleeps well.

June 14th.—One of the patients to-day encroached on the form where A. B. spends his time issuing proclamations. This so vexed A. B. that, without any warning, he struck the intruder several severe blows with a bagatelle cue.

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June 17th.—During last night A. B. tied his sheets and blankets together into a cord 16 yards long, fastening it to his window bar, and having squeezed through the aperture, 11½ by 7½ inches (the Retreat sash squares being made of this small size to prevent the likelihood of any one escaping), let himself down into the garden below. At the next visit of the night attendant he was of course missed.

I was immediately called up, and found him lying on a garden seat, much exhausted, but not seriously injured.

August 1st.—A. B.'s condition is unimproved; he is sullen, vindictive, and often violent in language. He often refuses to speak. At other times he makes complaints, such as "His Royal Highness the Prince of Wales has to complain of poison being put in his coffee."

He now frequently refuses food, believing we are in a conspiracy to poison him; and persists in his refusal until the apparatus for feeding is produced. He is constantly on the alert for an opportunity to escape. He refuses to sit near the other patients, and has needed, since the 29th, the constant supervision of a special attendant.

Sept. 27th.—This patient to-day, whilst out in the gallery garden with his attendant, made a skilful attempt at escape. Seizing a suitable moment, he, by a springing jump, caught hold of the bough of a walnut tree, ran along a branch, gained in safety the summit of the adjacent wall, and jumped into the field on the other side, where, however, another attendant captured him.

Oct. 17th.—He is more talkative. Repeats a made-up speech, in a sharp, irritable tone, having reference to his claim to be universally acknowledged the true Prince of Wales.

To-day, for the first time, he complained that the persons represented in the wall pictures spoke to him.

The same kind of entries continue up to the date of May 1st, 1875, when it is recorded that food had, on that day, to be forcibly administered.

Oct. 19.—This patient, during the past three weeks, has been more than usually savage, morose, and violent, attacking all who come near him.

On the morning of the 16th, he silently (during the intervals between the visits of the night attendant), succeeded in disjointing a portion of his bedstead, barricaded his door, and, armed with a wooden bar, defied any one to enter his room.

Through the fan-light over the door, I directed the stream of water from a fire *extincteur* on to his face, and so completely blinded him, that his blows fell aimlessly.

Gradually the door was opened, and an attendant, protected by having his head covered with a hair mattress, rushed in, and, with assistance, secured the patient without any accident resulting, either to him or the attendants.

Jan. 13th, 1876.—Since the 6th inst., A.B. has refused to take any

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food, and therefore has thrice daily been fed through the funnel and æsophagus tube, each morning, with a pint and a quarter of strong beef tea, thickened with a dessert spoonful of corn flour, with the addition of one egg; and in the afternoon and evening with a pint and a quarter of milk prepared in the same way.

He has not spoken for two weeks; is very dirty, passing urine and fæces in his bed.

April 26th.—Patient occasionally takes a meal, but nearly every day requires the tubal administration of food.

Oct. 5th.—Patient has not voluntarily taken food since April 26th, and requires the forcible administration of food thrice daily. He is not losing ground.

Feb. 17th, 1877.—For part of four days the patient has taken food voluntarily, and has been willing to get up and dress himself. To-day he has again needed feeding by the tube.

Oct. 15th.—Since Feb. 17th patient has been forcibly fed thrice daily. His bodily health is as good as usual. His mental condition is unchanged.

Oct. 22nd.—Patient has become so actively violent, fighting so furiously every one who approaches him, that it has been found needful to place him in seclusion.

Each time he hears the medical officer coming to his room to feed him, he gets out of bed, stands in an advantageous position, with his fists doubled for action, and when the door is opened fights actively and dexterously, until overpowered by the four attendants.

He is then held until food has been administered, then, one by one, the attendants leave the room, the last one frequently receiving a parting blow from either the hand or foot of the patient.

It is unnecessary for me to add any more extracts from the Case Books.

For two years and one month this patient was, without intermission, artificially fed three times daily, maintaining fairly good health.

No stimulants of any kind were administered after Oct., 1877, but half-an-ounce of cod-liver oil was added to the food each time.

From Oct. 22, 1877, to May 23rd, 1878, it was deemed necessary, owing to his persistent violence, and exhausting attempts to injure others, to keep him constantly in seclusion. Mechanical restraint was never resorted to; although perhaps in the interest of the patient himself, and certainly in the interest of the Hospital staff, its adoption would have been justifiable; as each time when fed, he fought with homicidal fury difficult to realise, except by those who have witnessed it, the attendants whose duty it was to assist in the administration of food.

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It is with a feeling of satisfaction and thankfulness that I can record that, although during this time he frequently succeeded in injuring others, he himself never sustained any injury.

All attempts made to subdue the patient's violence by means of medical treatment, proved unavailing. The subcutaneous injection of hyoscyamin produced dilatation of the pupils, but beyond this had no effect.

On the 23rd of May, Dr. Prideaux (the assistant medical officer), four attendants, and myself, went as usual along the gallery to his room, to administer food to him. As was his custom, on hearing us approach, he jumped out of bed, stood behind the door in fighting attitude, gave a subdued groan, became pale, and collapsed. All fighting power vanished, and he laid back on his bed evidently dying.

There was no struggling, no violence; collapse supervened while he was preparing to fight.

Dulness over the base of the right lung was at once detected; the respirations became increasingly rapid and embarrassed, but no crepitation could be detected.

Almost directly, however, the patient began to cough spasmodically, and a horrible sickening smell was emitted with his breath. This smell rapidly extended from the patient's room along the whole length of the gallery, and was with difficulty neutralized.

I thought it must arise from gangrene of a portion of the lung, but the smell was markedly different from that usual in such cases.

The patient lingered $15\frac{3}{4}$ hours and then died.

The following report of the post-mortem examination has been drawn up by Dr. Prideaux:—

Examination of the body made 33 hours after death.

On removing the skull-cap, the dura-mater appeared normal, and was not adherent to it.

On incising the dura-mater, a considerable quantity of serum escaped from between it and the arachnoid; and the removal of the dura-mater showed it to be strongly adherent to the arachnoid along the line of the superior longitudinal sinus.

The arachnoid was thickened in this situation, particularly at the vertex, where there were several small patches of organised tissue.

The whole of the surface of the brain appeared more vascular than usual.

The sub-arachnoid space was largely distended with serum, the pia mater was not adherent to the surface of the convolutions. The ven-

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tricles were large, and contained a large amount of serum, while the brain substance appeared softer, but was not more vascular than usual.

On examining the thorax, there were no appearances denoting fracture of the ribs. On opening it the pericardium was large, and contained about 4 oz. of fluid. The heart was small, but firm. Its cavities and valves were healthy in appearance. There was no fluid, nor any signs of pleurisy in the left pleura.

The left lung was slightly œdematous. There were no signs of tubercle, either old or recent.

The right lung appeared collapsed, and much shrunken. On opening the pleural cavity a quantity of fœtid pus escaped, whilst the lung was strongly adherent to the parietal wall of the pleura, at its basal surface.

On examining the lung itself, there was found, occupying the whole of the middle and inferior lobes, a large abscess cavity, lined with a thick and smooth lining membrane communicating with a portion of the pleural cavity by a circular orifice, but that portion was cut off from the general pleural cavity by a wall of circular adhesions.

The depth of the abscess cavity was from 3½ to 4 inches, and its orifice was 3 inches in diameter. Nearly at the bottom, but in the upper wall was a rent or opening into the general lung tissue, about half an inch long, in the neighbourhood of which the tissue was infiltrated with pus, and recently extravasated blood.

The rest of the lung was healthy but œdematous, and presented no signs of tubercle either recent or old.

There was no communication between the pleural and peritoneal cavities, and the liver was healthy.

No further examination was made.

In conclusion it seems to me that this case has been one of unusual interest.

Firstly, this patient, in an active condition of delusional insanity, was kept alive and in fairly good bodily health for more than two years, by the forcible administration of food.

Secondly, the cause of death was unusual. The effort of placing himself in a fighting attitude being sufficient to cause the rupture of the attenuated wall of the abscess of the lung.

This is very interesting from a medical point of view. But I think it is also especially interesting to those who have the care of the insane.

If the patient had died during an active struggle with his attendants, and there had been no post-mortem examination, how probable would it have been that blame would have been attributed to the hospital authorities.

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